



WURLI-WURLINJANG HEALTH SERVICE

ANNUAL REPORT 2021/2022



In acknowledgement to Wurli's longest serving Director, after 14 consecutive years Noel resigned from our Board in December 2021. It is understood that he has sat on our Board on and off since its inception. We thank you for your dedication and commitment to Wurli Mr Noel McDonald Snr.

WURLI-WURLINJANG HEALTH SERVICE

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OPERATING LOCATIONS

25 Third Street, Katherine:

Main Clinic, StrongBala Men's Clinic, Dental Health, Corporate & Administrative services, Assets & Infrastructure, Human Resources, Learning & Development and Vaccination Clinic

21 Third Street, Katherine:

Women & Children's Health Clinic and Wurli-Wurlinjang Family Partnership Program

6 Kintore Street, Katherine:

Gudbinji Chronic Conditions Clinic

9 Second Street, Katherine:

StrongBala Justice Program, Alcohol & Other Drugs, Social & Emotional Wellbeing and Mental Health, Katherine Individual Support Program, Strong Indigenous Families Program and Connecting Pathways Program

46 Chardon Street, Katherine:

Syphilis Enhanced Response Program, Tackling Indigenous Smoking Program and Health Promotions

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PLEASE NOTE

Aboriginal and Torres Strait Islander people should be aware that this report may contain images or names of deceased persons.

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CONTENTS

Message from the Chairperson	4
Message from the CEO	6
1. INTRODUCTION	8
1.1 Organisation Overview.....	9
1.2 Governance.....	10
1.3 Vision and Values.....	11
1.4 Quality Statement.....	11
2. SERVICE DELIVERY	12
2.1 Out and About with Wurli.....	13
2.2 Guidance of Service Delivery.....	15
2.3 Clinical Services	16
2.3.1 Primary Health Care Leadership Team Report.....	16
2.3.2 Main Clinic Report.....	20
2.3.3 Women's and Children's Clinic Report.....	23
2.3.4 Gudbinji Chronic Conditions Clinic Report.....	25
2.3.5 Wurli Wurlinjang Family Partnership Program Report.....	27
2.3.6 Syphillis Enhanced Response Program Report.....	28
2.3.7 Binjari Health Centre, Outreach and After Hours Report.....	29
2.3.8 Wurli Dental Care Report.....	31
2.3.9 The Impact of COVID-19.....	33
2.4 Community Services	36
2.4.1 Social and Emotional Wellbeing and Mental Health Report.....	36
2.4.2 Katherine Individual Support Program Report.....	38
2.4.3 StrongBala Justice Support Program Report.....	39
2.4.4 Alcohol and Other Drugs Program Report.....	41
2.4.5 Strong Indigenous Families Program Report.....	43
2.4.6 Connecting Pathways Program Report.....	44
2.5 Corporate Services	46
2.5.1 Corporate Services including Human Resources and Learning & Development Report.....	46
2.5.2 Infrastructure, Assets, IT, WHS and Security Report.....	51
2.5.3 Grants and Contracts Report.....	52
3. FINANCIAL REPORT	54



Message from the Chairperson

Madam Chair, May Rosas

2021-2022 was unlike any year we've experienced before, and we are well aware we are not out of the woods yet with COVID-19 continuing to impact on how we provide services. Our Board are very grateful to all Wurli-Wurlinjang management and staff who did their bit to help get us through the difficult times.

At our AGM in December 2021, we welcomed new Directors onto the Board, some brand new and some who had previously sat on the Board. I would like to personally welcome our new Directors and say thank you to all the outgoing Directors for the many years that you committed to this organisation and all that you contributed.

This world-wide pandemic hit our communities hard in November 2021 when positive cases quickly spread in Katherine and into our communities. Our former CEO worked tirelessly with the management team, staff members, the Katherine Region Medical Group, Chief Ministers Office, AMSANT and community members to keep our mob informed and resourced whilst either being taken to the Centre for National Resilience in Howard Springs or while their communities were locked down. This was a trying time for everyone involved as this is something we have never lived through before. Although our people are the most vulnerable in the Country, we were fortunate not

to have had substantially high numbers of deaths. We send our sincere condolences to families who lost loved ones in this pandemic.

The Board would like to acknowledge all staff members for their continued efforts and for keeping our services running during the trying times through-out 2021-2022. It was vital for our services to continue being delivered so the healthcare could still be received, even if services had to be switched around or reduced in order to do so.

On behalf of all our Directors past and present, we would also like to acknowledge and thank Suzi Berto, our former CEO, for all the years and service she invested into Wurli, and we wish her all the very best in her future endeavours. In December 2021, at our Board of Directors meeting, our Board endorsed the appointment of the new CEO, Peter Gazey who later commenced in early 2022.



Board members with Suzi Berto at her last Board Meeting in December 2021.

In 2022, the Board of Directors endorsed our new 2022-2026 Strategic Plan which details how we will strive to achieve our seven new Priorities. A new Priority was added; “Strong Governance” and one step towards working on this priority is new Governance Training which was endorsed and will be arranged for our Directors in the new Financial Year. We all look forward to this training.

Alongside the Priorities identified in our Strategic Plan, our focus for our Board moving forward is:

- Ongoing recruitment of local Indigenous people
- Improving career pathways for our local Indigenous people
- Increasing health promotion in our Aboriginal living areas
- Working and living with COVID-19
- Developing a sustainable local Indigenous Management and Leadership Framework
- Strengthen governance through training
- Establishing a cost efficient and sustainable economic health care model

“On behalf of all our Directors past and present, we would also like to acknowledge and thank Suzi Berto, our former CEO, for all the years and service she invested into Wurli, and we wish her all the very best in her future endeavours.”

It is wonderful to see that our organisation is continuing to grow and systems are in place to look after our staff members. As we move into 2022-23, let’s not forget who we are all here for, our clients; our local community members and as our vision says, “To move forward as one, to heal our people and improve our health”.

Keep up the good work!



Message from the CEO

Peter Gazey

I would like to start my first CEO Report for Wurli Wurlinjang by acknowledging the Traditional owners and pay respect to the Elders past, present, and emerging.

The 2021-22 year for Wurli could best be described as a 'year of adjustment and change'. In the 16 years I have been a Wurli team member, I cannot recall a year where a greater number of changes have occurred.

COVID-19 reached our Katherine Community and brought with it many sudden and mandatory modifications. As you read through each of our Program Area reports, you will see the incredible impact COVID-19 had on all aspects of our service delivery. Due to this, it would be an oversight if I did not give a huge Thank You to all our the Wurli staff, Board, clients, and other organisations for all they did during the height of the pandemic. Under challenging circumstances, we have produced some great outcomes for the region.

2021-22 also saw significant change in our strategic direction with the election of our new Wurli Board of Directors occurring in late 2021. We welcomed seven new Directors to the Board while seven of our previous Directors were re-elected. The combination of experienced Directors with new Directors that have fresh ideas has resulted in the development and endorsement of a new 2022-26

Strategic Plan that is both interesting and exciting. We look forward to working towards our new Strategic Priorities. I would like to acknowledge the hard work and dedication the outgoing Directors provided over many years and all the work that was achieved during the previous three years.

In December 2021 and after many years of working for Wurli, Suzi Berto resigned from the position of CEO. The positive position that Wurli is in is a testament to Suzi's hard work and dedication to her role and our organisation. The robust and effective governance structures, systems and planning mechanisms implemented while Suzi was CEO all show Wurli's maturity as an Aboriginal Community Controlled Health Service. I know Suzi left the role before she had completed all that she wanted to achieve; however, those aspirations live on and continue to be the focus for both the Board and I today. An example of this is the endorsement and implementation of Wurli's new Enterprise Agreement which we introduced after over six months of work in March 2022.

Continuing with the theme of change in 2021-22, our Wurli Management Team has also seen

significant transformation during this financial year. Gary Northam, our long-term, experienced Assets and Infrastructure Manager, is the only manager to remain on our Management Team from the previous year. All the other management positions have seen change. Our Community Services Manager position was filled in July 2021 by Natalie Ellis who brought a wealth of local knowledge and community insight to our team. Dr Megan Cope, our Senior Medical Officer, resigned in late 2021 and we were fortunate to recruit Dr Natasha Pavlin who has been living in Katherine for five years and has experience working in the in NGO and Indigenous Health sectors. Our Primary Health Care Operations Manager position changed hands multiple time during the year however the role has since settled with Ronnie Ogilvie, who commenced with Wurli many years ago as an Aboriginal Health Worker Trainee and has since gained the necessary and invaluable on-the-ground experience required to lead our busy teams. The new position of Corporate Services Manager was recruited to, and Mark Uwarow commenced in January. Since commencing, Mark has been able to provide support to other managers as well as the corporate services team in the busy areas of recruitment, retention, and financial management. My promotion to role of CEO did leave the Primary Health Care Systems Manager position vacant. Recruitment to both this Systems Manager role and the Practice Manager (new position) role have been advertised since early 2022 and I am pleased to both roles have been filled in early 2022-23. Together, our new Management Team has hit the ground running and I look forward to reporting on all that is achieved in the next Annual Report.

Wurli's Infrastructure has long been a keen focus, so it is no surprise that in 2021-22 we saw further improvement in this space. Internally we have seen remodelling of areas that were originally designed for one service being renovated to accommodate

different programs. Some buildings have been removed with new structures being built to ensure our facilities stay modern and welcoming. The major achievement for Wurli was the purchase of eleven residential units near our Main Clinic Precinct on Third Street. The purchase of these units allows Wurli to support staff with affordable accommodation which, in turn, further establishes Wurli as an employer of choice in the NT and greatly aids in our ability to recruit and retain staff in our town that has very limited, and often very expensive, rental options. Our infrastructure expansion work further continues with many new infrastructure grant applications developed and submitted. Our PHC Coordination Hub funding application progressed to round two of the Closing the Gap Major Capital Works Grant Round so it is hoped this project will be successful and feature in our next Annual Report.

Despite significant change and transformation through-out 2021-22, Wurli has maintained our Quality Management Systems and our ISO 9001 certification. In late 2021-22, we underwent a surveillance audit which resulted in no non-conformances; zero major or minor non-conformances were found by the auditor. I thank all involved in this process and am very proud that Wurli is functioning at such a high standard.

To wrap up my first Annual Report piece as CEO, I would like to thank ALL the staff for the hard work they provided under difficult conditions over the past year. Nobody has had an easy year but with teamwork, adaptability, laughter, and a few tears we continue to provide a valuable service to Aboriginal people of the Katherine Region and together we continue "to move forward as one, to heal our people and improve our health".



Prisandra Devery and Daniel Rosas at Rockhole to do vaccinations.

SECTION 1 INTRODUCTION



1.1 Organisational Overview

Wurli-Wurlinjang Health Service (Wurli) is an Aboriginal Community Controlled Organisation delivering a growing range of primary health care and community services to Aboriginal and Torres Strait Islander people living in Katherine and within a 40 kilometre radius. Wurli has its origins in the Kalano Health Service which was established in the early 1980s.

Today, Wurli has a combined client population of approximately 5,000 people, delivers just under 43,000 episodes of care annually and employs approximately 110 staff members. Wurli's Clinical Services division employs General Practitioners, Registered Aboriginal Health Practitioners, Registered Nurses, Registered Midwives, a Dentist and other clinical specialists and allied health professionals to deliver holistic and chronic condition care. The clinical division also houses Wurli's Health Promotions Unit.

Wurli's Community Services division delivers mental health, wellbeing, counselling, AOD counselling, support services for those experiencing family violence, support services for men engaged with correctional services, support services for those experiencing homelessness, community engagement and education programs.

To aid in the cultural competence and accessibility of Wurli's services, Wurli provides transportation and community liaison services, offers many programs via an outreach model, operates an after-hours clinic and can arrange for interpretive services.

Wurli has been operating in the Katherine Region for almost 40 years. The organisation's longevity is a result of Wurli's sound organisational reputation with clients and funding providers as well as strong governance, financial, human resource, grant and project management capabilities.

1.2 Governance

As an Aboriginal community-controlled organisation, Wurli is governed by a Board of Directors elected by our 300+ members of the Wurli Wurlinjang Aboriginal Corporation. Our Directors live in Katherine and surrounding community areas. Elections are held every three years. During 2021-2022, our Board of Directors consisted of:

Katherine Township



May Rosas

Chairperson



Douglas Kelly



Marie Dowling



Nathan Rosas

Commenced 22 Dec 2021

Barbara Berto
Ceased 22 Dec 2021

Rockhole Community



Natasha Bronghur



Mariette Gaden

Commenced 22 Dec 2021



Somara Ryan

Commenced 22 Dec 2021



Evelyn Andrews

Commenced 22 Dec 2021

Jason Brown
Melissa Rogers
Pauline Marapunya
Ceased 22 Dec 2021

Myalli Brumby Community (Kalano)



Gary Manbulloo Senior



Juanita Heparia



Heather Mundul

Commenced 22 Dec 2021



Lazarus Manbulloo

Commenced 22 Dec 2021

Lisa Mumbin
Noel McDonald Snr
Ceased 22 Dec 2021

Binjari Community



Peggy Slater

Commenced 22 Dec 2021



Olivia Raymond

Commenced 22 Dec 2021

Evelyn Booth
Ceased 15 Oct 2021
Michael Murrimal
Ceased 22 Dec 2021

1.3 Vision and Values

Our Vision

To move forward as one, to heal our people and improve our health.

Our Values and Behaviours

- Respect our Elders and our Culture.
 - Empower people to take responsibility for their own health.
 - Ensure good governance and take responsibility for our organisation.
 - Recognise diversity among aboriginal people in Katherine and the importance of a variety of approaches.
 - Understand and acknowledge that health and healing is not only a job for health professionals but for everyone.
 - Foster respect between aboriginal and non-Aboriginal people.
 - Strive to achieve equitable health outcomes for all clients.
-

1.4 Quality Statement

Wurli aims to provide the highest standard of client care to the Aboriginal people living in the Katherine town and the surrounding communities of Rockhole, Mialli Brumby, Geyulkgan Ngurro, Jodetluk and Binjari.

Wurli will adopt a holistic approach to the prevention, early health screening, diagnosis and management of illnesses. Wurli will strive to deliver high quality comprehensive primary health care services that continually meet or exceed our clients' expectations. Wurli will seek to achieve our aims by:

- Providing culturally appropriate and accessible services to Aboriginal people;
- Delivering evidence-based clinical and primary health care practices;
- Ensuring communities and individuals are involved in the decision making process;
- Establishing and maintaining formal agreements or understanding with other key health and related organisations;
- Ensuring good systems are in place to support effective and efficient use of resources; and
- Induction and orientation, training and development, and performance reviews of workplace participants.



StrongBala client Brian did this painting during a PDP session.

SECTION 2 **SERVICE DELIVERY**



COVID-19 community vaccination drive.

2.1 Out and About with Wurli

JULY 2021

- Wurli focused on COVID-19 vaccination drives in our communities and our clinics. Wurli continued to provide clients and the community with information about COVID-19 and getting vaccinated.

SEPTEMBER 2021

- NAIDOC week in Katherine was rescheduled from the end of September to early October. Wurli hosted a NAIDOC Morning Tea which was attended by many community members, Elders, children and staff. Deadly Cuts was invited to give free haircuts to anyone who wanted one which was well-received.
- We had two Registered Aboriginal Health Practitioners receive awards at the Aboriginal Health Practitioner Excellence Awards that was held on 1st September 2021. Sherryl King was the winner of the Student Award, Advanced Studies and Keinan Keighran received the Urban Health Practitioner, Highly Commended Award.

