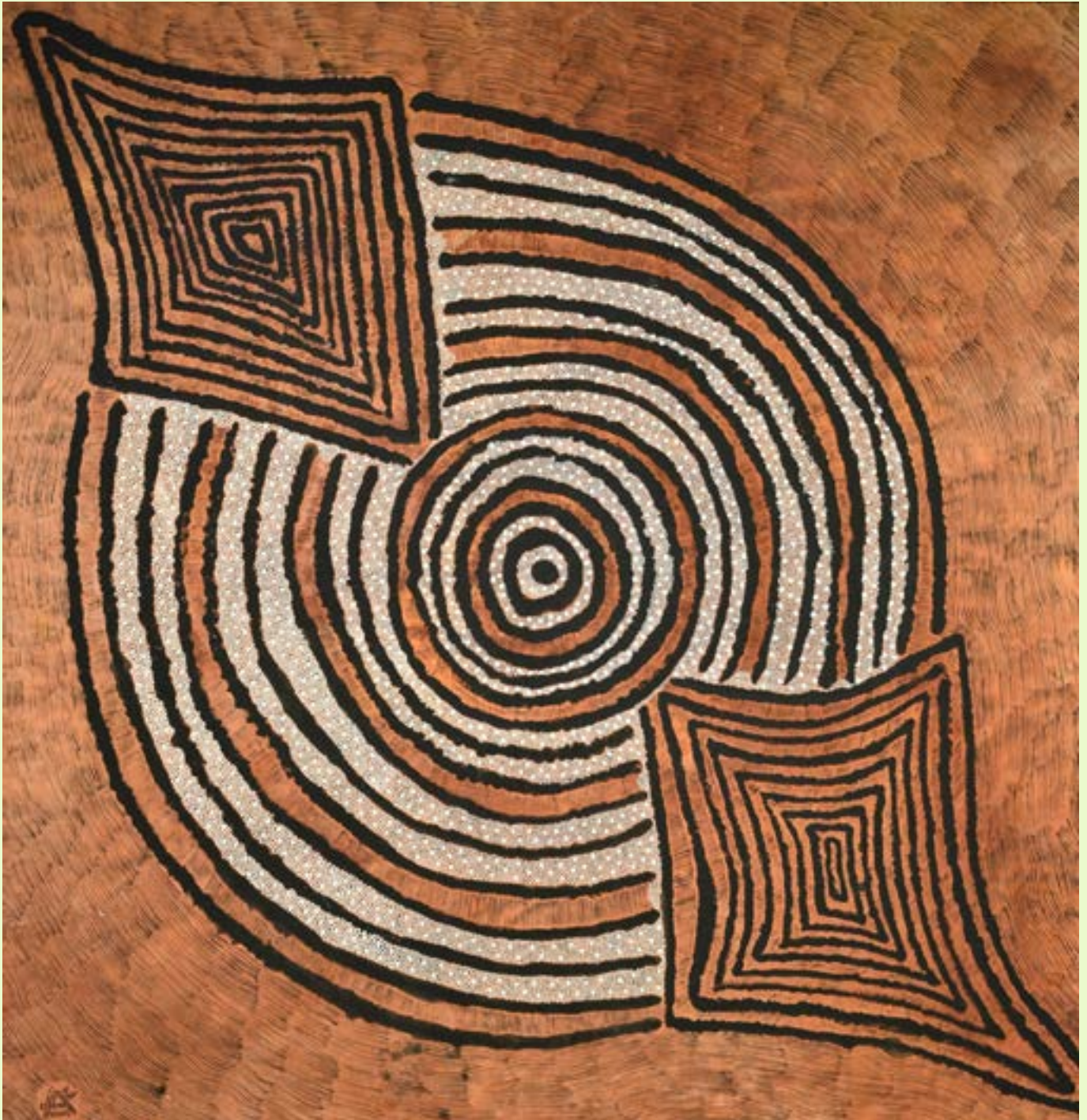


# Durri

Aboriginal Corporation Medical Service



**Annual Report 2020**



Artist: **John Kelly**

**Diamonds of the Dughutti**

Diamonds represent the Dughutti Tribe.

The diamond markings can be found on trees and the land of the Dughutti tribe.



**To be the provider of choice for  
Primary Health Care of Aboriginal  
Health and Wellbeing Services**

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

**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 exceed expectations at all times.

**Tradition**

We continue our journey evolving from our rich history, learning from our challenges and cresting 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.

# Contents

Our Board	7
Chairperson Report	8
Acting CEO's Report	9
Primary Health Care Clinic and Programs	10
Chronic Disease	11
Child and Family Health	12
Aboriginal Maternal Infant Health Service	13
Australian Nurse Family Partnership Program	14
Targeted Earlier Intervention	15
Oral Health	16
Hearing Health and Eye Health	17
Alcohol and Other Drugs, Mental Health	18
Visiting Specialists	19
Darrimba Maarra Outpost Service	20
Corporate Services	22
Health Promotion	23
Integrated Team Care	23
Dunghutti-Ngaku Aboriginal Art Gallery	24
Our Staff	25
Financial Report	27
Directors Report	28
Auditor's Independence Declaration	34
Directors Declaration	35
Independent Auditors Report	36
Statement of Comprehension Income	39
Statement of Financial Position	40
Statement of Changes of Equity	41
Statement of Cash Flows	42
Income and Expenditure Statement	43
Notes of the Financial Statement	45

# Our Board



Arthur Kelly	<i>Appointed Director 27.11.19 Appointed Chairperson 19.2.20</i>
Alison Martin	<i>Appointed Chairperson 1.7.19 Retired 27.11.19</i>
Patricia Ling	<i>Appointed Casual Director 23.05.18 Appointed Director 27.11.18</i>
Allan Lockwood	<i>Retired 27.11.19</i>
Cheryl Davis	<i>Appointed 27.11.19 Appointed Company Secretary 19.02.20 Resigned Company Secretary 17.05.20</i>
Mary-Lou Buck	<i>Appointed Director 10.03.20</i>
Donald Griffen	<i>Appointed Casual Director 10.03.20</i>
Sean Phillips	<i>Appointed Casual Director 10.03.20</i>
Katherine Holten	<i>Appointed Casual Director 10.03.20 Appointed Company Secretary 17.05.20</i>
Wendy Cowan	<i>Appointed Casual Director 03.03.20</i>
Dr Elizabeth McEntyre	<i>Appointed Independent Director Resigned 02.03.20</i>
Dr Robbie Lloyd	<i>Appointed Independent Director 29.09.19 Resigned 02.03.20</i>

**Photo from left** Cheryl Davis, Arthur "Fred" Kelly, Mary-Lou Buck, Sean Phillips, Katherine Holten

# Chairperson's Report



The past year has seen a lot of changes happening at Durri Aboriginal Corporation Medical Service (Durri). These changes were a direct result of the members strong message at the 2019 Annual General Meeting. The members voted for change and I am happy to report that some change has occurred.

The news regarding the building of a new facility is extremely exciting and the plans are developing accordingly. The extra space that will form a major part of the new facility will allow our organisation to deliver the best possible services to our community.

Firm partnerships have been re-established with both federal and state health organisations as well as with some local non-government organisations. These partnerships have resulted in extra funding with the likelihood of increased future funding opportunities.

The Board has undertaken training so that there is a focus on governance and that strategic planning will guide the future direction of Durri. Reviewing all policies over the next year will be a priority so that the Board and members are clear of the operations and the direction of our important organisation.

I congratulate staff for their commitment to servicing our community during these frightening times.

I look forward to 2021 and make a commitment to all members that Durri always was and always will be an Aboriginal community-controlled health organisation.

**Arthur 'Fred' Kelly**  
Chairperson - Durri Aboriginal Corporation Medical Service

# Acting CEO's Report



Durri Aboriginal Corporation Medical Service (Durri) has been an important part of my life over the past 40 years, so when I was asked to return to support Durri in May 2020 as the Acting CEO I felt confident I could contribute to its ongoing operations and future development, and by listening to our communities develop the strong relationship necessary for our service to support to strong and healthy communities.

I am pleased to announce we have successfully negotiated funding of \$15 million with the Commonwealth Government to enable us to improve and expand the services we provided to our community, our Indigenous Australia Health Program (IAHP) funding of \$15 million continues from 2020 for the next 3 years and is ongoing.

We have commenced a recruitment drive to increase the services delivered at Durri and we are proud to be the employer of choice for Communities in our region. Steps have been taken to welcome back Doctors Peter Fletcher and Wendy Olden to our team, who have been valued contributors in the past at Durri.

