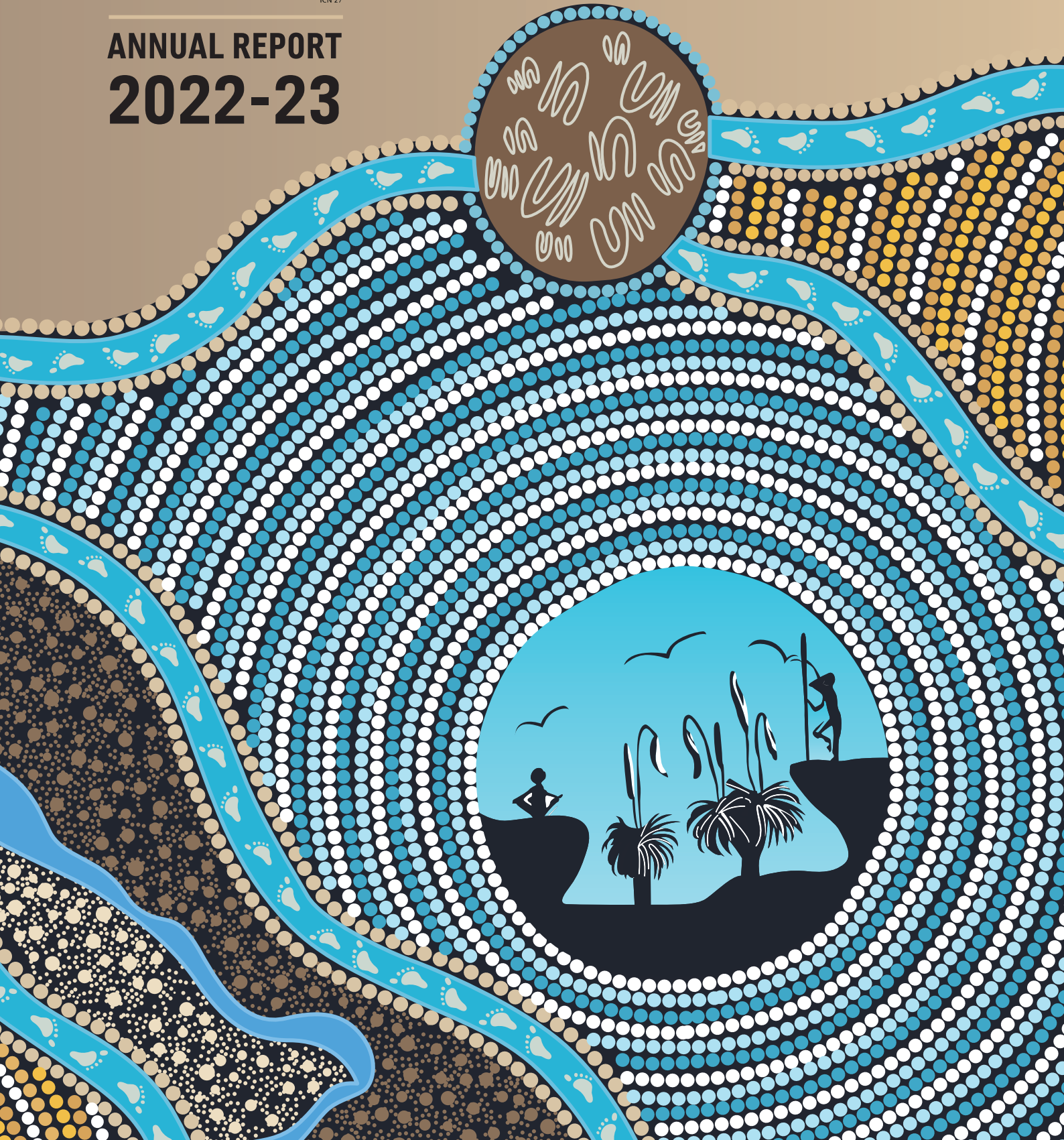




Durri

Aboriginal Corporation Medical Service
ICN 27

ANNUAL REPORT 2022-23



ACKNOWLEDGEMENTS

The Board of Directors, Stephen Blunden, Chief Executive Officer, Senior Management and to all the Staff of Durri ACMS who have prepared program and area reports including other pertinent information. Also Alicia Stewart, Nathan Briggs and Caleb Smith-Edwards for compiling the Annual Report.

Durri ACMS would like to further acknowledge all staff that who have not been mentioned in this report and were employed in the 2021-2022 Financial Year. Your contribution to the betterment of our communities is greatly appreciated.

Durri ACMS acknowledges and pay its respects to Elders past, present and future and to the families who have unfortunately experienced Sorry Business.

Durri ACMS would like to to thank and remember Tanya Roberts and Patricia 'Aunty Gail' Ling for their commitment and dedication to the organisation and the communities we service. They will be greatly missed.



Tanya Roberts



Patricia 'Aunty Gail' Ling

About the reports

The activities outlined in this Annual Report are a summary of comprehensive reports provided by each program and area.

Staff photos and lists are those for programs and activities that were delivered from the 1st of July 2022 through to 30th of June 2023.



PO Box 136
KEMPSEY NSW 2440
Ph: 02 6560 2300
Fax: 02 6562 7069

Artwork by Jason Ridgeway

This artwork features the beach to bush country to coast theme.

It has meeting places that represent some of the communities in and around the Macleay and Nambucca Valleys.

The landscapes depict significance.

The blue and aqua tones depict the water and the browns and yellows depict the land we walk.

There are footprints that lead to and from the meeting places with them depict connections in both the valleys.



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OUR VISION

To be the provider of choice for Primary Care of Aboriginal Health and Wellbeing Service.

OUR MISSION

We are the preferred provider of primary health care and allied health services which address the wellbeing of the Aboriginal and Torres Strait Islander communities of the Macleay and Nambucca Valleys

OUR VALUES

INTEGRITY

At Durri Aboriginal Corporation Medical Service (Durri) we will do what we say we will do, and how we will do it. Honesty, sincerity and living our values will define us. Our partnerships with staff, community and other stakeholders will assist us in striving to always exceed expectations.

TRADITION

We continue our journey evolving from our rich history, learning from our challenge and creating a better future. We will embrace our rich tradition of community care and find ways to embed these traditions into modern health care practices.

ACCOUNTABILITY

Our responsibility is to accept nothing but the best for our community. We remain accountable to the people to whom we provide these services. We accept this accountability and will always aspire to be answerable to those whom we serve.

SOCIAL JUSTICE

Durri maintains that as a socially just organisation, we understand, recognise and value every person in our society and base our decisions and actions upon the principle of equality and solidarity.

GOVERNANCE

The leaders of the organisation are committed to the principles of quality governance such as continuous improvement and compliance in order to position Durri as a leader in the field of primary and holistic health care.

BOARD OF DIRECTORS

Arthur Kelly

Appointed Director 27.11.19
Appointed Chairperson 6.12.22

Katherine (Lynne) Holten

Appointed Chairperson December 2020
Retired Chairperson 6.12.22

Cheryl Davis

Appointed Director 27.11.19
Retired 29.11.22

Mary-Lou Buck

Appointed Director 27.11.19

Donald Griffen

Appointed Director 10.3.20

Kevin Smith

Appointed Director 25.11.20
Retired 10.1.23

Taylor Kelly-Scholes

Appointed Director 29.11.22

Noel Lockwood

Appointed Director 29.11.22

Patricia Edwards

Appointed Director 27.1.22

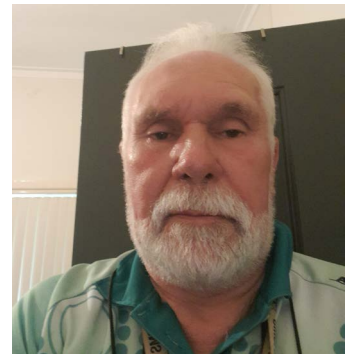
COMPANY SECRETARY

Jodie Sherrin

Appointed 1.9.22
Resigned 5.12.22



CHAIRPERSON'S REPORT



Throughout 2022-2023 financial year, Durri ACMS has seen various of challenges for the communities and Durri Aboriginal Corporation Medical Service.

Firstly, Durri ACMS, with a heavy heart, would like to acknowledge and pay respects to the members of our communities that have passed throughout this year.

I would like to thank the previous Board of Directors for their contribution to Durri ACMS and the communities it serves whilst welcoming our new Members to the Board of Directors.

To reiterate the words of my predecessor as Chair of the Durri ACMS Board of Directors, Katherine Holten, I would like to congratulate the staff, and all involved in achieving AGPAL accreditation for Durri ACMS and Darrimba Maarra which coincided with each other especially during the COVID-19 pandemic and restrictions that were placed to ensure the safety of community and its staff.

We received our accreditation in December 2022 and January 2023.

Durri ACMS Board of Directors have a vision for the organisation, a desire, and a need to further enhance primary health services where possible, to continue to build and strengthen partnerships, to re-establish a strong links to our communities especially our members and to continue to be vested and focused on our capitol works projects.

Durri ACMS is re-establishing services within the Bellbrook community and will continue to work with the Thungghutti Aboriginal Land Council whilst also working with Kempsey Local Aboriginal Land Council for the Elbow Street property and is looking forward to also re-establishing its working relationship with the Bowraville Local Aboriginal Land Council to review its service provision to the Bowraville community.

I am extremely proud of all our staff. This includes our Senior Managers, medical staff, reception and transport staff, administration staff and our committed Aboriginal Health Workers who have continued to show up for our communities, who continue to show their dedication and provide exceptional teamwork in continuing to operate health services in the most difficult of times.

I wish to thank my fellow Board of Directors for their support and look forward to taking Durri ACMS into the future for the betterment of our communities' health.

Arthur 'Fred' Kelly

Chairperson- Durri ACMS Board of Directors

CEO REPORT

The implementation, continuation, and expansion of primary health care services to our community continues to be a challenging process especially with the COVID-19 pandemic which has involved the need to redeploy staff to cover areas when required.



As per the Chair's report, I reiterate that I am extremely proud of staff for being able to come together and work as a team to ensure continuation of services and achieve AGPAL accreditation during pandemic restrictions.

I would also like to take this opportunity to acknowledge the Sorry Business that has taken place within our communities and pay my respect, and that of the organisation and its staff, to our community members who have passed and acknowledge their families continued ability to find resilience within to carry on in such difficult times.

Capitol works:

Durri ACMS continues to work with the Kempsey Local Aboriginal Land Council for the Elbow Street, West Kempsey, property.

We currently have ascertained three lots of land with a further two to hopefully be acquired within the next financial year for works to commence.

Bellbrook Health Outpost:

Durri ACMS is working closely with the Thungghutti Local Aboriginal Land Council and other providers to bring the Bellbrook Health Outpost to its former glory and operational for service provision.

Short Street, Nambucca Heads:

Novembers Annual General Meeting saw members agree to the proposal of the possibility of purchasing a property in Short Street, Nambucca Heads (formerly housed Peach Tree Medical). We have made offers for this property and are awaiting a decision.

Bowraville Health Outpost:

Durri ACMS has been formerly invited by the Bowraville community, via the Bowraville Local Aboriginal Land Council, to recommence services from the site previously known as the Bowraville Health Outpost at Gumbayngirr Road. Discussions are continuing with the Bowraville Local Aboriginal Land Council.

Chronic Disease, River Street, Kempsey (old Kempsey District Hospital pathology unit):

The Chronic Disease site in River Street was officially opened in July 2022.

The Chronic Disease Team are operating from this site and hosting Specialists and allied health services.

Operations:

As a part of our fiscal management, we continue to strengthen processes through the Durri ACMS Board of Directors with regular budgetary reports via the Senior Management Report monthly (at each Board of Directors meeting).

Members of our Board and Senior Managers attended a Financial Training Workshop in July 2022 that was presented by Russell Styche and Robert Magnussen of NorthCorp.

Durri ACMS is continuing with its implementation and roll out of the continual quality management system known as Logic QMS. We have also begun to transition our human resources and payroll system to Employment Hero.

A Durri Staff Development Day ‘Durri Day’ was held in August 2022 for staff who were presented with and discussed Workplace Cultural Training and the Primary Healthcare Model.

There is so much more I wish to say however I will draw your attention to the reports that follow mine.

I would like to say once again how proud I am of all our staff and our community with the way that we have all had to adapt to change and the extra demands made of them throughout this year.

Associate Professor Stephen Blunden

CEO - Durri Aboriginal Corporation Medical Service



Nyokiee Roberts
Executive Assistant

SENIOR MANAGEMENT REPORT

Senior Managers during this reporting period were:

Narelle Cochrane | Deputy Chief Executive Officer

Alicia Stewart | Programs Manager

Ruth Gardner | Senior Finance Officer

Norma Kelly | Practice Manager – Kempsey

Terri Jarrett | Practice Manager – Nambucca Valley

Dr Wendy Olden | Acting Director of Medical Services (job share)

Dr Peter Fletcher | Acting Director of Medical Services (job share)

Durri ACMS has had a difficult year as we have continued to provide service provision to our communities amidst the COVID-19 pandemic and the transition out of it.

We acknowledge and thank all staff as they have accepted the challenges we have endured, undertaken further education and training that may not be within their normal duties for redeployment and yet continue to work in collaboration for the betterment of the health of our communities.

Senior Management wish to acknowledge and pay respect to those that have passed throughout this year and acknowledge the resilience of the community coming together in times of deepest sorrow and need. You, the community, are an inspiration to us and you are also the reason why we continue to do the jobs we do; you give us strength and courage when we need it and no longer think we can make a difference as our hearts sadden with each community member passing. Thank you for working with us and appreciating each of us. We cannot make a difference unless we come together and work as one.