OCTOBER 2021

- Wurli's Community Services held their Collaboration Forum at the Godinymayin Yijard Rivers Culture Centre. Roughly 60 people representing approximately 40 organisations from around Katherine and Darwin regions attended the event.

NOVEMBER 2021

- As COVID-19 community transmission cases came to Katherine and surrounding communities, Wurli's Clinical and Community services staff commenced coordinating food hampers and medications delivery services to clients in isolation. Clinical staff also coordinated clinical health care to those clients in isolation who required medical care due to COVID-19 and other illnesses. This service was later named COVID-19 Care at Home and continued into 2022.



RAHP Sherryl King and Keinan Keighran.



Wurli staff packing food hampers.



Staff cultural experience at Top Didj & Art Gallery.

DECEMBER 2021

- Wurli underwent a major change with the resignation of our CEO and the appointment of a new CEO who commenced in the new year. We also saw the end of term for some long-term Board of Directors at our AGM and the appointment of new Directors.

FEBRUARY 2022

- Our Tackling Indigenous Smoking (TIS) program had a busy month of educating communities about giving up smoking and the effects of smoking. They also signed-up 25 households to become “Smoke Free Homes”. New bus and Hilux wraps were later completed to promote the program and quitting smoking on the TIS vehicles.

MARCH 2022

- Our Gudbinji Clinic, who look after our Chronic Conditions clients, was re-opened after being closed since November 2021. This was good news to staff and clients of Gudbinji.

JUNE 2022

- Our AOD team in partnership with NOFASD Australia coordinated FASD Community Yarning Circles in Rockhole and Binjari communities.
- Wurli staff attended Top Didj & Art Gallery for cultural experience activities which was well received by staff.

2.2 Guidance of Service Delivery

To ensure Wurli is reaching our Vision, all activities and programs undertaken by Wurli business units are aligned with our Strategic Plan. For the July to December 2021 period, the organisation was guided by our 2016-21 Strategic Plan. On the 24th February 2022, our new 2022-26 Strategic Plan was endorsed by the Wurli Board of Directors and from that date, Wurli has commenced measuring our progress against our seven new priority areas:

PRIORITY: Strong Governance

Strong governance is the foundation of Wurli-Wurlinjang Aboriginal Corporation and the services it provides. Aboriginal Community Control is central to Wurli-Wurlinjang's governance model and ensures the cultural relevance and safety of the organisation in responding to the health needs of Aboriginal people in Katherine. Our Board of Directors are community representatives and authorise the design and delivery of our health services. Strong governance, accountability, and transparency ensure the financial solvency, cultural appropriateness, and sustained delivery of our comprehensive primary healthcare services.

PRIORITY: Comprehensive Primary Healthcare

Comprehensive primary healthcare is the coordinated delivery of the total health care required or requested by a client. This care is aligned with the client's expressed goals of care and healthcare needs. It considers the impact of the client's health issues on their life and wellbeing and is clinically appropriate.

PRIORITY: Health Infrastructure

Good health infrastructure is integral to the provision of high quality and safe primary healthcare. Health infrastructure includes the built environment as well as equipment, information, and communication (ICT), and data systems. These health infrastructures are key to improving standards of care, facilitating access to care, and improving health and wellbeing for clients.

PRIORITY: Workforce

Workforce is a key enabler for the provision of quality primary health care and addressing Wurli Wurlinjang strategic priorities. Building a robust and resilient primary healthcare workforce will lay foundations for today and into the future. Paramount here is ensuring Aboriginal people are present in numbers across the health disciplines and that they are nurtured and supported to take on leadership roles within the health service.

PRIORITY: Social and Emotional Wellbeing

Social and emotional wellbeing is a holistic view of health that includes mental health but also encompasses other aspects of health and wellbeing such as connection to country, culture, spirituality, family, and community. Social and emotional wellbeing is integral for overall health improvement.

PRIORITY: Social Determinants of Health

There is widespread evidence demonstrating the relationship between the health and wellbeing of a person and their socioeconomic position. Factors such as employment, housing, education, and social support can work to strengthen or destabilise the health of people and their communities. Addressing these factors, collectively referred to as the social determinants of health is fundamental to improving health outcomes for individuals and communities.

PRIORITY: Successful Partnerships

Successful partnerships strengthen the capacity of health services to broaden their reach, provide more services, engage more clients and stakeholders, and fill service gaps. There is good evidence that strong, effective partnerships can improve the client journey and ultimately health outcomes.



PHC Leadership Team, Dr Natasha Pavlin and Ronnie Ogilvie.

2.3 Clinical Services

2.3.1 Primary Health Care Leadership Report

Dr Natasha Pavlin, Senior Medical Officer and Ronnie Ogilvie, Primary Healthcare Operations Manager.

Annual Reports are a time for reflection on the year that was and planning for the year to come. During 2021-22, the Katherine region was hit hard with a significant number of COVID-19 community transmission cases late in 2021.

This caused significant disruption to the delivery of primary health care services to our clients. During this time, half to three quarters of our staff were also isolated for two weeks due to being “Close Contacts” as per the Chief Health Officer’s directions at the time. Gudbinji and the Main Clinic were cleaned and sterilised at the beginning of community transmission in Katherine therefore the Women’s & Children’s Clinic became the COVID-19 screening hub for clients exhibiting symptoms and requiring COVID-19 Rapid Antigen Testing (RATs) as well as for clients needing medical aid, support and treatment for various other illnesses and concerns.

Staff members from all areas across the organisation banded together to help in areas they did not normally work for us to keep providing care. Our workforce’s efforts are commendable, especially considering many of our staff were required to deliver episodes of care outdoors during the hottest part of the year. The support and constant updates from our committed CEO, managers, coordinators, community services and clinical services staff was extraordinary during those tough times.

The years of the COVID-19 Pandemic have been a time marked by frequent and sudden changes that have impacted Wurli staff, clients and



Staff members during Clinical Staff Meeting.

community no less than the rest of Australia and the world. We look forward to moving past this incomparable period of time.

In early 2022, Wurli welcomed a new Senior Medical Officer and Primary Health Care Operations Manager. These new members of the Primary Health Care Leadership team bring their different strengths, experiences, and expertise to their roles. Whilst this partnership is newly established, they are committed to working well together, supporting each other and our staff, and to continue to provide high quality care for our clients and community.

The year also saw us continue our endeavours to recruit and retain more clinical staff such as General Practitioners, Registered Aboriginal Health Practitioners and Registered Nurses. Recruitment and retention has been an ongoing challenge however we as an organisation are committed to filling these gaps and finding solutions for retaining those that we have. In the near future we look forward to being fully staffed clinically and having more health delivery wholistically for our clients in our region.

As we look towards the 2022-23 year, Wurli looks forward to reengaging with our partners and stakeholders. We will continue to promote and support public health initiatives such as vaccination, mask wearing, hand hygiene and social distancing.

Specific areas of ongoing development for Wurli include:

- Our Dental service;
- Our partnership with several Universities to support Allied Health students – both speech pathology and occupational therapy and potentially oral health practitioners;
- Our partnership with broad multidisciplinary teams to improve assessment of children with developmental delay and disability;
- Community Services recruitment and expansion allowing for more support to be provided to the Wurli community at large;
- Ongoing commitment to the Australian Nurse Family Partnerships Program, Health Promotions, Tackling Indigenous Smoking, Syphilis Enhanced Response Program and our core primary health care programs.

COVID-19 Vaccinations

Uptake of the first and second boosters for COVID-19 is still lower than ideal across our communities and needs ongoing focus and attention.

Our staff however are highly vaccinated, and this is something to applaud! Supporting staff wellbeing - physically, socially, and emotionally is a high priority for Wurli at this juncture and will remain so into the future.

Wurli Wurlinjang Health Services Aboriginal KPIs Summary

for period 01 July 2021 to 30 June 2022

AHKPI 1.1 - Episodes of Health Care and Client Contacts		Total	
Episodes of health care		43,288	
Client contacts		70,798	
Resident client population		5,022	
AHKPI 1.8.1 - HbA1c	Numerator	Denominator	Community (%)
HbA1c Test	376	629	60%
AHKPI 1.8.2 - HbA1c Measurements	Numerator	Denominator	Community (%)
Clients with HbA1c ≤ 7% (≤ 53mmol/mol)	152	376	40%
Clients with HbA1c > 7% and ≤ 8% (54 to 64mmol/mol)	66	376	18%
Clients with HbA1c > 8% and ≤ 10% (65 to 85mmol/mol)	68	376	18%
Clients with HbA1c > 10% (≥ 86mmol/mol)	90	376	24%
AHKPI 1.9 - ACE Inhibitor and/or ARB	Numerator	Denominator	Community (%)
ACE	129	182	71%
ACE and/or ARB	144	182	79%
ARB	17	182	9%
AHKPI 1.10 - Health Check	Numerator	Denominator	Community (%)
Completed Health Check	1,056	4,358	24%
Completed ALT Health Check	26	4,358	1%
AHKPI 1.12 - Cervical Screening	Numerator	Denominator	Community (%)
Cervical Screening Recorded	433	1,283	34%
Cervical Screening Not Recorded	850	1,283	66%
AHKPI 1.13 - Blood Pressure Control	Numerator	Denominator	Community (%)
Blood Pressure Recorded	386	623	62%
Blood Pressure less than or equal to 130/80 mmHg	126	386	33%
AHKPI 1.16 - Smoking Status Recorded	Numerator	Denominator	Community (%)
Smoking Status Recorded	2,440	3,547	69%
Smoker	1,171	2,440	48%
Non-Smoker	978	2,440	40%
Ex-Smoker less than 12 months	107	2,440	4%
Ex-Smoker greater than or equal to 12 months	184	2,440	8%



Main Clinic.

AHKPI 1.17 - STI Test Recorded	Numerator	Denominator	Community (%)
All STI Test Recorded	253	1,432	18%
Chlamydia and Gonorrhoea Test Recorded	359	1,432	25%
HIV Test Recorded	274	1,432	19%
Syphilis Test Recorded	309	1,432	22%
AHKPI 1.18 - Cardiovascular Risk Assessment	Numerator	Denominator	Community (%)
CVD Assessment Recorded	829	2,814	29%
High	371	829	45%
Low	338	829	41%
Moderate	120	829	14%
AHKPI 1.19 - Retinal Screening	Numerator	Denominator	Community (%)
Retinal Eye Exam	86	631	14%
AHKPI 1.20 - Ear Disease in Children	Numerator	Denominator	Community (%)
Ear discharge at any examination	17	268	6%
Ear discharge at last examination	8	268	3%
Ear discharge test recorded	268	442	61%



Main Clinic staff

2.3.2 Main Clinic Report

General and Acute Primary Health Care

Our Main Clinic is located at 25 Third Street and is Wurlı’s busiest clinic and is predominately funded through a combination of Australian Government and NT Government grants.

It is a walk-in service however we have an appointment stream available for General Practitioner appointments when not disrupted due to COVID-19.

Main Clinic has nine consult rooms and a treatment room with specialised high acuity equipment for emergency situations that arise.

Our Main Clinic team epitomises teamwork, with an amazing team of full-time and part-time clinicians whose experience levels differ from highly experienced Senior Registered Aboriginal Health Practitioners (RAHPs) and Registered Nurses (RNs) to new and emerging RAHPs and RNs. Our General Practitioners and General Practitioner Registrars are rotated throughout our clinical services of Main Clinic, Gudbinji Clinic, Women’s and Children’s Clinic, Outreach Services and Binjari Clinic, and rotate for After Hours Clinics each week.

The teamwork, support of each other and the building of each other’s strengths and capabilities is something the team is proud of. Everyone in the team works together to achieve Wurlı’s vision- “To move

forward as one, to heal our people and improve our health”. We pride ourselves on providing culturally safe, high-quality healthcare for all our clients who present to the clinic.

This year threw a lot of curveballs to our clinical areas with the ongoing global pandemic. The Main Clinic team swiftly mobilised to ensure continuation and delivery of vital primary healthcare services to our clients.

This proved to have some challenges with COVID-19 impacting staffing, supply chain, health priority needs and client numbers. With the dynamic challenges that were faced during the year, the Main Clinic continued to provide 17,341 episodes of care, 379 specialist occasions of service and 214 outreach occasions of service that captured clients in Venndale and Aged Care.

It has been an interesting year to say the least and as we look forward to the 2022-2023 year we are all keen to see the return of some form of normality within our clinical spaces.



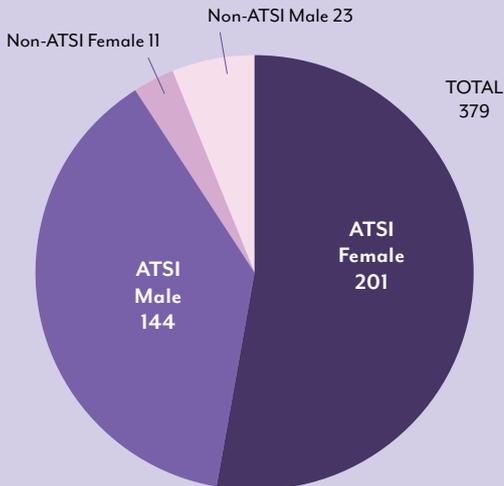
Staff at the Main Clinic entry screening desk.

“This year threw a lot of curveballs to our clinical areas with the ongoing global pandemic. The Main Clinic team swiftly mobilised to ensure continuation and delivery of vital primary healthcare services to our clients.”

