

**DURRI
A.C.M.S.
ANNUAL REPORT
FOR 2021**



Durri

Aboriginal Corporation Medical Service

ICN 27



ACKNOWLEDGEMENTS

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

About the reports

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

Staff photos and lists are those for programs and activities that were delivered from the 1st of July 2020 through to 30th of June 2021.

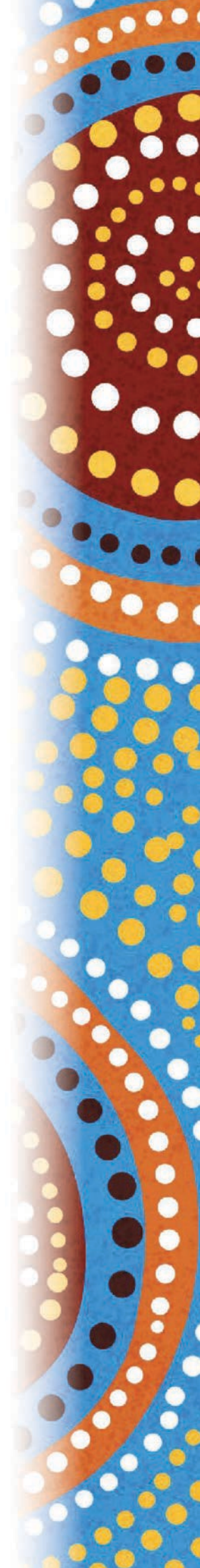


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OUR VISION

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

OUR MISSION

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

OUR VALUES

INTEGRITY

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

TRADITION

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

ACCOUNTABILITY

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

SOCIAL JUSTICE

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

GOVERNANCE

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

BOARD OF DIRECTORS



Katherine (Lynne) Holten

Appointed Chairperson December 2020
Appointed Company Secretary 17.05.20

Cheryl Davis

Appointed Director 27.11.19

Patricia Ling

Appointed Director 27.11.18

Mary-Lou Buck

Appointed Director 27.11.2019

Arthur Kelly

Appointed Director 27.11.2019
Appointed Chairperson 19.2.20
Retired Chairperson December 2020

Donald Griffen

Appointed Director 10.3.2020

Sean Phillips

Appointed Director 10.3.2020

Kevin Smith

Appointed Director 25.11.2020

Wendy Cowan

Appointed Director 10.03.20
Retired 25.11.2020

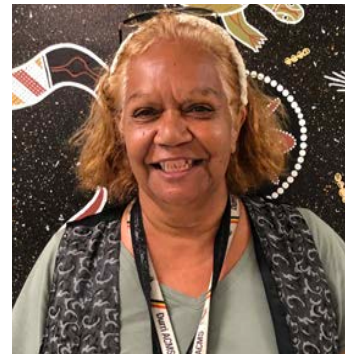
COMPANY SECRETARY

Robert Smith

Appointed 5.2.2021

CHAIRPERSON'S REPORT

It has been both a privilege and a challenge to serve as the Chairperson for Durri ACMS from December 2020 – January 2022.



When I joined the Board of Directors in March of 2020, the Board faced what at times appeared to be an impossible task, however, with the support and commitment of staff members, the Board was able to deal with the most difficult problems and set Durri back on the path to becoming what it is capable of, an effective and efficient community health provider across our cultural footprint for the Nambucca and Macleay Valleys.

Throughout 2021, despite the challenges that we have faced in delivering community health services and programs whilst complying with the Public Health requirements of the Covid pandemic, we have managed to reestablish and give new life to the community health services and programs. These include but are not limited to:

- Vacant positions have been filled and funding secured to ensure the future viability of Durri ACMS, and working partnerships within Federal, State and Local areas have been revitalized.
- In partnership with the Kempsey Local Aboriginal Land Council, through a process now known as a Local Aboriginal Land Council Deal, Durri ACMS has secured land in West Kempsey at the old forestry site where the new Durri health Facilities will be located in a flood free area. It is expected that all going according to plan, construction will begin in the first half of 2022. I would like to thank the Kempsey Local Aboriginal Land Council, their board and more importantly their members for their endorsement and support of the capital works program.
- As part of another partnership with the Local Area Health District, our Chronic Health team will be taking up residence in the old pathology section of the hospital. This is expected to happen in March 2022. This is an arrangement that will benefit both Durri ACMS and the Local Area Health District, one of the benefits to this agreement is that Durri will be able to access pathology and imaging services available within the hospital, within the same timeframes as other sections of the hospital do.
- An Early Childhood Education (ECE) Pilot Program has been established which will see Durri work closely with local preschools to provide preventative health measures such as hearing, dental and healthy nutritional programs.

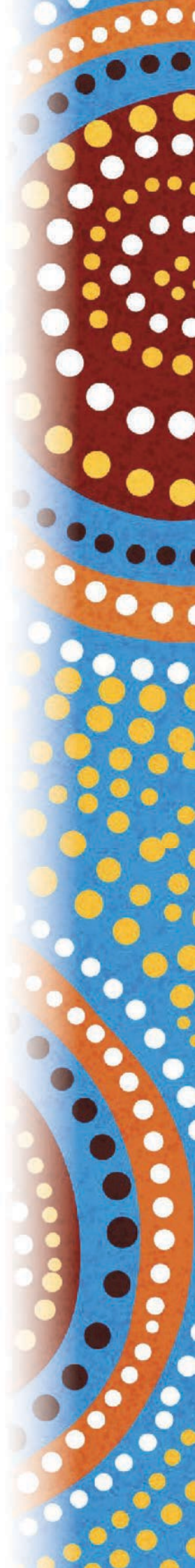
The ECE Program has been established to work with children and families at risk that have not previously been enrolled in a preschool. The age of children for this program is between 3 and 6 years of age (preschool-kindergarten enrolment).

- It has been part of the Boards vision to reignite the provision of community health services to the Bowraville community, unfortunately due to public health regulations which have limited our capacity to hold community meetings in Bowraville this has not progressed as far as we would like it to. We will further this process in 2022.

I would like to take this opportunity to thank the Board, management, and staff of Durri ACMS for their support and assistance in what have been challenging times for the organization, and I look forward to the future. Durri always was and always will be an Aboriginal community - controlled organization.

Katherine (Lynne) Holten

Chairperson- Durri ACMS Board of Directors



CEO REPORT

It is with great pleasure that I write to you as the Chief Executive Officer of Durri Aboriginal Corporation Medical Service by way of this Annual Report.

We can all be extremely pleased with our achievements this year even though we have had disruptions to services in the form of flood and the COVID-19 pandemic. It has been a year of review and implementation.

Review of our current systems and implementation of new systems to ensure that Durri can keep up with current technological advances and reporting requirements.

Some of these changes and achievements include:

- The purchase of Logiqc QMS program. This is currently being built and then staff will be orientated on its use. This system also includes Human Resources (for management of contracts, reviews, etc.), Work Health and Safety, Australian General Practice Accreditation Limited (AGPAL) Accreditation, Incident Reporting, Quality Improvement, etc. and is a Risk Management Tool.
- The review of the organisation Strategic Plan and Business Improvement Plan has commenced
- Review of the organisation policies and procedures in partnership with our Board of Directors to ensure that we are complying with legislation and AGPAL requirements
- Ongoing training for staff and we are committed to an ongoing Traineeship Program
- Review of recruitment processes and committing to ensure all funded positions are filled within an adequate timeframe
- The commencement and finalization of contractual agreements for the Early Childhood Education Pilot Program with the Department of Community and Justice which will target Aboriginal and non-Aboriginal children residing in the Macleay and Nambucca Valleys at risk, 3-6 years of age who have not enrolled previously in a preschool and to aid with the preschool to kindergarten transition where had.
- \$480,000 from the NSW Ministry of Health for a Youth Suicide Prevention pilot



program for the Macleay and Nambucca Valleys from 2020 to 2022. Hopefully this program will receive ongoing funding to continue this vital service.

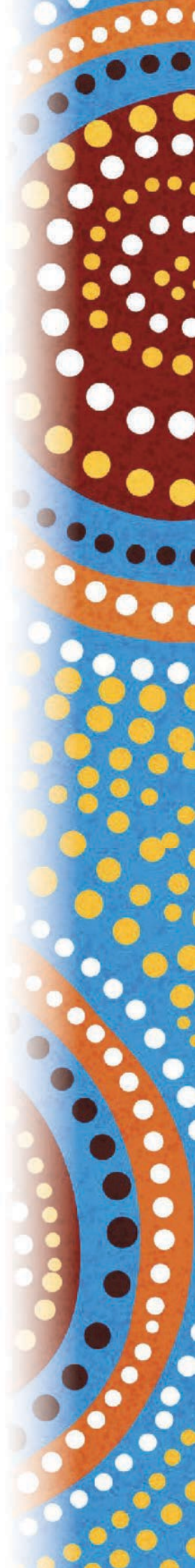
- The commencement of Finance Committee Meetings that are held monthly, attended by two Board members and senior management, reviewing expenditure to ensure due diligence. The committee reviews the organisations monthly expenditure and submits the report to the full Board for endorsement.
- AGPAL accreditation has been extended again due to the COVID-19 pandemic, Public Health Orders, and restriction on travelling to February 2022.
- High Street Bowraville upgrading of infrastructure - currently occupied by the Local Area Health Services, due to damage occurred during the floods in 2021 and will seek funding to repair as soon as possible.
- Upgrading of the old pathology building located at the Kempsey District Hospital which will house the Chronic Disease Team and allow for chronic disease services to become more accessible and confidential for our community's utilization. We should be operating from this building in March 2022.

Durri ACMS' has contributed monies to the upgrade of the Bellbrook Health Outpost to ensure that the building meets Australian Building Standards and AGPAL Accreditation Standards so that Durri and other service providers will be able to commence conducting health promotion and community activities from the site. Thank you in large part to NACCHO and the Ministry of Health – Centre of Aboriginal Health for helping to make this dream eventually become a reality for our most isolated community. Service will be commencing as soon as possible.

The capital works program at 27-29 Elbow Street West Kempsey 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 will enable Durri to continue delivering quality service and will enable us to significantly expand the programs we provide. The construction should commence in early 2022 and will take at least a year to complete.

Durri ACMS has explored the establishment of the Nambucca Valley Health Advisory Committee which consists of various community members who reside in the Bowraville, Macksville and Nambucca areas to discuss:

- Employment of local Aboriginal people
- Education and training opportunities



- Explore the potential availability of land from the Nambucca Heads Local Aboriginal Lands Council to build a multipurpose health facility in future partnership.

Durri remains extremely committed to operating and enhancing the delivery of primary health care services to improve outcomes and access primary, secondary, and tertiary health services for Aboriginal patients residing in our footprint, Macleay and Nambucca Valleys.

The renewing of partnerships with Aboriginal Medical Services, Local Health District, Local Land Councils, local, state, and federal agencies will strengthen our collaborative efforts in this region which are key to the efficacy of primary health services we deliver.

There is more I would like to say however I will finish this report by saying thank you to our funders, Board of Directors, Managers, Staff and in particular our communities that we service for your support throughout the last year.

Stephen Blunden

CEO - Durri Aboriginal Corporation Medical Service.



Nyokiee Roberts
Executive Assistant

SENIOR MANAGEMENT REPORT

Senior Managers during this reporting period were:

Paul Morris | Acting Chief Operations Officer

Alicia Stewart | Programs Manager

Dea Thiele | Executive Officer | Practice Management Nambucca Valley

Joanne Delaney | Executive Officer | Practice Management Kempsey

Celia Griffen | Acting Practice Manager Nambucca Valley

Dr Vlad Matic | Director of Media | Services

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

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

Durri Aboriginal Corporation Medical Service has had a challenging and exciting year.

Exciting, as we have been able to finalize recruitment to vacant positions and challenging, as the organisation has had to adjust its service provision delivery due to the pandemic, COVID-19, Public Health Orders, and restrictions and implement strategies during the flood.

When making these changes the impact on the community has been at the forefront of our minds.

Durri AMCS has needed to ensure the safety and wellbeing of the communities we service and that of our staff whilst implementing and maintaining Infection Control and Risk Management procedures and processes, whilst being able to continue providing services.

Highlights for this reporting period:

- Expression of Interest was submitted to the Aboriginal Health and Medical Research Council for 39 staff to complete their Aboriginal Mental Health First Aid. Staff included are Senior Management, Reception, Transport, Aboriginal Health Workers/Practitioners and Registered Nurses. Durri was successful.
- Doctors, Registered Nurses and Aboriginal Health Workers completed CPR course
- AGPAL surveys were completed
- Commencement of Logiqc build
- Review of organizational policies and procedures commenced
- Clinical Audits were conducted, and improvements made

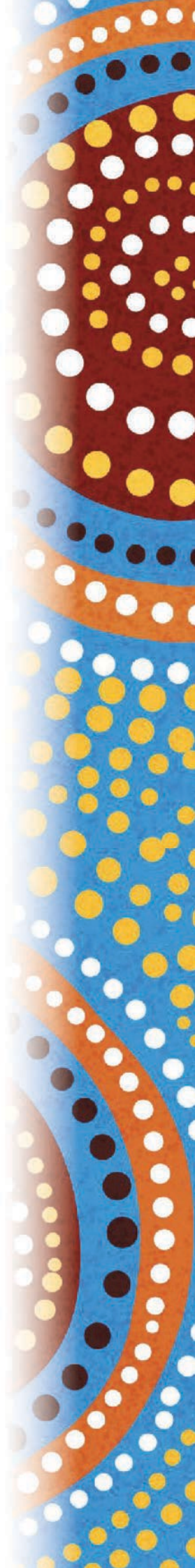
- Order replacement of vaccination fridges with installation of UPS to ensure backup during power outages so vaccines are not affected
- EOI was completed and successful to ABSEC – Aboriginal Child and Family Sector for \$15,000.00 to assist Durri’s TEI Program (Families First) which is to engage a consult to develop a program that is evidence based, culturally appropriate, addresses local priorities, provide personal self-care packages/ hygiene for patients of the program and to purchase educational and craft resources for children of the program.
- Staff Immunisation program commenced and preparation for COVID-19 onboarding to register Durri ACMS as a COVID vaccination site.
- NAIDOC Flag Raising was held at Durri
- Dr Emran Ali commenced with Durri ACMS as a GP Registrar
- Christmas Hampers – for current patients of the service who are 60+, of Aboriginal or Torres Strait Islander descent and reside in the Kempsey and Nambucca LGA were provided to 307 patients by Program Staff. This was a Board initiative
- External storage space was secured to reduce and consolidate all other storage facilities
- Submission to the Ministry of Health for Towards Zero Suicide was made for two positions, male and female, to work across the Nambucca and Macleays Valleys to provide suicide education and prevention to youth aged 14-24 years. Submission was successful and Durri ACMS was granted \$480,000 over two years for this pilot project.
- Service Agreement has been entered into with NACCHO and Durri ACMS National Community Connector Program (NCCP). The Community Connectors will work with NDIA Partners in the Community (PITC), NDIS Planners and Support Coordinators to support and promote the NDIS and NDIA in the community. Community Connectors enabled better linkages between people, communities, and services. This funding was for 12 months.
- Durri ACMS Child Protection Training was attended by all staff
- Staff assisted at events for COVID-19 measures by taking temperatures, providing masks, hand sanitizers, etc. for external providers/services.
- Internal committees resumed meetings e.g., Clinical Governance Committee, Work Health and Safety Committee, COVID-19 Committee, etc.
- Over 2000 COVID-19 packs were supplied to patients in the Macleay and Nambucca Valleys consisting of items such as masks, hand sanitizer, leaflets, etc. to help the community keep safe.
- Over 3000 health promotion items were given to various agencies for children and families who were isolating/imposed by restrictions

- Review and maximization of Medicare generated income, processes and procedures pertaining to the Primary Health Care Model. Health Assessments have been a focus during this period from both clinical and program areas. Unfortunately, due to services being affected by COVID-19 practices and the need to change our service model in line with Public Health Orders and restrictions thus resulting in limited feedback for assessment completion.