Highlights for this reporting period:

- Expression of interest was submitted to the Aboriginal Health and Medical Research Council for staff to complete Aboriginal Mental Health First Aid Training. Staff will receive Youth Aboriginal Mental Health First Aid Training in the next reporting period.
- Achievement of AGPAL accreditation for Durri and Darrimba Maarra
- Continued review of organisational policies and procedures.
- Staff and community COVID-19 vaccination programs were underway.
- Community members receiving the influenza vaccination increased on previous year as there was a lack of uptake.
- Success in securing funding for a Dental/Health Assessment van

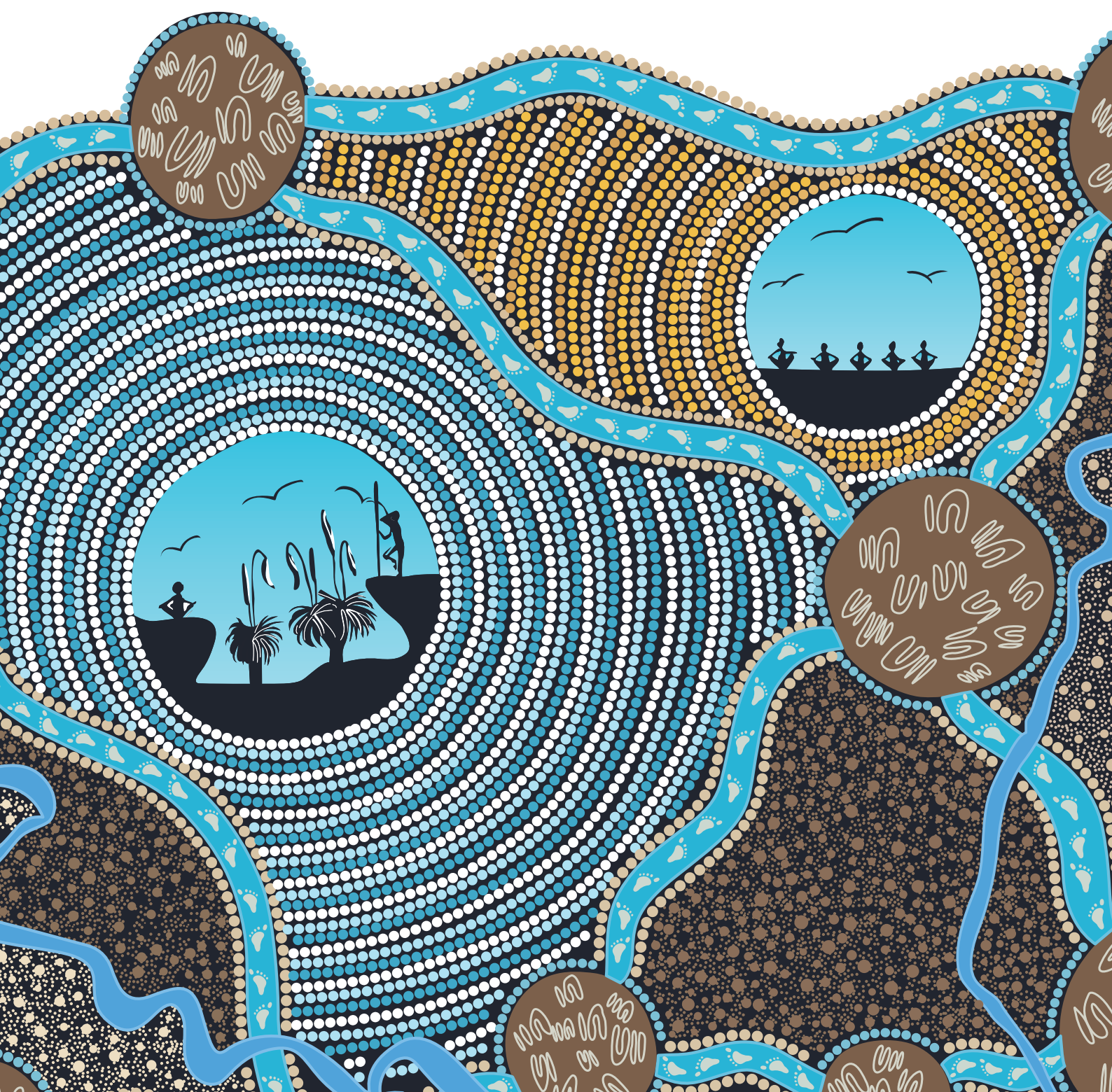
- Coordinate and support the implementation of Logic QMS and Employee Hero
- Working with Board of Directors to support the development and implementation of Durri ACMS Strategic Plan 2024-2028
- Uptake on health assessments was achieved.
- Discussions with various organisations took place regarding service provision.

There are numerous highlights, improvements and achievements that could be listed however we take this opportunity, as has the Chief Executive Officer in his report, to draw your attention to reports that follow this.

We look forward to the future challenges and goals that will be set within the next financial year and further enhancements to our service provision to assist our communities in achieving the best possible health outcomes.



PRIMARY HEALTHCARE TEAM



RECEPTION & TRANSPORT TEAM

Raelene Davis | Reception Team Leader

Jessica Holten | Receptionist

Tahniah Brown | Receptionist

Kathleen Everson | Receptionist

Indiana Teerman | Receptionist

Kim Caldwell | Medical Records Clerk

Renee Widders | Medicare Officer

Andrea Dungay | Registration Attendant

David Welsh | Transport Officer

Sharlena Vale-Tighe | Transport Officer

Aim:

The Reception/Transport team are the first point of contact for Durri ACMS and aim to provide a professional and friendly frontline service to our community/staff and external stakeholders.

Achievements of program during this past financial year:

Key achievements include but are not limited to:

- Successful accreditation achieved under AGPAL.
- Successful recruitment of 3 full-time receptionists and 1 female transport officer.
- Utilisation of Provider Digital Access (PRODA) for eligible patients to enrol with Closing the Gap (CTG), Medicare verification and service eligibility.
- Training of new staff to ensure competent service delivery to all who engage with Durri ACMS.
- Flexible transport delivery to within the Macleay/Hastings areas for patient appointments.

Training/Professional Development

Staff attended the following training throughout the year:

- RACGP Medical Reception
- First Aid/CPR
- Child Protection
- Communicare
- Fire Warden
- Aboriginal Mental Health First Aid

Future Directions

All staff trained in de-escalation and duress procedures to ensure safety of staff and visitors to our Medical Service.

Multi-skilled staff to ensure all positions are covered during times of leave if required.

PAIS Practice Report

Number of patients providing feedback: 32

Your mean percentage scores and benchmarks

Table 2: Your mean percentage scores and benchmarks

	Your mean score (%)	Benchmark data: all practices mean scores (%) *				
		Min	Lower Quartile	Median	Upper Quartile	Max
Q1 Making an appointment	78	35	79	84	89	100
Q2 Telephone access to a doctor/nurse	70	28	66	72	78	100
Q3 Obtaining a home/other visit	67	21	63	69	75	100
Q4 After-hours service	68	13	65	71	77	100
Q5 Seeing doctor/nurse of choice	71	15	75	81	87	100
Q6 Consultation and waiting area comfort	80	31	75	81	86	100
Q7 Availability of privacy	77	43	78	83	87	100
Q8 Waiting time in surgery	77	15	58	66	74	100
Q9 Satisfaction with consultation	85	48	83	87	91	100
Q10 Warmth of greeting	85	44	84	88	92	100
Q11 Ability to listen	88	45	83	88	91	100
Q12 Explanations	85	43	82	87	90	100
Q13 Reassurance	85	45	81	86	90	100
Q14 Confidence in ability	86	45	83	88	92	100
Q15 Able to express concerns/fears	85	35	82	86	90	100
Q16 Respect shown to patient	87	47	85	89	93	100
Q17 Time for visit	86	44	81	85	89	100
Q18 Consideration of personal situation	84	45	82	87	90	100
Q19 Concern for patient	85	46	83	87	91	100
Q20 Recommendation	85	48	84	88	92	100
Q21 Treatment by staff	87	47	83	87	91	100
Q22 Staff keep my information private	86	-	-	-	-	-
Q23 Information on fees	82	28	78	83	87	100
Q24 Opportunity for making complaints	81	36	74	79	84	100
Q25 Information on staying healthy	85	38	76	81	85	100
Q26 Coordination of my care	83	-	-	-	-	-
Q27 Respect of right to second opinion	81	23	76	81	85	100
Q28 Overall satisfaction with practice	86	46	83	88	92	100

Your mean score for this question falls in or above the highest 25% of all PAIS mean scores	10015
Your mean score for this question falls in the middle 50% of all PAIS mean scores	
Your mean score for this question falls in or below the lowest 25% of all PAIS mean scores	

*Benchmarks are based on data from 7,698 surveys completed by 5,316 practices between October 2012 and December 2017, where each survey had a minimum of 30 questionnaires returned, totalling 861,375 patient questionnaires.

See the supporting documents at the end of this report for percentage score calculation and quartile information.

- Benchmark data not available

Your patient comments

From the free text component of the questionnaire.

All comments have been included in their entirety but details which could identify a specific practitioner, practice or patient have been removed to ensure anonymity.

How can the doctor/nurse and/or practice staff improve their service?

- More doctors, regularly. When appointments made, don't cancel without consent of patient.
- All good.
- Fine.
- Overall service was excellent.
- All good to me. No complaints here. Thank you.
- Not sure. All is good.
- Larger clinic space.
- They are all doing very good work. Happy with my visit to this practice and with all staff members on both days I have attended.
- They are perfect.

PRIMARY HEALTH CLINIC



Amy Thompson
Registered Nurse



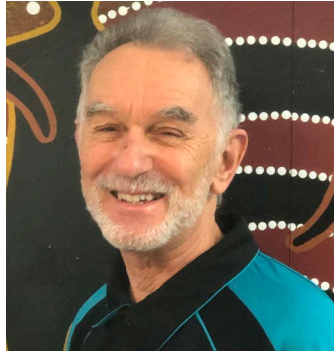
Deb Rownes
Registered Nurse



Dr Wendy Olden



Dr Peter Fletcher



Dr Nigel Humhreys



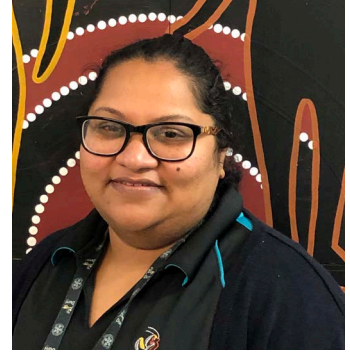
Dr Takesure Madzivire



Marissa Widders



Anto John



Vanessa Bissessur

Aim of program:

The aim of the Primary Health Care Clinic is to support our First Nations Community to achieve good health. This means in all aspects of Wellbeing – In Body, in Heart, in Mind and in Spirit.

We are a Medical Service that continues to also offer a walk-in service for our clients as well as appointments. We offer many services apart from acute medical and we listen to our patients' stories and journeys so we can best assist them to find out what they need help with.

The Clinical team is a group of committed Doctors, Registered Nurses and Aboriginal Health workers who are all passionate about working at “closing the gap” of inequality whilst providing the best possible health service.

Achievements of program during this financial year:

- We have managed to remain functioning through difficult times, when both GP numbers and staff numbers were not ideal, due to pandemic and associated viruses.
- We currently have 5 Doctors who are regular faces for our patients – Dr Wendy Olden, Dr Peter Fletcher, Dr Nigel Humphreys, Dr Blessing Madzivire and Dr Neralie Shukur. This is hugely beneficial to ongoing continuity of care.
- RACGP Accreditation was a wonderful achievement for the Clinical and Reception team, and I again thank our committed workers for their assistance during that particularly busy time.
- Since early May the Clinic has been able to offer an Iron infusion Clinic, which runs on Fridays enabling our patients to attend Durri as an alternative to the Hospital. This can help particularly when there may be longer wait times for appointments at the Kempsey District Hospital.

What you would like to achieve in the future:

We are expecting to offer outreach services to Bellbrook and Bowraville communities in the very near future, which continues a long tradition of supporting our sister communities.

We would like to continue to assist, educate and learn from our community in a partnership that is based on mutual trust and respect and a shared commitment to fostering stronger bodies, hearts, minds and spirits.



DURRI CHRONIC CARE SERVICES

Tahniah Brown | CDT Admin Secretary

Indiana Teerman | CDT Admin Secretary

Sara Bowden | Team Leader Administration Chronic Care Services

Lisa Brown | ITC Coordinator 29th September 2022 to present

Karen Foster | Senior Aboriginal Health Practitioner, Acting ITC Coordinator
15th May 2022 to 5th October 2022

Adam Robertson | Aboriginal Health Worker Chronic Care Services

Noelene Brown | Senior Endorsed Enrolled Nurse Chronic Care Services

Lee Moroney | Chronic Care Registered Nurse

Tony McMahon | Team Leader Clinical Chronic Care Services/ former
Chronic Care Coordinator

Aim of Chronic Care Services:

The aim of our Chronic Care team is to enhance the care provided for Aboriginal people with chronic illness, improve their quality of life and that of their carers' and reduce co-morbidities and hospital presentations by;

- Delivering and assisting in the delivery of chronic disease services such as screening, education and specialist services to Aboriginal people suffering from chronic illness within the Aboriginal Communities in our footprint which is from Kempsey to Nambucca Heads

Our Durri Chronic Care Services are for Aboriginal patients with one or more eligible chronic diseases (heart disease, lung disease, renal disease, diabetes, mental health illness, cancer or a combination of these and related chronic diseases) A chronic disease is a disease which has lasted over 6 months. In other words, it does not get better on its own course.

Our Services that we provide include screening and education as well as specialty clinics such as Cardiology, Respiratory, as well as supporting Cardiac rehabilitation programs.

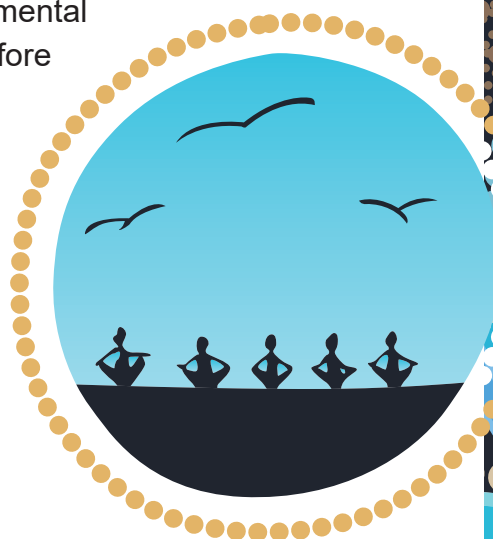
Our Chronic Care Program aims to improve the quality and extend the length of life. We also aim to minimize the sufferings experienced by those with chronic disease. With the younger cohort we aim particularly to prevent or delay the development of chronic disease through regular screening and assessment. An essential part of our service therefore is the Non-ITC Complex Care Plan to support clients with an emerging chronic illness. The financial support we can extend enables proper investigation and diagnosis to occur.

Achievements of program during this past financial year:

- In April 2022 we relocated to the Old Pathology Building, 119 River Street, Kempsey District Hospital. This was an historic co-location with New South Wales Health – a unique occurrence. This relocation is a temporary arrangement to accommodate the growth of Durri's services at York Lane.
- The co-location enabled a greater partnership with the Kempsey District Hospital Aboriginal Chronic Care Service including 48-hour follow-up. We were better positioned to identify and flag those coming in and out of hospital through our association with this team on a regular weekly basis.
- The co-location also meant that we have unparalleled access to the Renal dialysis unit above us. We can also visit the hospital wards when needed.
- One of our most outstanding achievements has been the increasingly consistent implementation of the ITC Program to provide our patients timely access to Specialist and Allied Health Care.
- With the restructure of our Chronic care services, we have dramatically increased the volume and quality of care plans attended. This has been a concerted effort of both administration and clinical services. Administration of Chronic Care Services has led the way in implementing rigorous systems of appointment and recall. We are now looking at lifting the number of GP Reviews to complement this service.

Future Directions:

- We are keenly aware that our patients need our support to attend specialist and GP appointments. Whenever someone fails to attend that is an opportunity missed for both the client and someone else who is waiting to be seen. Therefore, we would like to achieve greater attendances through timely case management. We need to know why someone cannot attend an appointment before the appointment and make plans to have them seen at an acceptable date and time. We also need to keep patients in the loop and not assume anything.
- We would like greater social work involvement with our clients. Many are struggling with grief and loss. Loss of loved ones and loss of function.
- Living with one or more Chronic disease exacts a mental toll on our clients and their carers. We would therefore welcome the opportunities for counselling from qualified, culturally safe counsellors. We know there is a huge waiting list to see a psychologist in our area. The employment of more suitably qualified counsellors in house would be of great blessing.



DENTAL SERVICES



Dental Team with CEO

Dr Roshan Abraham, Jonine Gilmour, Louise Jones, Suzanne Griffen, Suja Abraham, Nesiuan Dixon, Rhyesha Buckland, Tyeleara Gordon

Aim of program:

- Provide dental health services within a culturally appropriate setting.
- Improve oral health of First Nations people within Durri's footprint.
- Provide comprehensive dental treatment.
- Employ more First Nations people in Dental.
- Reduce traumatic dental injuries through the provision of mouthguards.
- Create partnerships to develop oral health projects in our community.
- Utilise incentives such as CDBS to enhance budgetary support.
- Meet funding KPIs.

Achievements of program during this financial year:

1. Dental services have achieved National Safety and Quality Health Service Standards Accreditation until April 2026.
2. Outreach child dental services were continued in Bowraville, Dalaigur, Macleay Vocational College and Kempsey High School.

