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Our Vision



One Shield for All.
All for One Shield.

Through our strong leadership
we will grow.
This growth will be driven by our people
to encourage pride and empowerment
within our communities.

Our vision acknowledges the distinct
and diverse identity
of our people
and their communities.

Our achievements will gain credibility
through recognition
by our communities and peers.

Introduction



Searching for bush medicine - Lajamanu
of the organisation.

Katherine West Health Board (KWHB) provides treatment and preventative health programs through an integrated service to people throughout the Katherine West region. Our clients include many Aboriginal language groups and non-Aboriginal people.

As an Aboriginal Community Controlled Health Organisation, KWHB is governed by a board of eighteen community-elected members. The board's active involvement in developing and running the health service and the dynamic relationship between the board members and staff, are major strengths

Currently in its sixth year of operation, KWHB maintains an administrative base in Katherine. The eight community clinics and one mobile clinic provide health services including comprehensive primary care, public health programs and 24 hour emergency services to communities throughout an area of approximately 162,000 square kilometers. The staff members include Aboriginal Health Workers, community workers, nurses, doctors, administrative staff and public health professionals. KWHB also coordinates complimentary services for clients such as visiting medical, dental and mental health specialists and additional primary care service agreements with East Kimberley Aboriginal Medical Services.

KWHB actively develops and trains its staff and also participates in appropriately directed research and development activities. Many of KWHB's activities rely on collaboration and cooperation with other health organisations and funding bodies. When necessary KWHB also fills an advocacy role and shares knowledge and experience to contribute to improved health care throughout the Territory.

KWHB makes significant contribution to the welfare of communities throughout the region by providing information and education programs which see the organisation working with community members towards improved health.

KWHB is managed by a board of members who oversee the general operations and assist in managing the overall strategic direction of the organisation. The board members represent the communities throughout the region and are elected by their home communities.

A portrait of a man with a large, dark afro and a full beard, wearing a blue shirt. He is looking directly at the camera. The background is slightly blurred, showing some greenery.

Full Board meetings are held every three months and the Executive meet every month. These meetings are attended by the Chief Executive Officer, Deputy Chief Executive Officer and other key personal.

BOARD

CHIEF EXECUTIVE OFFICER

Corporate Support

- DEPUTY CHIEF EXECUTIVE OFFICER
 - Finance Officer
 - Office Manager
 - Reception
 - Records
 - Fleet
 - Health Management
- Personal Assistant Directorate

Health Management

- Manager Oral Health
- Dental Assistant
- MEDICAL DIRECTOR**
 - CDSM Coordinator
 - CDSM v 2 (Lajamanu)
 - CDSM v 2 (Kalkarindji)
 - CDSM v 2 (Timber Creek)

Medical Services

- Child Health Program Co-ordinator
 - Maternal & Child Health Officer
 - Maternal Health Project Officer
- Clinical Staffing Manager
 - Mobile & Relief Team Nurse (Leader) Nurse
 - Timber Creek Nurse (HCC) Nurse AHW Nurse AHW (T) Administration cleaner grounds
 - Yarralin Nurse (HCC) Nurse AHW (T) AHW (T) Administration (p/t) cleaner grounds
 - Pigeon Hole AHW AHW AHW (p/t)
- Clinical Quality Manager
- Environmental Health Officer
 - Mialuni Nurse
 - Bulla AHW AHW
 - Environmental Health Officer (trainee)
 - Environmental Health Worker (trainee)
 - Environmental Health Worker (trainee)
- Community Health Programs Manager
 - Daguragu Nutrition Worker (trainee)
 - Daguragu Nutrition Worker (trainee)
 - Lajamanu Store Nutrition Worker CDEP
 - Family Centre Supervisor
 - Family Centre Assistant Supervisor
- Nutritionist
- Health Promotion Officer

Community Health Services

- Community Doctor Timber Creek
- Community Doctor Kalkarindji
- Community Doctor Lajamanu
- Lajamanu HCC AHW AHW Nurse Nurse Nurse Administration cleaner grounds
- Kalkarindji HCC AHW AHW AHW AHW Nurse Nurse Administration cleaner grounds

Organisational Priorities for 2004/2005

Overview

During 2004/2005, KWHB concentrated on consolidating its financial position and ensuring the organisation's structure complimented the services of the organisation. The organisation continues to face challenges associated with funding shortfalls, staff retention and servicing a 162,000 square kilometer area.

Key Organisational Priorities

1. Financial Performance

A review of the organisation's financial position in January 2005 indicated that it was trending towards a major deficit for the year. As a result, accumulated surpluses from 2003/2004 were used to ensure that primary health services were delivered throughout the region. To further strengthen KWHB's financial performance, efficiencies were identified throughout the organisation, staffing positions were reviewed, some staffing positions have remained unfilled and funding gaps were identified.