As part of our fiscal management we have strengthened the processes through the Durri Board. We hold a Finance Committee meeting monthly, attended by two Board members and senior management, reviewing expenditure to ensure due diligence. The committee reviews the expenditure on a monthly basis and submits the report to the full Board for endorsement.

Our AGPL accreditation has been extended to 2021 due to COVID-19, and we are reviewing our processes to ensure they meet Durri accreditation Standards /requirements, and support Durri through the exciting few years ahead for our organisation.

The capital works program has progressed significantly in the latter part of this year. As the plans are developed and consultation occurs with the Kempsey Shire Council, our new purpose-built medical centre in Kempsey will enable Durri to continue delivering quality service and will enable us to significantly expand the programs we provide. The construction should commence in February 2021 and will take at least a year to complete, we are planning for February / March 2022 opening.

We are excited to announce funding of \$480,000 from the NSW Ministry of Health for a Youth Suicide Prevention program for the Macleay and Nambucca Valleys from 2020 to 2021 and possible ongoing. This was a collaboration taken by our Communities, and Durri has taken the lead in this emerging program. We are working in partnership with the regional health providers to ensure the program will be realised.

There is more I would like to say but I will now draw your attention to the following reports.

I would like to add that I am very proud of the way all staff and our community have managed the extra demands made on them this past year.

**Stephen Blunden**  
Acting CEO - Durri Aboriginal Corporation Medical Service

# Primary Health Care Clinic and Programs

The primary health service and programs areas at Durri provide health care services that are based on the Primary Health Care Model which is inclusive of holistic care; 'Even if only one person is sick, the whole community hurts.'

## We work to:

Provide cohesive team work within the organisation including but not limited to Aboriginal Health Workers, Registered Nurses and specialist nurses within Primary Health, Chronic Care, Child, and Adolescent and Maternal Health Programs and a variety of other program areas through effective forms of honest written and verbal communication; an enduring spirit of care and co-operation; and a steadfast willingness to be open and accountable to and for each other.

To provide optimum continuity of care for our patients by providing the link between our General Practitioners and the community which we all serve.

The introduction of a holistic, Primary Health Care Model, which encompasses the Aboriginal communal definition of health and wellbeing.

To provide accurate and timely annual health assessments to all eligible patients prior to seeing a General Practitioner and facilitate GPMPs and GPMHPs with the Chronic Care Team when due.

To provide preventative services, as well as primary health, through education and health promotion activities.

To advocate on behalf of patients, as appropriate, especially when dealing with government and non-government organisations.

## Key Achievements

Review of our practices to ensure we are meeting the AGPAL standards and maintain accreditation.

All staff have received First Aid/CPR, COVID-19 Infection Control, Personal Protective Equipment (PPE) and Hand Washing Training this year.

Service provision has continued, with as little disruption as possible, considering events such as the bush fires and COVID-19 during this financial year.

With the advent of COVID-19 restrictions, we have worked closely with Durri management to form a COVID-19 Pandemic Committee, with guidance from Dr Vlad Matic as the Director of Medical Services, to successfully develop a COVID-19 screening system – this system comprises a system of screening at the entrance of the grounds and referral to a COVID tent for further nurse and GP screening – thus protecting our patients and staff from potential exposure to COVID-19 symptoms and the shutting down of the premises. One nursing staff member screens all staff upon entrance to work each day. These initiatives demonstrate how cohesively the organisation has worked in quite extraordinary times.

Durri ACMS became more reliant on telehealth and teleconferencing facilities and the uptake of these more than before as a result of COVID-19.

The organisation has embraced its use of social media (Facebook) to ensure important health and preventative information is being shared with the community on a regular basis.

All staff participated in important community Health Promotion Days such as NAIDOC, Aboriginal and Torres Strait Islander Children's Day, Dental Awareness Week and Mental Health Month.

Again, this year we can be proud of our versatility and adaptability on both the managerial and nursing levels in orientating new or returning medical locum staff. We have contracted the services of a Rehabilitation and Pain Specialist from February 2020. The Programs area, with assistance from Primary Health Care, continue to target adolescent preventative health through the Clontarf Program. We are aiming for all Registered Nurses to receive Nurse Immuniser status through College of Nursing subsidised training enabling prompt patient service in this area and all Aboriginal Health Workers to complete their Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care to become qualified Aboriginal Health Practitioners.

A major challenge for us in the coming year is to continue to provide our excellent service while facilitating the relocation of the organisations to new and separate facilities to accommodate the rebuild of the Durri premises.

RDN Specialist clinic attendance numbers have remained strong, resulting in increased funding for extra chronic disease clinics. There are many success stories through our clinics. The renal specialist has been very impressed at the reversal of kidney disease and we have increased the clinic times of the pain management services provided through the rehabilitation clinics.

COVID-19 and the ensuing restrictions has impacted on our ability to provide services. Our specialist clinics have had to run with a mix of telehealth telephone and telehealth video across several platforms.

The chronic disease team attend weekly meetings with Kempsey District Hospital (KDH) Chronic Care team, 48hr follow-up, and the KDH Aboriginal Liaison Officer to improve the continuity of care post discharge from all NSW hospitals.

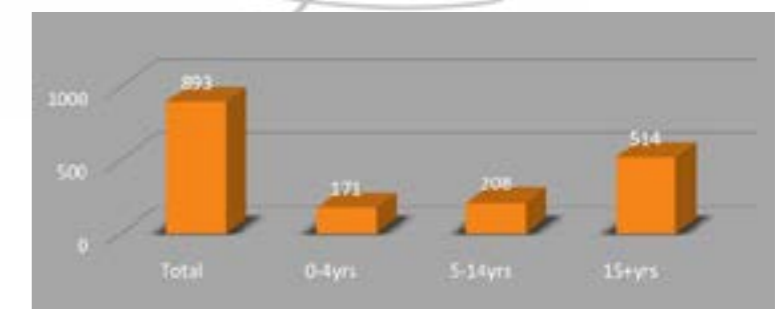
As our team expands, we look forward to increasing our services to the community, improving health literacy and self-management of complex chronic health conditions, and improving quality of life and life expectancy.

## Chronic Disease Program

The Chronic Disease team provides clinical support to clients with a range of complex chronic conditions. Care includes case management, administration support for specialist clinics, including preparation and follow-up. The specialist services provided include Endocrine, Nephrology, Cardiology, Respiratory, Geriatrics, Chronic Pain Management and Rehabilitation, Renal Education and Diabetes Education. We also support clients to access external services.

The team provides education for clients including diabetes and renal specific education to promote better chronic disease self-management, and appointment attendance; and provides support for GPs in developing and reviewing Chronic Health Care Plans.

### Durri Health Assessments



# Child and Family Health Program



The Child and Family Health Program provide a holistic service in collaboration with the Maternal, Child and Family health teams, families, and carers to promote optimal health, growth and development for each individual child.

## The Program

Provides universal screening, health assessment, and immunisation services for children between the ages of 8 weeks to 14 years old. We complete Blue Book checks for children 8 weeks to 4 years

Provides ongoing parenting education to optimise the health, wellbeing and development of the infant & child and support families in their role of parenting to improve the health outcomes of children and their families

Identifies as early as possible, children who may have developmental or other health concerns; and ensure appropriate and timely referrals to enable early intervention to best promote optimal child health and development

Identifies as early as possible those parents, families and children who may require additional support and provide appropriate and timely referral to supportive services in order to ensure the optimal physical, social and emotional development of children

## Key Achievements

Increased the number of Health Assessments completed for children in the 8wk to 3.5 year age group

Increased the availability of Immunisation services by providing opportunistic immunisation appointments for families when they present

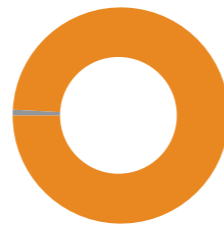
Achieved a high immunisation rate for influenza vaccination for children seen at our service

Provided a comprehensive & supportive service for babies and children with complex needs

Increased Dr Kerr's Paediatric clinic service from 12 clinics per year to 18 clinics per year

## Durri fully immunised children at 4 years

Fully immunised 99%  
Not fully immunised 1%



# Aboriginal Maternal Infant Health Service Program

The Aboriginal Maternal Infant Health Service Program provides community based, culturally safe, antenatal and postnatal care to Aboriginal women and their babies from as early in pregnancy as possible until 8 weeks post partum. We aim to make this care accessible to as many Aboriginal women as possible so that their health and well-being is maximised. We also provide this service to women having an Aboriginal baby.