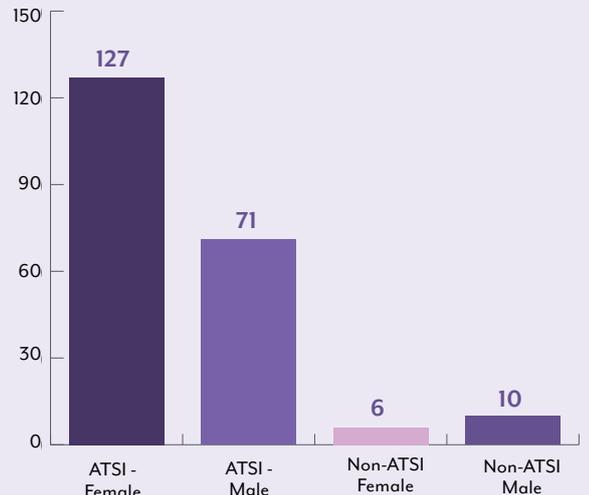
Main Clinic - Episodes of Primary Health Care
01 July 2021 - 30 June 2022

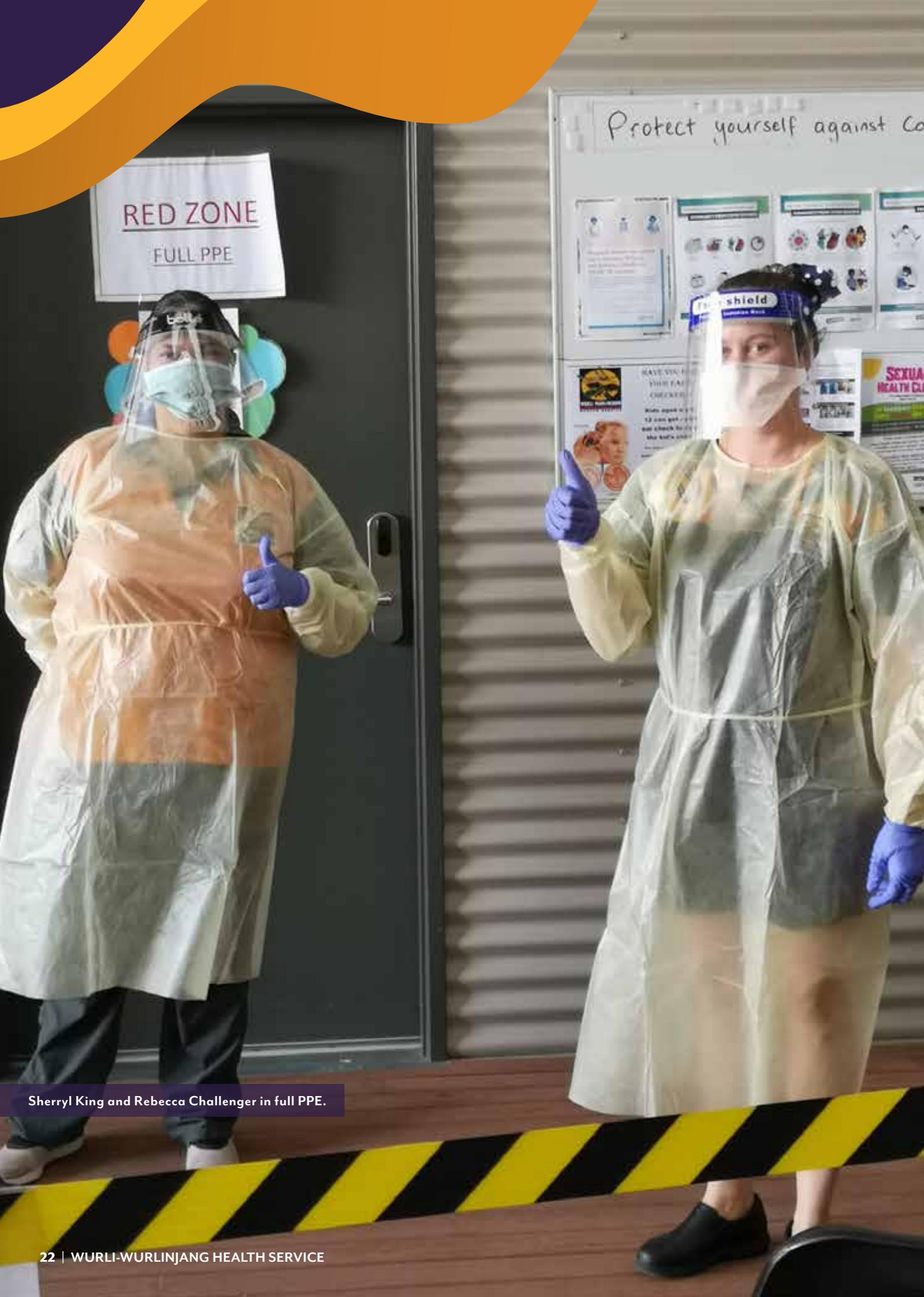


Specialist Episodes of Care through Main Clinic
01 July 2021 - 30 June 2022



Main Clinic Outreach Episodes of Care
01 July 2021 - 30 June 2022





RED ZONE

FULL PPE

Protect yourself against Co...

Sherryl King and Rebecca Challenger in full PPE.



Speech Therapy student Jenna.

2.3.3 Women's and Children's Clinic Report

Our Women's and Children's Clinic is supported by a combination of Australian Government and NT Government funding. Despite significant challenges for the Women's and Children's Program, with COVID-19 impacting program delivery for several months, we were able to consolidate and move forward with some of our key goals over the year.

Child Health

The Hearing for Learning Program was introduced in October 2021, with an Ear Health Facilitator joining the team. Hearing for Learning is a Menzies project which is aimed at increasing ear screening opportunities for school aged children to identify and manage ear infections and hearing problems early. The goal is to support learning at school.

In February 2022, we welcomed our first Speech Therapy students as part of a partnership with Flinders University. We can already see the benefits of this partnership, which aims to address the significant gap in allied health services available to clients, while simultaneously providing a rich educational experience for students from around Australia. We look forward to Occupational Students joining the team in the future too.

With more dedicated administrative support over the last 12 months, we have been able to

better support our children and young people with Rheumatic Heart Disease (RHD) to come in for their monthly bicillin injections. We have seen improvement in the number of children who are achieving very high levels of penicillin cover, and we anticipate this will lead to fewer episodes of recurrence of RHD and damage to heart valves over time.

We were also pleased to host our first Paediatric Cardiology clinic at Wurlu in June. Integrating specialist services into the primary health care setting has been a successful model at Women's and Children's Clinic. It is generally preferred by clients, resulting in improved attendance and allows for better communication between specialists and the primary health care team.



Planning Day sorting client resources.



Home visit program.



Zoned off areas due to COVID-19.

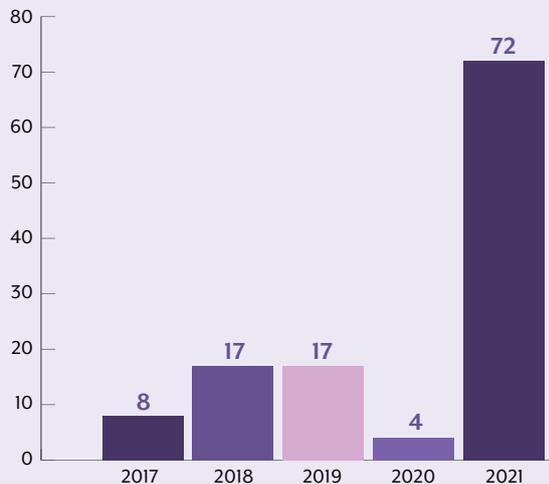
Women's Health

In August 2021, in conjunction with the Wurli Wurlinjang Family Partnership Program (WWFPP), we shared the film *Djakkamir* with the broader Wurli and Katherine community. *Djakkamir* tells the story of the traditional Yolgnu caretakers of birth. This event marked the first step in a project to hear the stories of our client's experiences through pregnancy, birth and the early years of raising their children – a project we call "Baby Stories". We hope that what we learn through this process will inform future improvements in the way we offer antenatal care, postnatal care, and the support we provide women and their families through these critical periods in life.

In May 2022, we began a home visiting program for our clients in the first six weeks after the birth of their babies. This program is designed to target a gap in care in the early postnatal period and has allowed us to provide better support to women without the need for them to attend the Clinic. It has been well received by our new mums and their families.

In 2021, we hosted Millie the mammogram van for the first time. This partnership with BreastscreenNT was an enormous success, resulting in a record number of Wurli clients being screened (see graph below). We were also able to welcome women from Katherine West and Sunrise communities.

Number of Wurli clients receiving screening mammogram over 5 years



< Photo: W&C was transformed to Red Zone during during initial COVID-19 wave.

2.3.4 Gudbinj Chronic Conditions Clinic Report

Our Gudbinji Clinic caters for clients diagnosed with one or more chronic diseases including but not limited to diabetes, rheumatic heart disease, ischemic heart disease, respiratory disease, renal disease, and cancer. Our Clinic is funded by both the Australian Government and the NT Government and aims to improve life expectancy and reduce hospital admissions.

The types of services clients can expect from our Gudbinji Clinic include health checks, health promotion and education, care plans, team care arrangements, case management of more complex care needs, preventative measures such as immunisations, chronic wound care and aged and disability care. Underpinning care is the understanding that chronic disease has significant morbidity and mortality and is greatly affected by the social determinants of health.

As with many of our other areas of service, Gudbinji was required to close in November 2021. Gudbinji staff were re-deployed to Wurli's Main Clinic for service delivery to Gudbinji clients to ensure service delivery was compliant with Wurli's COVID-19 Business Continuity Plan. Staff did their best to look after the chronic condition clients under very challenging circumstances; staff found client complacency around their chronic conditions to be an issue as clients focus were drawn to COVID-19 safety.

The team were pleased when Gudbinji re-opened in late February 2022. Staffing consisted of a Chronic Disease Coordinator, General Practitioners, GP Registrars, Registered Aboriginal Health Practitioners, Registered Nurses, in-house Pharmacist, Diabetes Educator, Receptionist and our own designated Transport Driver. Many of our clients are slowly returning, and with continuing education, these clients are beginning to take interest in their own health again.

Visiting specialists returned to Gudbinji in June, which included Dermatologist, Diabetes and Cardiac Educators, Podiatrist, Optometrist and General Physicians from the Katherine District Hospital. In addition, telehealth consults have been increasing from a range of specialists since opening of Gudbinji from Oncology, Cardiology, Endocrine, Diabetes and Genetics clinics.

Wurli Wurlinjang Health Services Aboriginal KPIs Summary

for period 01 July 2021 to 30 June 2022

AHKPI 1.14 - Chronic Disease Management Plan	Total	Denominator	Community (%)
Clients with CHD on GPMP/ALT GPMP	114	236	48%
Clients with Diabetes & CHD on GPMP/ALT GPMP	74	136	54%
Clients with Diabetes on GPMP/ALT GPMP	271	629	43%

AHKPI 1.14 - eGFR/ACR test recorded	Total	Denominator	Community (%)
Both eGFR and ACR recorded	853	1,981	43%
eGFR or ACR recorded	265	1,981	13%
Not screened	863	1,981	44%
eGFR or ACR recorded	265	1,118	24%
eGFR/ACR Test Mild Risk	198	1,118	24%
eGFR/ACR Test Moderate Risk	110	1,118	10%
eGFR/ACR Test High Risk	40	1,118	4%
eGFR/ACR Test Severe Risk	38	1,118	3%

AHKPI 1.15 - Rheumatic Heart Disease	Total	Denominator	Community (%)
Clients with ARF/RHD receiving 50% to 80% prescribed BDG	19	84	23%
Clients with ARF/RHD receiving 80% prescribed BDG	24	84	29%
Clients with ARF/RHD receiving less than 50% prescribed BDG	41	84	49%



Client Healing Bath and Smoking Ceremony

2.3.5 Wurli Wurlinjang Family Partnership Program Report

The Wurli-Wurlinjang Family Partnership Program (WWFPP) delivers an in-home outreach service that aims to improve pregnancy outcomes by helping women engage in preventative health practices while supporting mothers to improve their child's health and development. The program is funded by the Australian Government.

Our team offer Clinic services from two comfortable visiting rooms for families where we hold activities such as our yarning circle and playground playgroups for the toddlers.

The program targets first-time Indigenous mothers or those who have had previous experience with child protection. The Program supports our mothers during their pregnancy and until the baby is two years old.

Each client in our program is assigned a Family Home Visitor Worker who are Registered Nurses, and a Community Family Partnership Worker to help develop therapeutic relationships and assist them to achieve their family and personal goals in the duration of their time in the program. Goals may include the family accessing housing, accessing welfare payments, undertaking

education and training opportunities, finding employment, obtaining identification documents and attending clinics for their health care needs.

Our team works closely with Wurli's Women's and Children's Clinic for the mother's antenatal appointments and toddler check up's and the maternity ward at Katherine District Hospital for the delivery of bubs.

WWFPP has seen seven families graduate the program in 2021-22. We were lucky enough in September 2021 to have a healing ceremony graduation at the Banatjarl Family Outstation. The Banatjarl Strongbala Wimun Group performed a healing bath and smoking ceremony on our clients to help them heal and grow stronger in the future.

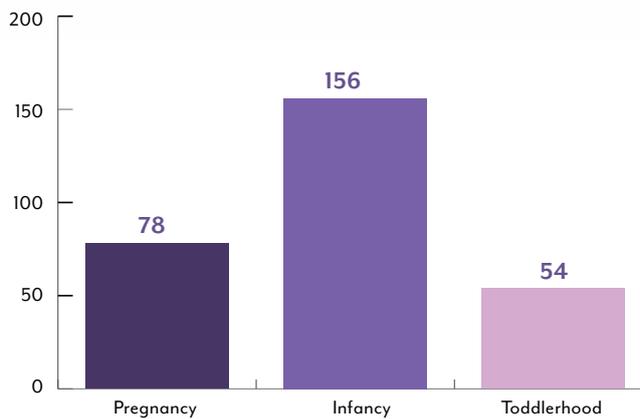


Clients referred to the WWFPP
for period 01 July 2021 to 30 June 2022

Referrals	Outcomes	Quantity
Total referrals		17
Program Offered		14
Outcome pending		1
Uptake % of clients offered		100%

.....

Home visits conducted per program phase
for period 01 July 2021 to 30 June 2022



2.3.6 Syphilis Enhanced Response Program Report

The Syphilis Enhanced Response (SER) Program was first established in 2018 to combat the Top End syphilis outbreak that began in the NT in 2013. For 2021-22 NACCHIO funded our Program. Due to the nature of the program and common modes of transmission, the SER program also coordinates the education, testing and treatment of other common Sexually Transmitted Infections (STIs) such as Chlamydia, Gonorrhoea, Trichomonas and others.



SER Team Debra, Daniel and Preetpal.



Daniel doing education session with StrongBala clients.

The past 12 months have been challenging. COVID-19 lockdowns and community transmission meant the SER program staff were re-deployed to Wurli clinics and other areas to assist. This included helping with the continued roll-out of the COVID-19 vaccinations to the community and staff as well as current Influenza vaccinations.

Despite this, our team re-mobilised and continued to make use of the Syphilis point of care tests, which allows us to screen clients for syphilis in a timely manner. The test uses a small sample of blood usually collected from a finger prick like a blood glucose test or Iron (haemoglobin) test and produces a result in 15 minutes.

Community engagement in our space is difficult due to stigma in our target population. Engagement became even more challenging due to COVID-19. We are pleased to report that towards the end of 2021-22, our SER Program re-commenced our focused community engagement efforts in Katherine Town, Myalli Brumby (Kalano), Rockhole Community, Binjari, Jodetluk (Gorge Camp), Geyulkgan (Walpiri Camp) and our homeless population in and around Katherine. In 2021-22, we also continued to work alongside stakeholders such as Katherine Centre for Disease Control, YMCA Katherine, Katherine High School STARS and Clontarf programs, headSpace Katherine and Venndale Rehabilitation Centre.

Engaging with and delivering sexual health education to all our clients, young and old, in our communities and through our stakeholders services is a highlight of our work. We look forward to re-establishing community engagement and education as COVID-19 eases.

2.3.7 Binjari Health Centre, Outreach and After Hours Report

2021-22 was the inaugural year for Wurli’s amalgamated Outreach Services team. To increase the presence of Wurli’s clinical services in each of our member communities, centralised coordination of our Binjari Health Centre, Integrated Team Care Program (ITC) which is our outreach service, and our After-Hours Clinics which also include outreach components, was implemented with much success. These services are run with the support of the Australian Government, NT Government and Northern Territory PHN funding.

Episodes of Health Care and Client Contacts for period 01 July 2021 to 30 June 2022



Total episodes of health care
2,912



Client Contacts
3,323



Resident Client Population
294

For our team this year, our focus was on adapting to COVID-19 as it reached our community then swiftly shifted to rebuilding after the stricter lockdowns that saw Wurli’s services greatly reduced were eased.

I would like to take this opportunity to acknowledge the Binjari Community. Over the lockdown periods Wurli was forced to cease normal acute and general care services at Binjari Health Centre and the community was only serviced by outreach COVID-19 related services. When COVID-19 spread through the community rapidly, community members showed great courage, leadership and resilience through one of the most stringent and effective lockdowns seen

in Australia. Well done to Binjari for doing their part in keeping the greater community safe!

Since lockdowns, our focus has been on rebuilding Wurli’s Outreach Services. This has included re-opening Binjari Health Centre which is now operating on Mondays, Tuesdays and Thursdays. We have been able to rebuild the capacity of our human resources to a point where we now have a General Practitioner (GP) present on every opening day, along with a Registered Nurse (RN) and/or a Registered Aboriginal Health Practitioner (RAHP), as well as an administrative assistant and transport officer.



Binjari Health Centre.