3. Durri continued to support sporting activities of young community members issuing 25 free mouthguards during the year.
4. Durri has completed Dental Weighted Activity Units of 732.73, well above its funding KPI.
5. Revenue from the Commonwealth Dental Benefits Scheme was \$126,908.40.
6. A total of 8671 treatments were done on 1064 patients, over 1996 visits.
7. Durri is hosting Bachelor of Oral Health Students from the University of Sydney currently on their 3rd rotation.
8. A dental recall program has been reactivated utilising the student placements.
9. Durri, in partnership with TAFE NSW, Sydney University and Indigenous Allied Health Association, employed two community members as Dental Assistant trainees with all costs covered by the program.
10. Durri continued its oral health promotion activities.
11. An FTA survey has been prepared to ascertain the reasons behind patients missing their appointments.
12. Dental records have become paperless following scanning of all old files.
13. Durri applied successfully for a new purpose-built mobile dental and allied health van expected to be commissioned by October 2023.

Future Directions

1. Denture services. Denture needs survey developed to be conducted during NAIDOC 2023 celebrations.
2. Orthodontic services.
3. A Mums and Bubs program to train young mothers in developing healthy oral health practices for their newborn.
4. Develop projects in consultation with other programs in Durri to improve oral health of our community members.
5. Use the new mobile dental unit to provide outreach adult dental services in addition to child dental services.
6. Employ more First Nations staff in Dental.
7. Identify and advertise dental training and educational opportunities targeting First Nations people.
8. Assist in having dental services functional in neighbouring AMs.





New Mobile Health Unit



Internal outfit for General Practitioners and Allied Health section of new Health Van



Internal outfit for Dental Practitioners section of new Health Van

DARRIMBA MAARRA HEALTH OUTPOST

Aim of program:

The aim of Darrimba Maarra is to provide culturally appropriate and accessible healthcare services to our local Aboriginal community. Our clinic also aims to address the health inequalities and disparities that we as Aboriginal people face by offering a range of services, such as general medical care, mental health support, chronic disease management, health promotion activities, child, and family health. Additionally, we seek to incorporate cultural knowledge into our healthcare services by supporting our locum general practitioners to learn about our Gumbaynggirr nation and our cultural needs. Overall, our goal is to improve the health and well-being of our local community and promote a holistic approach to healthcare.

Achievements of program during this financial year:

Darrimba Maarra made significant achievements during the past financial year (July 2022-June 2023). These accomplishments include improved access to healthcare services for the community, training opportunities for our staff and we implemented new and improved access into our clinics for better patient care. Overall, the health clinics efforts have resulted in improved health outcomes and greater community engagement.

Programs:

NAIDOC 2022

After months of delays due to inclement weather, we were finally able to have our NAIDOC family fun day on the 21st of December 2022 at Biffin Fields Nambucca Heads. This was held in collaboration with Mid North Coast Local Health District staff from Macksville Hospital. December was a great time to enjoy our delayed NAIDOC event with Santa joining in to celebrate. Families from all over the Nambucca Valley enjoyed the jumping castles, petting zoo, PCYC games, caramel popcorn, fairy floss and a visit from Santa who arrived on the fire truck. A great day was had by all, it was a fantastic team effort from Darrimba Maarra Staff and Mid North Coast Local Health District staff.

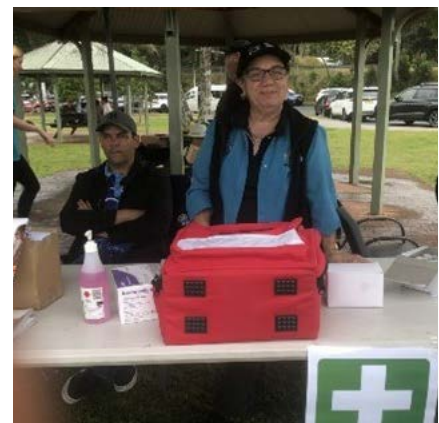


DARRUYAYGAM MAAGUN CULTURE & WELLNESS FESTIVAL

The first Nambucca Valley Culture and Wellbeing Festival was held on the 9th of September at Bellwood Park Nambucca Heads hosted by Bularri Muurlay Nyanggan and Durri ACMS. Over 400 People attended the event which had cultural activities, workshops, paddleboarding, fishing and many more free activities for families. Lots of fun, food and culture was consumed on the day by all. With Local artists performing on the big stage and Indigenous star Emma Donovan the main act and closing the event.

ORAL HEALTH

The dental van attended Bowraville for a rotation which gave access to services for our 0-18 years old cohort.



Clinic Team Progress

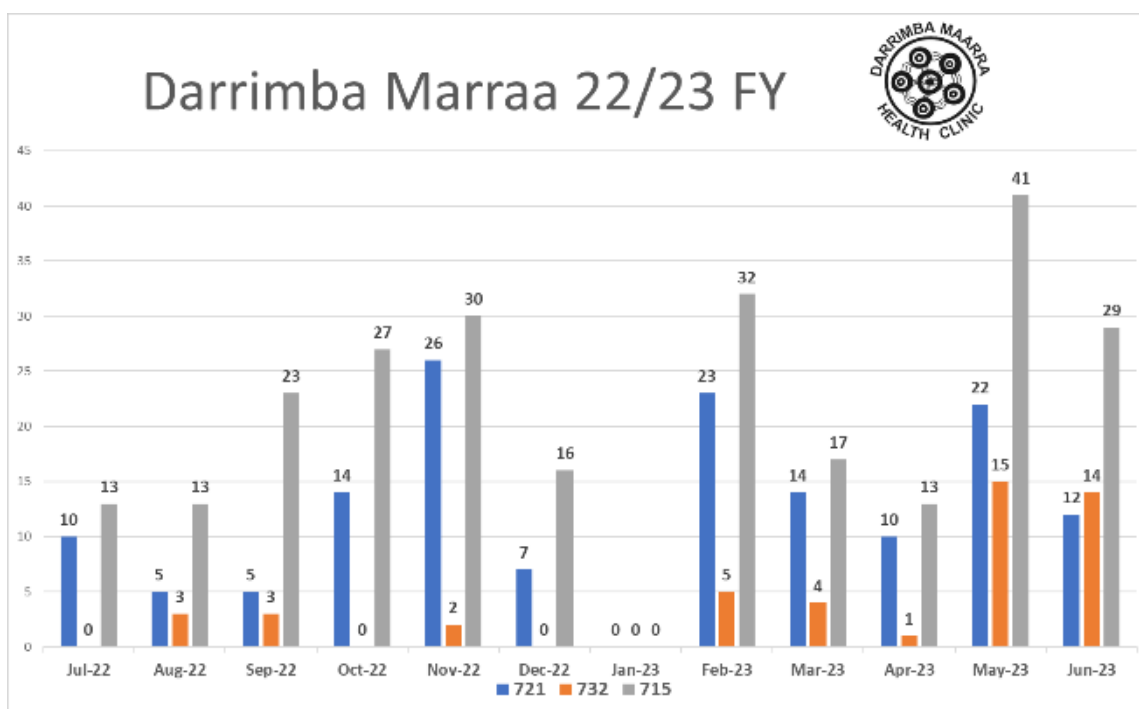
Chronic Care Endocrine: The month of March marked an important milestone for the endocrine clinic at Darrimba Marra, as it was the first time it was run by Darrimba Maarra staff with R.N. Irina Holmes at the helm. With the changes in place the endocrine clinic has seen a notable improvement in patient care and outcomes. Irina's attention to detail and focus on personalized treatment plans has resulted in enhanced management of chronic conditions such as diabetes, thyroid disorders, and hormonal imbalances. Patients have reported feeling more well-informed and confident in their care, thanks to the team's clear communication style and commitment to patient education. Feedback from Dr Joshi was "Good clinic, everything well prepared, patients well prepared and engaged". Feedback from Sue Wilson diabetes educator was "Very well organised, very good feeling in clinic, all patients left happy and eager for follow-up visits. Our next focus is the geriatrician clinic which has now been handed over for the team at Darrimba Maarra to manage.

Women's Health Clinic: Natalie, our women's health nurse, is doing an exceptional job. Her expertise and compassion make her an invaluable asset to our team. She provides the highest level of care to our patients and goes above and beyond to ensure their well-being. Our Women's Health Clinic is a crucial resource for our women seeking to take ownership of their health journey. The clinic provides culturally appropriate and sensitive care the clinics focus is women's health which includes sexual health, reproductive health, and primary care. The clinic addresses the unique health needs of individual women, additionally the clinic provides a safe and welcoming space for women to seek

support and guidance from our nurses and G. P's who are knowledgeable about the specific health issues that impact Aboriginal women in our community. Overall, the Aboriginal Women's Health Clinic is an essential resource that supports the health and well-being of our women and their families.

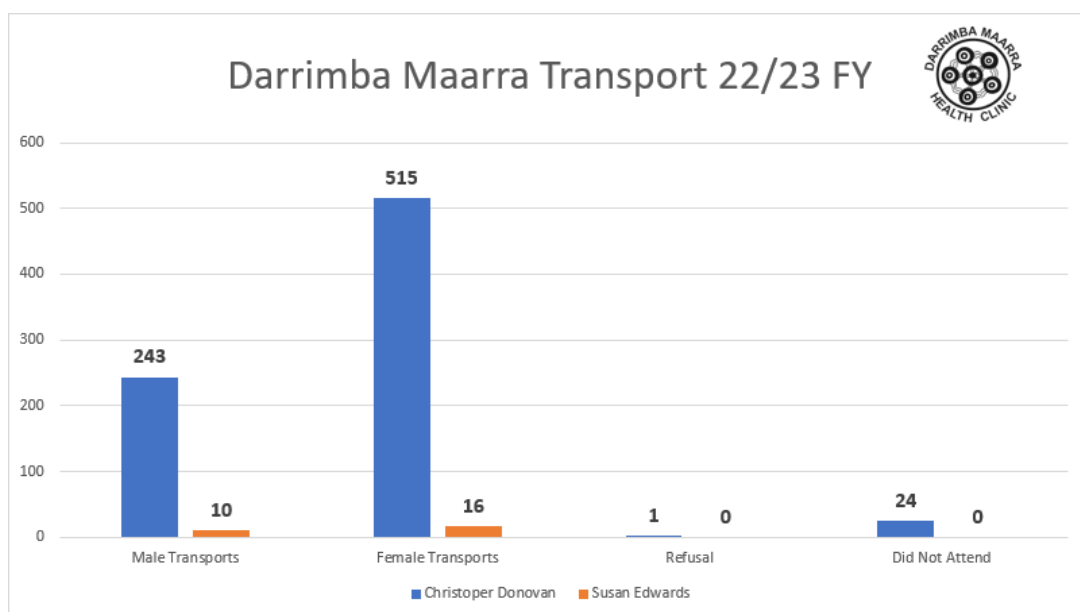
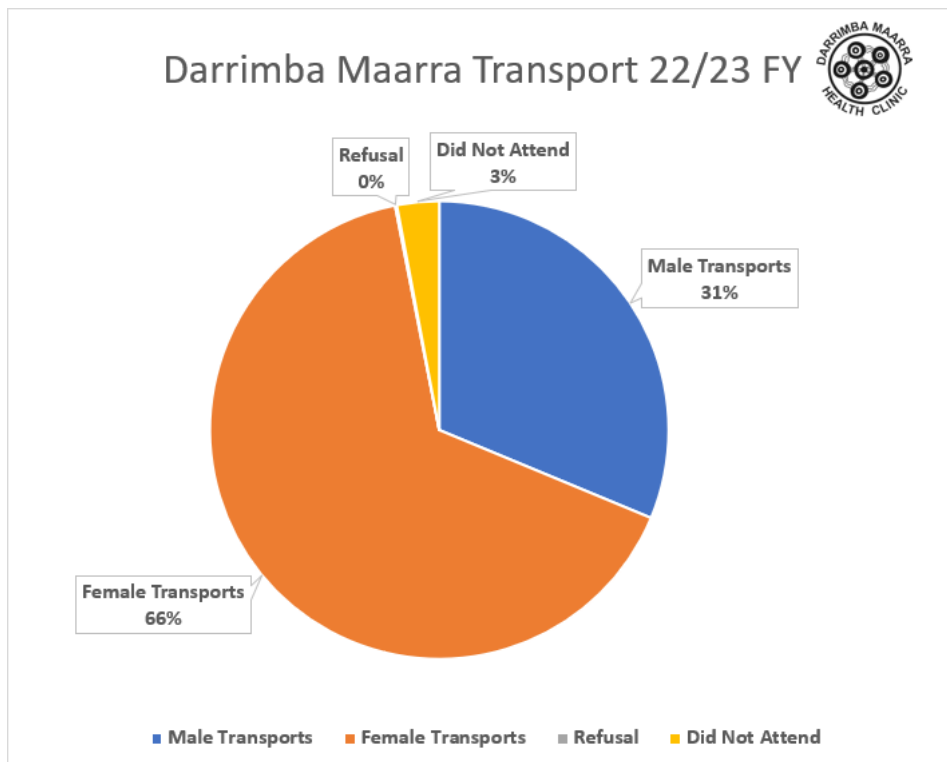
General Practice Clinic: Our general practice clinic understand that our patients come to us with a range of medical concerns, and we strive to provide the highest level of care possible. Our clinic is staffed by skilled healthcare professionals who are dedicated to making sure that each patient who walks through our doors receives the care and attention they need. From our first point of contact with reception staff to our clinical staff registered nurses and G. P's. Dr Ryan and Dr McGovern provide our community with excellent care that is essential to the well-being and overall health of individuals and families in our community.

Health Assessments for 2022-2023



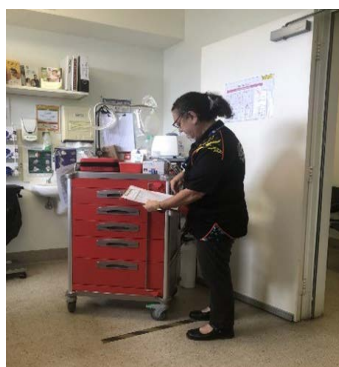
Transport and Reception: Over the past year, our dedicated transport officer Chris has been tirelessly transporting our patients to and from various medical facilities. His commitment to ensuring that our patients receive the highest level of care has been truly commendable. Our reception team are always working hard to ensure that all patients feel welcome and taken care of. They are the first point of contact for visitors, and they take their role seriously, from answering phones and directing calls to greeting guests and helping them with their needs. The reception team is always on the go, they know that a positive first impression is important, as they strive to make every patients experience a safe and respectable one. Their hard work and dedication are greatly appreciated.

Child and Family Health: Our Aboriginal Health Worker Child and Family Health play's a crucial role in improving the health outcomes of our children and families here at Darrimba Maarra. As a Child and Family Health Worker, Dorothy provides culturally appropriate care and support to families, promoting healthy living, immunisation follow-up and preventing illness. One of the great things about our Aboriginal Health Worker in child and family health is the opportunity to make a real difference in our families lives. By providing education and support to families, with a focus on preventative care to ensure that children and families have access to the care they need. Dorothy a positive force for change, improving the health and wellbeing of families and communities for generations to come.



Staff Training

Staff Training/ Information Sessions	Key Staff Involved
Advance Life Saving 6th May 2023	Dr Ryan, R.N Irina Holmes, R.N Natalie Wood, Senior Admin Corrina Dahlstrom
Smoking Cessations 19th April 2023	All Darrimba Maarra Staff
Carers Australia 3rd May 2023	All Darrimba Maarra Staff
Information Session David Heart MNCLHD	All Darrimba Maarra Staff
Fire Training 31st May 2023	All Darrimba Maarra Staff
Fire Warden Training 31st May 2023	David Cutmore SEWB and Corrina Dahlstrom Senior Admin
Northcott Disability services.	All Darrimba Maarra Staff
CDM Plus workshop	All Darrimba Maarra Staff
First Aid Training	All Darrimba Maarra Staff



Practice Management

As the end of the financial year approaches, it is important to reflect on the performance of my team and assess how they have contributed to the success of Darrimba Maarra. As per the above report we have achieved a lot in this year and since my commencement as Practice Manager in August 2022. Staff productivity has been great, across the board as a team we have been working diligently and efficiently to complete tasks and meet deadlines. This increase in productivity can

be attributed to several factors, including improved communication between team members, renewed focus on staff engagement and satisfaction. By providing staff with the tools and resources they need to succeed, as well as a supportive and collaborative work environment, this has empowered and motivated us all to do their best work. This has translated into tangible results, with projects being completed ahead of schedule and with a higher level of quality.