We are pleased to report that we have seen a 41% increase in women using the service over the last 6 months. Durri has secured the full time services of a registered Midwife and an Aboriginal Health Worker who are both passionate about delivering this service.

Critical to a successful maternal health program is establishing rapport and communication with our clients ensuring women feel comfortable to be able to drop in or call whenever they need to. Being flexible about

where care is delivered ie. home, school, or another service provider supports positive uptake of our service, in a culturally safe environment. We provide support to women to enable adherence to ultrasounds, blood tests, and appointments at Kempsey Community Hospital and at Port Macquarie Hospital, and provide the transport service to attend appointments when it is required.

Sound relationships ensure that the service delivered by AMIHS is a comprehensive one, including relationships with local Obstetric practitioner, Kempsey Hospital Maternity unit, and Child and Family Health nurses.

# Australian Nurse Family Partnership Program



Australian Nurse Family Partnership Program (ANFP) was developed to support families and improve health outcomes for pregnant women with an Aboriginal and/or Torres Strait Islander child. We do this by helping women engage in good preventative health practices, by providing support to parents to improve their child's health and development, and to help parents develop a vision for their own future, including continuing education and finding work. Over this year we have engaged clients in monthly activity days which includes group education. We have supported the making of belly casts for mothers. With Durri providing a diverse multidisciplinary team in the maternal and child area, being able to work collaborating with other professionals to deliver focused and expert guided services is a huge bonus for the program team.

We have seen an increase in the number of clients we have supported this year and have recruited a new nurse home visitor to increase the provision of services. The team attended the annual ANFPP conference in May 2020 in Alice Springs presenting the successes and challenges faced in program delivery.

We are looking forward to strengthening trust in the community and consolidating professional relationships with key stakeholders in our region.

## Future Directions

- ..... Further building our client base
- ..... Strengthening therapeutic relationships
- ..... Developing a more creative, useful, and accommodating space
- ..... Building trust within the community
- ..... Strengthening professional relationships with key stakeholders within the community

# Targeted Earlier Intervention (TEI)

The Targeted Earlier Intervention (TEI) Program's purpose is to strengthen communities in our region and support the safety and wellbeing of families with young children. We support eight client families at a time.

The program aims to deliver a holistic and culturally appropriate service to our Aboriginal/Torres Strait Islander client families. The Aboriginal Health Worker-Family Support Worker (AHW) who manages the program supports the families on the program, who may self-refer or are referred by another service both internal or external. The AHW provides the case management according to the family's needs until they achieve the best outcome.

The AHW worked closely in supporting NAIDOC 2019 and also contributed to the Durri 40th Year Cultural Days at Kempsey and Macksville. She also attends the Kempsey/Macleay Child and Family Interagency and Kempsey District Hospital Aboriginal Advisory meetings as the Durri TEI representative, contributing to the whole of community focus of the program.

# Oral Health



The Oral Health team based in Kempsey provides a primary and preventative dental service for Aboriginal people and their families in the Macleay and the Nambucca valleys.

## Highlights

Comprehensive dental treatment

Recall program

School dental program (outreach)

Community oral health promotion

Durri dental service had prepared itself for, and handled the COVID-19 situation very well. Procedures were set in place for clinic and environmental hygiene to prevent viral spread through the clinic, and clients are verbally and thermally screened before appointments.

The dental service has created a new oral health promotion document especially suited to dental needs during the coronavirus pandemic. This brochure now accompanies Durri's special oral hygiene kit provided to Aboriginal groups in our communities.

Durri had extended its school-based outreach dental services to preschools, high schools and Macleay Vocational College. Durri dental service provided preventive and screening services during NAIDOC week 2019. Service to the Nambucca Valley continues and we thank the Darrimba Maarra drivers for their support to enable this to occur.

Community oral health promotion activities continued with oral health information and oral hygiene kits disseminated in the community served by Durri. Our dental service expanded networking activities to include the Girls Academy as one of its community stakeholders.

Durri dental service continued its relationship with the Mid North Coast Local Health District through the referral pathways created for specialist dental services for Durri dental clients including dental treatment under general anaesthesia.

Our dental service continues to be an important service for Aboriginal people in the Kempsey and Nambucca areas. Projects such as the Mums and Bubs project and Healthy Gums project will support our team to do this. We look forward to continuing to provide dental services in the region.

# Hearing Health and Eye Health

Durri continues to provide Hearing Health and Eye Health services for our community. The Aboriginal Health Worker coordinates the services with Brian Holden Vision Institute optometrist providing eye health; and coordinates care with Hearing Australia to provide hearing health services.

Identifying hearing problems in young children as early as possible is an underlying goal of our program. Identifying hearing health issues early will enable us to act as soon as possible to prevent future hearing problems and loss of interaction in education and social environments.

An important component of this is the education of parents and children about Hearing Health. We want to ensure kids go to school with healthy ears. We provide a confidential and supportive service to assist parents, families and children who may require additional support.

Eye health remains a critical health issue for our clients. The AHW works to support healthy vision and provides education addressing the importance of having a healthy lifestyle to avoid diabetes and other chronic conditions that effects eye health.

## Key Achievements

Over eighty children have attended Durri for hearing assessments done by Hearing Australia over the 12 months and we have received good feedback from parents and schools of improved hearing in this group of children

Six staff members completed the training in use of the retinal camera in February this year and we are now able to send pictures to Sydney for diagnosis and review of eye health issues

We have had up to 100 clients in for check-ups and have fitted 70 clients with eyeglasses

## Alcohol and Other Drugs Mental Health

The aim of these programs is to support positive health outcomes of the Aboriginal and Torres Strait Islander families and communities we serve by providing a culturally appropriate and holistic drug and alcohol service and mental health service. We deliver these services through Drug and Alcohol clinics, and adult mental health and child mental health clinics. The AHW who manages the program supports the Adult, Child and Adolescent Psychiatric clinics. He also supports the Geriatrician clinic program at Durri. The AHW attends the youth meeting place Kid Space which provides support and accommodation to children and young people ages 12 to 25 years.

The AHW has supported the Addiction Specialist through the year to provide services to our clients. Completing Quit skills training this year has enabled the AHW to provide support to clients who wish to review their nicotine addiction. He attends the Kempsey Tobacco Advisory Committee meetings as part of this responsibility.

The COVID-19 have put restrictions on the services we deliver however ZOOM services have enable us to continue clinics over the months since February 2020. We thanks the specialist and clients for their patience through the difficulties that have resulted.

## Visiting Specialists

Durri health services are supported by visiting specialists who provide services to the Nambucca Valley and Macleay Valley communities at Durri Kempsey and Darrimba Maarra enabling an enhancement of our services in a supported culturally safe environment. We have increased some services over the year. Due to COVID-19 some of our services are now provided through ZOOM facilities, and we thank our community members for their patience and understanding.

Discipline	Kempsey Contacts	Discipline	Darrimba Maarra Contacts
Endocrinologist	249	Endocrinologist	172
Cardiologist	140	Psychiatrist	19
Obstetrician	278	Paediatrician	44
Nephrologist	89	Dietitian	48
Psychiatrist	178	Exercise physiologist	97
Paediatrician	364	Podiatrist	31
Rehabilitation Specialist	28	Asthma Educator	39
Optometrist	150	Audiologist	42
Geriatrician	81		
Respiratory Physician	26		
Physician Addiction	139		
Dietitian	275		
Exercise physiologist	217		
Podiatrist	111		
Speech Therapist	426		
Audiologist	114		

# Darrimba Maarra Outpost Service

Durri's health outpost, Darrimba Maarra continued to provide culturally safe, holistic and multidisciplinary comprehensive primary health care to Aboriginal people in the Nambucca Valley. This region includes clients who reside in Macksville, Bowraville and Nambucca Heads.

Essential to Durri's outreach model is a distinctive mix of local community control and engagement, chronic disease prevention and management, child and family services, the promotion of healthy life choices to enable personally empowered and smoother client journeys. We also have pride in our services that enable our organisation to provide quality care to local Aboriginal Families and Communities.

We provide an extensive transport service across the Nambucca Valley region to enable access to doctors' appointments, appointments with the child and family services and also specialist clinics we provide at Darrimba Maarra. Transport is also provided for participants in the wellbeing program activities. Having a transport van enables us to carry prams, wheelchairs and walkers enabling us to offer more community members transport to their appointments.

The clinical service program at Darrimba Maarra provides health services to individuals, families, groups, and community to reach an optimum state of well-being by restoring, maintaining, and promoting their health. Critical to this is the great teamwork at Darrimba Maarra to support the service including the reception support, driver, nurses and the Aboriginal Health Workers and General Practitioner.