The team has excelled in the completion of Adult Health Checks, Child Health Checks, immunisations and antenatal checks. These checks are key in identifying the health needs of each client, allowing us to develop prevention and early intervention strategies, manage chronic disease and collaboratively establish plans that will promote the wellbeing of our clients, their family, and community.

Wurli's Outreach team that supports our chronic disease clients in the community has grown from strength to strength. It has seen an experienced RAHP take clinical leadership of the program, collaborating with our Community Engagement Support Officer who has an aptitude and experience in supporting the social needs of our clients. The team has developed many collaborative partnerships with other organisations in the community, which is assisted through our membership with the Katherine Individual Support Program (KISP). The Outreach team is not only supporting Gudbinji to address

the chronic care needs of our clients, but also working closely with these external partners to address the social determinants of health that directly impact our clients' social, emotional, and physical health.

Similarly, Wurli's After-Hours Clinics has been a revitalised since Katherine's COVID-19 lockdowns. Staff shortages originally saw a limited capacity to staff these clinics. However, we have now been able to build the service up to provide two regular clinics that generally run every week. After-Hours is a great service that allows Wurli to increase our presence in communities. Many of our clients do not have phones or cars, so these clinics support clients to have their health needs addressed in a convenient, culturally appropriate way. It also assists to reduce times between the development of symptoms, and treatment for disease. This in turn reduces the health burden on clients, Wurli, and other services such as the Katherine District Hospital.

2.3.8 Wurli Dental Care Report

A key achievements of our Dental Clinic in 2021-22 was to attain a consistent workflow with staff, reduce wait times and increase dental treatment numbers for client dental care. Our team achieved this as seen in our stats below:

- **November 2021:** Approximately 55 Katherine High School students received a dental assessment and oral health home care advice by the Dentist.
- **February 2022:** June 2022: Onboarded an experienced Dental Assistant and was able to work through the whole 2021 dental waiting list of approximately 300 clients – those clients who were contactable and wanted dental care at Wurli.
- **June 2022:** Onboarded Registered Aboriginal Health Practitioner, 2 days per week (ongoing) to develop as a trainee Dental Assistant to expand their skills and satisfy their professional Interests.
- Impact of Wurli Dental service for clients can be seen through the following statistics:
 - 146 clients had dental appointments
 - 278 dental appointments were completed
 - 1.87 average dental appointments per client
 - 8.88 average dental treatments per client
 - 77.3% attendance rate
 - There were 28 children seen
 - Clients report resolution of oral pain and swelling, reduced shame about smile appearance, improved function to eat and talk, greater overall mouth comfort and significant weight loss because of reduced sugar intake!

Report Period	Number of Months in Report Period	Total Clients in Report Period	Average Clients per Month	Total Appts in Report Period	Average Appts per Month	Average Visits per Client	Average Treatments per Client	Total Treatments in Report Period	Average Treatments per Month
July 2021 - June 2022	12	156	13	278	23.2	1.87	8.88	1381	115.1

Statistics via Titanium software are presented in the table below where most dental appointments are one hour duration each.

The key challenges for the Dental Clinic in 2021-22 included Clinic closures, auxiliary staffing, referral processes and organisational partnerships.

July 2021 - February 2022: COVID-19 border restrictions and local lockdowns significantly adversely impacted dental service delivery via inability to recruit auxiliary staff or halting service delivery altogether.

July 2021 - February 2022: referral process into Dental for clients has been a challenge to balance existing systems, IT integrations, data transfer, and workload for all involved clinicians. This is

an evolving process but has been an obstacle for clients accessing dental care at Wurli or the government TEOHS, reflected in reduced referral numbers in 2022.

July 2021 - June 2022: Child Dental Benefits Scheme (CDBS) income loss: >95% of eligible Wurli clients under age 18 are also eligible for the Medicare CDBS which pays up to \$1026 per child over 2 calendar years in rebates for a range of primary dental services within the scope of Wurli Dental.

2021-2022 Highlighted Events

- Wurli Dentist has been completing a 4-part course in Advanced Oral Surgery through the Australian Dental Association (ADA) QLD branch in Brisbane with financial assistance from an NTPHN Health Practitioners Scholarship to be able to provide more services such as wisdom teeth extractions at Wurli rather than clients having to travel to Darwin or having to self-fund treatment at a private oral surgeon in many cases.
- Permanent full-time Dental Assistant recruitment has been successful in 2022 with the appointment of a highly experienced Dental Assistant (February - June 2022) facilitating greater dental service delivery for more clients and a significant reduction in the waiting list for dental care.
- Wurli Dental participated in a school health screening service to Stars and Clontarf Program students at Katherine High School in November-December 2021.
- The waiting list into the dental service has reduced from ~300 people waiting >6 months for dental care to <50 people waiting <1 month to access dental care at Wurli by the end of June 2022
- OPG full mouth x-ray imaging for clients referred into the dental service has picked up significant incidental findings for a number of clients impacting on quality of life, including:
 - Untreated jaw fractures requiring treatment
 - Cardiovascular signs requiring further investigation
 - Pathology requiring further investigation
 - Evidence of structural changes indicative of significant breathing issues such as obstructive sleep apnea.

Wurli's Dentist, Dr Christine May doing training via video conference during COVID-19 restrictions.

2.3.9 The Impact of COVID-19

In November 2021, COVID-19 made its way to Katherine and our surrounding communities. Wurli recognised the inevitability of this occurring in early 2021-22 and ensured we worked alongside stakeholders to have in place an effective Business Continuity Plan.

On the 15th November Wurli had positive cases attend our Main Clinic and Gudbinji Clinic which was the start of the community transmission in Katherine and surrounds. Our services closed for the following two days to ensure the buildings could be sterilised and deep cleaned. This was the drive needed to tighten our approach to service delivery with COVID-19 in the community. Zoning, PPE, physical distancing, hand hygiene, outdoor COVID-19 screening and testing, no indoor face-to-face consultations and opening up phone consultations with clinicians were some of the measures that were instantly implemented.

The way we provided our services changed with a dynamic approach. Gudbinji Clinic was closed as per Wurli's Business Continuity Plan

and Gudbinji staff were re-deployed to the Main Clinic for six months. This included specialists' clinics that are normally facilitated at Gudbinji such as Optometry, Podiatry, Cardiac Education, Dietary services and Dermatology. The two teams, Gudbinji and Main Clinic, combined as one temporarily which provided all staff further opportunity to gain knowledge and skills in areas of primary healthcare, they were not generally familiar with.

Staff were allocated daily duties of pre-entry screening of all clients presenting to the clinic. This saw donning and doffing stations set up around the clinic and access to areas limited. Some service delivery was also reduced or ceased for an extended period. Staff were screened each morning and eventually RATs provided for all staff to test themselves before coming to work. Morning meetings were introduced daily so COVID-19 updates could be discussed as well as discussion on the organisation's daily service delivery which all staff participated in.



Our services were shuffled around shuffled around several times during the COVID-19 outbreak.



Staff lining up for morning screening.

Wurli's Business Continuity Plan included the protection of our vulnerable staff and clients from contracting COVID-19. In response and in line with leading medical evidence, Wurli set up a dedicated respiratory area at the Main Clinic known as the "Red Zone" for clients with COVID-19 symptoms who required testing and treatment for their illness/es.

The "Orange Zone" was for clients who required care and did not have COVID-19 symptoms. "Green Zones" were all areas with no client care, and which did not go through Red or Orange Zones.

All staff were required to wear masks, eye protection, gloves and gowns when in direct consult with clients, this was either in the "Red" or "Orange" Zones. Staff in "Green Zones" wore masks when they could not physically distance from others.

Our transportation of clients was reduced to minimise the number of clients who could be transported at one time and cleaning of the buses became a daily duty by the drivers.

With funding from the Australian Government and NACCHO, we were able to purchase essential requirements such as fridges for vaccine storage, bollard, and banners for signage to direct clients to the different zones and hygiene, cleaning, and Rapid Antigen Tests (RATs) supplies. This funding, at the height of the pandemic, also allowed us to recruit our local Indigenous people as Community Engagement Officers in Katherine so they work within our communities and around town to educate our people about COVID-19 and encourage them to get vaccinated.

Another provision during the height of the pandemic provided by Wurli was our COVID-19 Care at Home (CCAH). CCAH involved clinicians tracking care needs and providing medications for clients in isolation. Our Community Services staff provided packed food hampers and delivered to isolating clients. This was a combined effort with staff in clinical and community services which provided continuation of care for our clients who could not leave home due to lock-down and isolation required but still required regular medication and other supports. Our CCAH team also worked alongside the Katherine Hospital to capture positive clients detected through the Katherine Hospital's testing. This coordinated care was also for those clients isolating in allocated isolation facilities and those requiring transportation to the Centre for National Resilience.

In the later part of 2021-22 and as we moved to a new phase in the pandemic, we are now living with COVID-19 in the community and we have scaled down our Red Zone presentation to only those who have COVID-19 and need urgent medical treatment. We have been lucky enough to receive ongoing Government support with RATs and the anti-viral medications for COVID-19 positive patients. This has aided in reducing severe illness and decreasing hospitalisation rates amongst our clients.

In 2022, restrictions were slowly lifting by the Government. In line with this, our own in-house measures are pivoting as positive cases decreased and as we learn to live with COVID-19. As of the end of June 2022, we continue to wear masks and eye-protection in consult rooms with clients, practice social distancing where possible, hand hygiene and environmental cleanliness.

Vaccination Clinic

In July 2021, our Main Clinic Coordinator and Strong Indigenous Families Admin Support Officer were asked to be in a Territory-wide advertising campaign to promote the COVID-19 vaccines to the community. The advertisements were shown on Imparja and are still on posters around the NT.

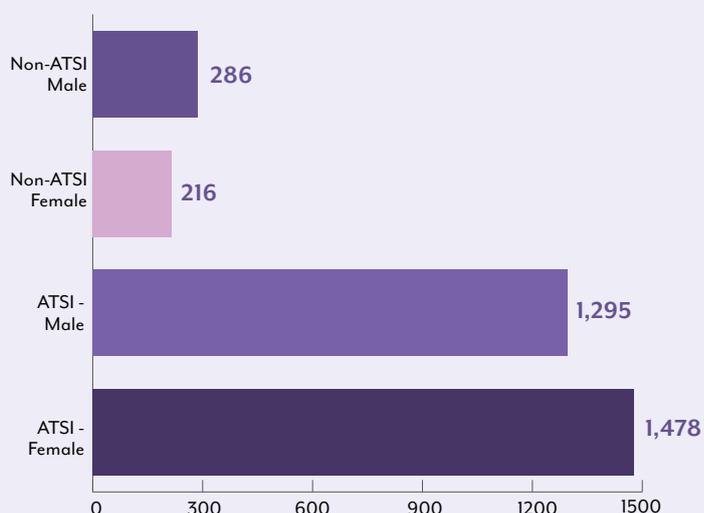
Our Vaccination Clinic was established and supported by funding from the Australian Government and NACCHO. It was relocated to rooms in the Main Clinic when the “Red Zone” was activated. The Vaccination Clinic had a very busy year with the rollout of the COVID-19 vaccines and booster vaccines. A

Registered Nurse took on the role of running the Vaccination Clinic and ensured service delivery of COVID-19 vaccines were administered in a safe, professional and high-quality manner. For this period, the Vaccination Clinic administered a whopping 3,275 first and second doses of Pfizer and AstraZeneca vaccines.

As per directions from the Chief Health Officer, our vaccination team took on the vaccination of all staff required to get a COVID-19 vaccine and subsequent booster vaccines.

Once vaccination rates were considered high enough throughout our clientele, there was little need for a separate Vaccination Clinic, so they integrated the adult COVID-19 vaccinations into the normal service delivery within the Main Clinic. Children’s vaccinations were moved to being delivered at the Women’s and Children’s Clinic. This allowed the vaccination clinicians to return to the Main Clinic and adding to the staffing numbers on the ground.

Vaccines administered in Vaccination Centre
01 July 2021 - 30 June 2022



“The Vaccination Clinic had a very busy year with the rollout of the COVID-19 vaccines and booster vaccines.”



SEWB engagement activity with clients at Rockhole.

2.4 Community Services

2.4.1 Social & Emotional Wellbeing and Mental Health Report

The Social and Emotional Wellbeing Program (SEWB) provides a holistic approach to meeting the needs of clients who present with mild to moderate mental health issues and co-morbidities who require counselling and social support. SEWB support services are delivered to all age groups and genders in the Wurlu catchment areas. Funding is provided through three streams:

- Norther Territory PHN – Primary Mental Health Indigenous Funding and Drug and Alcohol Treatment Activities
- Northern Territory PHN - Mental Health Services in Rural and Remote Areas
- National Indigenous Australians Agency (NIAA) – Social and Wellbeing Program

During the 2021-22 year, to minimise the spread of COVID-19, workplace changes were implemented that impacted on direct client contact. Buildings were set up into zones and staff had to use full PPE which was challenging for our counsellors who engaged with clients on-site. The emphasis was on maintaining contacts through phone counselling and providing support services off-site in outside environments where PPE was a little less restrictive. Counsellors and support staff also delivered essential items to client households in isolation, which included food hampers, phone cards and art/children activity packs. Counsellors made daily phone welfare checks to clients and staff in isolation and provided staff well-being activities on-site.

Despite these challenges, SEWB managed a caseload of 77, of which 30 clients completed our program. The following table shows the breakdown of clients according to gender and age.

SEWB-MH Clients by Gender and Age Groups

for period 01 July 2021 to 30 June 2022

	0-11 years	12-25 years	26-45 years	45-65 years	60+ years	TOTAL
Males	2	3	11	5	12	33
Females	0	9	18	10	7	44
TOTALS	2	12	29	15	19	77



Katherine Collaboration Forum.

A goal for SEWB during 2021-22 was to undertake education and engagement activities with Wurli communities. Prior to and after COVID-19 restrictions SEWB partnered with other service providers to deliver:

- Joint SEWB and Alcohol and Other Drugs (AOD) Mums and Bubs Creative Art workshops at Binjari, Rockhole and Kalano communities
- Anglicare Safetalk Suicide Awareness sessions at Binjari, Rockhole and Kalano
- AMSANT Suicide Story three day workshop for staff and community members
- Top Didge Cultural Experience with staff and clients
- Weekly visits with other Community Services programs to all communities to engage with youth

2021-22 Highlighted Event

SEWB organised and lead the inaugural Katherine Collaboration Forum which was held on the 21st October 2021. It brought together over 60 participants throughout the day from over 40 organisations in the health and community services sector. This was an opportunity for participants to make new connections and reaffirm existing relationships in the Katherine service network. The focus was on working together to strengthen the client referral and service delivery of programs. The forum identified the strengths in the Katherine community and the gaps and challenges that exist. Participants agreed that these could be addressed as a regional collaborative approach within the Katherine health and community sector. It is envisaged that now COVID-19 restrictions have eased, that this could be an annual event.

SEWB-MH Program Completion Rate for period 01 July 2021 to 30 June 2022



2.4.2 Katherine Individual Support Program Report

Our Katherine Individual Support Program (KISP) is funded by the Northern Territory Government and was established to support homeless clients with accessing and ongoing engagement with primary healthcare services.



Ronisha Tinu Cherian and Maureen Strehlow.

There has been a noticeable decrease of Emergency Department admissions from KISP clients in 2021-22 due to the KISP team addressing and responding to clients' needs timely, effectively and from a client-centric viewpoint.

This year saw KISP move through significant changes since re-commencing services after COVID-19 restrictions were lifted. Despite these

changes, the KISP team have demonstrated their persistence with addressing client's complex needs and acknowledging that the majority of these cases are challenging, that require multiple presentations with both the clients and those other key-stakeholders identified to support the clients.