Staff Wellbeing

Christmas Staff Lunch and morning Tea: Our Christmas staff lunch and morning tea are great opportunities to celebrate working as a team. It's a time for us to come together and reflect on the hard work and achievements of the year. These events provide a chance to bond with each other and continue to build a strong foundation as colleagues, this leads to increased collaboration and productivity in the workplace. It's important to take the time to acknowledge our successes and appreciate the contributions of each team member.



What you would like to achieve in the future:

Improving Aboriginal health outcomes is a complex challenge that requires a multifaceted approach. In the future, it is important for staff working to Darrimba Maarra, to prioritize continuing to address the social determinants of health for our community.

It is vital to continue engaging and empowering our community in the decision-making process, ensuring that policies and programs are developed in collaboration with those they are meant to serve. Ultimately, achieving equity in Aboriginal health is our focus. With the expanding workforce here at Darrimba, we will need a larger premises to accommodate this growth. We have the support at a General Meeting in November 2022 by members to purchase a larger building and it is our hope that in the near future we are established in a larger building to continue, with developing great care from community. With a long-term hope of achieving a small dental unit here in the Nambucca Valley to support the wrap around approach.

PROGRAMS

Aboriginal Maternal Infant Health Service

Australian Family Partnership Program

Child & Family Health

Alcohol & other Drugs

Eye & Ear Health

Targeted Early Intervention

Early Childhood Education

NDIS Community Connector

Suicide Prevention & Education

Women's Health

Social & Emotional Wellbeing

Allied Health



ABORIGINAL MATERNAL INFANT HEALTH SERVICE



RN Community Midwife Kate Jones with patient

Kate Jones, Molly Wickham from 21/6/2023

Aim of program:

To provide culturally safe, community-based continuity of antenatal and postnatal care to Aboriginal women and their babies.

Whilst women can be cared for from any gestation, the program aims to engage women before 14 weeks.

Women and babies are then cared for for 6-8 weeks post-partum.

Achievements of program during this past financial year:

46 women were followed through from early antenatal to 6 weeks post-natal. This is a 27.7% increase on the previous financial year.

52 babies born on Dunghutti or Biripi country were cared for 6 weeks prior to being immunised and then referred to the Durri Child Health and Family team.

A joint project between AMIHS and the Get Healthy in Pregnancy Program (run by NSW Health) saw one of our pregnant Dunghutti mums and her children becoming 'the face' of the program.

What would you like to achieve in the future:

The AMIHS team will endeavour to continue to improve service delivery to all pregnant women who present to Durri ACMS.

Now that COVID is for the most part behind us, we will also endeavour to take our care out to the community, rather than the community having to come into Durri.

AUSTRALIAN FAMILY PARTNERSHIP PROGRAM (AFPP)

Irene Weiss, Martina Rosas, April Collins, Tahlia Duroux-Lancaster, Nathan Briggs, Jamie-Lee Morris

Aim of program:

The Australian Family Partnership Program (AFPP) aims to improve maternal and child health and wellbeing for Aboriginal and Torres Strait islander families. This is achieved, by assisting women to engage in good preventative health practices, supporting parents to improve child health and development, and assisting parents to develop a vision for their own future.

Achievements of program during this past financial year:

A site assessment was completed with the National Support Network, this is a quality improvement exercise that allowed us to identify our strengths and weaknesses. This ensures we are delivering the best possible care to our clients.

- Our team attended the AFPP conference. Our attendance gave us the opportunity to network with other AFPP teams around Australia and participate in professional development.
- Our visibility within the community continues to grow.
- 100% immunisation rates.
- Male and Female FPW's continued their studies and have almost completed their Cert IV to become Aboriginal Health Practitioners training.
- We have re-introduced regular group days.

What you would like to achieve in the future:

- To increase external referrals by further strengthening relationships with external stakeholders.
- To increase knowledge of the program in both the Kempsey and Nambucca Valley within those communities.



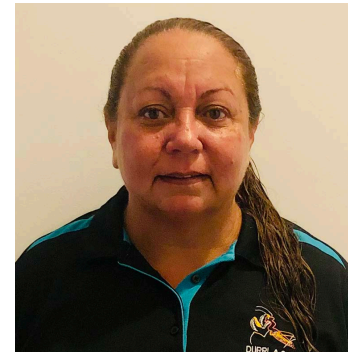
CHILD AND FAMILY HEALTH & CHILD HEALTH PROGRAM



Kim Wright
CNC, RN, CFHN,
Paediatric Nurse



Tracey Houston
RN, CFHN



Bronwyn Smith
AHW

Aims of the Durri Child Health Program (Service):

The Child Health Program (6 weeks to 14yrs) aims to provide a holistic service in collaboration with the entire Maternal, Child and Family health team, families, and carers to promote optimal health, growth, and development for the child.

Durri Child & Family Health Program aims to:

- Provide Universal screening and Blue Book checks
- Health Assessments and Immunisation services
- Support families in their role to optimise the health, wellbeing, and development of the infant and child/teen
- Identify as early as possible, children who may have developmental or other health problems
- Identify as early as possible those parents, families and children who may require additional support to promote optimal physical, social, and emotional development
- Improve the health outcomes of those individuals identified as having problems or difficulties, by enabling early access to appropriate and timely services and supports.

Achievements and Challenges of Child Health Program Service:

During the period 2022 to 2023 Child Health Program has:

- Provided 396 health assessments for Babies, Children and Teens 0-14 years age
- Provided 224 Blue Book checks for Babies 6wks to 4 years.
- Worked in collaboration with Durri's generalist AHWs to provide a comprehensive health assessment and immunisation program for 69 Clontarf boys aged 12years to 18 years

- Provided scheduled and opportunistic immunisation encounters for babies, children, and teenagers to maintain up to date childhood immunisations as required.
- Provided 541 Influenza vaccinations for clients within the ages of 6months to 14 years old and the Durri Flu Vaccination Campaign.
- Provided a comprehensive service for babies and children with complex needs.
- Co-ordinated and facilitated 16 Paed Clinic for Dr Jim Kerr with 253 children and 10 Paed Clinics for Dr Mark Johnson with 213 Children seen. Paed Clinics were conducted at Durri Kempsey for Nambucca and Kempsey Clients.
- Negotiated the continued service of Paediatrician Dr Jim Kerr with Durri ACMS to ensure timely access to Paediatric services for Durri children. Maintained Dr Kerr's clinical services at 18 clinics per year reducing the wait time for Paediatric assessment.
- Continued providing complex HA and Care Plans for children in Out of Home Care programs (OOHC)
- Attended Immunisation, CPR updates and all Mandatory Durri Training including fire and Mental Health First Aid training
- Maintained COLD CHAIN for all Immunisation services at Durri
- Established the NSW Health Staff Vaccination Compliance Policy at Durri and commenced an All of Durri Staff Vaccination Program and Record Card for all Durri Staff Members (Ongoing).

2023 to 2024 Program Goals:

- Continue to increase Child Health Service immunisation, blue book checks and health assessment provision at Durri ACMS
- Continue to provide opportunistic Immunisation services to maximise the rate of immunisation for Aboriginal babies, children, and teens.
- To continue providing complex HA's and care plans for children in OOHC programs.
- To continue to provide Specialist Paediatric Clinic Services at Durri with high attendances.
- To continue to undertake Health assessment for Clontarf Programs for local high schools in collaboration with Durri's generalist AHWs.
- To continue to provide a streamlined service for Families, their babies, children, and teenagers when seeking Health Care services at Durri
- To secure a female GP to enable the programs to provide health assessment and immunisation services to the high school
- Seek RDN funding for a Paediatric Clinical Psychologist service to undertake complex developmental and ASD diagnosis assessments
- Seek RDN funding to employ a Paediatric Occupational Therapist
- Employ a second CFHN to share the workload of the current 0.7 CFHN



AHW DRUG & ALCOHOL



Shane Holten

Aim of program/What is your program:

- To support persons affected by alcohol and other drug misuse
- The promotion of health and the reduction of substance use within the community is a primary focus of the service delivery
- Incorporated an support alcohol and other drug patient in case management of their addictions and advocacy with agencies, one on one support, family support, referrals and other assistance that is required

Achievements of program during this past financial year:

Getting back out in the community after all covid restrictions were lifted

- NAIDOC week
- Staff development day
- Walkabout Barber and Kirby Institute
- Nicotine Replacement Therapy is available at Durri ACMS and Darrimba Maarra for patients of the service

Mens Yarn Up group which is run every fortnight at SKNIP house South Kempsey

What you would like to achieve in the future:

- To complete further studies
- Funding for the female position of Drug and Alcohol
- Ability to secure funding for similar positions for the Nambucca Valley

HEARING & EYE HEALTH



Theresa Silva

Aim of program:

To provide hearing and eye health care to our Aboriginal patients within the Durri ACMS footprint. This is a multifaceted process that includes coordinating clinics with multiple visiting specialties and providing spectacles.

The ear and eye health program is part of a multidisciplinary care delivery service that aims at early intervention and improves the quality of life to our patients.

Achievements of program during this past financial year:

- Enrolled in TAFE for Cert IV in Audiometry
- Total patients seen by visiting optometrist Jenny Crosbie-Walsh approx. 300 patients
- Total patients seen by Audiologist Michelle Liong, for Durri ACMS 88 patients
- Megan Hardie Porter Darrimmba Maarra
- Total patients seen by Visiting ENT Specialist Bill Johnston 11 for Durri ACMS who conducts ½ day visits every three months

These numbers cover both Durri ACMS and Darrimmba Maarra

- Two optometrist chairs received

What you would like to achieve in the future:

- Complete my Cert IV in Audiometry with TAFE NSW and become a qualified Audiologist
- Decrease failed to attend rates





TARGETED EARLY INTERVENTION (FAMILIES FIRST)

Durri ACMS has had a meeting with the Department of Communities and Justice regarding the Targeted Early Intervention (Families First) Program.

This position is now responsible for assisting Aboriginal families with a range of health and health related matters, by providing support to children 0-16 years and their families to ensure the achievement of the agreed program performance indicators and improve the health outcomes of clients.

An additional client group is parents in the antenatal period.

The key objectives of the role include:

- i. The project will provide case management to 8 families at any point in time with families exiting every twelve months.
- ii. Ensure the delivery of support to children 0-16 years, their families, parents, and carers.
- iii. Ensure that educational and promotional components of the program are effective.
- iv. Plan and implement care components for families; and
- v. Improve positive parenting practices in the local Aboriginal community.

The Aboriginal Health Worker-Targeted Early Intervention (Families First) did not commence in this program until the 2023-2024 Financial Year.

EARLY CHILDHOOD EDUCATION (CIRCLE OF CARE)

Charleigh Kennedy | ECE Project Officer

Natasha Doughty | Previous ECE Linker

Aim of program:

The Supporting families into early childhood education program is a program that aims to increase access to early childhood education for families who may not have otherwise had the opportunity. It provides financial support to families who need assistance with the cost of early childhood education. Supporting families throughout the Macleay and Nambucca Valley LGA's

Achievements of program during this past financial year:

- The achievements of the ECE Program this year
- 23 clients sign up to ECE program
- 5 clients enrolled into kindergarten
- 10 clients enrolled in day care/preschool
- 8 clients on waiting list to get into preschool/day care
- All clients have had their Health Assessments, developmental checks and updated with Immunisations.
- Working with 27 preschools and day cares across the Macleay and Nambucca Valley areas as well as playgroups within both LGA's
- Having good continuous relationships with other organisations

What you would like to achieve in the future:

- Continue attendance at play groups and attendance at community activities for program awareness
- Provide support to families who are seeking support where applicable and if not remaining within the Macleay or Nambucca Valley community try to assist by helping to gain paperwork for child's enrolment elsewhere
- Provide continuous support to play groups
- Continually meet regular with providers, where possible, to remind of the ECE program. Provide ECE program education to play groups to try to establish relationship with families if there child is entering or on the waitlist for preschool e.g. needing birth certificate for registration
- Have more clients to register with the ECE program
- For clients and the general community to have a better understanding of the importance for children to attend and Early Childhood Education Centre
- Ensure all clients have had their health assessments, developmental checks and updated immunisations. Making sure each clients overall health is checked before starting preschool/day care
- Funds for preschool and educator expansion to reduce waitlist for under privileged children



NDIS COMMUNITY CONNECTOR

This program has now had a change in Key Performance Indicators and has been renamed as the Aboriginal Disability Liaison Officer (ADLO)

The ADLO will now:

- Work in collaboration with existing programs within Durri ACMS as well as external service providers and organisations.
- Provide assertive outreach to Aboriginal and Torres Strait Islander communities in a culturally sensitive manner, breaking down barriers to accessing the NDIS and developing trust and rapport.
- Link potential Participants to their PITC and/or the NDIA, including through online platforms and resources.
- Operate within the program guide.
- Provide outreach to Aboriginal and Torres Strait Islander communities in a culturally sensitive manner, breaking down barriers to accessing the NDIS and developing trust and rapport.
- Link potential Participants to their PITC and/or Customer, including through online platforms and resources.
- Support potential Participants and their representatives to attend appointments to get functional assessments and other evidence for access requests.
- Linking potential Participants to their PITC or Customer to help complete Access Request Forms (ARF), Verbal Access Request (VAR) and psychosocial Disabilities evidence forms.
- Supporting potential participants in obtaining updates with respect to submitted forms from the relevant PITC and/or Customer.
- Linking Aboriginal and Torres Strait Islander people who are not eligible for NDIS to community mainstream supports and/or refer them to their PITC to support linkages to the community and mainstream supports.
- Supporting Participant handover to PITC and/or NDIA by:
 - » assisting participants or potential Participants build a positive relationship with local PITC and/or the NDIA.
 - » supporting local PITC and/or the NDIA to understand the needs and circumstances of Participants or potential Participants.
 - » working together with PITC and/or the NDIA to develop trust and rapport with the Participants or potential Participants; and
 - » supporting Aboriginal and Torres Strait Islander Participants and their representatives to link positively with PITC and/or the NDIA.

The ADLO did not commence in this program until the 2023-2024 Financial Year.

SUICIDE PREVENTION & EDUCATION

This program has had an extension of funding.

Originally the program was funded until June 2022 and has now been extended until June 2025.

As this program is not a clinical based program for Aboriginal youth aged 12-24 years, major activities for this area are:

- Contributes to team knowledge about referral resources that are appropriate to the goals of clients participating in the program.
- Provides Suicide Prevention and Education related information to potential clients and their families of Aboriginal youth aged 12-24 years.
- Provides ongoing cultural information and participate in team-based discussion and decision-making matters pertaining to Suicide Prevention and Education.
- Participate in the development of Suicide Prevention and Education promotions and education strategies ensuring feedback from the community is incorporated into planning pertaining to Aboriginal youth aged 12-24 years.

The Male Suicide Prevention and Education Officer did not commence in this program until the 2023-2024 Financial Year.



WOMEN'S HEALTH



Catherine Turnbull
Women's Health Nurse

Aim of program:

- Advocacy/ liaison in Women's Health
- Promote Preventative Health for Aboriginal women. CSTs and Mammograms
- STI checks
- Postnatal Checks
- Referral to GP for abnormal results, contraception, infertility.
- Education re menopause and other Women health issues
- Assist GPs in contraceptive procedures. Eg Mirena IUD insertions

Achievements of program during this financial year include:

- "Strong Sista's Yarn up" a partnership with LHD assisted by funding from the NSW
- Cancer institute to improve the cervical screening rates for Aboriginal women in the Macleay Valley. Two education sessions were well received by the women in May 2023.