Our diabetes clinic has had great success this year with a number of the clients achieving the status of "well controlled" diabetes. We are looking forward to developing the respiratory clinic with our visiting educator to the point where we may be able to have a visiting respiratory physician monthly.

The Child and Family health team continues to provide services working in partnership with families using strength-based approaches that are responsive to family's needs. We provide comprehensive assessments on children 0-6 years, primary health screening and surveillance, parenting information and support including feeding and nutrition, toddler behaviour, child safety, play, and growth and development, breastfeeding support, sleep and settling information and immunisation services.

We also provide child protection services, encourage smoking cessation, form community developments and partnerships, and work collaboratively to deliver best care.

We have been proud to establish a child and family health service at Darrimba Maarra with monitoring of physical, emotional and cognitive development. We also provided an outreach clinic in Bowraville and provide services to Macksville Aboriginal Playgroup.

## Darrimba Maarra Health Assessments



## Key Achievements

Increased immunisation rates

Increased number of Health Assessments completed

Commenced maternal, perinatal, mental health and psychosocial assessments

Provided influenza vaccination clinics for children

## Darrimba Maarra fully immunised children at 4 years

Fully immunised 36  
Not fully immunised 3



The Safety and Wellbeing Program at Nambucca has continued to develop services for the Nambucca Valley communities. We work to improve the wellbeing of Aboriginal people in the Nambucca Valley by building a strong cultural identity and working collaboratively on education and providing counselling where required to build sustainable practices for ongoing resilience and improvements in health outcomes.

Highlights for this year has included the Young Warriors Program where men build resilience and cultural identity with 13-14 year old youths, linking education outcomes to culture. We continued activities with The Southern Gumbaynggirr Men's Group providing cultural practices and stories to men to improve their wellbeing usually on country.

The program coordinator has developed partnerships and attends meetings with the Nambucca Valley Interagency, the Community Drug and Action Nambucca and the local NAIDOC Committee and SGMG.

Durri remains extremely committed to continue to enhance the delivery of primary health care to improve outcomes and access to primary, secondary and tertiary health services for our clients in this region. Our collaborative efforts with our partners in this region is key to the effective delivery of our primary health services.

# Corporate Services

Corporate Services incorporates a range of Durri business functions including finance, payroll, human resources, fleet and building management services and service progression initiatives.

We are delighted to report that for the third year in a row we have had team members complete traineeships resulting in upskilling of staff. We have participated in quality improvement in operating systems to include compliance within human resources, participated in cultural days for Durri's 40th Anniversary of Incorporation and in the Durri Health Day Committee. The Durri Facebook page has been upgraded. Our Operations Coordinator attended the Indigenous Women's Conference in August 2019, and along with the Director of Medical Services attended the National GP conference in Melbourne.

## Key Achievements

Tahlia Duroux-Lancaster successfully completed traineeship in Business Administration

Nyokiee Roberts completed Super-user training for Communicare, Certificate III in Business Administration Medical, and Certificate III in Health Administration

Kayla Bennett completed Diploma in Business Administration

Electricity costs reduced due to the installation of solar

## Grants Awarded

### AbSec - Combined Community Response Grant

One off funds to support the development of a program logic and to provide packs (Hygiene, Education and Food) to FACS clients during COVID-19.

**\$15,000.00**

### AHMRC - Nicotine Replacement Therapy

One off funds in collaboration with the Cancer Institute NSW, AH&MRC is providing Member Service with funds to purchase NRT.

**\$25,287.92**

### AHMRC - Vital Resources Funding

One off funds to support Durri during COVID-19.

**\$20,000.00**

### Department of Infrastructure, Transport, Regional Development and Communications - Indigenous Visual Arts Industry Support - Relief and Recover Support Program (DNAAG)

The purpose of the Grant is to provide Relief and Recovery Fund Support to the Grantee to maintain IVAIS support operations during COVID-19 pandemic and to position the organisation to re-enter the market when the pandemic has abated.

**\$80,000.00 over 13 months**

### NACCHO - COVID-19 Response Grant

The purpose of the grant is to provide funding to Durri to contribute to its local response to the COVID-19 pandemic, ensuring that clients have access to culturally safe and appropriate care as required.

**\$110,000.00 15 months**

### NACCHO - Mental health support for bushfire affected ATSI people

The Supporting the Mental Health of Australians Affected by Bushfires package aims to contribute to assisting with mental health support services to individuals, families, communities and emergency personnel, who have been impacted by the 2019-20 bushfires.

**\$50,000.00 15 months**

### Local Health District Healthy Communities

#### Innovation fund

Healthy Self Hydrotherapy.

**\$895.00**

# Corporate Services

## Health Promotion

Health promotion at Durri aims is to support our communities to achieve the best possible health and wellbeing outcomes through targeted health promotion initiatives.

## Key Objectives

To work in a collaborative manner within Durri with the Local Health District Health Promotion and Media Units and with the wider community.

Implement effective health promotion interventions and capacity building strategies

Identify the priority health and wellbeing issues within our communities

Development of strategies to address priority health and wellbeing issues in the communities

Population health focus on reducing health inequities

Health promotion activities in the community have included the healthy mens' self aqua fitness and lifestyle program group, footy colours day, oral health week, National ATSI Children's day and NAIDOC Celebrations.

The health promotion team organised the Women's Health clinic, the breast screening at Kempsey Hospital, and attended the Durri Health Day committee meetings.

We promoted a *Get Ya Flu Jab* campaign for both Kempsey and Nambucca with an increased participation in influenza vaccines. 1150 influenza vaccines were administered at Kempsey and 352 at Nambucca over this season.

## Key Achievements

Development of Durri Health Matters Newsletters

Participation in Health Day activities and promotion



## Integrated Team Care

The Integrated Team Care (ITC) Program aim is to improve health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through enabling access to care coordination, multidisciplinary support and to improve access to culturally appropriate mainstream primary care services. The ITC Coordinator meets weekly with the Kempsey District Hospital (KDH) Chronic Care team, 48hr follow-up, and the KDH Aboriginal Liaison Officer to improve continuity of care post discharge from all NSW hospitals. The ITC program now includes six eligible conditions, mental health has been added to the ITC program enabling us to extend the services we can provide for our clients.

## Key Achievements

Total care coordination services: 1142

Total supplementary services: 1698

Total clients currently enrolled: 462

# Corporate Services



## Dunghutti-Ngaku Aboriginal Art Gallery

The Dunghutti-Ngaku Aboriginal Art Gallery (DNAAG) continues to provide a location for local Aboriginal artists to display and market their art. We are also an educational resource for both adults and students from local schools. The gallery aims 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.

This year we have maintained our continued engagement with a large number of Aboriginal artists, including a core group of highly skilled, established artists. Through membership of the Aboriginal Culture, Heritage and Arts Association Inc. DNAAG has maintained links with similar Aboriginal Cultural Centres in NSW.

### Key Achievements

A major exhibition of artworks by Mabel Ritchie-Dhipalyn – staged in November 2019.

Redevelopment of the DNAAG website to provides current information on gallery artworks and artists, with a blog publicising current and proposed developments.

Creation of further resources for use in schools with additional education units being posted on the gallery website. These resources address the 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.

The most significant challenge faced by the gallery this year has obviously been the enforced closure due to the COVID-19 pandemic, which has severely impacted on the revenue stream for the gallery, and on our ability to present and market the works of our artists. The gallery has been provided, through the Relief and Recovery Fund Arts Package – Supporting Indigenous Visual Arts Centres measure, additional funding for 2 years to support and widen its programs.