KISP has been providing short-term respite accommodation to vulnerable clients that require shelter after discharge from the Katherine District Hospital. This has been achieved through utilising the KISP transitional housing brokerage funding.

These clients are further supported through the provision of individualised case management services via the Collaborative Case Management Group (CCMG) to try and establish the best outcome possible for the client over the long term. Our CCMG members include Anglicare, Salvation Army, Catholic Care, ITC, Katherine Women Legal Services (KWILS), Mission Australia, Northern Territory Legal Aid, St Johns Ambulance and Katherine Hospital.

Statistic	July-Dec 2021	Jan-June 2022
Number of clients currently in KISP	36	42
Percentage of clients with a current recovery care plan	100%	100%
Percentage of clients who have a CCMG (collaborative case management plan)	29	30
Total episodes of care provided by KISP staff	34	36
Total Referrals in reporting period	16	21
Total Number of KISP participants for annual period	60	62
Total number of KDH ED presentations by KISP clients from June 2021– June 2022	10	6
Average number of KDH ED presentations by KISP clients from June 2021– June 2022	30%	10%
Number of clients with up-to-date adult health check	14	8

2.4.3 StrongBala Justice Support Program Report

StrongBala Justice Support Program's capacity has greatly improved in 2021-22 with full employment of staff in the Program. This stability of staffing helped with the delivery of program activities and case management of clients once COVID-19 restrictions were lifted. Our StrongBala Program is proudly supported by the Australian Government.



StrongBala staff and clients.

During the reporting period it was difficult to engage, case manage and generally encourage participation in our Program when the obstacles of COVID-19 lockdowns, lockouts and restrictions occurred.

To overcome these difficulties, we introduced more home visitations to see how our clients were traveling while also ensuring that they kept in touch with legal services such as NTLAC, NAAJA and Department of Correctional Services. Telephone calls to clients who had access to mobile phones or landlines became a daily activity for our Case Managers. This service delivery modification will likely continue into 2022-23 when unable to provide direct face-to-face contact with clients. All clients were still offered support services for counselling as required of their conditions.

The team enjoyed working on health promotional materials during the year including the filming of the Wurli advertisements and filming of our Men's

Summit both designed for distribution via TV and at local events. While COVID-19 related travel restrictions created significant delays in the delivery of this project, the team are happy with the end results.

Community engagement by the StrongBala Program continued where possible at Kalano, Binjari and Rockhole. Other engagements with YMCA, School Holiday Programs and Clontarf High School male students were carried out. The StrongBala Program staff also participated in the World Tobacco Day, NAIDOC Week, YMCA Youth Summit, COVID-19 Care at Home food pampers and deliveries, Deadly Choices, Kalano Family Fun Day, Safe Talk workshops and many others during the year.



Clients' PDP session



Client teaching staff to make damper.

The StrongBala 13 Week Personal Development Program (PDP) saw sound engagement from our referred clients when we were able to open doors for face-to-face client sessions. When in-door service delivery was not possible due to social distancing requirements, the team often tried to run these sessions in an open space such as Low Level Nature Park. Arranging transport was the only delay when this approach was taken with limited passenger seating in buses as per Wurlu's Business Continuity Plan hence multiple trips then required with cleaning the bus after each service.

PDP Sessions that were conducted in 2021-22 included:

- Justice Programs Blurred Boards Legal Awareness and Navigation
- Alcohol & Other Drugs – Yarning Circle
- Relationships Australia ABC Straight Talk
- Clontarf High School Students Engagements
- Catholic Care No More Violence
- Anger Management
- Wurlu Dentist Teeth and Mouth Hygiene and Checks
- Sexual Health Education
- Diabetes Education & Medication Compliance Session
- Referrals to 715 Adult Health Checks
- NAAJA Legal Education and Awareness
- Social & Emotional Well Being with Stress Management
- Basic Meal Nutritional Cook up Sessions
- Life Skills
- Exercise Activities
- Health Hygiene and Grooming
- Cultural Activities / Arts Crafts

Below statistics are our Program's 2021-22 results:

Statistic	Number
Total clients referred	98
Assessed at Court however remanded or incarcerated	13
Previous clients from previous year	9
Returned to Country - Order variation	7
Youth engaged	7
Occasions of breakfast meal accessed	109
Encounters of men accessing services and engaged	1,304
Case collaborations across other programs	17
Completion of 715 adult health checks	10

The Program is looking forward to continuing to work through this next Financial Year through Extended 12 Month Funding through the Australian Government.



Mural at MacFarlane Primary School.



Youth Summit at YMCA.

2.4.4 Alcohol and Other Drugs Program Report

The Alcohol and Other Drugs (AOD) team has continued to focus on community and client engagement including harm minimisation education, health promotion, and FASD awareness.

There has been regular visits to our communities and YMCA to raise awareness about the effects of alcohol and other drugs on individuals, families and communities. Our AOD team has been working closely with other stakeholders to ensure our clients receive adequate and holistic care.

Funding for our AOD unit is provided through three streams:

- National Indigenous Australians Agency – Alcohol and Other Drugs Management Program
- Northern Territory Government – Remote Alcohol and Other Drugs Workforce Funding
- Northern Territory Government – Fetal Alcohol Spectrum Disorder (FASD) Regional Activity Coordinator – Katherine.

Community engagement and other projects completed during this financial year:

FASD Community Yarning Circles

On 1st and 2nd June 2022, our AOD team, in conjunction with NOFASD Australia, organised the FASD Community Yarning Circles at our communities of Rockhole and Binjari. Event at Binjari was supported by Wurli's Binjari clinic team which encourage participation.

Youth Summit

The AOD program held a Youth Summit on the 14th April 2022 which was a massive success. We held workshops with guest speakers Jeffrey Amatto and Adam Drake which were the highlights of the day for the youth involved. In total, we had 90 people attend the Youth Summit with 60 of them being youth. The day ended with a free movie screening at the Katherine Cinema.

World Tobacco Day Information Stall

On the 31st May 2022, the AOD team and staff from the Learning and Development team held an information stall at the Meeting Place in the centre of town.

Murals at Katherine High School and Macfarlane Primary School

The first Mural Project was completed at MacFarlane Primary School in February 2022 and Murals project at the Katherine High School was completed in May. The Projects involved our AOD program working in partnership with Katherine Regional Arts with engagement of two mural artists, one contemporary artist and one traditional Indigenous artist, to work alongside students to paint murals with AOD and healthy lifestyle messages.

Hawks Coaching Clinic

Wurli was given the opportunity to engage with youth on Monday 30th May 2022, with The Hawks running a Community Footy Super Clinic in Katherine. Hawks' players were in attendance to run the clinic and Wurli engaged with the students from Clyde Fenton, Katherine High (Stars and Clontarf), and Barunga. Our StrongBala men participated in the footy workshops. Our AOD Program, Strong Indigenous Families Program and Wurli's Aboriginal Health Workers set up a stall to provide resources and information in relation to healthy lifestyles, alcohol and other drugs, and inhalants. Refreshments including fresh fruit and cold water were also provided for students and players.

FASD Awareness Campaign

Distribution of coasters to local pubs and clubs, community organisations, community health centres, two local cafes and Wurli clinics. Bar coasters were designed and developed by the AOD team to raise awareness about FASD. The QR code on the coaster is a quick link to the NO FASD Australia website to access more information, resources and contacts.

Installation of signboards at local communities to raise awareness about FASD along with a QR code to link to NOFASD Australia website.

Two vehicles have been wrapped to raise awareness about FASD and a QR code to link to NOFASD Australia website.

Key achievements of the program in 2021-22 are as follows:

- A total of 98 clients have been supported by the AOD Program including new referrals, referrals from other Wurli services and external referrals.
- AOD team has delivered 34 educational sessions including education about FASD over a six week period with SEWB program in November 2021 to our communities, and AOD team along with Wurli's health promotion team participated in Clontarf's Top End Cup to provide information, resources and promote our service.
- AOD team continued to attend YMCA's After School hours girls' and boys' programs on weekly basis and have continued to support YMCA during school holidays.
- No More Alcohol & Other Drugs Cup (cricket) in collaboration with CatholicCare in April 2022.
- Filming of educational and promotional videos with Mary G.
- Built and strengthened our relationships with other organisations such as Kalano Community Association, CatholicCare, Legal Aid, NAAJA, Community Corrections, Headspace, TeamHealth, Katherine Mental Health, Mission Australia, local schools and other Wurli programs.

New vehicle wrap with AOD and FASD awareness.



2.4.5 Strong Indigenous Families Report

'Working together to keep our families safe and strong'

Funded by the Australian Government, our Strong Indigenous Families (SIF) Program continued into 2021-22 on our quest to work towards reducing Domestic and Family Violence and reduce the removal of children from their families. We continue to work in collaboration with stakeholders to plan effective strategies in addressing the issues that will assist families build a safe environment for children returning to family and addressing the underlying issues of domestic and family violence using the Northern Territory Domestic and Family Violence Risk Assessment and Management Framework.

We work with our families to understand what a Strong Indigenous Family is. We take a look at the past and look at the way the family structure was and its transition into the way it is today.

Domestic and Family Violence does not discriminate and the affects it has on the family can lead to further trauma. The SIF team are diligent in case management and developing care plans tailored to the families in our Program.

Our Program is capable of developing care plans and risk assessments that address the client's needs for ongoing support. Developing and implementing strategies to engage has been challenging and will be an ongoing tool in addressing the needs of our people's development and progression towards the future.

In 2021-22 we saw our program meet the significant milestone of 50 percent Indigenous employment. The cultural knowledge that this brings to our Program is invaluable as our team matures, we continue to work towards building our capacity through the development of present and



work plans and manuals. Training opportunities proved successful and continue to be a successful way of networking, sharing ideas and becoming empowered through knowledge.

Our Counsellors are a dedicated team that has put in a lot of hard work and together with the Case Managers and Support Officers make our work more accomplished. Our Program is one of the links in the Community Services that is joined to the other Programs and working in Collaboration is gratifying.

The SIF program continues to have challenges, it is the nature of our work, and we will continue to address and adapt to the changes as they occur. The greatest accomplishment is having clients come to seek help, the act of admitting the need of assistance to live a safe and healthy life is a highlight.



Jasmine Rahman during CPP Info Session.

2.4.6 Connection Pathways Program Report

Wurli’s roll-out of our Australian Government funded Fourth Action Plan Program named the Connecting Pathways Program (CPP) continued in 2021-22 with enhanced focus on the establishment of client focused program activities suitable for all Indigenous men, women, children, youth, and families experiencing, at risk or recovering from the trauma of domestic violence. As part of this work, CPP introduces our new logo and core message of “your healing, your pathway”.

The 2021-22 year saw our program achieve some significant milestone:

- Development of own logo and merchandise to promote CPP in communities



- Establishment of seven focus areas for clients’ Healing Pathways, namely;
 1. Personal and Professional Development
 2. Financial Empowerment
 3. Health and Hygiene
 4. Parenting and Carer Strategies
 5. Home Environment and Home Management
 6. Cultural Training and Healing
 7. Developing Positive Relationships

- Development of three Individual Healing Plan forms for the clients’ 3, 6, 12 and 13- week reviews. The healing plans have three goals to start with and will be updated/ amended as per clients’ needs and will be monitored for their individual personalized 13-week developmental program
- Development of activity sessions in both separate male and female groups as well as establishment of combined space for families or couple activities
- Continuation of regular community engagements
- Delivery of the CPP Information Day for the stakeholders apart from consistent stakeholder engagements



CPP Info Session.

2021-22 Highlighted Events

In February, CPP staff engaged with Katherine Flexible Learning and Engagement Centre (KLEC) to build rapport with six students while promoting CPP. In March, May and June, CPP staff engaged with several community members from Binjari and Rockhole Community; 38 young people from Binjari and 23 young people from Rockhole throughout the time.

In April, CPP staff attended Binjari Community Services Fun Day, Youth Summit, and Boy's group at YMCA to interact with over 130 attendees and promote CPP. In May, CPP staff worked alongside Strongbala Justice in the NO MORE Campaign, provided a Wurli presence at a Relationships Australia workshop and worked alongside Wurli's Syphilis Enhanced Response Program to deliver the Education and National Cook Up day which saw the engagement of about 15 clients. CPP staff also worked with AOD for FASD Workshop Promotion and World Tobacco Day in the month of May while engaging with over 120 people. At the end of June, CPP staff were involved in the school holiday engagement where we got in touch with over 70 young people and talked about the Connecting Pathways Program.

On 23rd June, 2022, CPP held an Information Session for the Stakeholders at Godinymayin Yijard Arts and Culture Centre (GYRACC). There were about over 50 attendees from different organisations including Wurli's other programs. In the information session, the CPP Coordinator presented basic information about the program.

Community Engagement (Binjari)

17 children
65 adults and children
on CS Fun Day

Youth Summit

60 young people

YMCA Engagement (Boys' Group)

11 students

KFLEC Engagement

6 students

2.5 Corporate Services

2.5.1 Corporate Services including Human Resources and Learning & Development Report

Corporate Services

The Corporate Services Division has seen significant changes in the last year with a new Corporate Services Manager commencing in January 2022 and a new Business Development Coordinator commencing in March.

Challenges with COVID-19 continued from the previous year however the HR team, comprised of a HR Coordinator and HR Officer, worked tirelessly to continue to fill vacancies with well qualified applicants. An uplift to the overall Recruitment Strategy has also seen significant improvements to interest and applications to work at Wurli. Local employment opportunities were made easier by reducing technology barriers. The HR team have also participated and assisted in recruiting to Senior Leadership positions.

A Staff survey was implemented with the aim to further drive improvements and retention outcomes for our staff across the entire organisation.

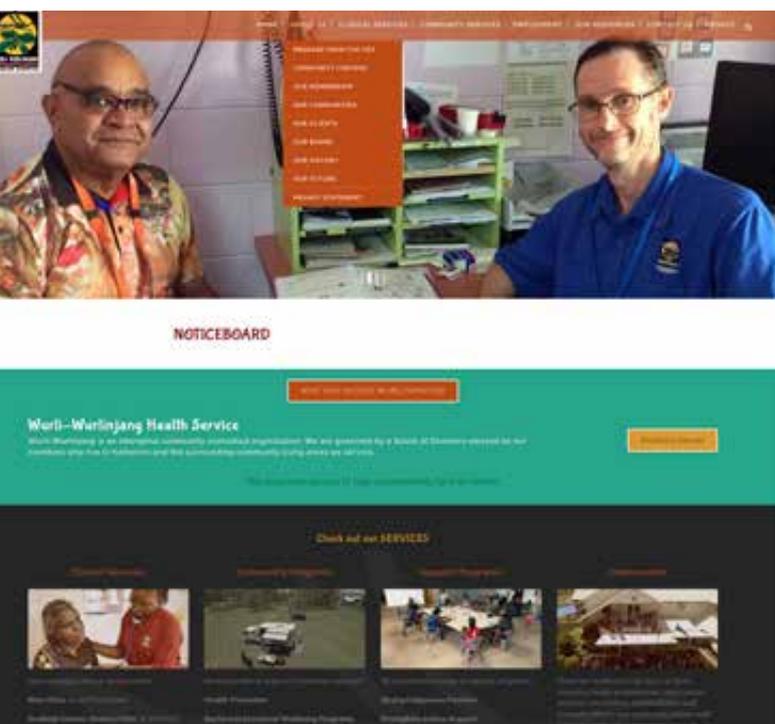
Professional Development continues to be driven across Wurli and upskilling as a priority for our staff.