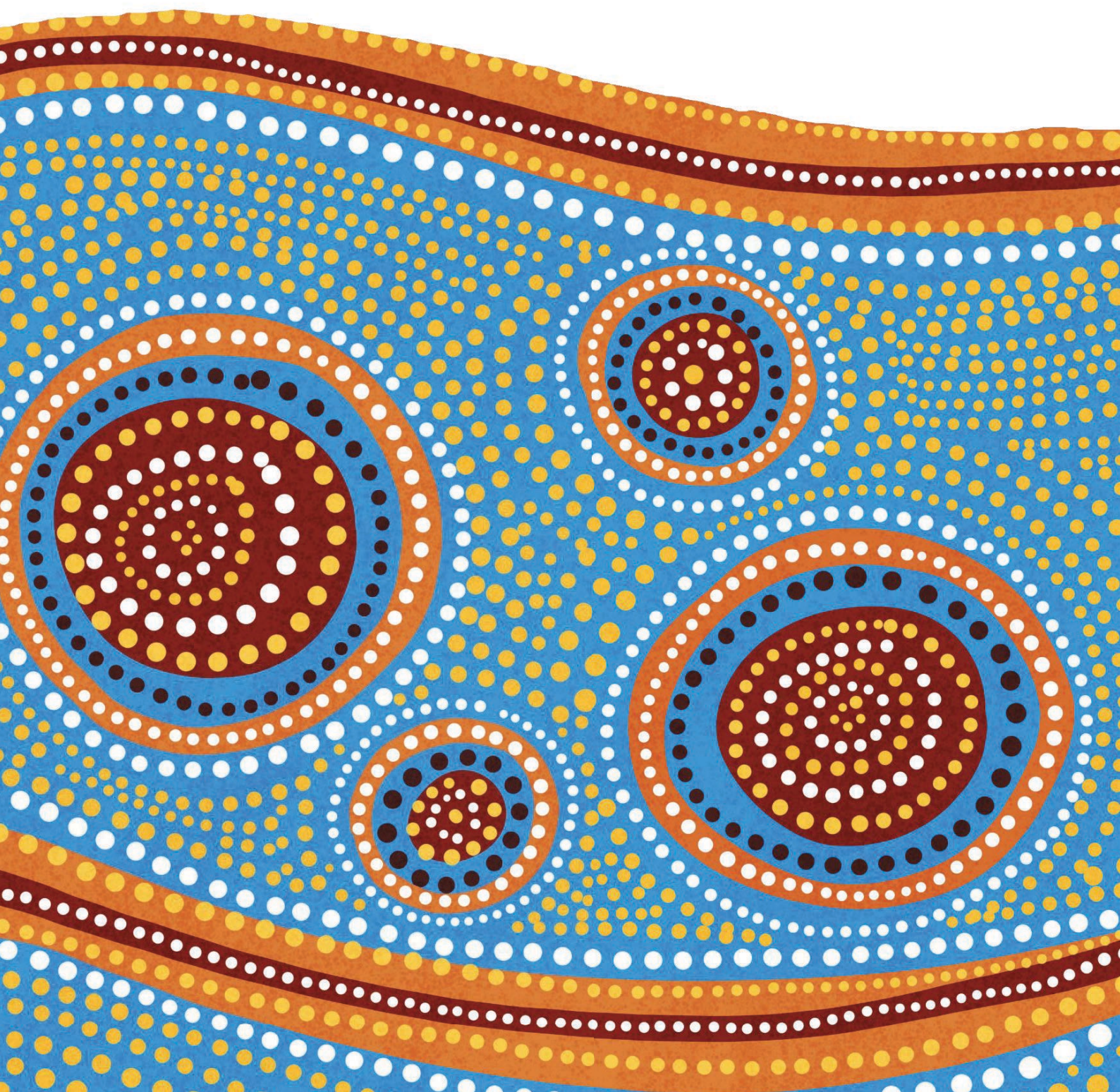
There are so many more highlights, improvements, and achievements that are too numerous to mention. These have been achieved through the hard work and commitment of staff.

We are thankful to the brilliant staff that we have employed with us as often there has been staff shortages, due to needing to isolate, etc., and staff have had to work in areas that they would not normally work in, adapt to a telehealth/telephone model of care, work externally to the building in tents, attend various meetings whilst trying to maintain the organisation and programs Key Performance Indicators.

We look forward to the challenges and goals ahead and most of all providing further enhancements to our service to assist our communities achieve the best possible health outcomes.



PRIMARY HEALTHCARE TEAM



RECEPTION AND TRANSPORT TEAM



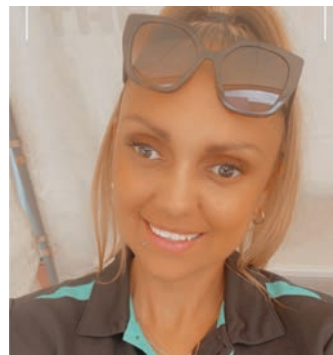
Renee Widders
Receptionist



Kim Caldwell
Transport



Kirra Waind
Receptionist



Tanya Roberts
Medicare Analyst/Patient Flow

Photos unavailable for **Imelda Matikainen** (Medical Records Clerk), **David Welsh** (Transport Officer) and **Jacqueline Smith** (Receptionist).

Aim:

To provide quality service to patients and visitors presenting or contacting Durri ACMS or requiring transport to the service, specialist, or allied health providers.

Key achievements and challenges:

Durri ACMS Reception and Transport Services, due to the impact of the pandemic, COVID-19, has had to adjust to numerous service changes to ensure the safety of its staff and community members accessing the service.

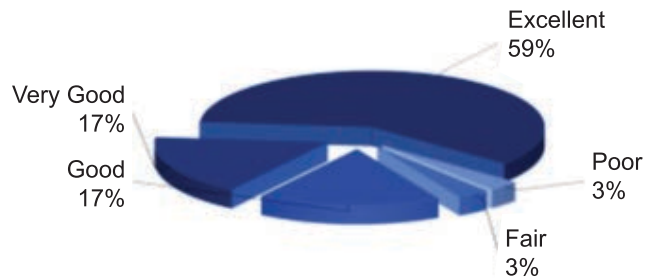
Key achievements include but are not limited to:

- 1617 transports being conducted
- Utilisation of Provider Digital Access (PRODA) for eligible patients to enroll with Closing the Gap (CTG), Medicare Card verification and service eligibility
- Telephone system changeover and update

- Registration Tent, with all organizational staff assisting, set up to screen patients for possible COVID-19 signs/symptoms
- Review of Reception Guidelines for AGPAL Accreditation
- QR code ascertained for transport vehicles
- Practice Accreditation and Improvement Survey completed. Overall rating below:

94%

of all patient ratings about this practice were good, very good or excellent



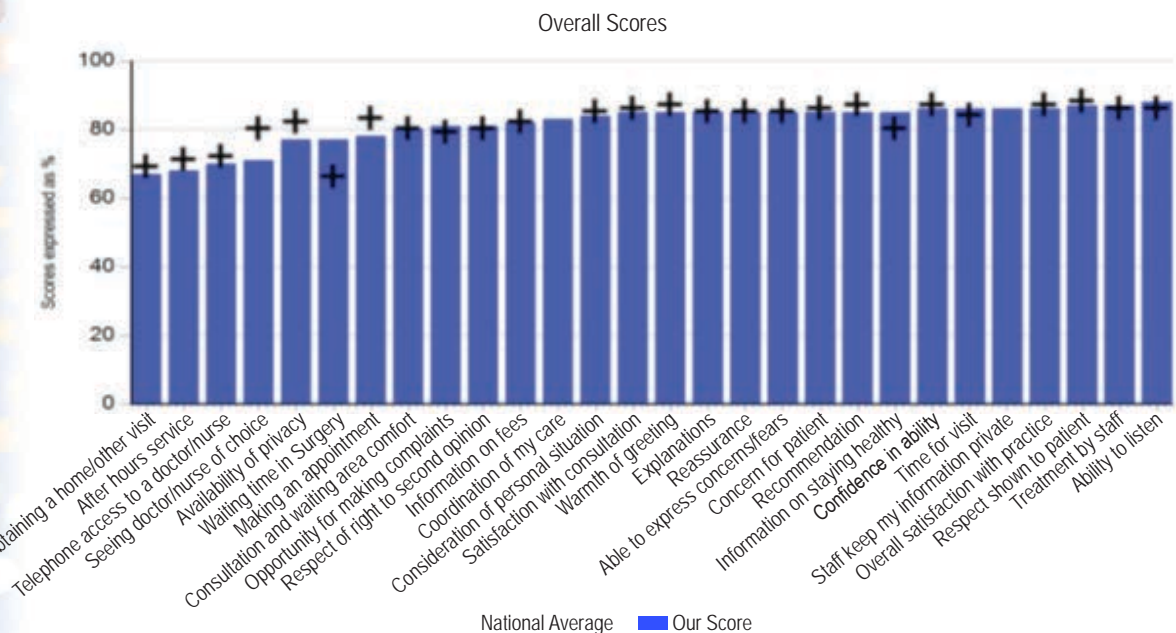
Training:

- Personal Protective Equipment Training attended
- Online Infection Control and COVID-19 training completed
- Hand Hygiene online training completed

Future Directions

Due to an increase on services, Reception and Transport staff wish to build on current staffing capacity and attend further training. Upskilling of staff remains a priority to ensure staff can incorporate and adjust to national and state changes in technology requirements e.g., PRODA

Data below is taken from the Practice Accreditation and Improvement Survey from the number of patients who participated in the survey and Durri ACM's overall rating compared with other nationally:



PRIMARY HEALTHCARE TEAM



Kate Davis AHP
Clinic Team Leader



Amy Thompson
Registered Nurse



Deb Rownes
Registered Nurse



Anthony McMahon
Registered Nurse



Angie Phinn
Registered Nurse



Dr Vlad Matic



Dr Wendy Olden



Dr Peter Fletcher



Dr Emran Ali
GP Registrar

Photos unavailable for **Julie Davis** (Registered Nurse), **Diana Moran** (AHW Generalist) and **Colleen Wright** (AHW – Generalist)

Aim:

To improve the health of the Aboriginal community through holistic and culturally sensitive service provision as an integrated part of the broader Durri ACMS service.



Key achievements and challenges:

The past year has seen many changes and challenges in how the service operates mainly due to the pandemic (COVID-19). The clinic has continued to grow and become busier. We have welcomed Dr Wendy Olden and Dr Peter Fletcher back to the service and have farewelled our Director of Medical Services, Dr Vlad Matic.

Durri ACMS has continued to engage locums to ensure adequate service provision is able to be continued to ensure the health needs of the communities we service are being met. Thank you to Dr Sejal Mishra who has been with Durri ACMS as a locum from February 2020 and is still with the service as a locum during this reporting period.

We have increased our utilization of telehealth and telephone consults due to COVID-19, Public Health Orders and restrictions imposed on the organisation to ensure that the safety and wellbeing of staff and communities is ascertained.

Staff have been required to do training on Infection Control, Work Health and Safety, COVID-19 vaccinations etc. to be able to keep up to date with all changes that have been made from a national and state perspective. We have also had a staff member, Deb Rownes, complete her Nurse Immuniser course and is now able to assist with immunisations without a doctor ordering this when required.

Policies and procedures are being reviewed to fall in line with AGPAL accreditation and legislation with Clinical Governance monthly meetings recommencing.