# Our Staff

## Administration

Stephen Blunden *Acting Chief Operations Officer* May 2020  
 Tim Aguis *CEO* Leave February 2020  
 Alicia Stewart *Executive Officer*  
 Sue Edwards *Chief Operations Officer* (resigned 14.02.2020)  
 Kayla Bennett *Operations Coordinator*  
 Gareth Davies *Finance Officer*  
 Melissa Gorse *Bookkeeper* (resigned 08.10.2019)  
 Tahlia Duroux-Lancaster *Finance Administration Officer*  
 Nathan Briggs *Maintenance Officer*  
 Nyokiee Roberts *Project Officer*  
 Mary Edwards *Human Resource Officer*  
 Imelda Matikainen *Medical Records Officer*  
 Tracy Bradshaw *ITC Coordinator*  
 Samtara Allen *Health Promotion Officer*  
 Alan Guihot *Gallery Director*  
 Christine Vonk *Gallery Volunteer*

## Reception and Transport

Tanya Roberts *Team Leader*  
 Renee Widders  
 Jackie Smith  
 Kirra Waind  
 David Welsh  
 Leanne Welsh

## Primary Health Care

### General Practitioners

Vladislav Matic  
 Hossam Mahmoud  
 Peter Fletcher

### Aboriginal Health Workers

Kathleen Davis *Team Leader Clinic*  
 Diana Moran *Clinic*  
 Priscilla Morrison *Chronic Disease*  
 Catherine Toby *Eye and Ear Health*  
 Tom Faulkner *Drug and Alcohol*  
 Dorothy Cohen *TEI Coordinator*

### Registered Nurses

Deborah Rownes  
 Julie Davis  
 Tracey Swan  
 Anthony McMahon  
 Angie Phinn  
 Susan Wilson *Chronic Disease*  
 Catherine Turnbull *Womens Health*

### Oral Health

Roshan Abraham *Dentist*  
 Mariah Smith *Oral Health Therapist*  
 Suzanne Griffen *Dental Assistant*  
 Ruth Powick *Dental Assistant*  
 Louise Jones *Dental Assistant*  
 Leonie Morgan *Dental Assistant*

### Visiting Specialists

Peter Ross *Adult Psychiatrist*  
 Peter O'Brian *Adult Psychiatrist*  
 Clive Smith *Child & Adolescent Psychiatrist*  
 Faris Samara *Drug and Alcohol*  
 Mark Johnson *Paediatrician*  
 Jim Kerr *Paediatrician*  
 Steven Chung *Respiratory Specialist*  
 Kevin Alford *Cardiologist*  
 David Skalicky *Rehabilitation/ Pain*  
 John Curotta *ENT*  
 Mohandas Vattekad *Renal Specialist*  
 Devina Joshi *Endocrinologist*  
 Nilakshi Weerasinge *Geriatrician*  
 Colin Farquharson *Obstetrician*

## Programs

### Child and Family Health

Tracey Houston *CFHN*  
 Kim Wright *CFHN*  
 Bronwyn Smith *AHW*

### Australian Nurse Family Partnership Program

Cindy Gordon *RN Program Supervisor*  
 Tegan Roberts *Administration Officer*  
 Raquel Griffen *Family Partnership Worker*  
 Tiahla Toby-Stewart *Family Partnership Worker*  
 Marcia Holten *Family Partnership Worker*  
 Martina Rosas *Nurse Home Visitor*  
 Irene Weiss *Nurse Home Visitor*

### AMIHS

Colleen Wright *AHW*  
 Krystal Potter *AHW*  
 Kate Jones *Midwife*  
 Charlie Bowman *Midwife*

### Allied Health

Sarah Greenwood *Dietitian*  
 Alison Redman *Dietitian*  
 David Cooper *Podiatrist*  
 Angela Stringer *Speech Pathologist*  
 Jennie Crobie-Walsh *Optometrist*  
 Jade Frazer *Exercise Physiologist*  
 Elly Starky *Nutritionist*  
 Vanessa Bushe *Audiologist*  
 Kyle Maloney *Asthma Educator*

### Darrimba Maarra Outpost

Dea Thiele *Executive Officer*  
 Lisa Ogolo *Manager* (resigned 28.05.2020)  
 Lisa Ashmole *RN Clinic*  
 Tracey Swann *RN*  
 Rachelle Clancy-Brown *Midwife*  
 Fiona McGovern *GP*  
 Geneva Browning *Reception*  
 Celia Griffen *AHW*  
 David Cutmore *Social Wellbeing*  
 Chris Donovan *Driver*

# Financial report

For the year ended 30 June 2020



Financial Report	27
Directors Report	28
Auditor's Independence Declaration	34
Directors Declaration	35
Independent Auditors Report	36
Statement of Comprehensive Income	39
Statement of Financial Position	40
Statement of Changes of Equity	41
Statement of Cash Flows	42
Income and Expenditure Statement	43
Notes of the Financial Statement	45



**Durri Aboriginal Corporation Medical Service  
DIRECTORS' REPORT  
For the Year Ended 30 June 2020**

Your Directors present their report on Durri Aboriginal Corporation Medical Service (the Corporation) for the financial year ended 30 June 2020.

**Directors**

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

Arthur Kelly	(Appointed 27/11/2019)
Patricia Ling	
Cheryl Davis	(Appointed 27/11/2019)
Mary-Lou Buck	(Appointed 27/11/2019)
Katherine Holten	(Appointed 10/03/2020)
Wendy Cowan	(Appointed 03/03/2020)
Sean Phillips	(Appointed 10/03/2020)
Donald Griffen	(Appointed 10/03/2020)
Robbie Lloyd	(Appointed 29/09/2019, resigned 02/03/2020)
Elizabeth McEntyre	(Resigned 02/03/2020)
Alison Martin	(Resigned 27/11/2019)
Allan Lockwood	(Resigned 27/11/2019)
Kerry Wade	(Resigned 27/11/2019)

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:

Katherine Holten	(Appointed 17/05/2020)
Cheryl Davis	(Appointed 19/02/2020, resigned 17/05/2020)
Timothy Agius	(Resigned 19/02/2020)

**Operating Results**

The profit of the Corporation for the financial year ended 30 June 2020 amounted to \$1,069,734. The operating result represented an improvement in operating performance of \$117,496 when compared to the profit of \$952,238 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 2020**

**Review of Operations**

Total revenue increased by \$31,114 from \$9,335,069 in 2019 to \$9,366,183 for the 2020 financial year. Total expenditure decreased by \$86,382 from \$8,382,831 in 2019 to \$8,296,449 for the 2020 financial year. Included in expenditure of the Corporation during the year ended 30 June 2020 was an amount of \$435,365 (2019: \$1,072,913 ) 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 Declaration**

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

**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 2020**

**Meetings of Directors**

During the financial year, 14 meetings of Directors (including Special and General meetings) were held. Attendances by each Director during the year were as follows:

	Monthly Board Meetings		Special Board Meetings		General Meetings	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Arthur Kelly (Appointed 27/11/2019)	4	4	6	6	-	-
Patricia Ling	7	6	6	-	1	1
Cheryl Davis (Appointed 27/11/2019)	4	4	6	6	-	-
Mary-Lou Buck (Appointed 27/11/2019)	4	3	6	3	-	-
Katherine Holten (Appointed 10/03/2020)	3	2	6	5	-	-
Wendy Cowan (Appointed 03/03/2020)	3	3	6	5	-	-
Sean Phillips (Appointed 10/03/2020)	3	3	6	6	-	-
Donald Griffen (Appointed 10/03/2020)	3	3	6	4	-	-
Robbie Lloyd (Appointed 29/09/2019, resigned 02/03/2020)	4	4	-	-	1	1
Elizabeth McEntyre (Resigned 02/03/2020)	4	2	-	-	1	1
Alison Martin (Resigned 27/11/2019)	3	3	-	-	1	1
Allan Lockwood (Resigned 27/11/2019)	3	3	-	-	1	-
Kerry Wade (Resigned 27/11/2019)	3	2	-	-	1	-

**Durri Aboriginal Corporation Medical Service  
DIRECTORS' REPORT  
For the Year Ended 30 June 2020**

**Information on Current Directors**

**Arthur Kelly**

**Qualifications** Training and Assessment, Certificate IV in Broadcasting, 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

**Patricia Ling**

**Qualifications** ASO 4 Training (Case Management)

**Experience** An active member of the community and advocates for Aboriginal community members. Patricia sits on a range of committees and on the Kempsey Local Aboriginal Land Council. Has worked in and with Aboriginal health throughout the years e.g. Field Officer, Client Service Officer, Office Manager, Employment Officer, Aboriginal Health Worker, Aboriginal Teachers Aide.

**Cheryl Davis**

**Qualifications** Certificate IV in Social Housing, Aboriginal Health Community Development.

**Experience** Has previously attended ORIC Governance Training – Induction to Corporate Governance, previously and currently sits on the Durri Finance Committee as a Board representative, has served a number of years on varying Boards as a representative of and for the Aboriginal community. Case Worker, Trainee Drug & Alcohol Worker, Youth Worker/Team Leader, Aboriginal Tutor Supervisor, Coach for Rugby League.

**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.

**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.

**Special Responsibilities** Company Secretary

**Durri Aboriginal Corporation Medical Service  
DIRECTORS' REPORT  
For the Year Ended 30 June 2020**

**Information on Current Directors (continued)**

**Wendy Cowan**

**Qualifications** Associate Diploma in Housing Management, Certificate IV in Business Administration.

**Experience** Has previously worked as a Chief Executive Officer and has represented the Aboriginal community on a range of Boards. Has training in Conflict Resolution, Negotiation Skills and Train the Trainer.