Our Finance Team made up of a Finance Coordinator and Finance Officer, continued to provide their efficient service across all areas and delivering an outstanding payroll function.

In April 2022, our Corporate Services team with support from the CEO commenced the planning and engagement of our Website Developer to create a new look website to incorporate our new branding and to enable more functionality and usability when clients, community members, researchers, stakeholders and potential employees come to our site. This is still in the process of development, and we hope to see a new site completed in 2022-2023.

Wurli underwent our ISO Surveillance Audit in June 2022 and did not get any Major Non-Conformities or Non-Conformities which just goes to show our systems, Policies and Procedures and daily services are working and continue to work well.

All Corporate Services functions continue to provide daily support to the organisation.



Business Development

Our Business Development Coordinator continues to support the organisation on events and stakeholder engagement.

Human Resources

An Enterprise Agreement (EA) was negotiated with relevant stakeholders and approved by the Fair Work Commission in March 2022. The EA has seen a significant improvement in overall employment benefits.

This included but not limited to:

- Increases to base wages on implementation and in July for the period of the Agreement.
- Generous leave provisions and the inclusion of Pandemic Leave
- A strong commitment to ongoing Professional Development

Recruitment

New Starters

Despite the challenges of the COVID-19 Pandemic, remote location, the human resources team new recruitment strategy has seen over 38 new starters employed.

The majority of those positions are permanent full-time positions.

Senior Leadership Team appointments (2022)

- Chief Executive Officer
- Corporate Services Manager
- Senior Medical Officer
- Primary Health Care Operations Manager
- Primary Health Care Systems Manager

The CEO in partnership with the Senior Leadership Team will continue to drive the Strategic Plan and Operations.

Aboriginal and Torres Strait Islander

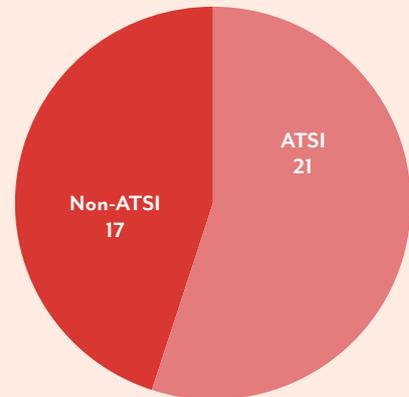
Wurli had 38 new appointments from 1st July 2021 - 30th June 2022. Of the 38 new staff, 21 identified as ATSI.

Overall ATSI and Non-ATSI (112 employees)

Overall, 57% of employees at Wurli identify as ATSI.

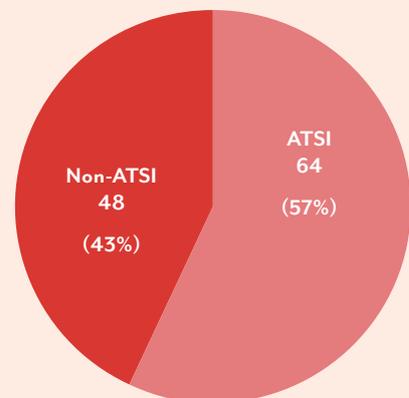
New staff appointments

01 July 2021 - 30 June 2022



ATSI and non-ATSI staff comparison

01 July 2021 - 30 June 2022



Wellbeing

- A new Staff Recognition Initiative aligning to Wurli Values was implemented and has seen over 60 staff receiving a Wurli Award.
- Health and wellbeing initiatives were implemented with over 30 participants taking part in the 10,000 Steps program. This has also included implementation of a Wurli supported gym memberships initiative.
- Wurli Accommodation is being offered to Staff which will assist with rental references for the future.

Our Staff Survey

In 2022 we saw the implementation and completion of a Staff Survey in 2022 (see table at right for results snapshot).

Some exciting workshops to build on this survey will be rolling out in the new financial year.

What will we continue to make a priority?

- Staff satisfaction and retention
- Increased Aboriginal participation in the WWHS Workforce
- Reduction in workplace health and safety incidents
- Professional development
- Internal promotion
- Communication at all levels

Staff Survey Results Snapshot

Item	2022
I believe that my own success is important to the success of Wurli	74%
Wurli contributes positively to the wider community	72%
My work group (immediate team only) has a strong customer service culture	71%
I understand the health and safety standards expected of me	94%
Wurli has a clear set of organisational values and behaviours that guide my everyday actions	73%
Wurli consistently shows its commitment to high levels of occupational health and safety	66%
The person I report to values my opinions	85%
I understand how my roles contributes to Wurli's long term goals and strategies	75%
The person I report to communicates effectively with me	71%

“Provide an excellent health service. I don't think our clients realise how good this service is compared to anywhere else in Australia.”

“Good work environment - supportive team leaders- good mental health support and understanding.”

“... Good managers, coordinators... Understanding and compassion within the management team.”

“Keeping everyone safe with good systems in place.”

“Compassionate staff who genuinely want to do their bit in improving health outcomes for ATSI people. Wurli staff accept and respect clients for who they are generally don't judge.”

Learning and Development

Our Learning and Development Officer continues to drive and lead training activities throughout the organisation. A core focus is the upskilling of our team at Wurlu.

We are continuing to drive formal completion of qualifications across all positions.

Some of those qualification include:

- Diploma of Alcohol and Other Drugs
- Diploma Of Aboriginal and/or Torres Strait Islander Primary Health Care Practice
- Certificate IV in Aboriginal Primary Health Care Practice
- Certificate IV in Health Administration
- Certificate IV in Community Services

Compliance Training

- Continue to complete both CPR and First Aid Training for all staff across WWHS.
- Focus on Middle Management Skills
- Our Coordinators and Team leaders have undertaken Fair Work training through AMSED our online training platform.

AMSED Module

- Alcohol Uses = An Introduction to the cost, Effects and Calculation of a standard drink
- Counselling – The basic principles
- Fire Awareness in the workplace
- Kidney Health Part 1, 2 and 3
- Liver Health Beginners
- Depression, treatment, and management
- Accidents, incident and near misses reporting

Induction

All new employees received a structured induction, which includes a tour of our communities and meeting the team. Formal modules are completed through AMSED in the onboarding process.



Emily Rosas at her graduation. Emily completed a Certificate IV in Aboriginal Primary Health Care Practice.

Trainee Aboriginal Health Practitioners (TAHP)

WWHS is proud of our TAHP's who are continuing to learn across all of our services from our experienced team members.

Professional Development

- NT Domestic and Family Violence Risk Assessment and Management Framework (RAMF) Training Workshop
- Aboriginal Mental First Aid training
- NOFASD Training
- SafeTalk
- Cultural Experience
- WH&S/Risk Management
- WH&S/ Conflict /Safety/ Workshops
- Communicare Training Workshop Train the Trainer
- Communicare Training Workshop
- Smart Recovery training
- Damulgurra _Culturally Response Trauma Information Care Training
- Cultural Awareness Training

Employee Tenure milestones achieved through the year, 01/07/2021 – 30/06/2022

Employee Name	Job Title	Years of Service
20 Years' Service or more		
Patrick Kelly	Community Liaison/Transport Officer	25
Anne Gillett	Community Liaison/Transport Officer	23
Karen Rosas	Team Leader Women's Health	23
15 – 19 Years' Service		
Cynthia Woods	Human Resource Officer	19
Robert Takes	Clinic Receptionist	18
Sherryl King	Team Leader Children's Health	16
Peter Gazey	CEO	16
10 – 14 Years' Service		
Eric Thomas	Strongbala Justice Co Ordinator	13
Debra Lafaele	Patient Services Team Leader	13
Reggie Ryan	Binjari Transport Officer/Gardener	11
Sue Godwin	Registered Nurse	11
Andrew McKerracher	General Practitioner	10
Lisa Lecouteur	Finance Officer	10
5 -9 Years' Service		
Karen Kay	Admin Officer	9
Daniel Rosas	Program Co Ordinator SER	9
Lisa Kelly	Finance Co Ordinator	9
Camille Berto	PA/Corp Services Sup. Officer	9
Dani Stanley	Registered Aboriginal Health Practitioner	8
Jaye Reid	Clinical Administration Support Officer	8
Gary Northam	Infra, Assets, Security, WHS Manager	8
Kennedy Murangandi	Registered Nurse (Chronic Disease)	7
Jennifer Rasheed	Medicare & Incentives Coordinator	7
Sarah Hurley	General Practitioner	6
Michelle Scerri	GP/Clinical Lead WAC	6
Rodney Jones	General Practitioner	5
Hilary Sinfield	Grants & Contracts Coordinator	5



Wurli's new units as seen from O'Shea Terrace.



Wurli's new property on Fourth Street.

2.5.2 Infrastructure, Assets, IT, WHS and Security Report

The challenges of the ongoing global pandemic have continued to both test and prove Wurli's Assets and Infrastructure team in 2021-22. This year was a year to consolidate and complete all previous infrastructure projects and start developing the next major infrastructure expansion projects. This is in compliance with the long-term strategic goal of expanding our physical infrastructure through expanding Wurli's footprint in Katherine, whilst also improving the delivery of current services.

A snapshot of the key achievements and milestones include:

- Development and refining of plans for the future construction of 22 Fourth St and Administration building. This is a necessity in submitting grant applications and sourcing quotes.
- Dismantling of the shed and subsequent clearing of the block on 22 Fourth St in preparation for the construction of chronic disease health care clinic building.
- Completion of the car park expansion project by installing a car port to protect 22 vehicles from the weather.
- Purchase of 11 units on the corner of O'Shea Terrace and Fourth Street. These units will be utilised for accommodation of Wurli staff and maintained by the Assets and Infrastructure team.

Over the past 12 months, Wurli has progressed our currently high WHS standards to further educate staff on risk management. Wurli has an

integrated approach to managing risk, and risks are considered and managed at different levels. During the year we developed new risk appetite and implemented intense training to define our attitude toward engaging and managing risks.

The most significant changes to the IT system throughout the year has been the completion of changeover to Microsoft 365 platform. The added capabilities of this platform have enhanced our staffs capability to connect and communicate with more outside agencies to deliver real benefits to the organisation.

Looking forward, the year ahead will present a number of new challenges. It is anticipated that the long-term commitment to commence construction of the chronic disease health care clinic will be progressing in 2022 which will be a significant milestone for Wurli Health Service and the region.

2.5.3 Grants and Contracts Report

Contracts Report

During 2021-22, Wurli was required to source skills from a range of local suppliers and service providers. As a health service operating through the COVID-19 pandemic, the need to contract in various specialised services increased; namely in the categories of cleaning, security, specialised allied health services and professional support services.

In the pandemic context, maintaining strong relationships with our stakeholders and contractors remained essential to ensuring quality services were received by Wurli during these unprecedented and ever-changing times. For example, Wurli successfully navigated the inclusion of mandated legislation affecting cleaning standards, contractors and social distancing into all of our existing and new contracts during 2021-22. As part of this process, Wurli was able to undertake a review of how our contractors

were operating and we were able to include the required safety requirements to ensure the health and wellbeing of our clients and staff was prioritised.

The 2021-22 year also enabled Wurli to make improvements to our Contract Management Processes. Alongside our professional legal service providers, our corporate team undertook a full review of all contract documents, resulting in the development of a stand-alone Contract Management Policy and supporting procedures and process updates. As a result, all staff in the future can access these standardised documents and work collaboratively to provide the best service at quality pricing for our clients and stakeholders mutually. As of 30th June 2022, we successfully renewed 22 contracts under our improved Contract Management System.

Grants Management Report

The primary focus of Wurli's 2021-22 grant management efforts remained on ensuring sufficient financial resources were available to continue providing consistent, quality care to all our clients. The key challenge to achieving this in 2021-22 was the need to pivot our service delivery methods in a manner that would ensure client and staff safety in the pandemic context. It was the hard work and perseverance of our program staff that allowed Wurli to achieve this while still delivering on most of our funding agreement aims and objectives. We would like to thank our funders for affording us the flexibility to quickly pivot our service delivery focus towards COVID-19 requirements while continuing to support us financially, informationally and with other additional resources.

Towards the end of 2021-22 and as we moved into the 'living with the virus' phase of the pandemic, a refreshing view on our grant management focus was

taken. Not only were we able to recommence looking at our infrastructure improvement goals, and by doing so successfully secured an Aboriginal Benefit Account grant to install an elevator at Main Clinic, we also recognised the need to seek additional financial resources to support our workforce. Wurli applied for and was awarded a Northern Territory PHN grant to deliver our Workforce Development Initiative which aims to establish Wurli as an employer of choice in the NT.

Through-out the year, it was our ability to maintain effective and transparent working relationships with all our funding partners that greatly assisted Wurli with making it through the pandemic and to still be thriving today. We are pleased that we have achieved 100 percent funding agreement compliance at 30th June 2022 for our 2021-22 funders:

Funding Provider	Program or Project
Commonwealth Department of Health	Indigenous Australian Health Program – Comprehensive Primary Health Care for Wurli and Binjari
	Indigenous Australian Health Program – Australian Nurse Family Partnership Program
	Indigenous Australian Health Program – Tackling Indigenous Smoking Remote Priority Group
	Indigenous Australian Health Program – Emerging Priorities
National Indigenous Australians Agency	Alcohol and Other Drugs Management Program
	StrongBala Justice Support Project
	Aboriginal Benefit Account – Infrastructure Expansion Project
	Strong Indigenous Families
	Fourth Action Plan Co-Design and Implementation Project
	Social and Emotional Wellbeing
	Aboriginal Benefit Account – Equitable Access to Main Clinic Project
Northern Territory Government – Various Departments	Comprehensive Primary Health Care Program for Wurli
	Sexual Health and Blood Borne Viruses
	Remote Alcohol and Other Drugs Workforce
	Remote Health Grants – Binjari Health Service
	Fetal Alcohol Spectrum Disorder Regional Activity Coordination
	Katherine Individual Support Program
	School Holiday Program
Northern Territory Primary Health Network	Integrated Team Care Program
	Outreach Health Services Program
	After Hours Program
	Social and Emotional Wellbeing Program
	Mental Health Services in Rural and Remote Australia
	Workforce Development Grant
National Aboriginal Community Controlled Health Organisation	Enhanced Response to Syphilis Outbreak
	COVID-19 Vaccine Support Grant
	COVID-19 Response Grant
Menzies School of Health	Hearing for Learning Initiative – Ear Health Facilitator
Aboriginal Medical Services Alliance Northern Territory	Aboriginal Health Workforce Training Program



Staff learning how to do Aboriginal artwork.

SECTION 3 FINANCIAL REPORT

Wurli-Wurlinjang Aboriginal Corporation

96 997 270 879

Financial Statements

For the Year Ended 30 June 2022

Wurli-Wurlinjang Aboriginal Corporation
96 997 270 879

Contents

For the Year Ended 30 June 2022

Financial Statements	Page
Directors' Report	57
Auditor's Independence Declaration	60
Statement of Profit or Loss and Other Comprehensive Income	61
Statement of Financial Position	62
Statement of Changes in Equity	63
Statement of Cash Flows	64
Notes to the Financial Statements	65
Directors' Declaration	80
Independent Auditor's Report	81

Directors' Report

30 June 2022

The directors present their report on Wurli-Wurlinjang Aboriginal Corporation for the financial year ended 30 June 2022.