Activities:

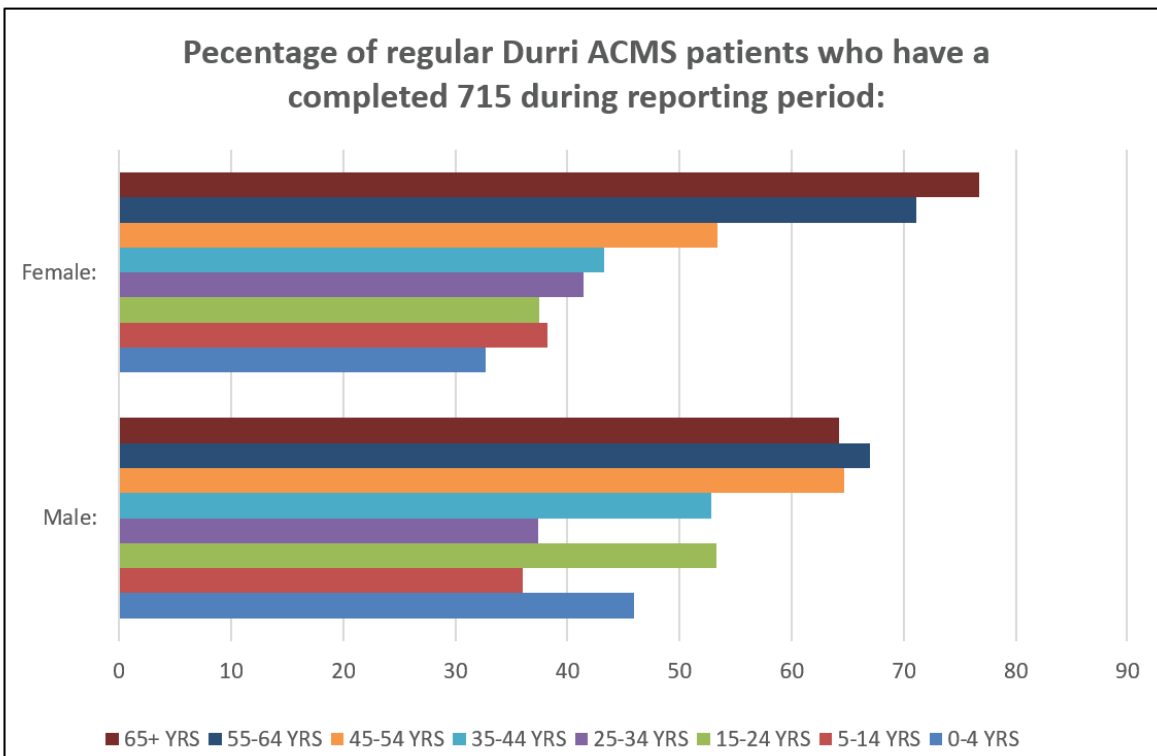
- Provision of high quality comprehensive clinical services
- Facilitate continuity of care between patients, doctors, and programs.
- Referral and client support.
- Liaise with outside services and organizations, government, and non-government, regarding patient care.
- Follow up of patients and results.
- Maintenance and ordering of medical supplies and equipment.
- Medication and Doctors Emergency Bag audit has taken place
- Emergency Trolleys have been replaced, updated and monthly audits completed.
- Equipment testing and ordering has been completed.
- CPR certification achieved for doctors, Registered Nurses and Aboriginal Health Workers.

Future Directions

The increasingly high demand for clinical service provision highlights the need to maintain and build on current staffing levels and extra support required for the team.

A huge thank you to all Durri ACMS staff who have 'gone the extra mile' this year and assisted where staff shortages were apparent due to the impact and need to provide ongoing service provision due to COVID-19.

Percentage of regular patients who have a completed 715 during this reporting period (National Key Performance Indicator data):



Extraction from Medicare – Australian Government Health Department: A health assessment should generally be undertaken by the patient's 'usual doctor'. For the purpose of the health assessment, "usual doctor" means the general practitioner, or a general practitioner working in the medical practice, which has provided the majority of primary health care to the patient over the previous twelve months and/or will be providing the majority of care to the patient over the next twelve months.

CHRONIC DISEASE TEAM



Sue Wilson
Chronic Disease Coordinator



Tony McMahon
Registered Nurse



Priscilla Morrison
AHW Complex Care



Raelene Davis
Administrative Officer



Tracey Bradshaw
AHW ITC Coordinator



Noelene Brown
EN Complex Care

Aim of program:

- To provide clinical support, administration, preparation, and follow-up for each RDN Chronic Disease Specialist Clinic and to contribute to improving health outcomes for Aboriginal people with chronic health conditions through access to care coordination, multidisciplinary care, and support for self-management
- To assist GPs in drafting GPMP&TCA's and reviews of GPMP&TCA's inclusive of Health Assessment completion.
- To advocate for Aboriginal Patients with Chronic Disease to promote access to other Allied Health and Specialists through knowledge of community and tertiary health links, and funding and to help with discharge planning for patients in the Macleay Valley.
- To manage Quality use of Medicines Maximised (QUMAX) program to promote medication understanding and adherence .

Achievements of program during this financial year:

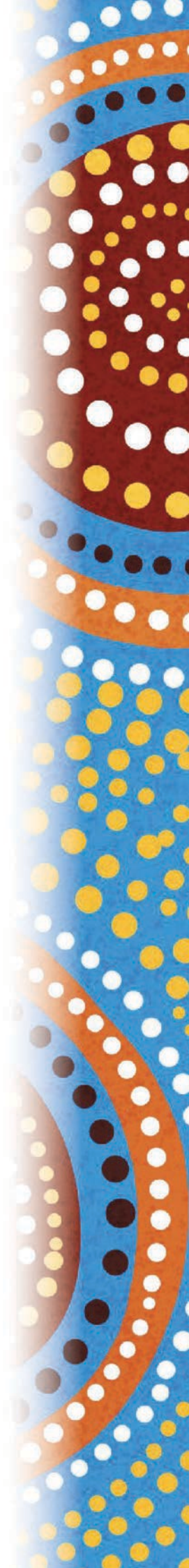
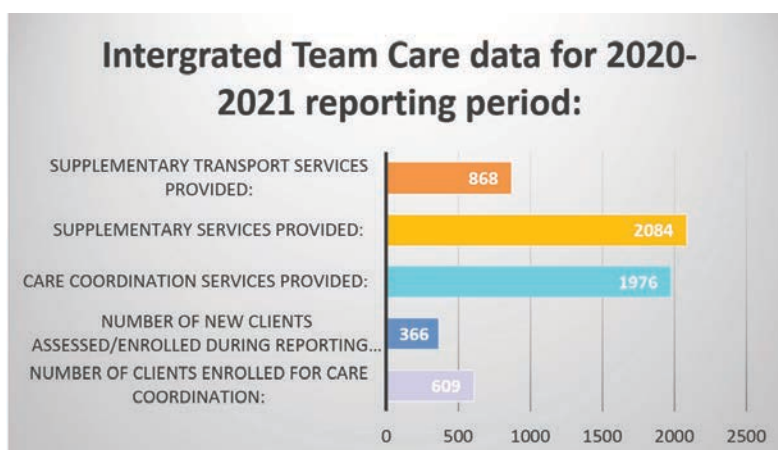
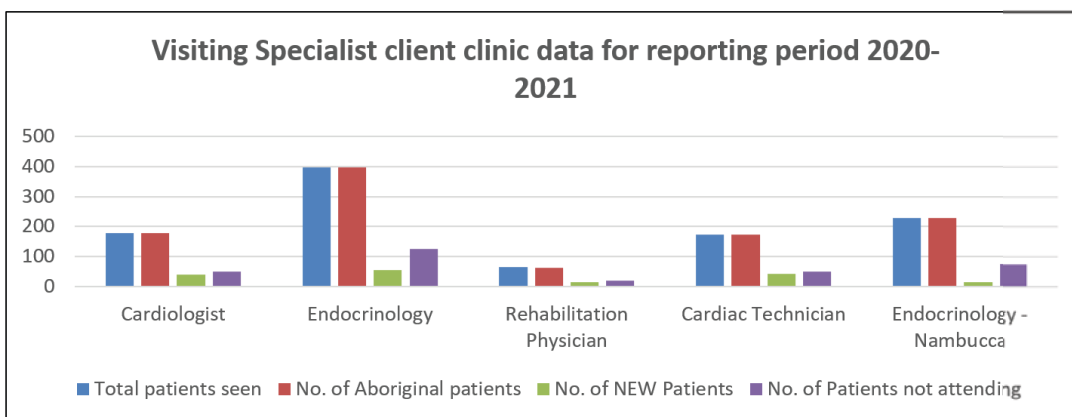
- Staffing was increased from 3 fulltime staff to 6 fulltime staff
- Policies and procedures were developed for the COVID-19 Vaccination Program, organizing appointments, etc.
- RDN Specialist clinic attendance numbers have remained strong, resulting in

increased funding through RDN for extra Chronic Disease clinics.

- Specialist clinics have had to run with a mixture of telehealth (telephone) and telehealth in video on various platforms.
- We have continued with weekly ***Macleay Area Chronic Care Committee Meetings*** (MACCC) with Kempsey District Hospital (KDH) Chronic Care Team, 48hr follow-up, and the KDH Aboriginal Liaison Officer (ALO), to improve continuity of care, post discharge from all NSW hospitals.
- **Grants Awarded -**
 - o QUMAX
 - o RDN

What you would like to achieve in the future:

- The Chronic Disease Team has developed into a cohesive force - our collective goal is to further refine this cohesion and to further expand our team to cater for Men's Health needs in a more culturally appropriate way – going forward therefore to include a Male Aboriginal Health Worker or Practitioner.
- During the year we were excited to learn that the team were scheduled for relocation to another venue as part of the Durri expansion building project. Such a relocation will help the Chronic Disease Team forge its unique identity going forward prior to re-uniting with the rest of the primary health team.
- Our primary mission is to meet the needs of the chronically ill by empowering them when we can to take greater charge over their own health and well-being. Alongside this we aim to support the chronically ill to deal with their increased frailty and loss of control. This is a difficult balancing act.



DENTAL TEAM



Roshan Abraham
Dentist



Ruth Powick
Dental Assistant



Louise Jones
Dental Assistant



Suja Abraham
Dental Assistant



Suzanne Griffen
Dental Assistant

Photo unavailable for **Mariah Smith** (Oral Health Therapist)

Aim of program:

Our aim is to provide a primary and preventative dental service for Aboriginal people and their families residing in the Durri footprint.

Achievements of program during this financial year:

- Durri dental service had established sound clinic and environmental hygiene procedures in response to the COVID 19 pandemic, and transitions between restrictions levels 0-3 were conducted smoothly.
- Community oral health promotion activities continued with oral health information and oral hygiene kits disseminated in the community served by Durri.
- A new oral health promotion document tailored to dental needs during the coronavirus pandemic was developed, this brochure accompanied Durri's special oral hygiene kits.
- Durri dental service continued its relationship with the Mid North Coast Local Health District, for patient referral access to specialist dental services

including dental treatment under general anaesthesia.

- Poche Centre for Indigenous Health sent a mobile denture van to provide a one-week denture service for Durri patients. The service provided 20 denture units to 13 members of the community in early June.
- Two new dental assistants and a casual dental therapist joined the Dental team.
- Durri displayed its commitment to help in the uplift of the community it serves by fully supporting the education of the oral health therapist, a local Dunghutti girl, to expand her scope of practice from patients under 25 years to patients of all ages.

Challenges to provision of Program/Service include:

- Extramural programs such as school-based outreach dental services and preventive and screening services were placed on hold due to the pandemic.

Dental disease continues to be a major health issue for Aboriginal people in the Kempsey and Nambucca areas. Major inducements are required to increase numbers of patients attending the service and improve attendance among patients.

Future Directions

Durri Dental team would like to recommence the School Dental Health Program. While some of the proposed projects such as the Mums and Bubs project and Healthy Gums project do not incur any costs for the community, a few projects being developed include introduction of co-payments to meet costs and improve compliance: mouthguards, tooth whitening, orthodontic treatment, prosthetic dentistry.

Opportunities for the use of students and trainees in the dental clinic with no expense to Durri AMS abound and would enable more preventive services, oral health promotion opportunities and research.

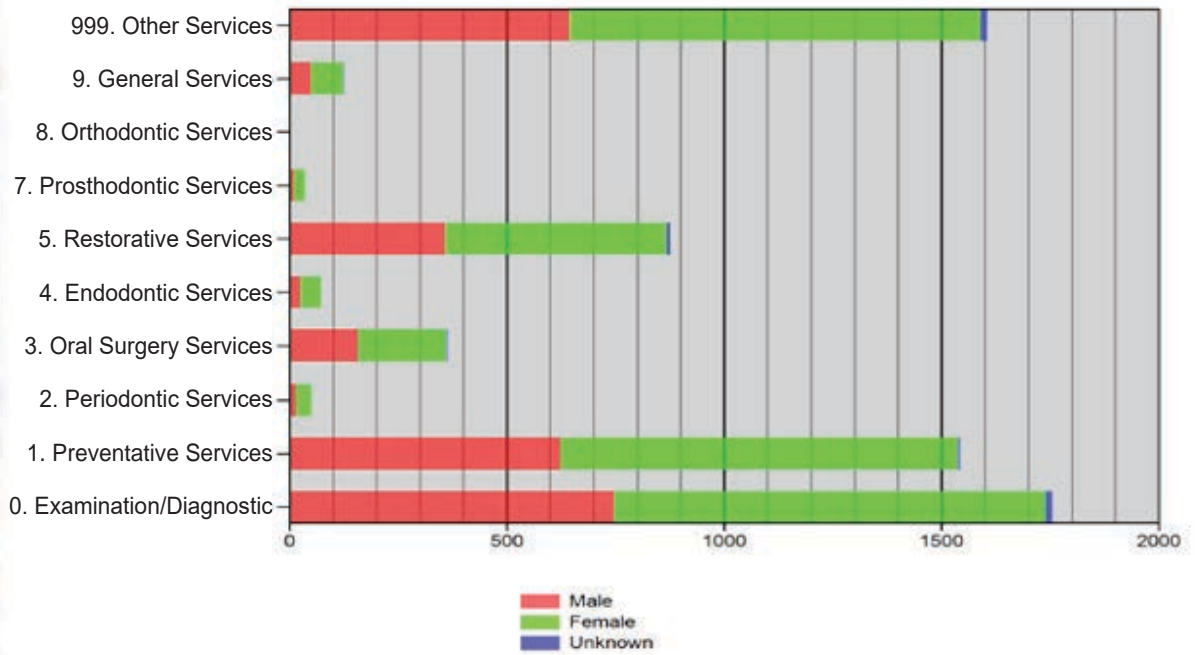


POCHE Denture Van Visit



Making of dentures

Service Counts by Category by Gender



Summary Statistics

	Age 2-17	Age 18-100	Unknown/Other
Total Number of Operators	3	3	3
Total Patients in Period	257	601	10
Total Visits in Period	394	1194	12
Total Treatments in Period	1766	4856	39

DARRIMBA MAARRA HEALTH CLINIC TEAM



Celia Griffen

Acting Practice Manager Nambucca



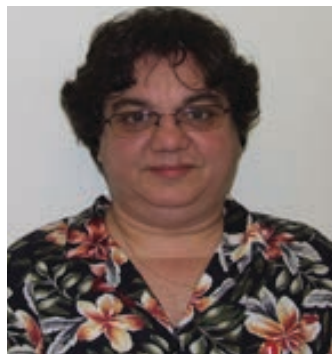
Geneva Browning

Receptionist Nambucca



Chris Donovan

Reception/Transport Nambucca



Irina Holmes

RN Nambucca

Photos unavailable for **Dr Fiona McGovern**, **Courtney Johnson** (Receptionist), **Dr Danny Ryan**, **Rachel Clancy-Brown** (Registered Nurse Child and Family Health), **Neville Cohen** (AHW-Generalist), **Lisa Ashmole** (Registered Nurse – Primary Health), **Nicole Foder** (Registered Nurse – Primary Health) and **Dea Thiele** (Executive Officer - Practice Management Nambucca Valley)

Aim:

To provide the primary health care and services to Aboriginal clients who reside within the Nambucca Valley.