**STRONGSISTAS
YARNUP**

- Are you an Aboriginal or Torres Strait Islander woman ?
- Are you aged between 25 and 74 years ?

You are invited to come along for morning tea and a Yarn Up about Women's Health and Cervical Screening (Pap Smears).

- Door prizes / raffles and gift bags for all women

DURRI AMS
Wednesday 24th and 31st
May 9.30 - 11.00

Artwork by Lisa Kelly of Gumbayngirr Country

NSW Government | Health Mid North Coast Local Health District
Cancer Institute NSW
Durri



- New to the Cervical Screening Program, where Self -Collect HPV swabs have been introduced since 1st July 2022.

What you would like to achieve in the future:

- To improve KPIs for Cervical screening at Durri
- Continuation of Women’s Health Clinics with the help of an Aboriginal Health Worker for community consultation and referral to WH at Durri for preventative health.



SOCIAL & EMOTIONAL WELLBEING (SEWB) PROGRAM

Eloise Penry-Williams | Social Worker, SEWB, Team Leader

David Cutmore | Aboriginal Health Worker, SEWB

Victoria Tremole | Aboriginal Health Worker, SEWB

Aim of program:

Social & Emotional Wellbeing (SEWB) Service delivers a strength based, culturally safe service for Aboriginal and Torres Strait Islander people attending Durri Aboriginal Corporation Medical Service and Darrimba Maarra Aboriginal Health Clinic. The service covers the Macleay Valley and Nambucca Valley across the Dunghutti and Gumbaynggirr nations.

The SEWB Service, being based within an all-encompassing health setting means a comprehensive, wholistic 'all of health' approach can be undertaken.

The Service is staffed by appropriately qualified health professionals and recruitment of Aboriginal community members is a high priority. Pathways to obtain relevant qualifications are created. The Service also undertakes a bicultural approach in which western knowledge and cultural knowledge are equally valued.

Overall, the service aims to increase availability of culturally safe, professional and coordinated supports for Aboriginal families and their communities across the Durri ACMS and Darrimba Maarra footprints.

The Service undertakes a wholistic, 'whole of family' approach across a number of areas ranging from, mental illness, domestic and family violence, problematic alcohol and other drugs, intergenerational trauma, other traumas of abuse, assault, neglect, involvement with protective services or the criminal justice system and disconnection from culture, identity, country, kinship and community. The Service acknowledges that a wholistic approach is necessary in order to improve the social and emotional wellbeing of Aboriginal people in our communities. An individual may be experiencing one or a multitude of different issues as described and layered with poor physical health and socio-economic disadvantage, this impacts upon the 'self' and the family's overall social, emotional, community and cultural wellbeing.

Achievements of program during this financial year:

- The development of a Durri SEWB model.
- The recruitment of an experienced Social Worker and Team Leader.
- The recruitment of an Aboriginal identified Alcohol & Other Drugs Worker.
- The establishment of a counselling service at Durri ACMS.
- The convening of a Strong Aboriginal Women Action Group, inclusive of workers from both community sector and government departments across the Kempsey community.
- The development of collaborative partnerships and facilitation of care coordination with local service providers across both community and government departments.
- Working with AHW - Drug and Alcohol

What you would like to achieve in the future:

Ascertain funding to expand the SEWB Service across the whole of the organisation and to grow the team inclusive of another Aboriginal Health Worker SEWB, a Registered Nurse Mental Health Clinician, a Psychologist and Social Worker.

This would expand the counselling service and develop our community work and community engagement activities across the Valleys linking community members into Durri services and also providing connection to community and country.



ALLIED HEALTH

Durri ACMS and Darrimba Maarra have the following visit Allied Health Providers attend each site.

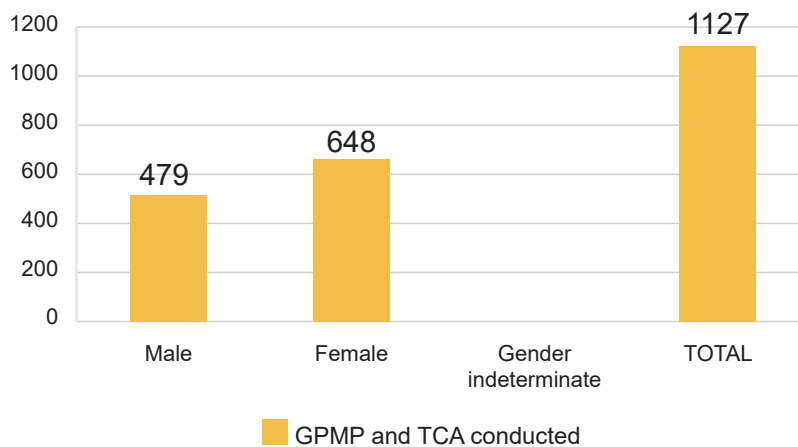
These providers come with a unique set of skills and specialities to provide health care continuation services that would normally be only available externally and would involve a cost to our patients.

These services include but are not limited to:

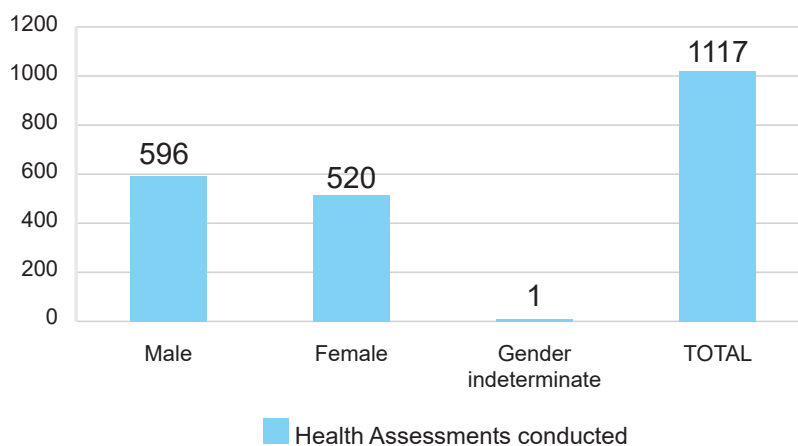
- Dietitian
- Speech Pathologist
- Podiatry
- Optometrist
- Exercise Physiologist/Physiotherapist

To access services a GP referral is required including having a current health assessment GPMP and TCA

Organisations overall health assessments GPMP's and TCA's performed



Overall Number Health Assessments conducted during reporting period



What you would like to achieve in the future:

Access to Allied Health are to be done through the Primary Health Care Model.

CORPORATE SERVICES

Human Resources

Continuous Quality Improvement

Dunghutti-Ngaku Aboriginal Art Gallery

Finance Team Report

Financial Report



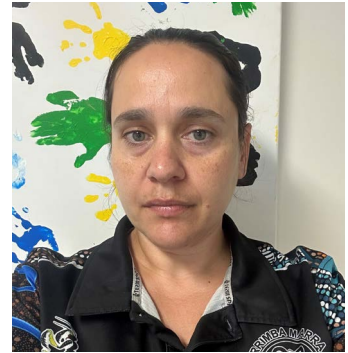
HUMAN RESOURCES



Mary Edwards
Human Resource
Administration Officer



Brett Davis
Trainee Human Resources
Administration Officer



Kayla Bennett
Operations Officer

Aim:

Human Resource department manages the employee life cycle (i.e., recruiting, hiring, onboarding, training, compliance, and administering employee benefits).

Achievements of program during this past financial year (1st July 2022 – 30th of June 2023):

Our focus this year was to improve the management and coordination of the employee life cycle.

In line with the Durri's strategic priorities investing in systems and quality management we researched Employment Hero with a focus on how the team can automate Human Resource process with an end-to-end lifecycle management system and improve the accuracy and efficiency of payroll.

Newsletter # 1 May 2023

Introduction to Employment Hero

Contact : Kayla Bennett durri.hr@durri.org.au

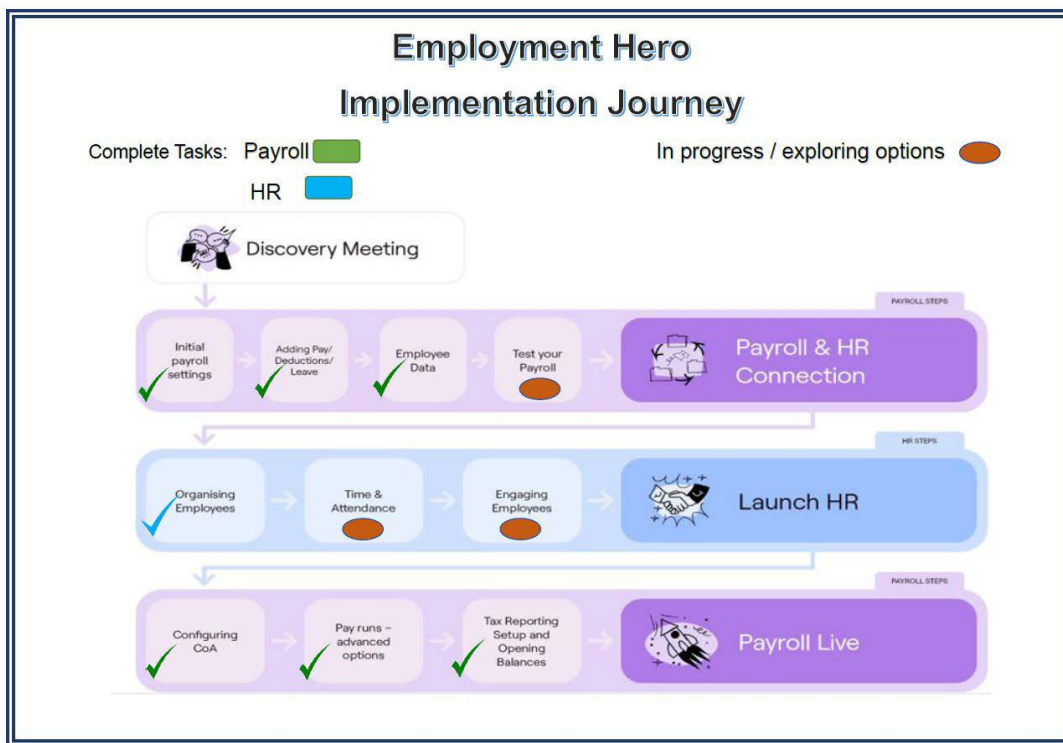
Employment Hero

we will be launching our new HR platform to manage your employment, payroll details, leave requests, employment documents, policies, reward and recognition + more!

The smarter way to manage people, payroll and productivity.

- Learning & Development Training**
 - 1. On line Mandatory Training
 - 2. Performance Reviews
 - 3. Compliance Recording
 - 4. Staff Rewards & Recognition
- Recruitment & Onboarding**
- Payroll Management**
- Leave Management**
 - weekly rostering
 - timesheet management

Durri Aboriginal Corporation Medical Service
Servicing the Macleay and Nambucca Valleys
ABN 52 730 046 875 ICN 27



The human resources team would like to congratulate Brett Davis on successful completion of his traineeship.

During January 2023 we partnered with Aboriginal Employment Strategy and employed three School Based Trainees. These traineeships give students practical work experience and skills during Year 10 to Year 12. Each Graduate from this program will receive a nationally accredited qualification and provides a proven head-start towards a long-term career.

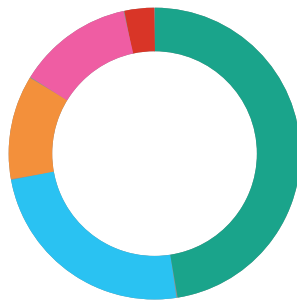
The Human Resource department assisted the organisation to achieve AGPAL accreditation.

What you would like to achieve in the future:

- Soft launch of Employment Hero occurred 11.07.2023.
- Full implementation of Employment Hero – HR to include induction program, training and development, performance management and recruitment and selection.
- Improve retention, employee engagement and productivity.
- Completion of Human Resources Policy’s review
- Accredited Training - Staff Development
- We want to ensure our processes, systems and practices align and support our intentions for improving Aboriginal Health and ensure that we foster a culture that promotes a safe and health workplace for all staff.

Workforce Snapshot

Age Diversity



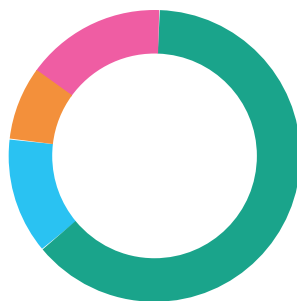
- Aged 50+
- Aged 41-50
- Aged 31-40
- Aged 21-30
- Aged 0-20

Company Tenure



- 0-6 months
- 6-12 months
- 12-18 months
- 18-24 months
- 24+ months

Employment Status



- Full time
- Part time
- Casual
- Unassigned

Gender Diversity



- Female
- Male

*Unassigned = Independent contractors

QUALITY AND COMPLIANCE

Renee Gardiner | Quality and Compliance Officer

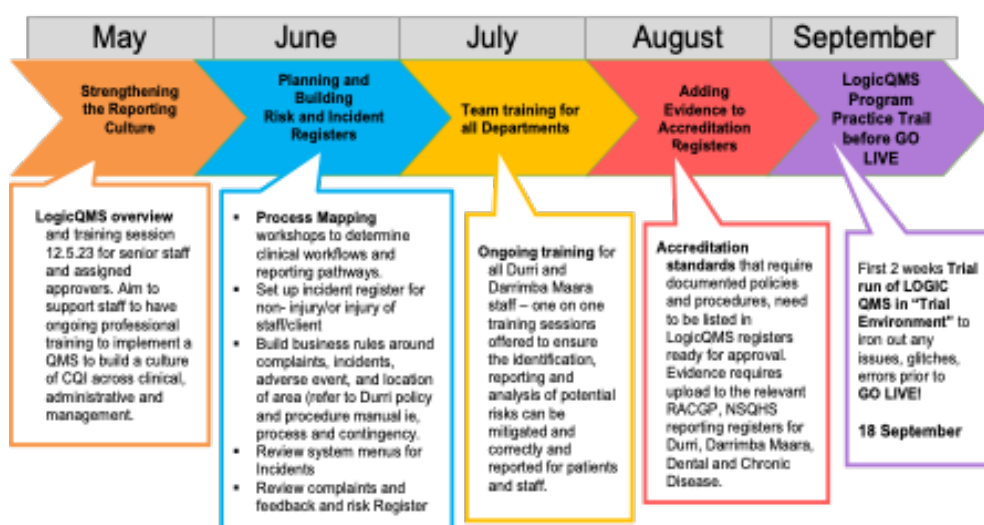
Aim of program:

The aim of the LogicQMS program is to improve analysis, reporting and use of clinical outcomes, patient feedback, incidents and near misses and act to ensure we continually strengthen our clinical care for Durri Aboriginal Corporation Medical Service and Darrimba Maara Health Outpost. It will help to close the gap in health outcomes as we deliver a better, more strategic model of primary health care for Aboriginal and Torres Strait Islander people across the Durri footprint.

Achievements of program during this past financial year:

- Implementation plan developed November 2022 in line with Durri's strategic priorities, the implementation plan aims to focus on six staged phases – Planning and Building Governance Registers, Systems Review and Permissions, Strengthen the Reporting Culture, Add evidence to the Accreditation Register and Staff Training and System Support.
- February 2023 - Development of Project Governance Team to oversee the implementation of the LogicQMS program, determine scope and provide a mechanism for review of documentation clinical and non-clinical.
- Weekly meetings held with LogicQMS Project Manager.
- Communication plan implemented February 2023 – LogicQMS newsletter developed as part of communication strategy, sent to all staff monthly.
- Policy and procedure workshop held 17.3.23 with Clinical Governance Committee.