**Sean Phillips**

**Qualifications** Certificate IV in Business Administration

**Experience** Worked with Shire Councils and Aboriginal Councils as a manager of a service which also involved resourcing and budgeting for service provision, has and still works with youth and other Aboriginal community members. Sean has sat on the Boards as a representative and a voice for the Aboriginal and Torres Strait Islander communities.

**Donald Griffen**

**Experience** Boorabongon Drugon Board Secretary, Gumbis Warriors Committee, Vascular Health State Advisory Committee, South Kempsey Garden Project Advisory Committee.

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

**Chairperson:** .....



Arthur Kelly

**Dated:** 28 October 2020

### AUDITOR'S INDEPENDENCE DECLARATION

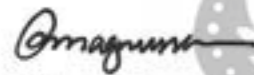
Under Section 339-50 of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*

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 2020 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**



Robert Magnussen  
Partner  
Registered Company Auditor

Dated: 28 October 2020

10-12 Short Street  
PORT MACQUARIE  
NSW 2444

### 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:
  - (a) have been made out in accordance with the Rules of the Corporation,
  - (b) comply with Australian Accounting Standards - Reduced Disclosure Requirements, and
  - (c) give a true and fair view of the financial position of the Corporation as at 30 June 2020 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:  \_\_\_\_\_

Arthur Kelly

Dated: 28 October 2020

## 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 2020, 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:

- so as to give a true and fair view of the Corporation's financial position as at 30 June 2020 and of its performance for the year ended on that date;
- in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006, and the Rules of the Corporation;
- in compliance with the Corporations (Aboriginal and Torres Strait Islander) Regulations 2007; and
- in compliance with Australian Accounting Standards - Reduced Disclosure Requirements.

### 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.

## 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 2020, 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 - Reduced Disclosure Requirements 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.

## INDEPENDENT AUDITOR'S REPORT

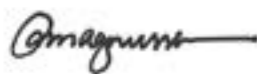
### To the Members of Durri Aboriginal Corporation Medical Service

#### 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



**Robert Magnussen**  
Partner  
Registered Company Auditor

Dated: 28 October 2020

10-12 Short Street  
PORT MACQUARIE NSW 2444

## Durri Aboriginal Corporation Medical Service STATEMENT OF COMPREHENSIVE INCOME For the Year Ended 30 June 2020

	2020	2019
Note	\$	\$
Revenue	2(a) 9,336,467	9,327,069
Other income	2(b) 29,716	8,000
	<b>9,366,183</b>	<b>9,335,069</b>
Bad and doubtful debts	3(a) -	(8,725)
Contractors and consultancy	(1,301,431)	(737,244)
Depreciation and amortisation expense	3(a) (177,712)	(181,577)
Employee benefits expense	(4,742,114)	(4,678,527)
Expendable equipment and supplies	(10,979)	(38,398)
Insurance expenses	(128,542)	(113,659)
Motor vehicle expenses	(107,153)	(117,825)
Office, legal and administration expenses	(193,250)	(311,754)
Program, training, development and medical expenses	(716,994)	(630,273)
Repairs, maintenance and utility expenses	(294,019)	(311,643)
Unexpended grants provided	(435,365)	(1,072,913)
Other expenses	(188,890)	(180,293)
	<b>(8,296,449)</b>	<b>(8,382,831)</b>
<b>Profit/(loss) before income tax</b>	<b>1,069,734</b>	<b>952,238</b>
Income tax expense	1(b) -	-
<b>Profit/(loss) for the year</b>	<b>1,069,734</b>	<b>952,238</b>
<b>Other comprehensive income for the year</b>	<b>-</b>	<b>-</b>
<b>Total comprehensive income for the year</b>	<b>1,069,734</b>	<b>952,238</b>
Profit/(loss) attributable to members of the Corporation	1,069,734	952,238
Total comprehensive income attributable to members of the Corporation	<b>1,069,734</b>	<b>952,238</b>

The accompanying notes form part of these financial statements.



**Durri Aboriginal Corporation Medical Service**  
**STATEMENT OF CASH FLOWS**  
For the Year Ended 30 June 2020

	Note	2020 \$	2019 \$
<b>Cash flows from operating activities:</b>			
Receipts from customers		10,421,800	10,641,723
Payments to suppliers and employees		(9,142,125)	(9,073,617)
Interest received		133,777	113,420
<b>Net cash provided by (used in) operating activities</b>		<b>1,413,452</b>	<b>1,681,526</b>
<b>Cash flows from investing activities:</b>			
Proceeds from sale of plant and equipment		115,545	28,000
Acquisition of property, plant and equipment		(197,488)	(307,278)
Funds contributed to Department of Health for capital works project		(2,500,000)	-
Proceeds from / (purchase of) other financial assets		1,272,229	(2,299,156)
<b>Net cash provided by (used in) investing activities</b>		<b>(1,309,714)</b>	<b>(2,578,434)</b>
<b>Cash flows from financing activities:</b>			
<b>Net cash provided by (used in) financing activities</b>		<b>-</b>	<b>-</b>
<b>Net increase (decrease) in cash and cash equivalents</b>		<b>103,738</b>	<b>(896,908)</b>
Cash and cash equivalents at beginning of financial year		3,589,166	4,486,074
<b>Cash and cash equivalents at end of financial year</b>	4	<b>3,692,904</b>	<b>3,589,166</b>

The accompanying notes form part of these financial statements.

**Durri Aboriginal Corporation Medical Service**  
**INCOME AND EXPENDITURE STATEMENT**  
For the Year Ended 30 June 2020

	Note	2020 \$	2019 \$
<b>INCOME</b>			
Grants - Commonwealth Government		5,603,767	6,138,944
Grants - NSW Government		1,328,073	1,305,381
Grants - Other		646,039	291,595
Gain on sale of property, plant and equipment	2(b)	29,716	8,000
Government subsidies - ATO Cash Flow Boost		62,500	-
Interest received		106,448	113,309
Medicare income		1,102,804	930,578
Practice incentive payments		128,889	217,713
Sundry income		78,158	81,703
Wage and expense contributions - external		34,959	144,617
Workers compensation refunds		244,830	103,229
	2	<b>9,366,183</b>	<b>9,335,069</b>
<b>EXPENDITURE</b>			
Advertising and promotion		71,413	34,379
Auditor's remuneration			
- Auditing the financial report		53,500	52,500
Bad and doubtful debts	3(a)	-	8,725
Bank charges		1,919	2,532
Cleaning and pest control		109,167	89,802
Contractors and consultancy		1,301,431	737,244
Dental referrals and supplies		21,450	16,579
Depreciation	3(a)	177,712	181,577
Directors' meetings		34,168	16,936
Electricity and gas		45,627	60,445
Employee benefits expenses			
- Annual leave		413,295	432,216
- Employee assistance		6,705	6,050
- Fringe benefits tax expense		29,760	53,512
- Long service leave		29,292	(2,911)
- Sick leave		134,815	132,709
- Superannuation contributions		374,187	380,362
- Wages		3,754,060	3,676,589
Expendable equipment		10,979	38,398
Insurance		61,216	61,391
Legal costs		25,237	176,453

The accompanying notes form part of these financial statements.

**Durri Aboriginal Corporation Medical Service**  
**INCOME AND EXPENDITURE STATEMENT**  
For the Year Ended 30 June 2020

	Note	2020 \$	2019 \$
<b>EXPENDITURE (continued)</b>			
Loss on disposal of property, plant and equipment	3(a)	-	16,258
Medical supplies		<b>112,661</b>	57,850
Motor vehicle expenses		<b>107,153</b>	117,825
Postage and freight		<b>9,418</b>	8,977
Printing, stationery and computer expenses		<b>109,088</b>	80,337
Program expenses		<b>550,370</b>	565,546
Rates		<b>20,876</b>	24,593
Recruitment expenses		<b>34,079</b>	31,486
Repairs and maintenance		<b>43,448</b>	80,670
Security costs		<b>5,862</b>	12,001
Staff amenities and meetings		<b>7,645</b>	8,737
Subscriptions and memberships		<b>11,515</b>	9,932
Telephone		<b>69,039</b>	44,132
Training and development		<b>10,872</b>	3,205
Travel expenses		<b>45,250</b>	39,547
Uniforms		<b>549</b>	1,066
Unexpended grants		<b>435,365</b>	1,072,913
Workers compensation insurance		<b>67,326</b>	52,268
		<b>8,296,449</b>	<b>8,382,831</b>
<b>Profit/(loss) for the year</b>		<b>1,069,734</b>	952,238

The accompanying notes form part of these financial statements.