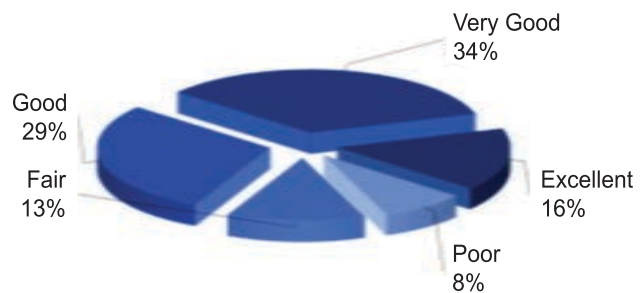
Achievements of program during this financial year include:

- A medical equipment and medical supply stock-take was conducted in April 2021.
- Emergency Trolleys have been replaced, updated and monthly audits completed.
- Equipment testing and ordering has been completed.

- Infection control check list has been an ongoing project to maintain the high quality for accreditation.
- Staff have been joining the Clinical Governance Committee Meetings, Work Health & Safety meetings, COVID-19 meetings, etc. with Durri via telephone and video when not able to join in person.
- Patient recalls for health assessments, immunisations, and other awareness programs such as the Endocrine Clinics, Asthma Clinics, Dietician and Exercise Physiologists, Optometry, and Podiatry, specialist Zoom consults and transport services are ongoing at Darrimba Maarra.
- All clinic staff work closely with the ITC program to assist patients with chronic conditions such as Diabetes, kidney disease and respiratory illness to attend their appointments etc.
- Practice Accreditation and Improvement Survey completed. Overall rating below:

79%

of all patient ratings about this practice were good, very good or excellent



Training:

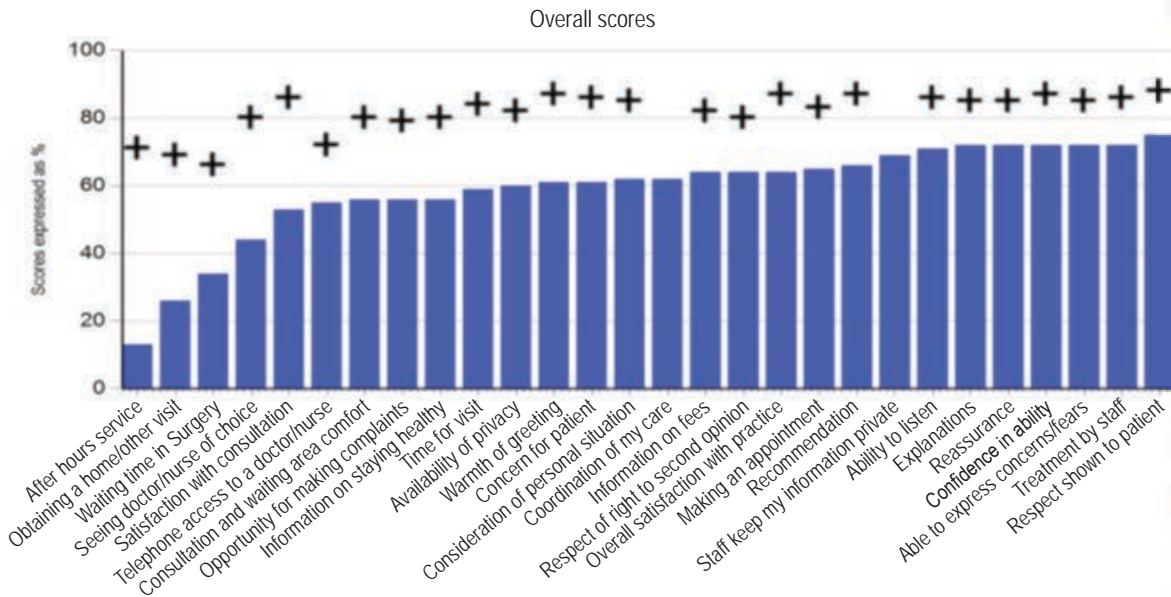
- Personal Protective Equipment Training attended
- Online Infection Control and COVID-19 training completed
- Hand Hygiene online training completed
- Irina has completed her HETI Vaccine Storage and Cold Chain module plus the annual Immunisation update to remain an Accredited vaccinator. Nicole had also updated her HETI Vaccine & Cold Chain module.

Future Directions

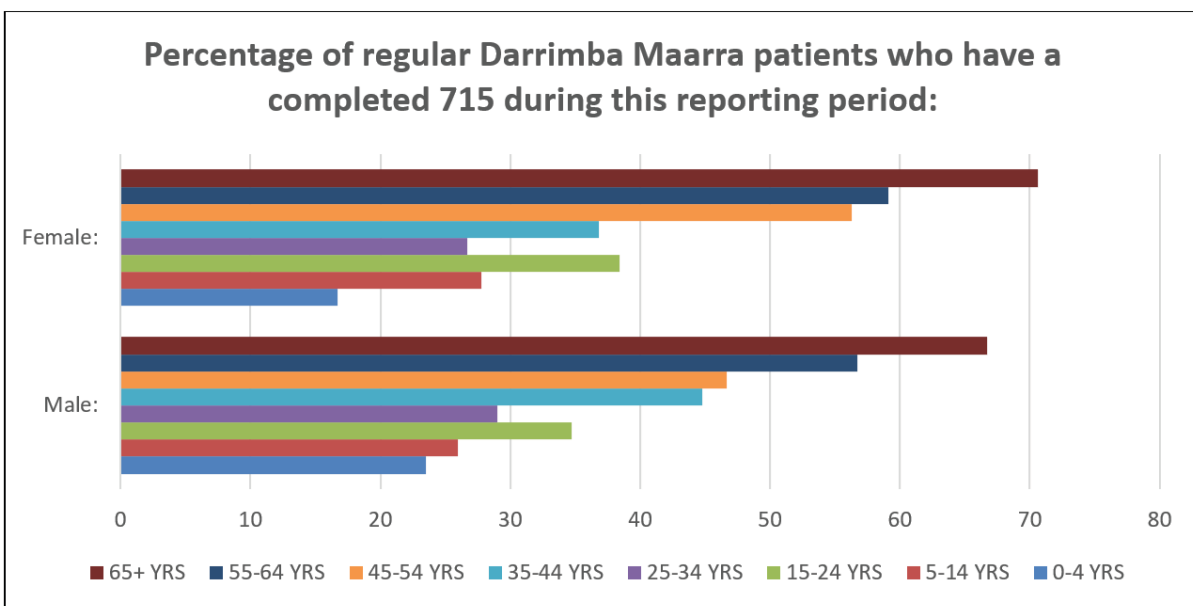
The team aims to increase patient participation in all aspects of ongoing health care and assessments, management plans and immunisations. This will involve promoting support services including the 'Deadly Feet' program.

We are continuing to increase the immunisations rates for childhood and adult vaccines. Encouraging people to attend and have an informed consent to be vaccinated to maintain better health. This can only be achieved with help of the AHW and ongoing community education

Data below is taken from the Practice Accreditation and Improvement Survey from the number of patients who participated in the survey and Darrimba Maarras overall rating compared with other nationally:



Percentage of regular patients who have a completed 715 during this reporting period (National Key Performance Indicator data):



Extraction from Medicare – Australian Government Health Department: A health assessment should generally be undertaken by the patient’s ‘usual doctor’. For the purpose of the health assessment, “usual doctor” means the general practitioner, or a general practitioner working in the medical practice, which has provided the majority of primary health care to the patient over the previous twelve months and/or will be providing the majority of care to the patient over the next twelve months.

SOCIAL AND EMOTIONAL WELLBEING



David Cutmore

AHW Social & Emotional Wellbeing Nambucca

Aim of program:

To provide a service that would enable Aboriginal and Torres Strait Islander people, to improve their physical, social, emotional, cultural and spiritual wellbeing, for both the individual and the community as a whole.

Achievements of program during this financial year:

NAIDOC event occurred at Murrabbay Language Centre in November it was a COVID safe event, and a total of 51 people attended and enjoyed the Pre School singing and the mindfulness activities and the flag raising and of course the food and cake.

Wellbeing festival planned for February 2021 postponed until 2022 September even with a COVID Safe Plan etc. it was unable to be run due to COVID restrictions on numbers by Govt. it is all set to go we just need to finalise a date with council and update contracts with performers.

What you would like to achieve in the future:

- Wellbeing Festival 2022
- NAIDOC Event July 2022
- Cultural Men's Group to restart building cultural Identity and Knowledge to men and Boys in the Community
- Stronger ties with community-based organisation to build community wellness
- Decrease the number of our people being admitted to the Mental Health Unit at the hospitals.
- Increased number of Mental Health Plans for next year
- Increase Community awareness and decrease stigma of mental health in the community so it can be just looked as a medical condition like a cold etc.

PROGRAMS

Aboriginal Maternal Infant Health Services

Aboriginal Nurse Family Partnership Program

Child & Family Health Team

Drug & Alcohol Team

Eye & Ear Health

Targeted Earlier Intervention

NDIS Community Connector

Social & Emotional Wellbeing

Suicide Prevention Team

Women's Health



ABORIGINAL MATERNAL INFANT HEALTH SERVICES (AMIHS)



Kate Jones
Midwife - AMIHS



Charleigh Kennedy
AHW AMIHS

Aim of program:

Our aim is to provide community based, culturally sensitive, continuity of 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 pregnant Aboriginal women as possible so that their health and well-being is maximised.

Achievements of program during this financial year include:

- 36 Women followed through from early antenatal to 6 weeks post-natal.
- Durri ACMS has a 93.1% proportion of birth weights recorded for our newborn babies
- 53 babies born on Dunghutti/Biripi country cared for by Durri ACMS AMIHS team Establishing rapport and communication with patients, thereby earning their trust. Women feel comfortable to be able to drop in or call whenever they need to.
- Being flexible about where care is delivered i.e. home, school, or another service provider. Also being able to provide transport to women who have none.
- Word of mouth referrals.
- Compliance and understanding by the women of the importance of going for ultrasounds, blood tests, appointments at KDH and PMBH
- Establishment of relationships with local Obstetrician; Kempsey Hospital Maternity unit; Child and Family Health Nurses and other non-government providers. These relationships ensure that the service delivered by AMIHS is a comprehensive one.

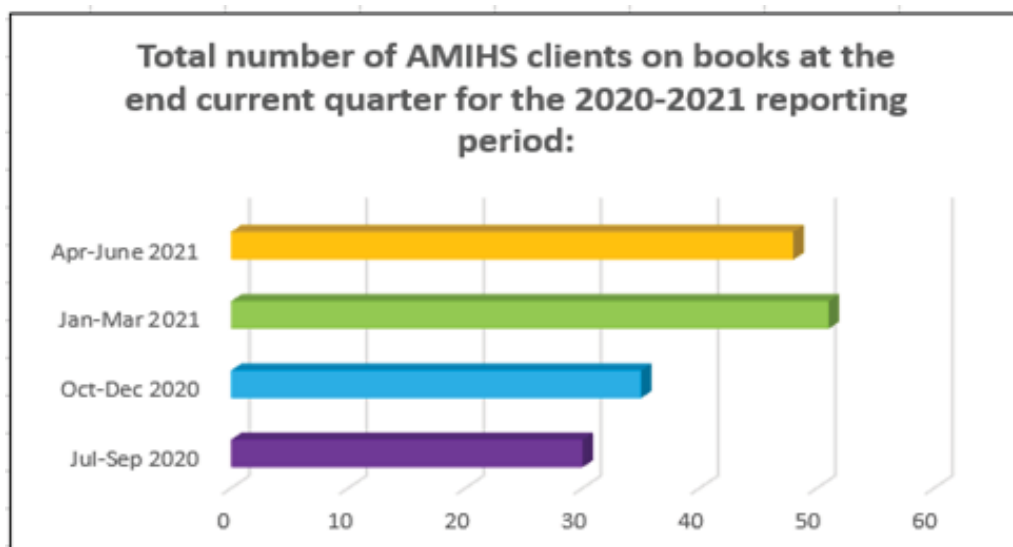
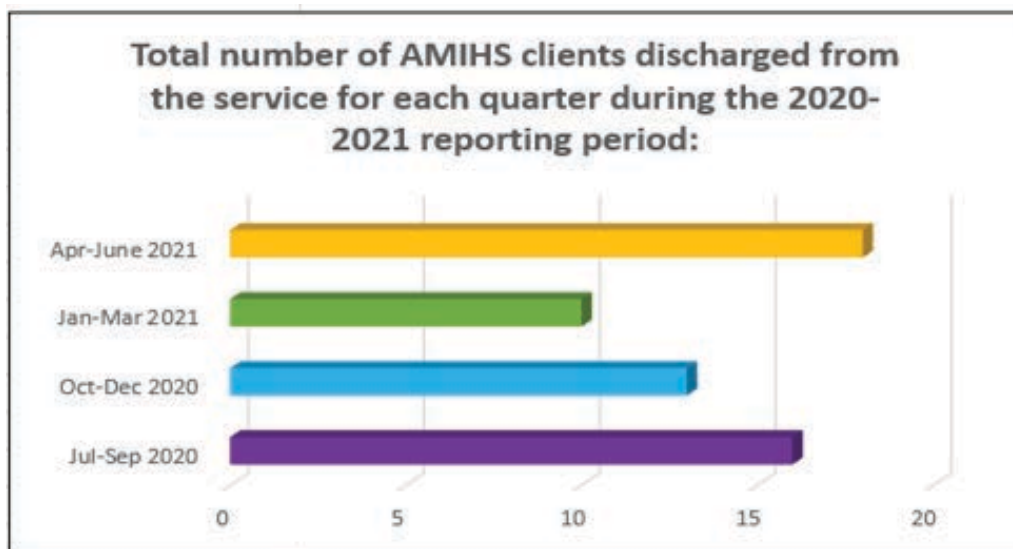
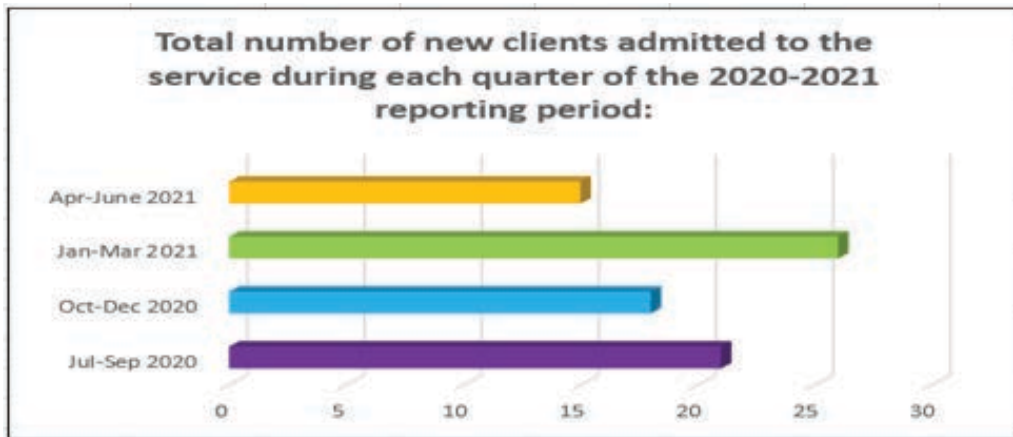
Future Directions

The AMIHS team will endeavor to continue to improve service delivery to all

pregnant women who present to Durri ACMS.