LOGIC QMS UPDATED TIMELINE 2023



- March 2023 – systematic review of internal policies to support and maintain standard quality, support accreditation processes and legislative compliance. Policy versions reviewed by key managers and staff.

- In line with Durri's strategic direction 7: Partnerships and Networks, opportunity for a site visit to Tobwabba Aboriginal Corporation Medical Service took place in March 2023. Discussions with the Programs and Practice Manager were held in effort to develop strong external partnerships that leverage the expertise and align efforts to achieve the best outcomes for the community and staff. Equally, we aimed to share information regarding the Logic QMS program, RACGP Accreditation, work collaboratively to share ideas and enable developments that contribute to the thinking that leads us forward.
- March/April 2023 - Development of business rules/managing delegations within the document registers/ review of current audit tools, customisation of registers and assignment of action officers with the program for ongoing monitoring and management of scheduled audits.
- April 2023 - Meeting with Bulgarr Ngaru Quality Manager. LogicQMS implementation, challenges, quality registers, compliance requirements and Accreditation.
- May 2023 – Additional Accreditation registers for Durri ACMS Dental and Chronic Disease Teams added to the Durri LogicQMs platform for activation of a multi-site accreditation feature. Durri is the first client to activate this feature.



May 2023 LogicQMS training held for Senior management and assigned approver/s.

Future direction:

Full implementation of the LogicQMS is intended to be used to improve the delivery of primary health services by supporting continuous quality improvement activity, support policy and planning, align with the National Framework for Continuous Quality Improvement in Primary Care for Aboriginal and Torres Strait Islander people and the Royal Australian College of General Practice Standards and will be used to monitor and highlight organisational progress, streamline work practices and reduce risk.

We want to ensure our processes, systems and practices align and support our intentions for improving Aboriginal Health and ensure that we foster a culture that promotes a safe and health workplace for all staff. To ensure all employees are aware and informed of the correct processes and can readily access information, policies and processes they need to do their jobs. We want to achieve external benchmarks for the efficiency of our processes and regularly evaluate policies, processes, and systems to identify opportunities for improvement.



DUNGHUTTI-NGAKU ABORIGINAL ART GALLERY

Alan Guihot | Gallery Coordinator - 3 days per week – casual

Rachel Cross | Gallery Assistant – 3 days per week – permanent part-time

Christine Vonk | Gallery Assistant - 1 day per week – volunteer

Aims of Program:

1. To assist in the cultural development and economic sustainability of the Aboriginal visual arts industry for the Dunghutti-Ngaku and other Aboriginal artists residing on the mid north coast of NSW through a strong, culturally sensitive, and innovative Gallery.
2. To provide a service to local Aboriginal artists, giving them a venue to display and market their artmaking practice.
3. To act as an educational resource for both adults and for students from the local area and from the broader national/international community.

Achievements of Program/Service during this financial year:

1. The gallery continues to operate successfully as a venue for the promotion and marketing of art by prominent and emerging Aboriginal artists from the mid north coast region.
2. In the 2022-2023 year, artwork sales have totalled \$57,368. Including paintings, prints and cards, 685 works have been sold. A total of \$45,712.00 was paid to artists – a substantial increase on the \$33,291.50 paid to artists in the previous financial year.
3. The gallery conducted a competition through the local high schools for designs for a large format banner for portable display. Students worked with local Dunghutti artist Leo Leeko Wright to transfer their successful designs to the banner.
4. Gallery Assistant, Rachel Cross, has increased her working time at the gallery to 3 days per week. Rachel is also among the most successful exhibiting artists at the gallery. As a Dunghutti woman, her cultural knowledge remains an asset to the gallery.
5. Through funding provided through IVAIS for technology, the gallery has been able to update its signage, install gallery lighting, purchase a high level A3 Image scanner, and install a graphics-ready laptop computer.
6. DNAAG artists have participated in the Kempsey Laneway Project, with works by Leo Wright, Mabel Ritchie, Gus Kelly and Jaluka Rosalee Quinlin transferred to lightbox displays. Jason Ridgeway has contributed a large-scale mural to the display.



7. DNAAG continues to be a member of the Aboriginal Culture, Heritage and Arts Association Inc. (ACHAA – under the auspice of Museums and Galleries NSW), retaining links with similar Aboriginal Cultural Centres in NSW including Bourke (Muda Aboriginal Corporation), Walgett (Dharriwaa Elders Group), Tweed Heads (Minjungbal Aboriginal Museum), Port Stephens (Murrook Aboriginal Cultural Centre) and Deniliquin (Yarkuwa Indigenous Knowledge Centre).
8. The gallery continues to broaden its range of fine art prints and greeting cards based on the works of DNAAG artists. These are produced in-house and are available for purchase on-line through the DNAAG website and will soon also be available through the ACHAA website.
9. The DNAAG website provides current information on gallery artworks and artists, with a blog publicising current and proposed developments. Links to a dedicated Facebook and Instagram are being established.
10. Education programs continue to address Department of Education syllabus content in Visual Arts, History, Photographic and Digital Media, Geography and Languages; providing an Aboriginal perspective based on local history and narratives.

What you would like to achieve in the future:

DNAAG would like, in the next few years, to re-establish its role as a centre for the display of themed exhibitions and single artist presentations. We are currently achieving this through our collaboration with other, similar arts centres, with particular focus on the Armidale Cultural centre and Keeping Place and Yarrowarra Aboriginal Cultural Centre. We want to build on these existing strong foundations, strengthening existing markets and building new relationships with artist living and working on Dunghutti lands.

The gallery aims to strengthen ties with existing and emerging artists, working to develop new skills in fine art printmaking, with a particular emphasis on lino-block printing and drypoint etching

The gallery would like to maintain and expand the display and exhibition program, including involvement with further initiatives across the region.





Caitlyn (Kempsey High School), Latarnie (Melville High School), Byron (Kempsey High School) and Leitia (Kempsey Adventist School) working on the mural - watched by Art Teacher Susan Marsh and Artist and Dunghutti Elder Leo Wright.



FINANCE TEAM REPORT



Gareth Davies
Finance Officer



Natalie Pearson
Bookkeeper



Ruth Gardner
Senior Finance Officer

Shania Smith | Finance Officer

Aim of the Finance department:

As a part of the corporate services group, the Finance team aims to support the business with timely and accurate recordkeeping of business and financial transactions. General ledger and balance sheet accounts are regularly updated and reconciled, as are supplier and creditor balances, to facilitate business continuity and confidence in the integrity of the management reports drawn from our databases.

With a solid mix of qualifications and experience, the Finance team offer a wide range of practical advice around budgeting, capital projects, and financial investment opportunities. The team works closely with the Human Resources team to provide friendly support across the organisation and to enhance the suite of corporate software used to manage resourcing requirements of the business.

Achievements of the Finance team during this past financial year:

During the past financial year, the corporate services teams of Human Resources and Finance have worked together to identify a suitable system to replace our legacy payroll and human resources management tools, which are no longer supported by the vendor.

Team members has dedicated extensive hours to the implementation and testing of the Employment Hero (Payroll) software application. This has coincided with the large body of work carried out by Human Resources team to configure the Employment Hero human resources management module for migration of employee skills, qualifications, and compliances.

Our Finance Trainee, has enrolled in the Accounting and Bookkeeping Certificate IV course at TAFE and will be mentored during her studies by the rest of the team. Through supporting the development of a local Aboriginal girl Durri is investing in the future of our Dunghutti youth, which aligns with our corporate strategic direction.

Our Bookkeeper draws upon her past experiences covering a range of positions with Aboriginal Medical Services in the top end.

Future direction:

Since joining Durri's Finance team in November 2021, our Senior Finance Officer has become familiar with most of our existing policies and processes, developing a strategy to streamline some of the current practices within Finance.

During the coming year the Finance team will commence documenting and analysing processes such that they can be simplified for provision to new staff and offer clear steps to carry out particular bookkeeping functions required by the business.

Additionally, Finance is looking into adopting a safer, more reliable purchase order protocol to replace the cumbersome manual ordering system currently in place. This will be supported by a move to store creditor invoices online in the MYOB AccountRight environment, using much less paper and making location of the invoices much easier and less costly.



Durri Aboriginal Corporation Medical Service

ABN 52 730 046 875

ICN 27

Financial Report

For the Year Ended 30 June 2023

Durri Aboriginal Corporation Medical Service
Financial Report
For the Year Ended 30 June 2023

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Durri Aboriginal Corporation Medical Service
DIRECTORS' REPORT
For the Year Ended 30 June 2023

Your Directors present their report on Durri Aboriginal Corporation Medical Service (the Corporation) for the financial year ended 30 June 2023.

Directors

The names of the Directors in office at any time during, or since the end of, the year are:

Name	Appointed / Resigned Date
Arthur Kelly	
Katherine Holten	
Mary-Lou Buck	
Donald Griffen	
Patricia Ann Edwards	
Taylor Kelly-Scholes	Appointed 29 November 2022
Noel Lockwood	Appointed 29 November 2022
Cheryl Davis	Resigned 29 November 2022
Kevin Smith	Resigned 10 January 2023

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal Activities

The principal activity of the Corporation during the financial year was the delivery of primary and allied health care for Indigenous Australians on the Mid North Coast of New South Wales through the operation of two medical centres located in Kempsey and Nambucca Heads.

No significant change in the nature of this principal activity occurred during the financial year.

Company Secretary

The following person held the position of Company Secretary during the financial year:

Jodie Sherrin	Resigned 5 December 2022
Arthur Kelly	Appointed 6 December 2022

Operating Results

The loss of the Corporation for the financial year ended 30 June 2023 amounted to \$437,747. The operating result represented an decrease in operating performance of \$840,015 when compared to the profit of \$402,268 for the previous financial year.

Dividends

There has been no dividend paid or recommended to be paid during the financial year.

Significant Changes in State of Affairs

No significant changes in the Corporation's state of affairs occurred during the financial year.

Durri Aboriginal Corporation Medical Service
DIRECTORS' REPORT
For the Year Ended 30 June 2023

Review of Operations

Total revenue increased by \$769,784 from \$11,572,102 to \$12,341,886 for the 2023 financial year. Total expenditure increased by \$1,609,799 from \$11,169,834 in 2022 to \$12,779,633 for the 2023 financial year. Included in expenditure of the Corporation during the year ended 30 June 2023 was an amount of \$565,934 (2022: \$461,788) representing a charge to the provisions for unexpended grants.

After Balance Date Events

No matters or circumstances have arisen since the end of the financial year that significantly affected or may significantly affect the operations of the Corporation, the results of those operations or the state of affairs of the Corporation in future financial years.

Future Developments

The Directors are not aware of any likely developments that will materially affect the results of the Corporation's operations in future financial years.

Auditor's Independence

A copy of the Auditor's Independence Declaration as required under Section 339-50 of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* has been received and is included in this financial report.

Environmental Issues

The Corporation's operations are not subject to any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

The Directors believe the Corporation has adequate systems in place for the management of its environmental requirements and are not aware of any breach of those environmental requirements as they apply to the Corporation.

Indemnifying Officers or Auditors

During the financial year the Corporation held a Directors and Officers Insurance Policy. The policy has an exclusion clause that precludes any further disclosure.

No indemnities have been given or agreed to be given or insurance premiums paid or agreed to be paid, during or since the end of the financial year, to any person who is or has been an auditor of the Corporation.

Proceedings on Behalf of the Corporation

No person has applied for leave of Court to bring proceedings on behalf of the Corporation or intervene in any proceedings to which the Corporation is a party for the purpose of taking responsibility on behalf of the Corporation for all or any part of those proceedings.

The Corporation was not a party to any such proceedings during the year.

Durri Aboriginal Corporation Medical Service
DIRECTORS' REPORT
For the Year Ended 30 June 2023

Meetings of Directors

During the financial year, 16 meetings of Directors (including Finance Committee meetings and General meetings) were held. Attendances by each Director during the year were as follows:

	Board Meetings		Finance Committee Meetings		General Meetings	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Arthur Kelly	12	9	2	2	2	2
Katherine Holten	12	5	0	0	2	2
Mary-Lou Buck	12	7	0	0	2	2
Donald Griffen	12	4	0	0	2	0
Patricia Ann Edwards	12	5	0	0	2	0
Taylor Kelly-Scholes	7	7	0	0	0	0
Noel Lockwood	7	5	0	0	0	0
Cheryl Davis	5	5	0	0	2	2
Kevin Smith	7	6	0	0	2	2

Durri Aboriginal Corporation Medical Service
DIRECTORS' REPORT
For the Year Ended 30 June 2023

Information on Current Directors

Arthur Kelly

Qualifications Training and Assessment, Certificate IV in Alcohol and other Drugs (Statement of Excellence), Certificate IV in Broadcasting, Certificate IV in Mental Health (Statement of Excellence), Certificate III Remote Area operations (Radio), Certificate IV Workplace Training, Masters in Indigenous Social Policy (deferred), Bachelor of Education in Adult Education, Advanced Certificate in Public Administration, Certificate in Public Administration, Business Management Course.

Experience Experience with government, organisational and financial management as well as strategic planning. Currently holds numerous positions within Boards and Committees. Advocate for Aboriginal communities and health matters.

Special Responsibilities Chairperson

Katherine Holten

Qualifications Master of Political Science, Honours of Political Science, Bachelor of Laws, Bachelor of Jurisprudence, Certificate IV Training and Assessment and Diploma Training and Assessment.

Experience Has a vast range of skills including those of management, board and is a member of a range of Aboriginal services. Katherine is an advocate for the Aboriginal community and promotes and encourages the practice of Aboriginal and Cultural Safety when dealing with Aboriginal peoples.

Patricia Ann Edwards

Experience Patricia Ann has represented the Bowraville community on the Board of the Bowraville Land Council and is a long time Elder in the Bowraville community. Patricia Ann is also a member of the Ngambaga Bindarry Girraa Elder's Association of the Nambucca Valley and is a long time respected Elder of the Gumbaynggirr people.

Mary-Lou Buck

Experience Has represented the Aboriginal community on various Boards including but not limited to Redfern AMS, Redfern AHO, Kempsey Aboriginal Land Council. Was a successful Native Title Claimant and an integral part of the Dunghutti Elders. Mary-Lou worked with the Roads and Traffic Authority for numerous years and provided advocacy for the Aboriginal communities in various manners including being involved with Kempsey District Hospital as an Aboriginal representative.

Donald Griffen

Experience Booroongen Djugun Board Secretary, Gimbisi Warriors Committee, Vascular Health State Advisory Committee, South Kempsey Garden Project Advisory Committee.

**Durri Aboriginal Corporation Medical Service
DIRECTORS' REPORT
For the Year Ended 30 June 2023**

Information on Current Directors (continued)

Taylor Kelly-Scholes

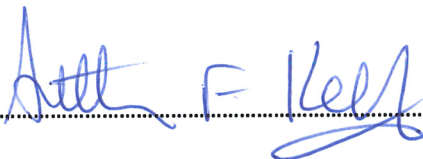
Qualifications Graduate Diploma in Indigenous Health Promotion
Experience Board of Director (Secretary) of another Aboriginal Corporation

Noel Lockwood

Qualifications Various certificates including accounting and holds a Diploma in Business Management
Experience Advocate for Aboriginal community, has represented and a board member for numerous organisations as well as a Chief Executive Officer

Signed in accordance with a resolution of the Members of the Board:

Chairperson:

A handwritten signature in blue ink, appearing to read 'A. Kelly', is written over a horizontal dotted line.