**Durri Aboriginal Corporation Medical Service**  
**NOTES TO THE FINANCIAL STATEMENTS**  
For the Year Ended 30 June 2020

**Note 1 Summary of Significant Accounting Policies**

**Basis of Preparation**

Durri Aboriginal Corporation Medical Service ("the Corporation") applies Australian Accounting Standards - Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB), the Corporations (Aboriginal and Torres Strait Islander) Act 2006 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 28 October 2020 by the Directors of the Corporation.

**Accounting Policies**

**(a) Revenue**

**Revenue recognition**

The Corporation has applied AASB 15: Revenue from Contracts with Customers (AASB 15) and AASB 1058: Income of Not-for-Profit Entities (AASB 1058) using the cumulative effective method of initially applying AASB 15 and AASB 1058 as an adjustment to the opening balance of equity at 1 July 2019. Therefore, the comparative information has not been restated and continues to be presented under AASB 118: Revenue and AASB 1004: Contributions. The details of accounting policies under AASB 118 and AASB 1004 are disclosed separately since they are different from those under AASB 15 and AASB 1058, and the impact of changes is disclosed in Note 1(p).

**In the current year**

**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 amount.

**Durri Aboriginal Corporation Medical Service**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**For the Year Ended 30 June 2020**

**Note 1 Summary of Significant Accounting Policies (continued)**

**(a) Revenue (Continued)**

**Operating Grants, Donations and Bequests**

When the Corporation receives operating grant revenue, donations or bequests, 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.

**Dividend Income**

The Corporation recognises dividends in profit or loss only when the Corporation's right to receive payment of the dividend is established.

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

**In the comparative period**

Non-reciprocal grant revenue is recognised in profit or loss when the Corporation obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the Corporation and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before the Corporation is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the Corporation incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor; otherwise the grant is recognised as income on receipt.

**Durri Aboriginal Corporation Medical Service**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**For the Year Ended 30 June 2020**

**Note 1 Summary of Significant Accounting Policies (continued)**

**(a) Revenue (Continued)**

The Corporation receives non-reciprocal contributions of assets from the government and other parties for no or nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in profit or loss.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customer.

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

**(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; or
- fair value through other comprehensive income.

**Durri Aboriginal Corporation Medical Service**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**For the Year Ended 30 June 2020**

**Note 1 Summary of Significant Accounting Policies (continued)**

**(c) Financial Instruments (continued)**

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.

**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.

On derecognition of a financial asset classified under fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the financial asset reserve is not reclassified to profit or loss, but is transferred to retained earnings.

**Durri Aboriginal Corporation Medical Service**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**For the Year Ended 30 June 2020**

**Note 1 Summary of Significant Accounting Policies (continued)**

**(c) Financial Instruments (continued)**

**Impairment of Financial Assets**

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

A loss allowance is not recognised for investments measured at fair value through other comprehensive income.

*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.

Financial assets measured at fair value through other comprehensive income are recognised at fair value with changes in fair value recognised in other comprehensive income. The amount in relation to change in credit risk is transferred from other comprehensive income to profit or loss at the end of the reporting period.

**(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.

**Durri Aboriginal Corporation Medical Service**  
**NOTES TO THE FINANCIAL STATEMENTS**  
For the Year Ended 30 June 2020

**Note 1 Summary of Significant Accounting Policies (continued)**

**(f) Property, Plant and Equipment**

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

**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 asset 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 the estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses are recognised in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. 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.

**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.

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

**Durri Aboriginal Corporation Medical Service**  
**NOTES TO THE FINANCIAL STATEMENTS**  
For the Year Ended 30 June 2020

**Note 1 Summary of Significant Accounting Policies (continued)**

**(f) Property, Plant and Equipment (continued)**

**Depreciation (continued)**

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

<i>Class of Fixed Asset</i>	<i>Depreciation Rate</i>
Buildings	2.5%
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 are carried at amortised cost and represent 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.

**(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.

**Durri Aboriginal Corporation Medical Service**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**For the Year Ended 30 June 2020**

**Note 1 Summary of Significant Accounting Policies (continued)**

**(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**

At the commencement of a lease, the Corporation recognises a right-of-use asset and a corresponding lease liability for the lease term. The lease term includes extension periods where the Corporation believes it is reasonably certain that an option to extend the term of the lease will be exercised.

Right-of-use assets are measured using the cost model where cost on initial recognition comprises the lease liability, initial direct costs, prepaid lease payments, estimated costs of removal and restoration less any lease incentives received.

Right-of-use assets are recognised in the financial statements at cost, using the cost model as described above, less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term, or the useful life of the underlying assets whichever is shorter, on a straight line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

Lease liabilities are initially measured at the present value of the remaining lease payments at the commencement of a lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined the Corporation's incremental borrowing rate is used.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured where there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Corporation's assessment of the lease term.

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

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

**Durri Aboriginal Corporation Medical Service**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**For the Year Ended 30 June 2020**

**Note 1 Summary of Significant Accounting Policies (continued)**

**(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.

**(p) Adoption of New and Revised Accounting Standards**

**Initial Application of AASB 15: Revenue from Contracts with Customers and AASB 1058: Income of Not-for-Profit Entities**

The Corporation has adopted AASB 15: Revenue from Contracts with Customers and AASB 1058: Income of Not-for-Profit Entities with a date of initial application of 1 July 2019. As a result the Corporation has changed its revenue accounting policy as detailed in Note 1(a).

There were no material adjustments to the financial statements for the current financial year or the previous financial year as a result of the initial application of AASB 15 and AASB 1058.

**Initial Application of AASB 16: Leases**

The Corporation has adopted AASB 16: *Leases* with a date of initial application of 1 July 2019. As a result, the Corporation has changed its accounting policy for leases as detailed in Note 1 (l).

There were no material adjustments to the financial statements for the current financial year or the previous financial year as a result of the initial application of AASB 16.

**Durri Aboriginal Corporation Medical Service**  
**NOTES TO THE FINANCIAL STATEMENTS**  
For the Year Ended 30 June 2020

Note 2 Revenue and Other Income	2020	2019
	\$	\$
<b>(a) Revenue</b>		
<b>Grant Revenue</b>		
Aboriginal Health and Medical Research Council	45,288	-
Aboriginal Child, Family and Community Care State Secretariat	15,000	-
Australian Healthcare Associates	38,121	-
Department of Communications and the Arts	140,000	100,000
Department of Family and Community Services	71,073	63,072
Department of Health	4,783,202	5,562,479
Department of Social Services	-	13,500
Healthy North Coast Ltd	474,248	193,045
Mid North Coast Local Health District	118,670	98,550
National Aboriginal Community Controlled Health Organisation	160,000	-
NSW Ministry of Health	1,257,000	1,232,907
NSW Rural Doctors Network	475,277	462,965
Pharmacy Guild of Australia	-	9,402
	<b>7,577,879</b>	<b>7,735,920</b>
<b>Other Revenue</b>		
Interest received	106,448	113,309
Medicare income	1,102,804	930,578
Other revenue	78,158	81,703
Practice incentive payments	128,889	217,713
Wage and expenses contributions - external	34,959	144,617
ATO Cash Flow Boost	62,500	-
Workers compensation refunds	244,830	103,229
	<b>1,758,588</b>	<b>1,591,149</b>
<b>Total Revenue</b>	<b>9,336,467</b>	<b>9,327,069</b>
<b>(b) Other Income</b>		
Gain on sale of property, plant and equipment	29,716	8,000
<b>Total Revenue and Other Income</b>	<b>9,366,183</b>	<b>9,335,069</b>

**Durri Aboriginal Corporation Medical Service**  
**NOTES TO THE FINANCIAL STATEMENTS**  
For the Year Ended 30 June 2020