The AMIHS team will keep up to date with all recommendations put forward by NSW Health in order to provide best practice Midwifery antenatal and postnatal care.

The AMIHS team will participate in as much cultural education as possible.



AUSTRALIAN NURSE FAMILY PARTNERSHIP PROGRAM (ANFPP)



Nathan Briggs
MFPW



April Collins
NHV



Martina Rosas
NHV



Tiahla Toby-Stewart
FPW



Ingrid Haughton
NHV

Photos unavailable for **Tyler Roberts** (Trainee MFPW), **Irene Weiss** (NHV), **Courtney Kelly-Scholes** (Admin. Officer) and **Tegan Roberts** (Admin Officer)

Aim of program:

To support Aboriginal and/or Torres Strait Islander women or women pregnant with an Aboriginal and/or Torres Strait Islander child to become the best mum possible. The program focus is on increasing the mother and family's self-efficacy and attainment.

Support and guidance is provided from pregnancy through to infancy and toddlerhood. The program is part of the Closing the Gap initiative and aims to improve pregnancy outcomes, improve child health and development, and decrease the over representation of Aboriginal and Torres Strait Islander children in out of home care.

This financial year has seen the introduction and commencement of a Male

Family Partnership Worker (MFPW) and a Trainee Male Family Partnership Worker (Trainee MFPW) to the program. The Male Family Partnership Workers are a welcome addition to the program as they provide support and advice to partners of the Mums and Babies of the program. This will ensure that Dad feels included of the important role that he has in supporting his partner and becoming a first-time father.

Achievements of program during this financial year include:

- Commencement of four new members to the ANFPP team in May 2021.
- The employment of a Registered Midwife (April Collins), a Registered Nurse (Ingrid Haughton), a Male Family Partnership Worker (Nathan Briggs) and a Trainee Male Family Partnership Worker (Tyler Roberts).
- The commencement of the Mums and Bubs Swimming Program
- Re-engagement from patients that had previously disengaged/ relocated and have returned to town.
- Training modules have commenced for new staff
- COVID-19 Training has been completed
- Aided other areas that have required support due to staff shortages and assistance needed for the protection of the community and staff with respect to COVID-19.
- Belly casting for Mums

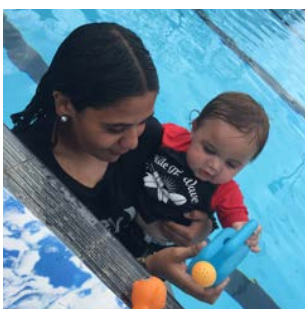
Future Directions

Over the next financial year, we would like to see more involvement of Dads in the program and work toward forming a formal process to introducing/signing up the dads in the program.

We would like to extend our program reach beyond our local community here in Kempsey and engage with families from the Nambucca Valley.

Increase in client numbers and retain/engage patients for the duration of the program.

Link in with further services used by potential patients in the community to increase likelihood of further referrals.



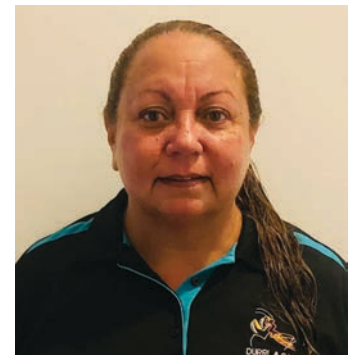
CHILD & FAMILY HEALTH TEAM



Kim Wright
Child Health RN /
Immunisations



Tracey Houston
Child & Family
Health RN



Bronwyn Smith
AHW Maternal &
Child Health

Photo unavailable for **Rachel Clancy Brown** – Child Health Registered Nurse
Darrimba Maarra

Aims of the Durri Child Health Program:

The Child Health Program (6-8 weeks to 14yrs) aims to provide a holistic service in collaboration with the entire Maternal, Child and Family Health Team, families, and carers to promote optimal health, growth, and development for the child.

Durri Child & Family Health Program aims to:

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

Achievements and Challenges of Child Health Program:

During the period 2020 to 2021 Child Health Program has:

- Provided health assessments for babies and children.
- Provided Immunisation encounters & maintained 100% immunisation rates for all age groups

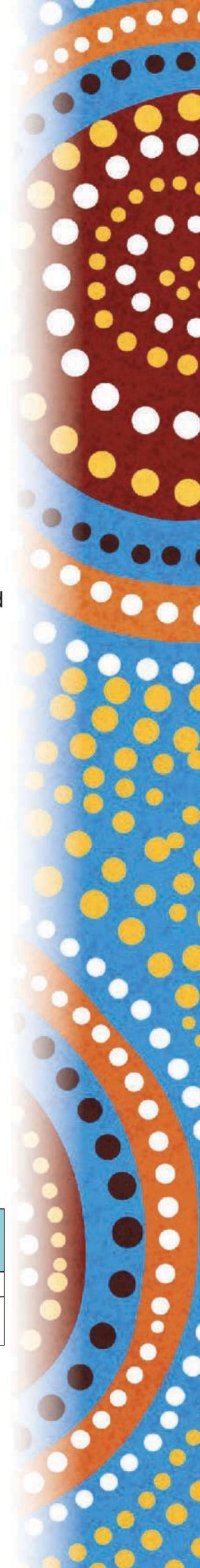
- Provided Influenza vaccination for 0–14-year-old patients.
- Provided a comprehensive service for babies and children with complex needs
- Co-ordinated and facilitated paediatric clinics at Kempsey for Nambucca and Kempsey Patients.
- Increased Dr Jim Kerr’s Paediatric clinic service to double clinics bi-monthly for the 2020 financial year which reduced the wait time to 8 weeks compared to previously being 4 months.
- Continued providing complex Health Assessments (HA) and Care Plans for children in Out of Home Care (OOHC)
- Bronwyn has almost completed her ATSI Health Practitioner Qualification
- Attended Immunisation and CPR updates
- Child and Family Nurse (Kim) was on LWOP for 2020 and recommenced employment at Durri ACMS in April 2021). On Kim’s return we have completed a major Cold Chain/Immunisation and Emergency Equipment Audits for Durri-Nambucca and Kempsey Clinics and provided to Durri CEO.
- Since April 2021 - Re-establish the Child and family Program for 0 – 3.5-year-olds at Durri ACMS Kempsey.

2021 to 2022 Program Goals

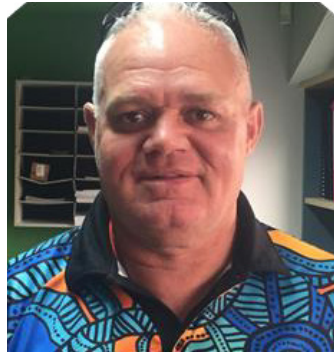
- Continue to increase Child Health service provision at Durri ACMS
- Continue to increase the Immunisation rate for Aboriginal children
- To streamline the process of providing complex HA’s and care plans for children in OOHC.
- To continue to provide Specialist Paediatric Clinic services with high attendances.
- To continue to undertake HA for Clontarf Programs for local high schools.
- For Bronwyn to be registered as an Aboriginal Health Practitioner (AHP)

Visiting Paediatrician clinic attendance data for reporting period:

Service Type	Total patients seen	No. of Aboriginal patients	No. of NEW Patients	No. of Patients not attending
Paediatrician - Dr Kerr	234	234	37	43
Paediatrician - Dr Johnson	289	156	12	93



ALCOHOL AND OTHER DRUGS



Frederick (Tom) Faulkner
AHW Generalist – Alcohol and Other Drugs

Aims of the Alcohol and Other Drugs Program:

To support persons affected by alcohol and other drug misuse. It is not only the person who has the substance misuse issue that requires assistance but also all those who they may encounter. The promotion of health and the reduction of substance use within the community is a primary focus of service delivery.

Durri Alcohol and Other Drugs Program aims to:

Support Alcohol and Other Drug patients in case management of their addictions. Incorporated into case management is transport, advocacy with agencies, one on one support, family support, referrals, follow ups, health, and wellbeing activities and other assistance that may from time to time be required.

Achievements and Challenges:

During the period 2020 to 2021 Alcohol and Other Drugs Program has:

- 71 male patients and 49 female patients were seen at Durri ACMS for alcohol or substance misuse matters
- Nicotine Replacement Therapy has been available at Durri ACMS and Darrimba Maarra for patients of the service. A consult with a doctor is required with follow up and nicotine replacement therapy being supplied. There are 297 patients of our service who are current smokers and have smoking cessation intervention in place.

Below is data from Durri ACMS Online Services Report (OSR) pertaining to Alcohol Use Disorders Identification Test (AUDIT-C) which is an alcohol screen that helps to identify patients who may be considered hazardous drinkers or have active alcohol disorders.

Percentage of regular patients with AUDIT-C score ≥ 4 (males) or ≥ 3 (females) recorded in last 24 months

Age group:	15-24 YRS	25-34 YRS	35-44 YRS	45-54 YRS	55-64 YRS	65+ YRS
Male:	75	78.8	82.9	71.7	72.9	58.3
Female:	72.4	67.4	72.7	78	64.3	42.9

Percentage of regular patients with AUDIT-C score < 4 (males) or < 3 (females) recorded in last 24 months

Age group:	15-24 YRS	25-34 YRS	35-44 YRS	45-54 YRS	55-64 YRS	65+ YRS
Male:	25	21.2	17.1	28.3	27.1	41.7
Female:	27.6	32.6	27.3	22	35.7	57.1

Meaning of scoring: scores are on a scale of 0-12 (scores of 0 reflect no alcohol use). In men, scores of 4 or more is to be considered positive whereas with women a score of 3 or more is considered positive. The higher the Audit-C score, the more likely that the client's alcohol use is affecting their health and safety. Definitions is from the World Health Organisation.

2021 to 2022 Program Goals

- To complete further studies
- For a Female AHW Generalist – Alcohol and Other Drugs Worker to be funded

EAR AND EYE HEALTH



Catherine Toby
AHW Hearing Health

Aims:

- To assist Aboriginal patients by providing spectacles and other vision related matters.
- Improve hearing among Aboriginal children within Durri ACMS' footprint.

Highlights:

- Even though clinics were suspended due to COVID-19 and restrictions, patient numbers remained constant ensuring that services were still available.
- Local providers were able to assist patients needing to be seen for hearing health matters and optometry services

Key Achievements:

As clinics were to cease due to Public Health Orders and COVID-19, for this reporting period the number of patients seen by the program for hearing and optometry services were as follows:

- Total of patients seen by the Visiting Optometrist, Jenny Crosbie-Walsh at Durri and Darrimba Maarra was 305
- Total of patients seen by the Visiting Ear Nose and Throat Specialist, Dr John Curotta was 31
- Total number of patients seen during Australian Hearing visits was 138.

Service provider:	Number of patients seen:	Number of fail to attends:
Optometrist	305	174
Ear Nose and Throat Specialist	31	11
Australian Hearing	138	54

Future Directions

- Expand hearing services into the Nambucca Valley at Darrimba Maarra

TARGETED EARLIER INTERVENTION (FAMILIES FIRST)



Dorothy Cohen
AHW Families First (TEI)

Aim of program:

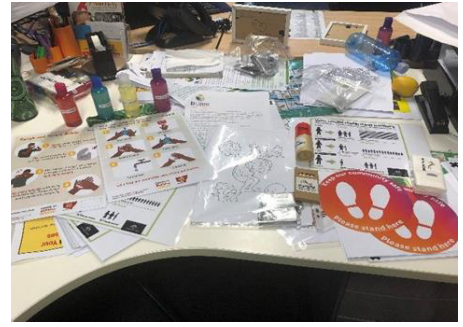
Our aim is to provide holistic and culturally appropriate service to eight Patients/ Families on the Targeted Earlier Intervention (TEI) program who are referred by another service or programs, or otherwise self-referred. Each Client is case managed according to their needs until they achieve the best outcome in reaching their goals.