Dated: 24 October 2023

PARTNERS

Paul Fahey B Bus CA

Bart Lawler B Com CA

Patrick Brennan B Com CA

Alison McKinnon B Bus CA

AUDITOR'S INDEPENDENCE DECLARATION

Under Section 339-50 of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*

To the Directors of Durri Aboriginal Corporation Medical Service

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2023 there have been no contraventions of:

- (i) the auditor independence requirements as set out in the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

NORTHCORP ACCOUNTANTS



Bart Lawler
Registered Company Auditor

10-12 Short Street
PORT MACQUARIE
NSW 2444

Dated: 24 October 2023

Durri Aboriginal Corporation Medical Service

DIRECTORS' DECLARATION

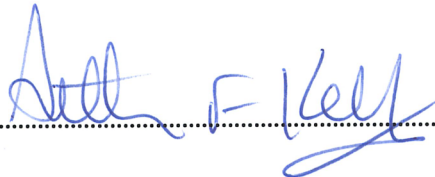
The Directors of the Corporation declare that:

- (1) The financial statements, comprising the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity, Statement of Cash Flows, Income and Expenditure Statement and notes to and forming part of the financial statements, are in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and *Corporations (Aboriginal and Torres Strait Islander) Regulations 2007* and:
 - (a) have been made out in accordance with the Rules of the Corporation;
 - (b) comply with Australian Accounting Standards - Simplified Disclosure Requirements; and
 - (c) give a true and fair view of the financial position of the Corporation as at 30 June 2023 and of its performance for the year ended on that date.

- (2) In the Directors' opinion there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable.

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

Chairperson:



Dated: 24 October 2023

PARTNERS

Paul Fahey B Bus CA

Bart Lawler B Com CA

Patrick Brennan B Com CA

Alison McKinnon B Bus CA

INDEPENDENT AUDITOR'S REPORT

To the Members of Durri Aboriginal Corporation Medical Service

Opinion

We have audited the accompanying financial report of Durri Aboriginal Corporation Medical Service, which comprises the Statement of Financial Position as at 30 June 2023, the Statement of Comprehensive Income, Statement of Changes in Equity, Statement of Cash Flows, and the Income and Expenditure Statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information, and the Directors' Declaration.

In our opinion, the financial report of Durri Aboriginal Corporation Medical Service is properly drawn up:

- (a) so as to give a true and fair view of the Corporation's financial position as at 30 June 2023 and of its performance for the year ended on that date;
- (b) in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, and the Rules of the Corporation;
- (c) in compliance with the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2007*; and
- (d) in compliance with Australian Accounting Standards – AASB 1060: *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Corporation in accordance with the auditor independence requirements of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110: *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

PARTNERS

Paul Fahey B Bus CA

Bart Lawler B Com CA

Patrick Brennan B Com CA

Alison McKinnon B Bus CA

INDEPENDENT AUDITOR'S REPORT

To the Members of Durri Aboriginal Corporation Medical Service

Information Other than the Financial Report and Auditor's Report Thereon

The Directors are responsible for the other information. The other information comprises the information included in the Corporation's annual report for the year ended 30 June 2023, but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Financial Report

The Directors of the Corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - AASB 1060: *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* and the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the Corporation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the Corporation or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

PARTNERS

Paul Fahey B Bus CA

Bart Lawler B Com CA

Patrick Brennan B Com CA

Alison McKinnon B Bus CA

INDEPENDENT AUDITOR'S REPORT

To the Members of Durri Aboriginal Corporation Medical Service

Auditor's Responsibilities for the Audit of the Financial Report (continued)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.
- Conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Corporation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Corporation to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Directors, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

NORTHCORP ACCOUNTANTS



Bart Lawler
Registered Company Auditor

Dated: 24 October 2023

10-12 Short Street
PORT MACQUARIE NSW 2444

Durri Aboriginal Corporation Medical Service
STATEMENT OF COMPREHENSIVE INCOME
For the Year Ended 30 June 2023

	2023	2022
Note	\$	\$
Revenue	2 12,341,886	11,572,102
	12,341,886	11,572,102
Bad and doubtful debts	3(a) -	(4,077)
Contractors and consultancy	(1,769,076)	(1,367,783)
Depreciation and amortisation expense	3(a) (373,261)	(390,893)
Employee benefits expense	(7,248,348)	(6,196,075)
Expendable equipment and supplies	(92,826)	(139,318)
Insurance expenses	(223,783)	(193,066)
Motor vehicle expenses	(127,044)	(106,408)
Office, legal and administration expenses	(363,879)	(360,048)
Program, training, development and medical expenses	(1,070,527)	(1,146,906)
Repairs, maintenance and utility expenses	(683,216)	(620,153)
Unexpended grants provided	(565,934)	(461,788)
Other expenses	(261,739)	(183,319)
	(12,779,633)	(11,169,834)
Profit/(loss) before income tax	(437,747)	402,268
Income tax expense	1(b) -	-
Profit/(loss) for the year	(437,747)	402,268
Other comprehensive income/(loss) for the year		
Revaluation gain/(loss) on land and buildings	-	-
Total other comprehensive income/(loss) for the year	-	-
Total comprehensive income/(loss) for the year	(437,747)	402,268
Profit/(loss) attributable to members of the Corporation	(437,747)	402,268
Total comprehensive income attributable to members of the Corporation	(437,747)	402,268

Durri Aboriginal Corporation Medical Service
STATEMENT OF FINANCIAL POSITION
As at 30 June 2023

	Note	2023 \$	2022 \$
ASSETS			
Current assets			
Cash and cash equivalents	4	4,095,723	4,468,736
Trade and other receivables	5	3,152,179	2,516,819
Other financial assets	6	4,278,003	4,245,317
Other assets	7	261,698	212,957
Total current assets		11,787,603	11,443,829
Non-current assets			
Property, plant and equipment	8	7,162,686	7,323,228
Right of use assets	9	50,928	17,731
Total non-current assets		7,213,614	7,340,959
TOTAL ASSETS		19,001,217	18,784,788
LIABILITIES			
Current liabilities			
Lease liabilities	10	32,248	18,273
Trade and other payables	11	567,940	616,907
Other liabilities	12	3,282,466	2,716,550
Short-term provisions	13	707,614	596,740
Total current liabilities		4,590,268	3,948,470
Non-current liabilities			
Lease liabilities	10	18,681	-
Long-term provisions	13	87,761	94,064
Total non-current liabilities		106,442	94,064
TOTAL LIABILITIES		4,696,710	4,042,534
NET ASSETS		14,304,507	14,742,254
EQUITY			
Reserves	16	3,404,172	3,404,172
Retained earnings		10,900,335	11,338,082
TOTAL EQUITY		14,304,507	14,742,254

Durri Aboriginal Corporation Medical Service
STATEMENT OF CHANGES IN EQUITY
For the Year Ended 30 June 2023

2023

	Retained Earnings	Asset Revaluation Reserve	Total
	\$	\$	\$
Balance at 01 July 2022	11,338,082	3,404,172	14,742,254
Profit/(loss) attributable to members of the Corporation	(437,747)	-	(437,747)
Other comprehensive income/(loss) for the year	-	-	-
Total comprehensive income for the year	(437,747)	-	(437,747)
Balance at 30 June 2023	10,900,335	3,404,172	14,304,507

2022

	Retained Earnings	Asset Revaluation Reserve	Total
	\$	\$	\$
Balance at 01 July 2021	10,935,814	3,404,172	14,339,986
Profit/(loss) attributable to members of the Corporation	402,268	-	402,268
Other comprehensive income/(loss) for the year	-	-	-
Total comprehensive income for the year	402,268	-	402,268
Balance at 30 June 2022	11,338,082	3,404,172	14,742,254

Durri Aboriginal Corporation Medical Service
STATEMENT OF CASH FLOWS
For the Year Ended 30 June 2023

	Note	2023 \$	2022 \$
Cash flow from operating activities:			
Receipts from customers		13,152,653	13,057,681
Payments to suppliers and employees		(13,359,318)	(11,366,403)
Interest received		82,797	9,050
Finance costs		(3,198)	(2,875)
Net cash provided by (used in) operating activities		(127,066)	1,697,453
Cash flow from investing activities:			
Acquisition of property, plant and equipment		(152,103)	(688,384)
Proceeds from / (purchase of) other financial assets		(32,686)	(8,135)
Net cash provided by (used in) investing activities		(184,789)	(696,519)
Cash flows from financing activities:			
Repayment of lease liabilities		(61,158)	(151,724)
Net cash provided by (used in) financing activities		(61,158)	(151,724)
Net increase (decrease) in cash and cash equivalents		(373,013)	849,210
Cash and cash equivalents at beginning of financial year		4,468,736	3,619,526
Cash and cash equivalents at end of financial year	4	4,095,723	4,468,736

Durri Aboriginal Corporation Medical Service
INCOME AND EXPENDITURE STATEMENT
For the Year Ended 30 June 2023

	Note	2023 \$	2022 \$
INCOME			
Grants - Commonwealth Government		7,049,716	6,726,750
Grants - NSW Government		2,169,055	2,454,295
Grants - Other		1,033,592	760,593
Interest received		92,014	8,873
Medicare income		1,642,497	1,198,001
Practice incentive payments		16,081	62,418
Sundry income		118,974	88,728
Wage and expense contributions - external		122,392	164,289
Workers compensation refunds		97,565	108,155
	2	12,341,886	11,572,102
EXPENDITURE			
Advertising and promotion		19,730	18,740
Auditor's remuneration		54,500	54,500
Bad and doubtful debts	3(a)	-	4,077
Bank charges		2,792	2,319
Cleaning and pest control		129,571	117,631
Contractors and consultancy		1,769,076	1,367,783
Dental supplies		55,482	27,308
Depreciation and amortisation	3(a)	373,261	390,893
Director's meetings		130,030	86,405
Electricity, gas and water		108,934	53,863
Employee benefits expenses			
- Annual leave		647,871	514,736
- Employee assistance and wellbeing		3,943	2,694
- Fringe benefits tax expense		20,980	23,759
- Long service leave		61,719	118,442
- Other leave		3,199	-
- Personal/Carers leave		237,371	212,898
- RDO leave		5,545	-
- Superannuation contributions		658,336	531,361
- Wages		5,609,384	4,792,185
Expendable equipment		93,062	140,782
Insurance		80,147	69,845
Interest	3(a)	3,198	2,875

Durri Aboriginal Corporation Medical Service
INCOME AND EXPENDITURE STATEMENT
For the Year Ended 30 June 2023

	Note	2023 \$	2022 \$
EXPENDITURE (continued)			
Legal costs		37,950	38,190
Medical supplies		141,149	104,261
Motor vehicle expenses		127,044	106,408
Postage and freight		8,286	13,858
Printing, stationery and computer expenses		184,331	220,999
Program expenses		860,678	1,053,657
Rates		24,708	21,870
Recruitment expenses		49,800	9,974
Repairs and maintenance		65,994	78,058
Security costs		58,667	29,806
Staff amenities and meetings		20,281	17,060
Subscriptions and memberships		13,284	8,966
Telephone		297,102	320,325
Training and development		48,008	11,760
Travel expenses		51,930	11,073
Uniforms		12,720	5,464
Unexpended grants		565,934	461,788
Workers compensation insurance		143,636	123,221
		12,779,633	11,169,834
Profit/(loss) for the year		(437,747)	402,268

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2023

Note 1 Summary of Significant Accounting Policies

Basis of Preparation

The financial statements are for Durri Aboriginal Corporation Medical Service as an individual entity, incorporated and domiciled in Australia.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Simplified Disclosures of the Australian Accounting Standards Board (AASB), the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, *Corporations (Aboriginal and Torres Strait Islander) Regulations 2007* and the Corporation's Rules. The Corporation is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

The financial statements were authorised for issue on 24 October 2023 by the Directors of the Corporation.

Accounting Policies

(a) Revenue

Revenue recognition

Contributed Assets

The Corporation receives assets from the government and other parties for nil or nominal consideration in order to further its objectives. These assets are recognised in accordance with the recognition requirements of other applicable accounting standards (for example AASB 9, AASB 16, AASB 116 and AASB 138).

On initial recognition of an asset, the Corporation recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer).

The Corporation recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amounts.

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2023

Note 1 Summary of Significant Accounting Policies (continued)

(a) Revenue (Continued)

Operating Grants

When the Corporation receives operating grant revenue it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance with AASB 15.

When both these conditions are satisfied, the Corporation:

- identifies each performance obligation relating to the grant;
- recognises a contract liability for its obligations under the agreement; and
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the Corporation:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (for example AASB 9, AASB 16, AASB 116 and AASB 138);
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer); and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, the Corporation recognises income in profit or loss when or as it satisfies its obligations under the contract.

Capital Grants

When the Corporation receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer) recognised under other Australian Accounting Standards.

The Corporation recognises income in profit or loss when or as the Corporation satisfies its obligations under the terms of the grant.

Interest Income

Interest income is recognised using the effective interest method.

All revenue is stated net of the amount of goods and services tax.

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2023

Note 1 Summary of Significant Accounting Policies (continued)

(b) Income Tax

The Corporation has been granted an exemption from income tax under Section 50-20 of *the Income Tax Assessment Act 1997*. The exempt status of the Corporation applies indefinitely or until such time as a change in circumstances warrants a review of the exempt status.

(c) Financial Instruments

Initial Recognition and Measurement

Financial assets and financial liabilities are recognised when the Corporation becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date the Corporation commits itself to either the purchase or sale of the asset.

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified at "fair value through profit or loss" in which case transaction costs are expensed to profit or loss immediately.

Trade receivables are initially measured at the transaction price.

Classification and Subsequent Measurement

Financial liabilities

Financial liabilities are subsequently measured at amortised cost using the effective interest method.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in profit or loss over the relevant period.

The effective interest rate is the internal rate of return of the financial asset or financial liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

Financial assets

Financial assets are subsequently measured at amortised cost.

Financial assets comprising cash and cash equivalents, trade and other receivables and interest-bearing deposits are subsequently measured at amortised cost as they meet the following conditions:

- the financial assets are managed solely to collect contractual cash flows; and
- the contractual terms within the financial assets give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2023

Note 1 Summary of Significant Accounting Policies (continued)

(c) Financial Instruments (continued)

Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement of financial position.

Derecognition of financial liabilities

A liability is derecognised when it is extinguished (ie when the obligation in the contract is discharged, cancelled or expires).

The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

Derecognition of financial assets

A financial asset is derecognised when the Corporation's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All of the following criteria need to be satisfied for derecognition of a financial asset:

- the right to receive cash flows from the asset has expired or been transferred;
- all the risks and rewards of ownership of the asset have been substantially transferred; and
- the Corporation no longer controls the asset.

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

Impairment of Financial Assets

The Corporation recognises a loss allowance for expected credit losses on financial assets that are measured at amortised cost.

Recognition of expected credit losses in financial statements

At each reporting date, the Corporation recognises the movement in the loss allowance as an impairment gain or loss in the statement of comprehensive income.

The carrying amount of financial assets measured at amortised cost includes the loss allowance relating to that asset.

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2023

Note 1 Summary of Significant Accounting Policies (continued)

(d) Impairment of Non-Financial Assets

At the end of each reporting period, the Corporation reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where it is not possible to estimate the recoverable amount of an individual asset, the Corporation estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

(e) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the statement of financial position.

(f) Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

Freehold property

Freehold land and buildings are shown at their fair value (being the amount for which an asset could be exchanged between knowledgeable willing parties in an arm's length transaction) less accumulated impairment losses and accumulated depreciation for buildings. The fair value of freehold land and buildings is based on periodic, but at least triennial, valuations by external independent valuers.

Increases in the carrying amount arising on revaluation of land and buildings are recognised in other comprehensive income and accumulated in the asset revaluation reserve in equity. Revaluation decreases that offset previous increases of the same class of assets are recognised in other comprehensive income and are charged against the asset revaluation reserve directly in equity. All other decreases are charged to profit or loss.

Any accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any impairment losses.