Note 3 Profit/(Loss) for the Year	2020	2019
	\$	\$
<b>(a) Expenses</b>		
Profit/(loss) before income tax includes the following specific expenses:		
<b>Depreciation</b>		
Buildings	87,995	87,995
Plant and equipment	89,717	93,582
<b>Total Depreciation</b>	<b>177,712</b>	<b>181,577</b>
<b>Loss on disposal of property, plant and equipment</b>	<b>-</b>	<b>16,258</b>
<b>Bad and doubtful debts</b>		
Trade and other receivables	-	8,725
<b>Note 4 Cash and Cash Equivalents</b>		
<b>Cash on Hand</b>	<b>3,245</b>	<b>3,600</b>
<b>Cash at Bank</b>		
Cash Management Account	755,296	1,472,279
Operating Bank Accounts	2,934,363	2,113,287
	<b>3,692,904</b>	<b>3,589,166</b>
<b>Reconciliation of Cash</b>		
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	<b>3,692,904</b>	<b>3,589,166</b>
<b>Note 5 Trade and Other Receivables</b>		
<b>Current</b>		
Trade receivables	13,597	35,907
Provision for impairment	-	(6,705)
	<b>13,597</b>	<b>29,202</b>
Funds contributed to Department of Health for capital works project	<b>2,500,000</b>	<b>-</b>
Other receivables	2,191	29,520
	<b>2,515,788</b>	<b>58,722</b>
<b>Note 6 Other Financial Assets</b>		
<b>Current</b>		
Financial assets at amortised cost	4,212,796	5,485,025
<b>(a) Financial assets at amortised cost:</b>		
Term Deposits	<b>4,212,796</b>	<b>5,485,025</b>

**Durri Aboriginal Corporation Medical Service**  
**NOTES TO THE FINANCIAL STATEMENTS**  
For the Year Ended 30 June 2020

<b>Note 7 Other Assets</b>	<b>2020</b>	<b>2019</b>
	\$	\$
<b>Current</b>		
Prepayments	88,219	105,040
Deposits paid	200	200
GST receivable	37,154	22,803
	<b>125,573</b>	<b>128,043</b>

**Note 8 Property, Plant and Equipment**

<b>Land and buildings</b>		
<b>Freehold land</b>		
Land at independent valuation	765,000	765,000
<b>Total freehold land at valuation</b>	<b>765,000</b>	<b>765,000</b>
<b>Buildings and freehold improvements</b>		
Buildings at independent valuation	3,267,287	3,237,245
Less accumulated depreciation	(263,984)	(175,990)
<b>Total buildings and freehold improvements</b>	<b>3,003,303</b>	<b>3,061,255</b>
<b>Total land and buildings</b>	<b>3,768,303</b>	<b>3,826,255</b>
<b>Plant and equipment</b>		
Plant and equipment at cost	1,228,774	1,229,299
Less accumulated depreciation	(473,708)	(466,132)
<b>Total plant and equipment</b>	<b>755,066</b>	<b>763,167</b>
<b>Total property, plant and equipment</b>	<b>4,523,369</b>	<b>4,589,422</b>

**(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 2017. The valuations were made on the basis of current market value. The revaluation decrement was charged to the asset revaluation reserve.

**Durri Aboriginal Corporation Medical Service**  
**NOTES TO THE FINANCIAL STATEMENTS**  
For the Year Ended 30 June 2020

**Note 8 Property, Plant and Equipment (continued)**

**(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
	\$	\$	\$	\$
<b>Opening Balance at 1 July 2019</b>	765,000	3,061,255	763,167	4,589,422
Additions	-	30,043	167,445	197,488
Disposals	-	-	(85,829)	(85,829)
Depreciation expense		(87,995)	(89,717)	(177,712)
<b>Closing Balance at 30 June 2020</b>	<b>765,000</b>	<b>3,003,303</b>	<b>755,066</b>	<b>4,523,369</b>

**Note 9 Trade and Other Payables**

	<b>2020</b>	<b>2019</b>
	\$	\$
<b>Current</b>		
<b>Unsecured liabilities</b>		
Trade and other payables	293,161	494,865

**Note 10 Other Liabilities**

<b>Current</b>		
Unexpended grants	10(a) 2,049,387	1,640,023

**Durri Aboriginal Corporation Medical Service**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**For the Year Ended 30 June 2020**

**Note 10 Other Liabilities (continued)**

**(a) Unexpended grants/contributions**

The Corporation is contractually obliged to provide services in subsequent reporting periods in relation to grants received from the following funding bodies. The amounts recorded represent unexpended grants at the end of the reporting period.

Funding Body	Program	2020 \$	2019 \$
Aboriginal Child, Family and Community Care State Secretariat	COVID-19 Support	15,000	-
Aboriginal Health and Medical Research Council	COVID-19 Support	12,011	-
Department of Communications and the Arts	COVID-19 Artist Support	40,000	-
Department of Communications and the Arts	DNAAG	1,341	1,123
Department of Family and Community Services	Kempsey Youth	276	276
Department of Family and Community Services	Strengthening Communities	-	5,703
Department of Health	Air Conditioning Replacement	1,373	1,373
Department of Health	ANFPP	629,728	393,911
Department of Health	Bowraville Capital Works	25,141	25,141
Department of Health	Indigenous Australians Health Program	70	70
Department of Health	Kempsey Capital Upgrade	775,315	791,154
Mid North Coast Local Health District	Drug and Alcohol	1,046	1,046
Mid North Coast Local Health District	Oral Health	-	3,560
National Aboriginal Community Controlled Health Organisation	Bushfire Relief-Mental Health	50,000	-
National Aboriginal Community Controlled Health Organisation	COVID-19 Support	110,000	-
NSW Ministry of Health	Chronic/Complex Conditions	36,111	-
NSW Ministry of Health	Drug and Alcohol	49,582	29,457
NSW Ministry of Health	Maternal Health	95	95
NSW Ministry of Health	Nicotine Replacement Therapy	-	26,000
NSW Ministry of Health	Oral Health	-	27,434
NSW Ministry of Health	Population Health Programs	114,787	86,526
NSW Rural Doctors Network	HEBHBL	12,871	2,958
NSW Rural Doctors Network	MOICDP	61,758	10,820
Pharmacy Guild of Australia	QUMAX	-	711
Primary Health Network	Integrated Team Care	103,002	-
Primary Health Network	Maayu Mali	-	72,785
Primary Health Network	Suicide Prevention	-	150,000
The Benevolent Society	Communities Program	9,880	9,880
		<b>2,049,387</b>	<b>1,640,023</b>

**Durri Aboriginal Corporation Medical Service**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**For the Year Ended 30 June 2020**

**Note 11 Provisions**

<b>Opening Balance at 1 July 2019</b>	<b>464,901</b>
Additional provisions	564,789
Amounts used	(622,131)
<b>Closing Balance at 30 June 2020</b>	<b>407,559</b>

	Employee Benefits \$	Total \$
<b>Opening Balance at 1 July 2019</b>	<b>464,901</b>	464,901
Additional provisions	564,789	564,789
Amounts used	(622,131)	(622,131)
<b>Closing Balance at 30 June 2020</b>	<b>407,559</b>	407,559

**Analysis of Total Provisions**

	2020 \$	2019 \$
<b>Employee Benefits</b>		
Current	351,079	401,645
Non-current	56,480	63,256
	<b>407,559</b>	464,901

**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 12 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 2020**

**Note 13 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:

	2020	2019
	\$	\$
Short-term employee benefits	438,691	383,689
Post-employment benefits	32,347	32,025
Other long-term benefits	-	-
Termination benefits	-	-
	<b>471,038</b>	<b>415,714</b>

**Note 14 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.

**Note 15 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 9 as detailed in the accounting policies to these financial statements, are as follows:

	Note	2020	2019
		\$	\$
<b>Financial Assets</b>			
<b>Financial assets at amortised cost:</b>			
Cash and cash equivalents	4	3,692,904	3,589,166
Trade and other receivables	5	2,515,788	58,722
Term deposits	6	4,212,796	5,485,025
<b>Total Financial Assets</b>		<b>10,421,488</b>	<b>9,132,913</b>
<b>Financial Liabilities</b>			
<b>Financial liabilities at amortised cost:</b>			
Trade and other payables	9	293,161	494,865
<b>Total Financial Liabilities</b>		<b>293,161</b>	<b>494,865</b>

**(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**  
**For the Year Ended 30 June 2020**

**Note 16 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	2020	2019
		\$	\$
<b>Recurring fair value measurements</b>			
Non-financial assets:			
Property, plant and equipment			
Freehold land	8, 16(a)	765,000	765,000
Freehold buildings	8, 16(a)	3,003,303	3,061,255
		<b>3,768,303</b>	<b>3,826,255</b>

**(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 17 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.

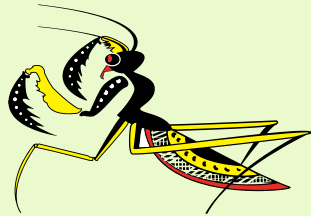
**Note 18 Corporation Details**

**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

Phone 02 6560 2300  
15-19 York Lane, Kempsey NSW 2440

[durri.org.au](http://durri.org.au)