Achievements of program during this financial year include:

- Secured \$15,000 from the AbSec Child and Family Sector Combined Community Response Grants program. Food Packs (\$2,000) were made up IGA Central, they also included healthy living and hygiene information, personal care products (\$1,000) packaged for mums and dads, and educational and craft resources (\$2,000) bought to support children out of school.
- TEI Discussion – Kempsey Local Priorities
- Enrolled in Certificate IV Aboriginal and/ Torres Strait Islander Primary Health Care (Practice) ongoing.
- COVID19 Training, Infection Control
- Microsoft Teams. Introduction Aboriginal Primary Health Care Conducted Dr Ross Clinics.
- DEX Portal training - ongoing

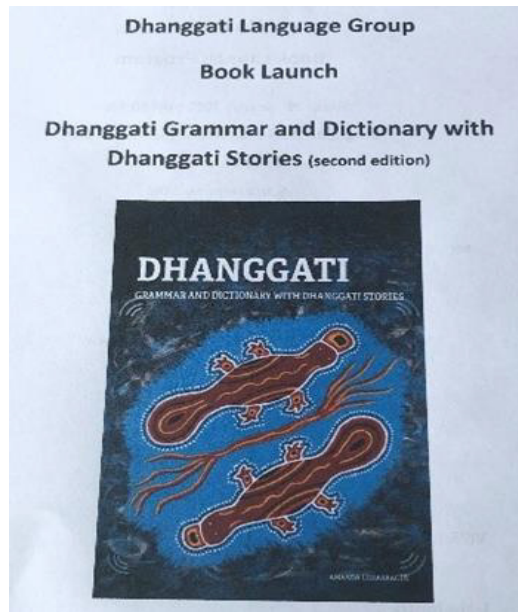
Future Directions

Develop information for Patients about service provided with Durri Logo on it
Ongoing Staff Development and Training; Complete Clinical Competencies (Cert IV ATSI Primary Health Care (Practice) – TAFE NSW, and Complete Diploma in Practice Management / TAFE NSW



Food Packs, Personal Care Packs and Arts & Crafts Packs 2020-2021





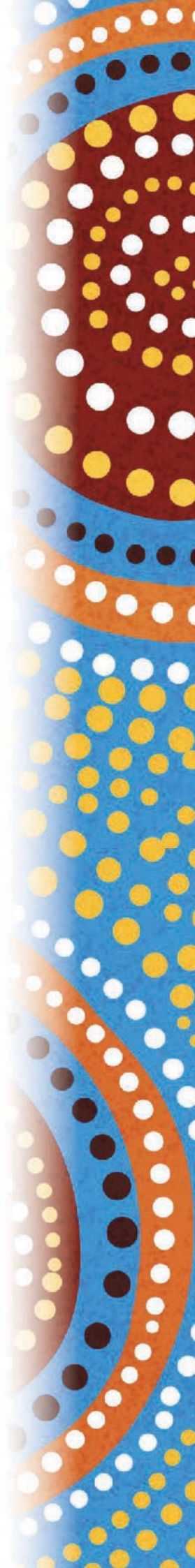
*Dhanggati Grammar/Dictionary
Launch*



*Certificate IV in
Primary Health
Care*



Team Durri ACMS - Elder's Olympics 2021 Nambucca Heads



NDIS COMMUNITY CONNECTOR



Tahlia Duroux-Lancaster
NDIS Coordinator

Aim of program:

The aim of the NDIS Community Connector program is to provide assertive outreach to Aboriginal and Torres Strait Islander people in a culturally sensitive manner to break down the barriers to accessing the NDIS and to develop trust and rapport within the community. The NDIS Community Connector assists with linking participants with partners in the community and other resources and online platforms.

Achievements of program during this financial year include:

- Connecting patients of Durri ACMS with NDIS funding has been achieved by working with other staff at Durri ACMS and other organisations in the community. Relationships have been formed with Northcott, Blue Sky, Kinchela Boys Home, Annecto and Mission Australia.
- Providing a referral mechanism within Durri ACMS that can be accessed 5 days a week.
- The Community Connector also assisted with organising the BreastScreen Van day at Durri ACMS in April 2021. The day was a success as there were 22 ladies that were seen throughout the day.

Challenges to provision of Program/Service include:

The COVID-19 pandemic has meant that restrictions have not allowed for events to go ahead or for much community engagement outside of Durri ACMS. There were plans at the start of 2021 for a partnership program to commence with Northcott Kempsey. The program would provide an opportunity to engage with our remote communities of Willawarrin and Bellbrook. This would include a morning tea with information shared on the NDIS and assistance with processing any forms or appointments.

Future Directions

Participate in more community events to increase awareness of the NDIS, including the opportunity to provide NDIS education and build trust with the community.

To commence Durri's partnership and program with Northcott Kempsey in the Willawarrin and Bellbrook communities, and other remote communities with the continuation of funding being provided.

SUICIDE PREVENTION TEAM



Maurice Kelly

Suicide Prevention Officer, Kempsey



Terri Jarrett

Suicide Prevention Officer, Nambucca


To me the biggest achievement is seeing my patients who at the time they meet me can be in one of the biggest struggles of their lives the struggle to “stay alive” come to a stage where they, step by step feel like life is worth living and they can see a future.

Aim of program:

The aim of the program is to provide suicide prevention and education for youth aged 14-24 years within Nambucca Valley and Macleay Valley. To build resilience within community and address concerning rates of suicide by offering culturally appropriate healing and education.

Achievements of program during this financial year include:

- Connecting with community has been the key to being able to run this program successfully. Involvement with the local women’s group Nyambaga Nyambinn who have an aim of being a safe place for our Aboriginal women in community to come and yarn. Building relationships with local service providers including Bools Clontarf, etc. have started to occur.
- Presented at the following suicide prevention events:
 - a. Nambucca Valley department of education’s “Connecting to Country” - a yearly event held for Aboriginal and Torres Strait Islander staff from throughout Nambucca Valley and surrounding areas. With the opportunity to speak with staff regarding how best to support our children when they are struggling with suicide ideation.
 - b. Macksville hospital “Healthy on track” initiative, this was attended by local community and was a great opportunity for all to discuss how we best support our children and young adults who are struggling with suicide ideation, or have non-fatal suicide behaviour, and how to support families who have been impacted by a family member or friend who died by suicide.
- Conducted a joint community suicide prevention training with Wesley Life



force and Jaanyмили Bawrrungga on 12/2/2021. This trained 18 community people to begin to understand how to speak to friends, family, community in SAFE talk suicide prevention.

- Attendance at various meetings pertaining and relevant to suicide prevention and education such as You Week Planning, Youth Aftercare Pilot Committee, NAIDOC, etc.
- Entering of an agreement with the Kempsey Neighbourhood Centre to utilize SKNIP at South Kempsey as a safe space for youth.
- Helping to support internal areas with staff shortages due to the COVID-19 pandemic.

Training:

- Personal Protection Equipment Training attended
- Online Infection Control and COVID-19 training completed
- Red Dust Healing – Train the Trainer
- Durri Mandatory Child Protection Training
- safeTALK training in suicide alertness ½ day training and ‘What do I say, what do I do?’ ½ day training attended. Purpose of training is to increase understanding of suicide bereavement and learn basic support skills.

Future Directions

As this program is a pilot program over 2 years, it would be a great opportunity for the organisation and the community we service if it was able to continue being funded as unfortunately staff were not able to be as proactive in their role as they would normally be due to Public Health Orders and COVID-19 restrictions.

WOMEN'S HEALTH



Catherine Turnbull
Women's Health Nurse

Aim of program:

To Improve Cervical screening rates and Mammogram rates in Aboriginal and Torres Strait Islander women.

To assist Doctors with women's health procedures e.g., IUD insertions Postnatal checks, contraception advise, and STI checks.

Achievements of program during this financial year include:

- BreastScreen April 2021 - The BreastScreen Bus was on site at Durri AMS. Louise Jeffs was invited from the Cancer Council to promote Bowel Screening.
- 22 women screened with 8 fail to attend (FTA)
- 1 of the FTA was recruited to BreastScreen PMQ as part of MNCLHD CTG funded Pamper Day. A big thank you to Tahlia for her wonderful administration work with this program
- Cervical Screening Tests (Pap Smears) 1/7/2020-30/6/2021 Routine protocol for CSTs is now 5yearly.

CSTs	>4yrs since CST	Intermediate risk Repeat CST 12 in months	High Risk to Gynae	STI checks
27	5	9	3	12

Future Directions

Increase numbers to Clinic through community consultation and Women's Health information days. Attending women's groups as a guest speaker outside of Durri AMS.



Breastscreening Van at Durri

VISITING ALLIED HEALTH PROVIDERS

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

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

These services are as follows:

Exercise Physiology | Jade Fraser (Durri) and Kyle Maloney (Darrimba)

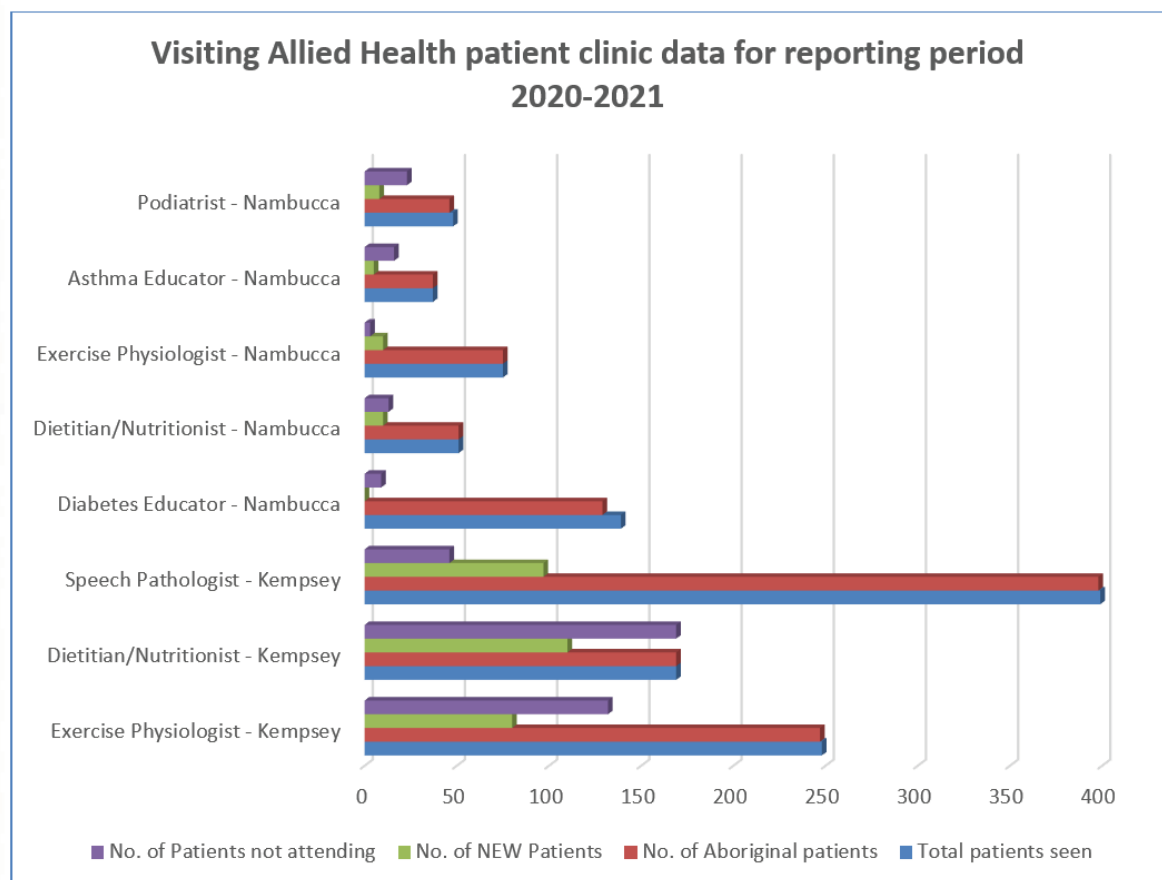
Asthma Educator | Kyle Maloney (Darrimba)

Dietitian | Sarah Greenwood (Durri) and Alison Redman (Darrimba)

Speech Pathologist | Angela Stringer (Durri)

Podiatry | Macksville Local Health District (Darrimba)

Visiting Allied Health Provider clinic attendance data for reporting period:



CORPORATE SERVICE

Corporate Services Team

Health Promotion

Dunghutti-Ngaku Aboriginal Art Gallery



CORPORATE SERVICES TEAM



Paul Morris
Acting Chief
Operations Officer



Kayla Bennett
Operations Officer



Gareth Davies
Finance Officer



Natalie Pearson
Finance
Administration Officer



Mary Edwards
Human Resource
Admin Officer

Photo unavailable for **Shane Holten** (Maintenance Officer) and **Samtara Ryder** (Health Promotions Coordinator)

Aim:

To provide support, assistance, and financial guidance to the organisation for ongoing service provision.

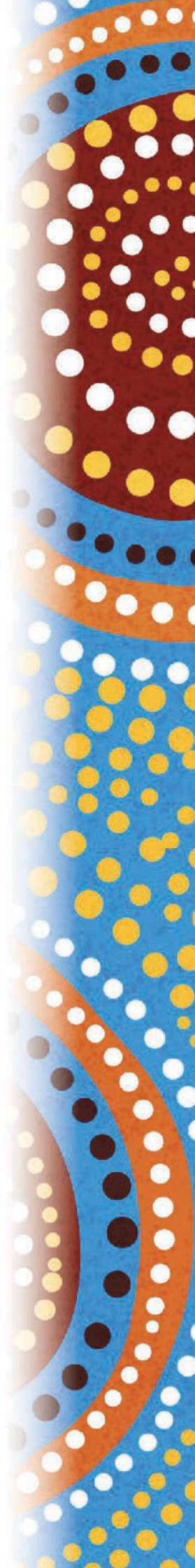
Achievements of program during this financial year include:

- Updated Durri Central and in the process of releasing the new SharePoint application to staff
- Reviewed all staff training and certification to ensure compliance
- Continuity of service provision to the organisation and staff during flood and pandemic
- Continuation of recruitment processes, where possible, during the pandemic
- Review of recruitment processes
- Reviewing of organizational assets and implementing plan of action
- Working closely with the Chief Executive Officer and Managers for capital works and other projects

- Challenges to provision of Program/Service include:
- The increased volume of work generated by the expansion of health services and employee numbers.

Future Directions:

- Employ a Senior Finance Officer, Trainee Human Resource Administration Officer, and Trainee Finance Administration Officer
- Review of procurement processes
- Review of Financial and Human Resource Policies and Procedures



HEALTH PROMOTION

Aim of program:

Identify priority health and wellbeing issues within the community serviced by Durri ACMS.

To work collaboratively with Durri ACMS and the MNCLHD HP Units to develop effective health promotion interventions and capacity building strategies, that address priority health and wellbeing issues, with focus on reducing health inequities.

Achievements of program during this financial year include:

- Durri ACMS Health Promotion Plan endorsed by CEO (22nd Feb 2021), this provides a framework for Health Promotion and Durri organisation to direct our health promotion initiatives.
- Dalaigur ECEC Fruit & Vegetable Pilot Program proposal developed and endorsed (29th June 2021), this program funded by the Aboriginal Environment Health Unit, supports the centre in providing a cook onsite and opportunity for Durri ACMS to work collaboratively with the LHD in improving the physical health and health education of our preschoolers.
- Health days / HP events / HP campaigns
- Bowel Screening sessions with Durri clinic staff (16th June 2021) Breast Screening day at Durri (29th April 2021)
- 'Get ya Flu Jab' influenza vaccination campaign 2020 – winners drawn, and prizes distributed (April/May 2021)
- Social media posts via Durri Facebook page for health days and event
- Challenges to provision of Program/Service include:
- No acting-Health Promotion Coordinator from 1st July 2020 – 5th February 2021.
- Health promotion officer works only 2 days per week, separate from clinic & programs.