In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses are recognised in profit or loss. An assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(d) for details of impairment).

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

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2023

Note 1 Summary of Significant Accounting Policies (continued)

(f) Property, Plant and Equipment (continued)

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised leased assets, but excluding freehold land, is depreciated on a straight-line basis or diminishing value basis over the asset's useful life to the Corporation commencing from the time the asset is held ready for use. Depreciation is recognised in profit or loss.

Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

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

<i>Class of Fixed Asset</i>	<i>Depreciation Rate</i>
Buildings	2.5-10%
Plant and Equipment	10-40%
Motor Vehicles	22.50%
Office Equipment	10-40%
Medical Equipment	20-40%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

(g) Acquisition of Assets

The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by the Corporation. 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 specific requirements of other Australian Accounting Standards.

Assets acquired at no cost, or for nominal consideration, are initially recognised at their fair value at the date of acquisition.

(h) Trade and Other Payables

Trade and other payables represent the liabilities for goods and services provided to the Corporation prior to the end of the reporting period that are unpaid and arise when the Corporation becomes obliged to make future payments in respect of the purchase of these goods and services. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability. Trade and other payables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method.

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2023

Note 1 Summary of Significant Accounting Policies (continued)

(i) Employee Benefits

Provision is made for the Corporation's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements.

Contributions are made by the Corporation to employee superannuation funds and are charged as expenses when incurred.

(j) Provisions

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

(k) Unexpended Grants

The Corporation receives grant monies to fund programs for contracted periods of time or for specific programs irrespective of the period of time required to complete those programs. It is the policy of the Corporation to treat monies as unexpended grants where the Corporation is contractually obliged to provide the services in a subsequent reporting period to when the grant is received.

(l) Leases

The Corporation as Lessee

At inception of a contract, the Corporation assesses whether the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability are recognised by the Corporation where the Corporation is the lessee. However, all contracts that are classified as short-term leases (leases with remaining lease terms of 12 months or less) and leases of low value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

Initially the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the Corporation uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- the amount expected to be payable by the lessee under residual value guarantees;
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;
- lease payments under extension options if the lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2023

Note 1 Summary of Significant Accounting Policies (continued)

(l) Leases (continued)

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset, whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Corporation anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

(m) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented in the statement of cash flows on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

(n) Comparative Figures

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

(o) Critical Accounting Estimates and Judgements

The Corporation evaluates estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Corporation.

Key estimates - impairment

The Corporation assesses impairment at the end of each reporting period by evaluating conditions specific to the Corporation that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2023

Note 2 Revenue	2023	2022
	\$	\$
(a) Revenue		
Grant Revenue		
Aboriginal Health and Medical Research	8,875	17,750
Australian Healthcare Associates	18,872	15,340
Department of Infrastructure, Transport, Regional Development and Communications	102,000	115,000
Department of Family and Community Services	533,058	544,929
Department of Health	6,473,774	5,907,702
Healthy North Coast Ltd	844,640	628,367
Mid North Coast Local Health District	140,830	116,886
National Aboriginal Community Controlled Health Organisation	233,030	230,354
NSW Ministry of Health	1,630,997	1,907,466
NSW Rural Doctors Network	232,037	455,944
Premier & Cabinet	-	1,900
Transport for NSW	5,000	-
University of NSW - Kirby Institute	29,250	-
	10,252,363	9,941,638
Other Revenue		
Interest received	92,014	8,873
Medicare income	1,642,497	1,198,001
Sundry income	118,974	88,728
Practice incentive payments	16,081	62,418
Wage and expenses contributions - external	122,392	164,289
Workers compensation refunds	97,565	108,155
	2,089,523	1,630,464
Total Revenue	12,341,886	11,572,102

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2023

Note 3 Profit/(Loss) for the Year		2023	2022
	Note	\$	\$
(a) Expenses			
Profit/(loss) before income tax includes the following specific expenses:			
Depreciation and Amortisation			
Buildings	8(b)	210,012	141,109
Plant and equipment	8(b)	102,633	99,865
Right-of-use assets - buildings	9(a)	39,802	149,919
Right-of-use assets - motor vehicles	9(a)	20,814	-
Total Depreciation and Amortisation		373,261	390,893
Finance Costs			
Interest on lease liabilities	9(c)	3,198	2,875
Bad and doubtful debts			
Trade and other receivables		-	4,077
Note 4 Cash and Cash Equivalents			
Cash on Hand		2,373	2,633
Cash at Bank			
Cash Management Account		3,578,489	3,426,290
Operating Bank Accounts		514,861	1,039,813
		4,095,723	4,468,736
Reconciliation of Cash			
Cash at the end of the financial year as shown in the Statement of Cash Flows is reconciled to items in the Statement of Financial Position as follows:			
Cash and cash equivalents		4,095,723	4,468,736
Note 5 Trade and Other Receivables			
Current			
Grants receivables		601,675	-
Trade receivables		34,652	10,184
Provision for impairment		-	-
		636,327	10,184
Funds contributed to Department of Health for capital works project		2,500,000	2,500,000
Other receivables		9,660	443
Amounts receivable from related party		6,192	6,192
		3,152,179	2,516,819
Note 6 Other Financial Assets			
Current			
Financial assets at amortised cost		4,278,003	4,245,317
(a) Financial assets at amortised cost comprise:			
Term Deposits		4,278,003	4,245,317

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2023

Note 7 Other Assets	2023	2022
	\$	\$
Current		
Prepayments	141,161	119,880
Prepaid Gift Cards	24,025	670
Deposits paid	39,925	39,925
GST receivable	56,587	52,482
	261,698	212,957

Note 8 Property, Plant and Equipment

Land and buildings

Freehold land

Land at cost	60,000	60,000
Land at independent valuation - 2021	1,135,000	1,135,000
Total freehold land at valuation	1,195,000	1,195,000

Buildings and freehold improvements

Buildings at cost	1,142,395	1,015,110
Buildings at independent valuation - 2021	4,465,000	4,465,000
Less accumulated depreciation	(351,121)	(141,109)

Total buildings and freehold improvements

Total buildings and freehold improvements	5,256,274	5,339,001
Total land and buildings	6,451,274	6,534,001

Plant and equipment

Plant and equipment at cost	1,362,776	1,337,958
Less accumulated depreciation	(651,364)	(548,731)

Total plant and equipment

Total plant and equipment	711,412	789,227
Total property, plant and equipment	7,162,686	7,323,228

(a) Valuation of Land and Buildings

Revaluations of the Corporation's land and buildings located at York Lane Kempsey, Bowra Street Nambucca Heads and High Street Bowraville were carried out by independent valuers as at 30 June 2021. The valuations were made on the basis of current market value. The revaluation decrement was charged to the asset revaluation reserve.

(b) Movements in Carrying Amounts

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

	Land	Buildings	Plant and Equipment	Total
	\$	\$	\$	\$
Opening Balance at 1 July 2022	1,195,000	5,339,001	789,227	7,323,228
Additions	-	127,285	24,818	152,103
Disposals	-	-	-	-
Depreciation expense	-	(210,012)	(102,633)	(312,645)
Revaluation gain/(loss)	-	-	-	-
Closing Balance at 30 June 2023	1,195,000	5,256,274	711,412	7,162,686

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2023

Note 9 Right of Use Assets

Non-Current	2023	2022
	\$	\$
Leased buildings	98,274	299,840
Accumulated amortisation	(87,238)	(282,109)
	11,036	17,731
Leased plant and equipment	60,706	-
Accumulated amortisation	(20,814)	-
	39,892	-

(a) Movement in carrying amounts	Leased Buildings	Leased Plant and Equipment	Total
	\$	\$	\$
Opening Balance at 1 July 2022	17,731	-	17,731
Additions to right-of-use assets	33,107	60,706	93,813
Amortisation charge	(39,802)	(20,814)	(60,616)
Closing Balance at 30 June 2023	11,036	39,892	50,928

(b) Terms and conditions of leases

The Corporation leases three buildings for the provision of health services. The leases are two year leases and some of the leases include a renewal option to allow the Corporation to renew for one to two years. The leases generally contain either an annual pricing mechanism based on CPI movements or a fixed rate.

(c) Amounts recognised in the statement of comprehensive income

The amounts recognised in the statement of comprehensive income relating to leases where the Corporation is the lessees are disclosed in accordance with AASB 16 as follows:

	Note	2023	2022
		\$	\$
Interest expense on lease liabilities		(3,198)	(2,875)
Amortisation of right-to-use assets		(60,616)	(149,919)
		(63,814)	(152,794)

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2023

Note 10 Lease Liabilities

Lease liabilities accounted for in accordance with AASB 16 as disclosed in Note 1(l).

	Note	2023 \$	2022 \$
Current			
Lease liabilities		<u>32,248</u>	<u>18,273</u>
Non-Current			
Lease Liabilities		<u>18,681</u>	<u>-</u>
		<u>50,929</u>	<u>18,273</u>

Note 11 Trade and Other Payables

Current

Unsecured liabilities

Trade and other payables

		<u>567,940</u>	<u>616,907</u>
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Note 12 Other Liabilities

Current

Unexpended grants

	12(a)	<u>3,282,466</u>	<u>2,716,550</u>
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Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2023

Note 12 Other Liabilities (cont.)

(a) Unexpended grants/contributions

The Corporation is contractually obliged to provide services in subsequent reporting periods in relation

Funding Body	Program	2023	2022
		\$	\$
AbSec – NSW Child, Family and Community Peak Aboriginal Corporation	Combined Community Response	468	468
Aboriginal Health and Medical Research	Mental Health	5,000	5,000
	Nicotine Replacement Therapy	29,062	27,746
Australian Healthcare Associates	QUMAX	10,367	3,068
Department of Communities and Justice	Early Childhood Education	535,379	272,164
	Family Support	64,643	-
	Kempsey Youth	276	276
	Air Conditioning Replacement	1,373	1,373
	ANFPP	972,325	900,797
Department of Health	Bowraville Health Post Upgrade	94,500	-
	Elbow St Development-Kempsey Capital	387,623	502,408
	Indigenous Australians Health Program	70	70
Department of Infrastructure, Transport, Regional Development and Communications	COVID-19 Artist Support	32	61,803
	DNAAG	-	15,000
	IT Project	3,691	-
	Dalaigur Pre-School Nutrition Program	-	19,734
Mid North Coast Local Health District	Drug and Alcohol	1,046	1,046
	Youth Alcohol-Drug Prevention	67,300	-
National Aboriginal Community Controlled Health Organisation	Bushfire Relief-Mental Health	7,731	7,731
	COVID-19 Vaccination Promotion	-	88,685
	Aboriginal Disability Liaison Officer	85,174	32,143
	Flood Recovery	175,000	100,000
	AMIHS	7,963	9,647
	Bellbrook Bushfire Recovery	21,602	21,602
	COVID-19 Vaccination Promotion	40,120	54,649
NSW Ministry of Health	Drug and Alcohol	110,609	110,609
	Health Promotion	-	19,514
	Maternal Health	95	95
	Suicide Prevention	280,083	90,448
NSW Rural Doctors Network	HEBHBL	6,113	17,355
	MOICDP	56,404	137,048
	COVID Isolation Support	15,715	15,715
Primary Health Network	Integrated Team Care - Kempsey	108,644	103,003
	Integrated Team Care - Nambucca	70,052	87,473
	Mid North Coast Regional Aboriginal Mens Group	82,570	-
The Benevolent Society	Communities Program	9,879	9,879
Transport for NSW	Child Restraints	3,305	-
University of NSW - Kirby Institute	Walkabout Barber	28,250	-
		3,282,466	2,716,550

Durri Aboriginal Corporation Medical Service
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Note 13 Provisions	Employee Benefits	Total
	\$	\$
Opening Balance at 1 July 2022	690,804	690,804
Additional provisions	805,049	805,049
Amounts used	(700,478)	(700,478)
Closing Balance at 30 June 2023	795,375	795,375
Analysis of Total Provisions		
Employee Benefits	2023	2022
	\$	\$
Current	707,614	596,740
Non-current	87,761	94,064
	795,375	690,804

Provision for Employee Benefits

Provision for employee benefits represents amounts accrued for annual leave, rostered days off and long service leave.

The current portion of the provision includes the total amount accrued for annual leave entitlements and rostered days off leave entitlements and amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service.

These amounts are classified as current liabilities since the Corporation does not have an unconditional right to defer settlement of these amounts in the event employees wish to use their leave entitlement.

The non-current portion of the provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

Note 14 Capital Commitments

In the opinion of those charged with governance, the Corporation did not have any capital commitments or contingencies at 30 June 2023 (30 June 2022: None).

Note 15 Events After the Reporting Period

The Directors are not aware of any significant events since the reporting date.

Note 16 Reserves

(a) Asset Revaluation Reserve

The asset revaluation reserve records revaluations of land and buildings.

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2023

Note 17 Key Management Personnel Compensation

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Corporation, directly or indirectly, including any Director (whether executive or otherwise) of the Corporation. Control is the power to govern the financial and operating policies of the Corporation so as to obtain benefits from its activities.

The aggregate compensation of key management personnel during the financial year comprising amounts paid or payable or provided for was as follows:

	Note	2023	2022
		\$	\$
Short-term employee benefits		480,366	459,639
Post-employment benefits		39,439	37,130
		519,805	496,769

Note 18 Related Party Transactions

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.

During the financial year ended 30 June 2021 Director, Katherine Holten (Lynne) was paid amounts totalling \$6,192 (2023: \$Nil) by the Corporation for services rendered by Lynne, in relation to legal matters.

The amounts paid to Lynne totalling \$6,192 are recognised as amounts owing to the Corporation, in the balance of trade and other receivables, and are disclosed in Note 5 to these financial statements.

Note 19 Financial Risk Management

The Corporation's financial instruments consist mainly of cash and cash equivalents, term deposits, accounts receivable and trade payables.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

Financial Assets

Cash and cash equivalents	4	4,095,723	4,468,736
Trade and other receivables	5	3,152,179	2,516,819
Term deposits	6	4,278,003	4,245,317
Total Financial Assets		11,525,905	11,230,872

Financial Liabilities

Financial liabilities at amortised cost:

Lease liabilities	10	50,929	18,273
Trade and other payables	11	567,940	616,907
Total Financial Liabilities		618,869	635,180

(a) Net Fair Values

The net fair values of financial assets and financial liabilities approximates their carrying values. The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the statement of financial position and in the notes to the financial statements.

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
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Note 20 Fair Value Measurement

The Corporation has the following assets, as set out in the table below, that are measured at fair value on a recurring basis after their initial recognition. The Corporation does not subsequently measure any liabilities at fair value on a recurring basis and has no assets or liabilities that are measured at fair value on a non-recurring basis.

	Note	2023 \$	2022 \$
Recurring fair value measurements			
Non-financial assets:			
Property, plant and equipment			
Freehold land	8, 16(a)	1,195,000	1,195,000
Freehold buildings	8, 16(a)	4,465,000	4,465,000
		5,660,000	5,660,000

(a) Valuation Techniques

The fair values for freehold land and buildings are determined every three years and are based on valuations by independent valuers using recent observable comparable market data for similar properties.

Note 21 Economic Dependency

The Corporation's continued operation is financially dependent on the continued support of the funding bodies for recurrent grant income. Without the continued support of the funding bodies the Corporation may not be able to continue as a going concern, and assets and liabilities recorded in the financial statements may be required to be recognised at amounts other than stated.

Note 22 Auditor Remuneration Disclosure

Remuneration of the auditor for:

Auditing the financial statements	47,250	43,700
Other assurance related services	11,250	10,800
	58,500	54,500

Note 23 Corporation Details

Registered Office

The registered office of the Corporation is:

Durri Aboriginal Corporation Medical Service
15-19 York Lane
Kempsey NSW 2440









Durri

Aboriginal Corporation Medical Service

ICN 27

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