1. General information

Information on directors

The names of each person who has been a director during the year and to the date of this report are:

	<u>Director Since</u>	<u>Member Since</u>	<u>Community</u>	<u>Qualifications/Experience</u>
Evelyn Andrews	22/12/2021 to date	14/10/2015	Rockhole	Community Representative
Heather Mundul	22/12/2021 to date	16/08/2000	Myalli Brumby	Community Representative
Juanita Heparia	21/11/2018 to date	18/08/2000	Myalli Brumby	Community Representative
Lazarus Manbulloo	22/12/2021 to date	14/10/2015	Myalli Brumby	Community Representative
Mariette Gaden	22/12/2021 to date	30/08/2000	Rockhole	Community Representative
Nathan Rosas	22/12/2021 to date	22/10/1997	Katherine Town	Community Representative
May Rosas	1/7/2010 to date	29/04/2016	Katherine Town	Community Representative
Olivia Raymond	22/12/2021 to date	22/10/1997	Binjari	Community Representative
Marie Dowling	14/11/2012 to date	22/10/1997	Katherine Town	Community Representative
Gary Manbulloo	3/12/2013 to date	28/10/2009	Myalli Brumby	Community Representative
Natasha Bronghur	14/11/2012 to date	23/06/2016	Rockhole	Community Representative
Peggy Slater	22/12/2021 to date	17/9/9/1998	Binjari	Community Representative
Douglas Kelly	26/11/2020 to date	08/09/2005	Katherine Town	Community Representative
Somara Ryan	22/12/2021 to date	14/10/2015	Rockhole	Community Representative
Michael Murrimal	22/8/2019 to 22/12/2021	18/10/2018	Binjari	Community Representative
Noel McDonald	1/7/2010 to 22/12/2021	22/10/1997	Myalli Brumby	Community Representative
Evonne Booth	22/8/2019 to 15/10/2021	22/8/2019	Binjari	Community Representative
Jason Brown	21/11/2018 to 22/12/2021	5/11/2012	Rockhole	Community Representative
Dale Hillen	31/8/2022 to date	29/04/2016	Katherine Town	Community Representative
Barbara Berto	21/2/2020 to 22/12/2021	21/2/2020	Katherine Town	Community Representative
Lisa Mumbin	1/7/2010 to 22/12/2021	16/8/2000	Myalli Brumby	Community Representative
Pauline Marapunya	14/11/2012 to 12/12/2021	22/10/1997	Rockhole	Community Representative
Melissa Rogers	20/8/2014 to 22/12/2021	15/10/2008	Rockhole	Community Representative

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

Operating result

The surplus of the Corporation for the year was \$945,000 (2021: \$3,833,572).

Principal activities

The principal activity of Wurli-Wurlinjang Aboriginal Corporation during the financial year was that of providing high quality and progressive health service to the community of Katherine, Northern Territory of Australia, that is culturally appropriate for indigenous Australians.

No significant changes in the nature of the Corporation's activity occurred during the financial year.

Distribution to Members

No distribution were paid to members during the financial year. The Corporation is a public benevolent institution and is exempt from income tax. This tax status prevents any distributions to members. The Corporation's rule book does not permit distributions to members.

Wurli-Wurlinjang Aboriginal Corporation

96 997 270 879

Directors' Report

30 June 2022

Changes in state of affairs

There was no significant change in the state of affairs during the financial year.

Subsequent events

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

Future developments and results

The Corporation expects to maintain the present status and level of operations and hence there are no likely developments in the Corporation's future operations.

Meetings of directors

During the financial year, 8 full meetings of directors and 2 half day special meetings of directors were held. Attendances by each director during the year were as follows:

Directors' Meetings		
	Number eligible to attend	Number attended
Barbara Berto	2	2
May Rosas	8	8
Marie Dowling	8	8
Douglas Kelly	8	8
Nathan Rosas	4	4
Gary Manbulloo	4	4
Lazarus Manbulloo	2	2
Heather Mundul	6	6
Lisa Mumbin	2	2
Noel McDonald	2	2
Juanita Heparia	8	8
Evelyn Andrews	6	6
Somara Ryan	6	5.5
Mariette Gaden	6	5.5
Pauline Marapunya	2	2
Melissa Rogers	2	2
Natasha Bronghur	8	8
Olivia Raymond	6	5.5
Peggy Slater	4	4
Jason Brown	2	2
Evonne Booth	2	2
Michael Murrimal	0	0
Leonie Raymond	2	2

Wurli-Wurlinjang Aboriginal Corporation

96 997 270 879

Directors' Report

30 June 2022

Auditor's independence declaration

A copy of the auditor's independence declaration is set out on page 6.

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

Director: 

Director: 

Dated this 20th day of October 2022



Auditors Independence Declaration to the Directors of Wurli-Wurlinjang Aboriginal Corporation

In relation to our audit of the financial report of Wurli-Wurlinjang Aboriginal Corporation for the financial year ended 30 June 2022, to the best of my knowledge and belief, there have been no contraventions of the auditor independence requirements of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* or any applicable code of professional conduct.

A handwritten signature in black ink that reads "Merit Partners".

Merit Partners

A handwritten signature in black ink that appears to be "Matthew Kennon".

Matthew Kennon

Partner

DARWIN

Date: 20 October 2022

Liability limited by a scheme approved under Professional Standards Legislation

Level 2, 9 Cavenagh Street Darwin NT 0800 GPO Box 3470 Darwin NT 0801
+61 8 8982 1444 meritpartners.com.au ABN 16 107 240 522



Wurli-Wurlinjang Aboriginal Corporation

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Statement of Profit or Loss and Other Comprehensive Income For the Year Ended 30 June 2022

		2022	2021
	Note	\$	\$
Revenue	4	18,964,743	19,802,143
Investment income		7,498	16,522
Other losses/(gains)		325,057	(2,252)
Employee benefits expense	5(a)	(11,377,855)	(10,658,727)
Depreciation and amortisation expense		(897,927)	(884,814)
Medical supplies and services		(1,487,254)	(1,181,174)
Motor Vehicle expenses		(160,701)	(161,644)
Other expenses	5(b)	(4,428,561)	(3,096,482)
Surplus for the year		945,000	3,833,572
Other comprehensive income		-	-
Total comprehensive income for the year		945,000	3,833,572

The accompanying notes form part of these financial statements.

Wurli-Wurlinjang Aboriginal Corporation

96 997 270 879

Statement of Financial Position

As At 30 June 2022

	Note	2022 \$	2021 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	6	13,603,183	14,692,927
Trade and other receivables	7	4,595	80,605
Other financial assets	8	3,099,009	2,095,219
Other assets	11	93,811	14,509
TOTAL CURRENT ASSETS		16,800,598	16,883,260
NON-CURRENT ASSETS			
Property, plant and equipment	10	10,715,811	6,743,529
Right-of-use assets	12	371,684	540,429
TOTAL NON-CURRENT ASSETS		11,087,495	7,283,958
TOTAL ASSETS		27,888,093	24,167,218
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	13	1,041,361	1,233,896
Contract liabilities	9	233,000	95,264
Lease liabilities	12	192,774	236,753
Employee benefits	14	1,422,152	1,395,473
Borrowings	15	276,582	-
TOTAL CURRENT LIABILITIES		3,165,869	2,961,386
NON-CURRENT LIABILITIES			
Lease liabilities	12	191,676	313,858
Employee benefits	14	252,320	219,138
Borrowings	15	2,660,392	-
TOTAL NON-CURRENT LIABILITIES		3,104,388	532,996
TOTAL LIABILITIES		6,270,257	3,494,382
NET ASSETS		21,617,836	20,672,836
EQUITY			
Accumulated funds		21,617,836	20,672,836
TOTAL EQUITY		21,617,836	20,672,836

The accompanying notes form part of these financial statements.

Wurli-Wurlinjang Aboriginal Corporation

96 997 270 879

Statement of Changes in Equity

For the Year Ended 30 June 2022

2022

	Accumulated Funds
	\$
Balance at 1 July 2021	20,672,836
Surplus for the year	945,000
Other comprehensive income	-
Balance at 30 June 2022	<u>21,617,836</u>

2021

	Accumulated Funds
	\$
Balance at 1 July 2020	16,839,264
Surplus for the year	3,833,572
Other comprehensive income	-
Balance at 30 June 2021	<u>20,672,836</u>

The accompanying notes form part of these financial statements.

Wurli-Wurlinjang Aboriginal Corporation

96 997 270 879

Statement of Cash Flows

For the Year Ended 30 June 2022

	Note	2022 \$	2021 \$
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers		2,592,943	3,298,315
Payments to suppliers and employees		(15,904,423)	(14,074,618)
Receipts from grants		16,585,546	15,961,539
Repayments on unspent grants		(1,761,924)	(572,417)
Interest received		7,498	16,522
Net cash flows provided by operating activities		1,519,640	4,629,341
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of property, plant and equipment		(4,752,051)	(1,835,768)
Proceeds from sale of property, plant and equipment		480,000	-
Investment in other financial assets		(1,003,790)	(1,008,780)
Net cash flows used in investing activities		(5,275,841)	(2,844,548)
CASH FLOWS FROM FINANCING ACTIVITIES:			
Proceeds from borrowings drawdown		3,000,000	-
Repayment of borrowings		(63,026)	-
Net Repayment of lease liabilities		(270,517)	(368,471)
Net cash flows provided by/(used in) financing activities		2,666,457	(368,471)
Net (decrease)/increase in cash held		(1,089,744)	1,416,322
Cash and cash equivalents held at the beginning of the year		14,692,927	13,276,605
Cash and cash equivalents at the end of the year	6	13,603,183	14,692,927

The accompanying notes form part of these financial statements.

Wurli-Wurlinjang Aboriginal Corporation

96 997 270 879

Notes to the Financial Statements

For the Year Ended 30 June 2022

The financial report covers Wurli-Wurlinjang Aboriginal Corporation, (the "Corporation") as an individual entity. Wurli-Wurlinjang Aboriginal Corporation is incorporated under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (CATSI Act).

The Corporation is a not-for-profit organisation registered with the Australian Charities and Not-for-profits Commission (ACNC).

The principal place of business is 25 Third Street, Katherine, NT 0850.

The functional and presentation currency of Wurli-Wurlinjang Aboriginal Corporation is Australian dollars (\$). Amounts in these financial statements are stated and rounded in the nearest Australian dollars unless otherwise noted.

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the *Australian Accounting Standards – Simplified Disclosures, Australian Accounting Interpretations*, other authoritative pronouncements of the *Australian Accounting Standards Board* and the *Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act)*. The Corporation is a not-for-profit entity for the purposes of preparing these financial statements.

The Corporation has adopted *AASB 1060 General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* effective 1 July 2021. Other than the change in disclosure requirements, the adoption of AASB 1060 has no significant impact on the financial statements because the Corporation's previous financial statements complied with *Australian Accounting Standards – Reduced Disclosure Requirements*.

The financial statements 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.

2 Summary of Significant Accounting Policies

(a) Revenue and other income

The core principle of AASB 15, *Revenue from contracts with customers* is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Corporation expects to receive in exchange for those goods or services. Revenue is recognised by applying a five-step model as follows:

1. Identify the contract with the customer
2. Identify the performance obligations
3. Determine the transaction price
4. Allocate the transaction price to the performance obligations
5. Recognise revenue as and when control of the performance obligations is transferred

Generally, the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

Wurli-Wurlinjang Aboriginal Corporation

96 997 270 879

Notes to the Financial Statements

For the Year Ended 30 June 2022

None of the revenue streams of the Corporation have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

The revenue recognition policies for the principal revenue streams of the Corporation are:

Grant revenue is recognised in the statement of income and expenditure when controlled. Where binding conditions, or specific milestones, exist relating to the specific purpose for which the grant funds may be applied, grant revenues are recognised in the balance sheet as a liability until such time that all conditions of the grant are met.

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets. Interest revenue comprises interest received and is recognised as it accrues.

Revenue from the sale of goods or services is recognised at the point of delivery of goods or services to patients.

Other income is recognised on an accruals basis when the Corporation is entitled to it.

(b) Income Tax

The Corporation is a charitable institution for the purposes of Australia taxation legislation and is therefore exempt from income tax. The Corporation holds deductible gift recipient status and is a public benevolent institution.

(c) Goods and services tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payable are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

(d) Property, plant and equipment

Each class of property, plant and equipment is carried at cost less, where applicable, any accumulated depreciation and impairment.

Depreciation

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the assets useful life to the Corporation, commencing when the asset is ready for use.

The depreciation rates used for each class of depreciable asset are shown below:

Class of non-current Asset	Depreciation Rate
Buildings	2.5%
Plant and Equipment	25%
Furniture and Fittings	10 – 20%
Motor Vehicles	20%

Notes to the Financial Statements For the Year Ended 30 June 2022

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected to arise from the continued use of the asset. Any gain or loss arising on the disposal or retirement of an items of property, plant and equipment is determined as the difference between the sales proceeds and the carrying amount of the asset and is recognised in profit or loss.

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

(e) Financial instruments

Financial instruments are recognised initially on the date that the Corporation becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Financial assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

Classification

On initial recognition, the Corporation classifies its financial assets into the following categories, those measured at:

- amortised cost
- fair value through profit or loss - FVTPL
- fair value through other comprehensive income - FVOCI

Financial assets are not reclassified subsequent to their initial recognition unless the Corporation changes its business model for managing financial assets.

Amortised cost

Assets measured at amortised cost are financial assets where:

- the business model is to hold assets to collect contractual cash flows; and
- the contractual terms give rise on specified dates to cash flows are solely payments of principal and interest on the principal amount outstanding.

The Corporation's financial assets measured at amortised cost comprise trade and other receivables and cash and cash equivalents in the statement of financial position.

Subsequent to initial recognition, these assets are carried at amortised cost using the effective interest rate method less provision for impairment.

Interest income and impairment losses are recognised in profit or loss. Gain or loss on derecognition is recognised in profit or loss.

Wurli-Wurlinjang Aboriginal Corporation

96 997 270 879

Notes to the Financial Statements For the Year Ended 30 June 2022

Financial assets through profit or loss

All financial assets not classified as measured at amortised cost or fair value through other comprehensive income as described above are measured at FVTPL.

Net gains or losses, including any interest or dividend income are recognised in profit or loss.

Impairment of financial assets

Impairment of financial assets is recognised on an expected credit loss (ECL) basis.

The Corporation uses the presumption that an asset which is more than 30 days past due has seen a significant increase in credit risk.

The Corporation uses the presumption that a financial asset is in default when:

- the other party is unlikely to pay its credit obligations to the Corporation in full, without recourse to the Corporation to actions such as realising security (if any is held); or
- the financial assets is more than 90 days past due.

Credit losses are measured as the present value of the difference between the cash flows due to the Corporation in accordance with the contract and the cash flows expected to be received. This is applied using a probability weighted approach.

Trade receivables

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses an estimation of lifetime expected credit losses. The Corporation has determined the probability of non-payment of the receivable and multiplied this by the amount of the expected loss arising from default.

The amount of the impairment is recorded in a separate allowance account with the loss being recognised in expenses. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance.

Other financial assets measured at amortised cost

Impairment of other financial assets measured at amortised cost are determined using the expected credit loss model in AASB 9. On initial recognition of the asset, an estimate of the expected credit losses for the next 12 months is recognised. Where the asset has experienced significant increase in credit risk then the lifetime losses are estimated and recognised.

Financial liabilities

The Corporation measures all financial liabilities initially at fair value less transaction costs, subsequently financial liabilities are measured at amortised cost using the effective interest rate method.

The financial liabilities of the Corporation comprise trade payables, bank and other loans and lease liabilities.

Notes to the Financial Statements

For the Year Ended 30 June 2022

(f) Impairment of non-financial assets

At the end of each reporting period the Corporation determines whether there is an evidence of an impairment indicator for non-financial assets.

Where an indicator exists and regardless for indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the asset is estimated.

Where assets do not operate independently of other assets, the recoverable amount of the relevant cash-generating unit (CGU) is estimated.