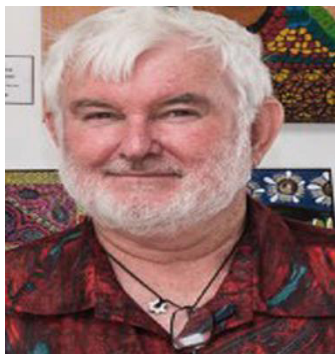
Future Directions

- Roll out of Dalaigur ECE Fruit & Vegetable Pilot Program
- Recruit health promotion AHW
- Engage local University Nutrition & Dietetic students in Durri HP activities
- Publish and distribute quarterly Health Promotion Newsletter
- Continue Durri's social media presence advertising health days and events

*Get ya flu
jab winners*



DUNGHUTTI-NGAKU ABORIGINAL ART GALLERY



Alan Guihot
Gallery Coordinator



Christine Vonk
Gallery Assistant volunteer

Aim of program:

To assist in the cultural development and economic sustainability of the Aboriginal visual arts industry for the Dunghutti-Ngaku and other Aboriginal artists residing on the Mid North Coast of NSW through a strong, culturally sensitive, and innovative Gallery.

To provide a service to local Aboriginal artists, giving them a venue to display and market their artmaking practice.

To act as an educational resource for both adults and for students from local schools.

Achievements of program during this financial year include:

- DNAAG artist Gus Kelly was the 2021 winner of the Saltwater Freshwater Art Award. His work is on display in multiple centres, including Boomali Gallery in Sydney.
- A major exhibition of artworks by artists from 3 nations - 'Always Was, Always Will Be' was jointly staged with Armidale Cultural Centre and Keeping Place and Wadjar Gallery at the Yarrowarra Aboriginal Cultural Centre.
- Creation of further resources for use in schools with additional education units being posted on the gallery website. Programs available continue to address Department of Education syllabus content in Visual Arts, History, Photographic and Digital Media, Geography and Languages; providing an Aboriginal perspective based on local history and narratives.



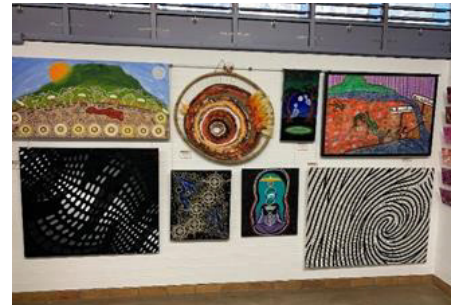
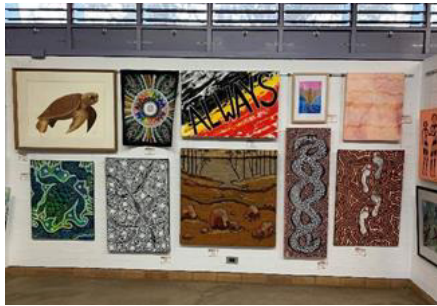
Artworks on display in foyer area, previously occupied by the Kempsey Visitor Information Centre

Challenges to provision of Program/Service include:

- The relocation of the Visitor information centre has resulted in a reduction in foot traffic through the gallery, however it is apparent that those visiting the gallery are 'specific' visitors to view the art.
- Due to Covid-19 the gallery has lost the numbers of international and interstate travellers coming through.
- 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.

Future Directions

The gallery aims to strengthen ties with existing and emerging artists, working to broaden their sales potential through the creation of a range of limited-edition prints and greeting cards based on new and existing works. We will redevelop the DNAAG website with links to a dedicated Facebook and Instagram page.



Images from the 3 Nations – Always Was, Always Will Be exhibition held July 13th-August 28th



DNAAG artist Gus Kelly was the winner of the 2021 Saltwater Freshwater Art Prize.



Secondary School Students engaging with an artmaking workshop.



Local Dunghutti artist Jason Ridgeway with students after a successful cultural workshop



DNAAG artists Tanya Taylor and Mabel Ritchie with banners based on their artworks.

Durri Aboriginal Corporation Medical Service

ABN 52 730 046 875

ICN 27

Financial Report

For the Year Ended 30 June 2021

Durri Aboriginal Corporation Medical Service
Financial Report
For the Year Ended 30 June 2021

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Durri Aboriginal Corporation Medical Service
DIRECTORS' REPORT
For the Year Ended 30 June 2021

Your Directors present their report on Durri Aboriginal Corporation Medical Service (the Corporation) for the financial year ended 30 June 2021.

Directors

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

Katherine Holten
Arthur Kelly
Patricia Ling
Cheryl Davis
Mary-Lou Buck
Sean Phillips
Donald Griffen
Kevin Smith (Appointed 25/11/2020)
Wendy Cowan (Resigned 25/11/2020)

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:

Robert Smith (Appointed 05/02/2021)
Katherine Holten (Appointed 17/04/2020, resigned 05/02/2021)

Operating Results

The profit of the Corporation for the financial year ended 30 June 2021 amounted to \$47,284 . The operating result represented a decrease in operating performance of \$1,022,450 when compared to the profit of \$1,069,734 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 2021

Review of Operations

Total revenue increased by \$467,760 from \$9,366,183 in 2020 to \$9,833,943 for the 2021 financial year. Total expenditure increased by 1,490,210 from \$8,296,449 in 2020 to \$9,786,659 for the 2021 financial year. Included in expenditure of the Corporation during the year ended 30 June 2021 was an amount of \$230,498 (2020: \$435,365) representing a charge to the provisions for unexpended grants.

After Balance Date Events

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

Future Developments

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

Auditor's Independence

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

Environmental Issues

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

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

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 2021**

Meetings of Directors

During the financial year, 24 meetings of Directors (including Finance Committee meetings and General meetings) were held. Attendances by each Director during the year were as follows:

	Board Meetings		Board Workshops		Finance Committee Meetings		General Meetings	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Katherine Holten	16	16	2	2	-	-	2	1
Arthur Kelly	16	11	2	-	-	-	2	2
Patricia Ling	16	10	2	2	-	-	2	1
Cheryl Davis	16	16	2	2	6	5	2	2
Mary-Lou Buck	16	12	2	1	-	-	2	2
Sean Phillips	16	10	2	1	6	6	2	1
Donald Griffen	16	14	2	2	-	-	2	2
Kevin Smith (Appointed 25/11/2020)	9	6	2	2	-	-	1	1
Wendy Cowan (Resigned 25/11/2020)	7	5	-	-	-	-	1	-

Durri Aboriginal Corporation Medical Service
DIRECTORS' REPORT
For the Year Ended 30 June 2021

Information on Current Directors

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 Chairperson

Arthur Kelly

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

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

Special Responsibilities

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. Aboriginal Support Worker, Trainee Drug & Alcohol Worker, Driving Co-ordinator Instructor/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.

**Durri Aboriginal Corporation Medical Service
DIRECTORS' REPORT
For the Year Ended 30 June 2021**

Information on Current Directors (continued)

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

Kevin Smith

Qualifications Bachelor of Business Administration, Diploma of Community Service, Diploma of National Aboriginal & Torres Strait Islander Legal Advocacy and Advanced Certificate in Building Supervision

Experience Aboriginal Field Officer - Aboriginal Legal Service (NSW/ACT) Limited, Career Recruitment Officer - Aboriginal Employment Strategy Ltd, Aboriginal Community Liaison Officer - NSW Police Force

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



Acting Chairperson:

Kevin Smith

Dated: 24 November 2021

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 2021 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

10-12 Short Street
PORT MACQUARIE
NSW 2444

Dated: 24 November 2021

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 2021 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:



Acting Chairperson:

Kevin Smith

Dated: 24 November 2021

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 2021, the Statement of Comprehensive Income, Statement of Changes in Equity, Statement of Cash Flows, and the Income and Expenditure Statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information, and the Directors' Declaration.

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

- (a) so as to give a true and fair view of the Corporation's financial position as at 30 June 2021 and of its performance for the year ended on that date;
- (b) in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006, and the Rules of the Corporation;
- (c) in compliance with the Corporations (Aboriginal and Torres Strait Islander) Regulations 2007; and
- (d) in compliance with Australian Accounting Standards - 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 2021, 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.

PARTNERS

Robert Magnussen B Bus FCA
Paul Fahey B Bus CA
Rodney Smith B Fin Admin FCA
Bart Lawler B Com CA
Patrick Brennan B Com CA
Alison McKinnon B Bus CA

INDEPENDENT AUDITOR'S REPORT

To the Members of Durri Aboriginal Corporation Medical Service

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

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

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

NORTHCORP ACCOUNTANTS



Robert Magnussen
Partner
Registered Company Auditor

Dated: 24 November 2021

10-12 Short Street
PORT MACQUARIE NSW 2444



Durri Aboriginal Corporation Medical Service
STATEMENT OF COMPREHENSIVE INCOME
For the Year Ended 30 June 2021

	2021	2020
Note	\$	\$
Revenue	2(a) 9,812,403	9,336,467
Other income	2(b) 21,540	29,716
	9,833,943	9,366,183
Contractors and consultancy	(1,490,912)	(1,301,431)
Depreciation and amortisation expense	3(a) (314,309)	(177,712)
Employee benefits expense	(5,338,524)	(4,742,114)
Expendable equipment and supplies	(110,884)	(10,979)
Insurance expenses	(150,310)	(128,542)
Motor vehicle expenses	(117,187)	(107,153)
Office, legal and administration expenses	(381,038)	(193,250)
Program, training, development and medical expenses	(1,065,038)	(716,994)
Repairs, maintenance and utility expenses	(423,401)	(294,019)
Unexpended grants provided	(230,498)	(435,365)
Other expenses	(164,558)	(188,890)
	(9,786,659)	(8,296,449)
Profit/(loss) before income tax	47,284	1,069,734
Income tax expense	1(b) -	-
Profit/(loss) for the year	47,284	1,069,734
Other comprehensive income/(loss) for the year		
Revaluation gain/(loss) on land and buildings	1,972,379	-
Total other comprehensive income for the year	1,972,379	-
Total comprehensive income for the year	2,019,663	1,069,734
Profit/(loss) attributable to members of the Corporation	47,284	1,069,734
Total comprehensive income attributable to members of the Corporation	2,019,663	1,069,734

Durri Aboriginal Corporation Medical Service
STATEMENT OF FINANCIAL POSITION
As at 30 June 2021

	Note	2021 \$	2020 \$
ASSETS			
Current assets			
Cash and cash equivalents	4	3,619,526	3,692,904
Trade and other receivables	5	2,526,542	2,515,788
Other financial assets	6	4,237,182	4,212,796
Other assets	7	253,038	125,573
Total current assets		10,636,288	10,547,061
Non-current assets			
Property, plant and equipment	8	6,875,818	4,523,369
Right of use assets	9	167,650	-
Total non-current assets		7,043,468	4,523,369
TOTAL ASSETS		17,679,756	15,070,430
LIABILITIES			
Current liabilities			
Lease liabilities	10	151,759	-
Trade and other payables	11	375,679	293,161
Other liabilities	12	2,254,745	2,049,387
Provisions	13	511,665	351,079
Total current liabilities		3,293,848	2,693,627
Non-current liabilities			
Lease liabilities	10	18,238	-
Provisions	13	27,684	56,480
Total non-current liabilities		45,922	56,480
TOTAL LIABILITIES		3,339,770	2,750,107
NET ASSETS		14,339,986	12,320,323
EQUITY			
Reserves	16	3,404,172	1,431,793
Retained earnings		10,935,814	10,888,530
TOTAL EQUITY		14,339,986	12,320,323

Durri Aboriginal Corporation Medical Service
STATEMENT OF CHANGES IN EQUITY
For the Year Ended 30 June 2021

2021

	Retained Earnings	Asset Revaluation Reserve	Total
	\$	\$	\$
Balance at 1 July 2020	10,888,530	1,431,793	12,320,323
Profit/(loss) attributable to members of the Corporation	47,284	-	47,284
Other comprehensive income/(loss) for the year	-	1,972,379	1,972,379
Total comprehensive income for the year	47,284	1,972,379	2,019,663
Balance at 30 June 2021	10,935,814	3,404,172	14,339,986

2020

	Retained Earnings	Asset Revaluation Reserve	Total
	\$	\$	\$
Balance at 1 July 2019	9,818,796	1,431,793	11,250,589
Profit/(loss) attributable to members of the Corporation	1,069,734	-	1,069,734
Other comprehensive income/(loss) for the year	-	-	-
Total comprehensive income for the year	1,069,734	-	1,069,734
Balance at 30 June 2020	10,888,530	1,431,793	12,320,323

Durri Aboriginal Corporation Medical Service
STATEMENT OF CASH FLOWS
For the Year Ended 30 June 2021

	Note	2021 \$	2020 \$
Cash flows from operating activities:			
Receipts from customers		10,803,338	10,421,800
Payments to suppliers and employees		(10,201,674)	(9,142,125)
Interest received		26,310	133,777
Finance costs		(6,474)	-
Net cash provided by (used in) operating activities		621,500	1,413,452
Cash flows from investing activities:			
Proceeds from sale of property, plant and equipment		256,151	115,545
Acquisition of property, plant and equipment		(796,800)	(197,488)
Funds contributed to Department of Health for capital works project		-	(2,500,000)
Proceeds from / (purchase of) other financial assets		(24,386)	1,272,229
Net cash provided by (used in) investing activities		(565,035)	(1,309,714)
Cash flows from financing activities:			
Repayment of lease liabilities		(129,843)	-
Net cash provided by (used in) financing activities		(129,843)	-
Net increase (decrease) in cash and cash equivalents		(73,378)	103,738
Cash and cash equivalents at beginning of financial year		3,692,904	3,589,166
Cash and cash equivalents at end of financial year	4	3,619,526	3,692,904

Durri Aboriginal Corporation Medical Service
INCOME AND EXPENDITURE STATEMENT
For the Year Ended 30 June 2021

	Note	2021 \$	2020 \$
INCOME			
Grants - Commonwealth Government		5,927,573	5,603,767
Grants - NSW Government		1,596,851	1,328,073
Grants - Other		544,427	646,039
Gain on sale of property, plant and equipment	2(b)	21,540	29,716
Interest received		24,739	106,448
Medicare income		1,251,487	1,102,804
Practice incentive payments		69,142	128,889
Sundry income		84,395	78,158
Wage and expense contributions - external		157,075	34,959
ATO Cash Flow Boost		37,500	62,500
Workers compensation refunds		119,214	244,830
	2	9,833,943	9,366,183
EXPENDITURE			
Advertising and promotion		80,258	71,413
Auditor's remuneration			
- Auditing the financial report		54,500	53,500
Bank charges		2,431	1,919
Cleaning and pest control		121,009	109,167
Contractors and consultancy		1,490,912	1,301,431
Dental supplies		25,564	21,450
Depreciation and amortisation	3(a)	314,309	177,712
Directors' meetings		58,446	34,168
Electricity, gas and water		45,358	45,627
Employee benefits expenses			
- Annual leave		444,332	413,295
- Employee assistance and wellbeing		13,484	6,705
- Fringe benefits tax expense		25,111	29,760
- Long service leave		21,576	29,292
- Sick leave		155,124	134,815
- Superannuation contributions		428,762	374,187
- Wages		4,250,135	3,754,060
Expendable equipment		110,884	10,979
Insurance		68,726	61,216
Interest	3(a)	6,474	-

Durri Aboriginal Corporation Medical Service
INCOME AND EXPENDITURE STATEMENT
For the Year Ended 30 June 2021

	Note	2021 \$	2020 \$
EXPENDITURE (continued)			
Legal costs		79,196	25,237
Medical supplies		145,215	112,661
Motor vehicle expenses		117,187	107,153
Postage and freight		11,828	9,418
Printing, stationery and computer expenses		217,640	109,088
Program expenses		846,524	550,370
Rates		20,143	20,876
Recruitment expenses		33,594	34,079
Repairs and maintenance		82,206	43,448
Security costs		8,822	5,862
Staff amenities and meetings		13,684	7,645
Subscriptions and memberships		6,679	11,515
Telephone		145,863	69,039
Training and development		18,028	10,872
Travel expenses		9,748	45,250
Uniforms		825	549
Unexpended grants		230,498	435,365
Workers compensation insurance		81,584	67,326
		9,786,659	8,296,449
Profit/(loss) for the year		47,284	1,069,734

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2021

Note 1 Summary of Significant Accounting Policies

Basis of Preparation

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

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - 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 24 November 2021 by the Directors of the Corporation.

Accounting Policies

(a) Revenue

Revenue recognition

Contributed Assets

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

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

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

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2021

Note 1 Summary of Significant Accounting Policies (continued)

(a) Revenue (Continued)

Operating Grants

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

When both these conditions are satisfied, the Corporation:

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

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

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

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

Capital Grants

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

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

Interest Income

Interest income is recognised using the effective interest method.

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

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2021

Note 1 Summary of Significant Accounting Policies (continued)

(b) Income Tax

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

(c) Financial Instruments

Initial Recognition and Measurement

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

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

Trade receivables are initially measured at the transaction price.

Classification and Subsequent Measurement

Financial liabilities

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

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

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

Financial assets

Financial assets are subsequently measured at amortised cost.

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2021

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.

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2021

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.

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.

(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 2021

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, accumulated depreciation and any impairment losses.

Freehold property

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

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

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

Plant and equipment

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

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

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

Depreciation

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

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

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2021

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

(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 2021

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

The Corporation as Lessee

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

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

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

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

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

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

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2021

Note 1 Summary of Significant Accounting Policies (continued)

(m) Goods and Services Tax (GST)

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

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

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

(n) Comparative Figures

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

(o) Critical Accounting Estimates and Judgements

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

Key estimates - impairment

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

(p) New and Amended Accounting Policies not yet Adopted by the Corporation

AASB 1060: General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities

The AASB has issued AASB 1060: *General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities*. AASB 1060 defines the disclosure requirements for Tier 2 general purpose financial statements, as defined by Australian Accounting Standards, and serves as a replacement for the existing Reduced Disclosure Regime. The Corporation does not anticipate material changes to its financial statements upon adoption of AASB 1060.

AASB 1060 may be early-adopted. However, this Standard is not mandatory for the Corporation's 30 June 2022 financial year end.

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2021

Note 2 Revenue and Other Income	2021	2020
	\$	\$
(a) Revenue		
Grant Revenue		
Aboriginal Health and Medical Research	14,996	45,288
Aboriginal Child, Family and Community Care State Secretariat	-	15,000
Australian Healthcare Associates	36,071	38,121
Department of Infrastructure, Transport, Regional Development and Communications	180,000	140,000
Department of Family and Community Services	77,851	71,073
Department of Health	5,180,147	4,783,202
Healthy North Coast Ltd	439,876	474,248
Mid North Coast Local Health District	68,480	118,670
National Aboriginal Community Controlled Health Organisation	100,707	160,000
National Indigenous Australians Agency	92,369	-
NSW Ministry of Health	1,519,000	1,257,000
NSW Rural Doctors Network	359,354	475,277
	8,068,851	7,577,879
Other Revenue		
Interest received	24,739	106,448
Medicare income	1,251,487	1,102,804
Other revenue	84,395	78,158
Practice incentive payments	69,142	128,889
Wage and expenses contributions - external	157,075	34,959
ATO Cash Flow Boost	37,500	62,500
Workers compensation refunds	119,214	244,830
	1,743,552	1,758,588
Total Revenue	9,812,403	9,336,467
(b) Other Income		
Gain on sale of property, plant and equipment	21,540	29,716
Total Revenue and Other Income	9,833,943	9,366,183

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2021

Note 3 Profit/(Loss) for the Year

	Note	2021	2020
		\$	\$
(a) Expenses			
Profit/(loss) before income tax includes the following specific expenses:			
Depreciation and Amortisation			
Buildings	8(b)	87,995	87,995
Plant and equipment	8(b)	94,124	89,717
Right-of-use assets	9(a)	132,190	-
Total Depreciation and Amortisation		314,309	177,712
Finance Costs			
Interest on lease liabilities	9(c)	6,474	-

Note 4 Cash and Cash Equivalents

Cash on Hand		2,431	3,245
Cash at Bank			
Cash Management Account		2,912,978	755,296
Operating Bank Accounts		704,117	2,934,363
		3,619,526	3,692,904

Reconciliation of Cash

Cash at the end of the financial year as shown in the Statement of Cash Flows is reconciled to items in the Statement of Financial Position as follows:

Cash and cash equivalents		3,619,526	3,692,904
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Note 5 Trade and Other Receivables

Current

Trade receivables		19,730	13,597
Provision for impairment		-	-
		19,730	13,597
Funds contributed to Department of Health for capital works project		2,500,000	2,500,000
Other receivables		620	2,191
Amounts receivable from related party	18	6,192	-
		2,526,542	2,515,788

Note 6 Other Financial Assets

Current

Financial assets at amortised cost	6(a)	4,237,182	4,212,796
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(a) Financial assets at amortised cost comprise:

Term Deposits		4,237,182	4,212,796
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Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2021

Note 7 Other Assets	2021	2020
	\$	\$
Current		
Prepayments	133,843	88,219
Deposits paid	39,775	200
GST receivable	79,420	37,154
	<u>253,038</u>	<u>125,573</u>

Note 8 Property, Plant and Equipment

Land and buildings

Freehold land

Land at independent valuation - 2017	-	765,000
Land at independent valuation - 2021	1,135,000	-
Total freehold land at valuation	<u>1,135,000</u>	<u>765,000</u>

Buildings and freehold improvements

Buildings at cost	475,292	52,687
Buildings at independent valuation - 2017	-	3,214,600
Buildings at independent valuation - 2021	4,465,000	-
Less accumulated depreciation	-	(263,984)

Total buildings and freehold improvements	<u>4,940,292</u>	<u>3,003,303</u>
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Total land and buildings	<u>6,075,292</u>	<u>3,768,303</u>
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Plant and equipment

Plant and equipment at cost	1,249,392	1,228,774
Less accumulated depreciation	(448,866)	(473,708)

Total plant and equipment	<u>800,526</u>	<u>755,066</u>
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Total property, plant and equipment	<u>6,875,818</u>	<u>4,523,369</u>
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(a) Valuation of Land and Buildings

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

(b) Movements in Carrying Amounts

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

	Land	Buildings	Plant and Equipment	Total
	\$	\$	\$	\$
Opening Balance at 1 July 2020	765,000	3,003,303	755,066	4,523,369
Additions	-	424,305	372,495	796,800
Disposals	-	(1,700)	(232,911)	(234,611)
Depreciation expense		(87,995)	(94,124)	(182,119)
Revaluation gain/(loss)	370,000	1,602,379	-	1,972,379
Closing Balance at 30 June 2021	<u>1,135,000</u>	<u>4,940,292</u>	<u>800,526</u>	<u>6,875,818</u>

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2021

Note 9 Right of Use Assets

Non-Current	Note	2021	2020
		\$	\$
Leased buildings		299,840	-
Accumulated amortisation		<u>(132,190)</u>	-
		<u>167,650</u>	-
		Leased	
		Buildings	Total
		\$	\$
(a) Movement in carrying amounts		-	-
Opening Balance at 1 July 2020		299,840	299,840
Additions to right-of-use assets		(132,190)	(132,190)
Amortisation charge	9(c)	<u>167,650</u>	<u>167,650</u>
Closing Balance at 30 June 2021		<u>167,650</u>	<u>167,650</u>

(b) Terms and conditions of leases

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

(c) Amounts recognised in the statement of comprehensive income

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

	2021	2020
	\$	\$
Interest expense on lease liabilities	(6,474)	-
Amortisation of right-of-use assets	<u>(132,190)</u>	-
	<u>(138,664)</u>	-

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2021

Note 10 Lease Liabilities

	Note	2021 \$	2020 \$
Current			
Lease liabilities		<u>151,759</u>	-
Non-Current			
Lease liabilities		<u>18,238</u>	-
Total lease liabilities		<u>169,997</u>	-

Note 11 Trade and Other Payables

Current			
Unsecured liabilities			
Trade and other payables		<u>375,679</u>	293,161

Note 12 Other Liabilities

Current			
Unexpended grants	12(a)	<u>2,254,745</u>	2,049,387

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2021

Note 12 Other Liabilities (cont.)

(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	2021	2020
		\$	\$
Aboriginal Child, Family and Community Care State Secretariat	COVID-19 Support	468	15,000
Aboriginal Health and Medical Research	COVID-19 Support	-	12,011
Aboriginal Health and Medical Research	Nicotine Replacement Therapy	14,996	-
Department of Communities and Justice	Kempsey Youth	276	276
Department of Health	Air Conditioning Replacement	1,373	1,373
Department of Health	ANFPP	921,984	629,728
Department of Health	Bowraville Capital Works	-	25,141
Department of Health	Indigenous Australians Health Program	70	70
Department of Health	Kempsey Capital Upgrade	638,031	775,315
Department of Infrastructure, Transport, Regional Development and Communications	COVID-19 Artist Support	96,026	40,000
Department of Infrastructure, Transport, Regional Development and Communications	DNAAG	-	1,341
Mid North Coast Local Health District	Drug and Alcohol	1,046	1,046
National Aboriginal Community Controlled Health Organisation	Bushfire Relief-Mental Health	29,000	50,000
National Aboriginal Community Controlled Health Organisation	COVID-19 Support	-	110,000
National Aboriginal Community Controlled Health Organisation	National Community Connector Program	325	-
National Indigenous Australians Agency	Safety Summit	92,369	-
NSW Ministry of Health	Bellbrook Bushfire Recovery	150,000	-
NSW Ministry of Health	Chronic/Complex Conditions	21,755	36,111
NSW Ministry of Health	Drug and Alcohol	54,256	49,582
NSW Ministry of Health	Health Promotion	-	114,788
NSW Ministry of Health	Maternal Health	95	95
NSW Ministry of Health	Suicide Prevention	64,913	-
NSW Rural Doctors Network	HEBHBL	10,860	12,871
NSW Rural Doctors Network	MOICDP	44,021	61,758
Primary Health Network	Integrated Team Care	103,002	103,002
The Benevolent Society	Communities Program	9,879	9,879
		2,254,745	2,049,387

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2021

Note 13 Provisions	Employee Benefits	Total
	\$	\$
Opening Balance at 1 July 2020	407,559	407,559
Additional provisions	591,398	591,398
Amounts used	(459,608)	(459,608)
Closing Balance at 30 June 2021	539,349	539,349

Analysis of Total Provisions

Employee Benefits	2021	2020
	\$	\$
Current	511,665	351,079
Non-current	27,684	56,480
	539,349	407,559

Provision for Employee Benefits

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

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

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

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

Note 14 Capital Commitments

Capital expenditure commitments contracted for:
 Leasehold improvements

626,350	-
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Payable:
 - Not later than 1 year

626,350	-
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Note 15 Events After the Reporting Period

Other than the following, the Directors are not aware of any significant events since the end of the reporting date.

On 23 July 2021, the Corporation purchased land located at 27-29 Elbow Street, West Kempsey for \$60,000. The Corporation plans to construct a purpose built medical centre, inclusive of administration offices, on the acquired land.

Durri Aboriginal Corporation Medical Service
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended 30 June 2021

Note 16 Reserves

(a) Asset Revaluation Reserve

The asset revaluation reserve records revaluations of land and buildings.

Note 17 Key Management Personnel Compensation

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

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

	2021	2020
	\$	\$
Short-term employee benefits	253,953	438,691
Post-employment benefits	20,877	32,347
Other long-term benefits	-	-
Termination benefits	-	-
	274,830	471,038

Note 18 Related Party Transactions

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

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

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

Note 19 Financial Risk Management

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

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	2021	2020
		\$	\$
Financial Assets			
Financial assets at amortised cost:			
Cash and cash equivalents	4	3,619,526	3,692,904
Trade and other receivables	5	2,526,542	2,515,788
Term deposits	6	4,237,182	4,212,796
Total Financial Assets		10,383,250	10,421,488
Financial Liabilities			
Financial liabilities at amortised cost:			
Lease liabilities	10	169,997	-
Trade and other payables	11	375,679	293,161
Total Financial Liabilities		545,676	293,161

Durri Aboriginal Corporation Medical Service
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Note 19 Financial Risk Management (continued)

(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.

Note 20 Fair Value Measurement

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

	Note	2021 \$	2020 \$
Recurring fair value measurements			
Non-financial assets:			
Property, plant and equipment			
Freehold land	8, 20(a)	1,135,000	765,000
Freehold buildings	8, 20(a)	4,940,292	3,003,303
		<u>6,075,292</u>	<u>3,768,303</u>

(a) Valuation Techniques

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

Note 21 Economic Dependency

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

Note 22 Corporation Details

Registered Office

The registered office of the Corporation is:

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



Durri

Aboriginal Corporation Medical Service

ICN 27

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