The recoverable amount of an asset or CGU is the higher of the fair value less costs of disposal and the value in use. Value in use is the present value of the future cash flows expected to be derived from an asset or cash-generating unit.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment loss.

(g) Cash and cash equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

(h) Leases

At inception of a contract, the Corporation assesses whether a lease exists - i.e. does the contract convey the right to control the use of an identified asset for a period of time in exchange for consideration.

This involves an assessment of whether:

- The contract involves the use of an identified asset - this may be explicitly or implicitly identified within the agreement. If the supplier has a substantive substitution right, then there is no identified asset.
- The Corporation has the right to obtain substantially all of the economic benefits from the use of the asset throughout the period of use.
- The Corporation has the right to direct the use of the asset i.e. decision-making rights in relation to changing how and for what purpose the asset is used.

Lessee accounting

The non-lease components included in the lease agreement have been separated and are recognised as an expense as incurred.

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

Notes to the Financial Statements

For the Year Ended 30 June 2022

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

The right-of-use asset is depreciated over the lease term on a straight-line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

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

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

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

Exceptions to lease accounting

The Corporation has elected to apply the exceptions to lease accounting for both short-term leases (i.e. leases with a term of less than or equal to 12 months) and leases of low-value assets. The Corporation recognises the payments associated with these leases as an expense on a straight-line basis over the lease term.

(i) Borrowings

Borrowings are initially recognised at fair value, net of transaction costs incurred and are subsequently measured at amortised cost. Any difference between the proceeds (net of transaction costs) and the redemption amount is recognised in the income statement over the period of the borrowings using the effective interest method.

(j) 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 wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits expected to be settled more than one year after the end of the reporting period 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 satisfy vesting requirements. Cashflows are discounted using market yields on high quality corporate bond rates incorporating bonds rated AAA or AA by credit agencies, with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.

(k) New Accounting Standards and Interpretations

The Corporation has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period. The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the Corporation.

Wurli-Wurlinjang Aboriginal Corporation

96 997 270 879

Notes to the Financial Statements For the Year Ended 30 June 2022

The following Accounting Standards and Interpretations are most relevant to the Corporation.

<u>Standard</u>	<u>Effective Date</u>
AASB 1060 <i>General Purpose Financial Statements - Simplified Disclosures for Profit and Not-for-Profit Tier 2 Entities</i>	1 July 2021
ASB 2020-2 <i>Amendments to AASs – Removal of Special Purpose Financial Statements for Certain For-Profit Private Sector Entities</i>	1 July 2021
AASB 2021-1 <i>Amendments to AASs – Transition to Tier 2: Simplified Disclosures for Not-for-Profit Entities</i>	1 July 2021
AASB 2021-3 <i>Amendments to AASs – COVID-19-Related Rent Concessions beyond 30 June 2021</i>	1 April 2021

Other than the change in the disclosure requirements, the adoption of AASB 1060 and its related amendments has not had a significant impact on the Corporation's financial statements because the Corporation's previous financial statements complied with Australian Accounting Standards - Reduced Disclosures Requirements.

The application of other new Accounting Standards and Interpretations does not have also have any material impact on the amounts recognised in the Corporation's financial statements.

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The Corporation has decided not to early adopt these Standards and does not expect these new and amending standards to have a material impact on the Corporation.

3 Critical Accounting Estimates and Judgments

The directors make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

Impairment of property, plant and equipment

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.

Useful life of assets

The Corporation assesses the useful life of assets at each reporting date, based on the expected utility of the assets.

Wurli-Wurlinjang Aboriginal Corporation

96 997 270 879

Notes to the Financial Statements For the Year Ended 30 June 2022

4 Revenue and Other Income

	2022	2021
	\$	\$
Revenue		
- Grants	16,371,800	16,478,900
- Medicare revenue	1,303,474	1,768,021
- Immunisation and other HIC income	493,906	606,457
- NT general practice education reimbursements	545,527	722,486
- Other revenue	250,036	226,279
	<u>18,964,743</u>	<u>19,802,143</u>

5 Result for the Year

The result for the year includes the following specific expenses:

	2022	2021
	\$	\$
(a) Employee benefits expense		
Post employment benefits	958,557	852,630
Other employee benefits	10,419,298	9,806,097
	<u>11,377,855</u>	<u>10,658,727</u>
(b) Other expenses		
Cleaning, rubbish removal & waste disposal	302,637	301,533
Impairment loss recognised on trade receivables	-	150
Insurance	127,286	104,116
IT support	647,790	467,107
Professional fees	303,889	106,856
Rates and rents	208,599	224,231
Repairs and maintenance	134,704	102,731
Security	136,255	159,425
Telephone, fax and postage	55,337	162,551
Travel and training costs	141,447	130,150
Unspent funds repaid	1,761,924	572,417
Utilities	131,633	137,988
All other expenses	477,060	627,227
	<u>4,428,561</u>	<u>3,096,482</u>

Wurli-Wurlinjang Aboriginal Corporation

96 997 270 879

Notes to the Financial Statements For the Year Ended 30 June 2022

6	Cash and Cash Equivalents	2022	2021
		\$	\$
	CURRENT		
	Cash at bank and in hand	<u>13,603,183</u>	<u>14,692,927</u>
	Total cash at bank and in hand	<u>13,603,183</u>	<u>14,692,927</u>
7	Trade and other receivables	2022	2021
		\$	\$
	CURRENT		
	Trade and other receivables	16,647	92,657
	Provision for impairment	<u>(12,052)</u>	<u>(12,052)</u>
	Total current trade and other receivables	<u>4,595</u>	<u>80,605</u>
8	Other Financial Assets	2022	2021
		\$	\$
	CURRENT		
	Other financial assets	<u>3,099,009</u>	<u>2,095,219</u>
	Total other financial assets	<u>3,099,009</u>	<u>2,095,219</u>
9	Contract Liabilities		
	The Corporation has recognised the following contract liabilities from contracts with funding providers:		
		2022	2021
		\$	\$
	CURRENT		
	Unearned revenue	<u>233,000</u>	<u>95,264</u>
	Total contract liabilities	<u>233,000</u>	<u>95,264</u>

Wurli-Wurlinjang Aboriginal Corporation

96 997 270 879

Notes to the Financial Statements For the Year Ended 30 June 2022

10 Property, plant and equipment

	2022	2021
	\$	\$
Land		
Freehold Land - at cost	150,000	150,000
Buildings		
Buildings - at cost	11,444,273	7,641,874
Accumulated depreciation	(1,997,603)	(1,947,902)
	9,446,670	5,693,972
Plant and equipment		
Plant and equipment - at cost	1,648,413	1,555,854
Accumulated depreciation	(1,440,250)	(1,353,326)
Binjari plant and equipment - at cost	87,907	87,907
Accumulated depreciation	(87,240)	(86,188)
	208,830	204,247
Furniture and fittings		
Furniture and fittings - at cost	305,854	300,506
Accumulated depreciation	(294,087)	(287,587)
Binjari furniture and fittings - at cost	93,434	93,434
Accumulated depreciation	(93,434)	(93,434)
	11,767	12,919
Motor Vehicles		
Motor Vehicles - at cost	1,535,832	1,386,136
Accumulated depreciation	(706,827)	(757,504)
Binjari motor vehicles - at cost	104,776	104,776
Accumulated depreciation	(67,055)	(51,017)
	866,726	682,391
Capital works in progress	31,818	-
Total property, plant and equipment	10,715,811	6,743,529

Wurli-Wurlinjang Aboriginal Corporation

96 997 270 879

Notes to the Financial Statements For the Year Ended 30 June 2022

Movements in carrying amounts of property, plant and equipment

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

	Land \$	Buildings \$	Plant & equipment \$	Furniture & fittings \$	Motor Vehicles \$	Binjari plant & equipment \$	Binjari Motor vehicles \$	Capital Works in Progress \$	Total \$
Year ended 30 June 2021									
Balance at the beginning of the year	150,000	4,107,928	219,115	18,577	853,625	2,929	69,797	-	5,421,971
Additions	-	1,750,679	75,589	-	9,500	-	-	-	1,835,768
Disposals	-	-	(2,252)	-	-	-	-	-	(2,252)
Depreciation	-	(164,635)	(89,925)	(5,658)	(234,493)	(1,209)	(16,038)	-	(511,958)
Balance at the end of the year	150,000	5,693,972	202,527	12,919	628,632	1,720	53,759	-	6,743,529
Year ended 30 June 2022									
Balance at the beginning of the year	150,000	5,693,972	202,527	12,919	628,632	1,720	53,759	-	6,743,529
Additions	-	4,314,636	107,333	5,348	486,417	-	-	31,818	4,945,552
Disposals	-	(343,335)	-	-	(5,108)	-	-	-	(348,443)
Depreciation	-	(218,603)	(101,697)	(6,500)	(280,936)	(1,053)	(16,038)	-	(624,827)
Balance at the end of the year	150,000	9,446,670	208,163	11,767	829,005	667	37,721	31,818	10,715,811

Wurli-Wurlinjang Aboriginal Corporation

96 997 270 879

Notes to the Financial Statements For the Year Ended 30 June 2022

11	Other Assets		
		2022	2021
		\$	\$
	Current		
	Prepayments	<u>93,811</u>	<u>14,509</u>

12 Leases

Corporation as a lessee

The Corporation has leases over a range of assets including land and buildings and IT equipment. Information relating to the leases in place and associated balances and transactions are provided below.

Terms and conditions of leases

The Corporation leases buildings; the leases are generally between 17 months to 5 years. The Corporation also leases a number of photocopiers and managed data switches and the lease for these items is 3 year long.

Right-of-use assets

	Buildings	IT equipment	Total
	\$	\$	\$
Year ended 30 June 2022			
Balance at beginning of the year	431,826	108,603	540,429
Additional leases	17,203	87,153	104,356
Amortisation	<u>(144,718)</u>	<u>(128,383)</u>	<u>(273,101)</u>
Balance at the end of the year	<u>304,311</u>	<u>67,373</u>	<u>371,684</u>

	2022	2021
	\$	\$
Lease liabilities		
Current	192,774	236,753
Non-current	<u>191,676</u>	<u>313,858</u>
	<u>384,450</u>	<u>550,611</u>
Other short term and low value leases payments:	<u>77,358</u>	<u>80,199</u>

Wurli-Wurlinjang Aboriginal Corporation

96 997 270 879

Notes to the Financial Statements For the Year Ended 30 June 2022

13 Trade and Other Payables

	2022	2021
	\$	\$
Current		
Trade payables	657,888	764,019
Accruals	131,474	196,623
Goods and services tax payable	251,999	273,254
	<u>1,041,361</u>	<u>1,233,896</u>

14 Employee Benefits

	2022	2021
	\$	\$
Current		
Annual leave	1,059,777	966,894
Long service leave	362,375	428,579
	<u>1,422,152</u>	<u>1,395,473</u>
Non-current		
Long service leave	252,320	219,138
	<u>252,320</u>	<u>219,138</u>

15 Borrowings

	2022
	\$
Current	276,582
Non-current	2,660,392
	<u>2,936,974</u>

The Corporation drew down the loan from a commercial bank for a period of 10 years and bears interest at a variable rate based on ANZ Business Mortgage Index rate. The proceeds of the borrowings were used to finance the acquisition of additional land and buildings during the year. At 30 June 2022, the interest rate was 6.35% per annum minus a margin of 3.17% per annum.

16 Economic Dependence

During the year the Corporation received grants from government departments and the future operation of the Corporation is dependent upon continued funding from the government departments. The Corporation's primary health care operations are supported by grants from federal, state, and local governments.

Wurli-Wurlinjang Aboriginal Corporation

96 997 270 879

Notes to the Financial Statements For the Year Ended 30 June 2022

17 Key Management Personnel Remuneration

The totals of remuneration paid to the key management personnel of Wurli-Wurlinjang Aboriginal Corporation during the year are as follows:

	2022	2021
	\$	\$
Short-term employee benefits	785,965	853,586
Termination payment	73,106	-
Long-term employee benefits	(70,911)	14,908
Post-employment benefits	135,623	84,841
	<u>923,783</u>	<u>953,335</u>

18 Auditor's Remuneration

The auditor's remunerations are as follows:

	2022	2021
	\$	\$
Audit fee	29,635	31,942
	<u>29,635</u>	<u>31,942</u>

19 Contingencies

At 30 June 2022 there is currently one ongoing medical malpractice legal matter which the Corporation is involved in. In the opinion of the Directors, it is unknown at the time of signing the accounts if there will be any costs for the Corporation in relation to the ongoing matter and that the Corporation has sufficient insurance in relation to this type of matter (30 June 2021: Nil).

20 Related Parties

During the year ended 30 June 2022, Wurli-Wurlinjang Aboriginal Corporation paid directors fees and travel allowances to its board of directors who attended meetings for and on behalf of the Corporation.

	2022	2021
	\$	\$
Director fees (i)	32,150	32,063
Travel allowances (ii)	-	-
	<u>32,150</u>	<u>32,063</u>

- (i) Directors are paid \$250 when attending a board meeting. If it is a multi-day meeting they are paid \$250 per day.
(ii) Directors are paid reasonable domestic travel and meal allowances in accordance with Taxation Determination TD 2015/14.

During the year, amounts were paid to Ngaigu-Malu Aboriginal Corporation ("NMAC") for the provision of Cultural Awareness training, on an arm's length basis and under normal terms and conditions. NMAC is a related party of the Chairman of the Corporation's Board of Directors. Total amount paid during the year amounted to \$13,750.

During the year, one KMP's close family member was employed by the Corporation under normal employment terms and conditions. The amount paid to the KMP's close family member amounted to \$48,878.

Wurli-Wurlinjang Aboriginal Corporation

96 997 270 879

Notes to the Financial Statements For the Year Ended 30 June 2022

Other than above, there has been no other related party transactions during the year which include close family members of key management personnel and entities that are controlled or significantly influenced by those key management personnel or their close family members.

21 Events after the end of the Reporting Period

The financial report was authorised for issue on 20th day of October 2022 by the Board of Directors.

No matters or circumstances have arisen since the end of the financial year which 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.

Wurli-Wurlinjang Aboriginal Corporation

96 997 270 879

Directors' Declaration

The directors of Wurli-Wurlinjang Aboriginal Corporation declare that:

1. The financial statements and notes, as set out on pages 6 to 25, are in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and regulations:
 - (a) comply with Australian Accounting Standards; and
 - (b) give a true and fair view of the financial position as at 30 June 2022 and of the performance for the year ended on that date of the Corporation.
2. In the directors' opinion, there are reasonable grounds to believe that the entity 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.

Director 

Director *M.P. Dawling*

Dated this 20th day of October 2022

Independent auditor's report to the members of Wurli-Wurlinjang Aboriginal Corporation

Opinion

We have audited the financial report of Wurli-Wurlinjang Aboriginal Corporation (the "Corporation") which comprises the statement of financial position as at 30 June 2022, the statement of profit and loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, other explanatory notes and the directors' declaration.

In our opinion:

- (a) the financial report of Wurli-Wurlinjang Aboriginal Corporation gives a true and fair view of the entity's financial position as at 30 June 2022 and of its financial performance for the year then ended in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and its Regulations and Australian Accounting Standards – Simplified Disclosure Requirements;
- (b) we have been given all information, explanations and assistance necessary for the conduct of the audit;
- (c) the Corporation has kept financial records sufficient to enable the financial report to be prepared and audited; and
- (d) the Corporation has kept other records and registers as required by the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*.

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* (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.

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 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 gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, 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.

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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 the 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.
- 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 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 regarding, 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.



Merit Partners



Matthew Kennon
Partner

DARWIN
Date: 20 October 2022







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