KWHB invited the Commonwealth Department of Health and Ageing (DoHA) and the Northern Territory Department of Health and Community Services (DHCS) to review its finances and operations. As a result of the review, DoHA contributed \$295,000 towards implementing the Communicare clinical online information system, have provided advice for some financial and planning matters and provided support in developing a Governance training program. A formal response from DHCS is yet to be received.

2. Community Based Strategy

KWHB adopted a Community Based Strategy which will improve communication and mutual understanding between senior management and clinic staff. Through the strategy, four Executive Board meetings are held on communities each year – one in each major member community. Quarterly meetings are also held at each major community health center. These meetings are attended by the Chairperson, board members elected from the community, CEO, Deputy CEO, Medical Director and all health centre staff to discuss issues and workshop strategies. Though in its early stages, the strategy is producing positive results.

3. Staffing Restructure

KWHB reviewed its staffing structure to:

- identify better ways of allocating tasks,
- identify cost efficiencies, and
- promote Aboriginal leadership by developing management career pathways.

This restructure is ongoing and will be finalised by December 2005.

4. Implementing Communicare

With funding assistance to the amount of \$295,000 from OATSIH, KWHB implemented Communicare, a clinical information system, in Katherine and the four major Community Health Centres. Mialuni, Yarralin, Bunbidee and Daguragu are due to come on-line in September 2005. Importantly, information collected by the mobile health unit and other program areas is also entered.

The implementation of Communicare will facilitate improved health services to patients throughout the region as their records can be accessed from any clinic. This is particularly important for clients with chronic diseases as health records, pathology results and HIC rebates will all be accessible from all clinics.

Communicare will help KWHB better plan, implement, evaluate and report on the health services it provides. Clinics are linked either over ISDN lines or via satellite service, which will be improved in the coming year. A Data Integrity Officer commenced the process of auditing all hard copy notes and transferring important clinical information onto the patients' electronic file, to ensure accuracy of all medical records.

The introduction of this new system has affected all work units and clinics throughout the organisation. KWHB acknowledges the contribution made by all staff in establishing the system.

5. Governance Training

A grant of \$90,000 was received from OATSIH to provide governance training to Board Members. With this funding, a Board Training Officer will be employed part time for a period of twelve months. Their duties will include coordinating training in the areas of financial management (Money Story, cultural orientation resources), planning and strategic direction and developing the associated resources. The training will build the Board Members' confidence, skills base and knowledge of organisational roles and responsibilities. This will in turn enhance their contribution to managing the overall strategic direction of KWHB, developing annual goals and objectives and setting benchmarks.

6. Relationships with external stakeholders

KWHB has continued to play active roles with external bodies in the Indigenous health sector including the:

- Aboriginal Medical Services Association NT (AMSANT),
- Katherine Regional Aboriginal Health and Related Services (KRAHRS).

KWHB has also maintained strong relationships with its principle funding bodies, the Commonwealth Department of Health and Ageing and the Northern Territory Department of Health and Community Services.

Medical Director

Key activities for 2004/2005

1. Key clinical focuses

Diabetes and cardiovascular disease along with tobacco related illnesses dominated the work of our clinics. There is the constant challenge of balancing the available resources between treating patients and early intervention and primary preventive health care.

2. Chronic Condition Self Management

As at 30 June 2005, the Chronic Condition Self Management program remained suspended due to delays in expected transition funding. It is anticipated that the program will recommence during 2005/2006 and result in an approach to care planning that further integrates self management principles. Prevention of chronic disease starts at birth and there has been a continued focus on good health for children through school programs. Recent extension of community schools into secondary education provide KWHB with opportunities to provide vital health education to teenagers as well. These activities will contribute to the long-term reduction of chronic disease among community members.

3. Service delivery improvements

Service delivery has been improved with the implementation of Communicare in all major health centers. The system increases the medical staff's effectiveness in care planning, recall, early detection and early intervention. It will also improve the staff's ability to give health information to communities and reduces the amount of time needed to meet reporting requirements.

Kalkaringi Health Centre

Overview

Kalkaringi is located approximately 470 kilometers South/West of Katherine along the Buntine Highway. The Kalkaringi Clinic also manages the Daguragu Clinic approximately 12kms away and services numerous cattle stations in the area. The combined population of the two communities is 710.

Key activities for 2004/2005

1. Staff training and development

Staff training and development was a priority during the year to ensure that permanent staff could attend training courses when available. All staff attended at least three courses for professional development. In addition the clinic held regular in-services on specific areas such as defibrillation, suturing, chest pain, etc. The increased knowledge gained has seen a positive improvement in staff confidence and ability to deliver patient care.

2. Cost efficiency

The clinic has made a significant effort to reduce clinic costs. Specific areas where spending was reduced were overtime, fuel costs, vehicle maintenance through reduction of fleet size and supply of non-essential pharmacy items which people are now encouraged to purchase from the local shop. Non-S100 items are not dispensed as frequently and prescription items are now purchased directly from the pharmacy by individual patients if possible.

3. Child Health Program

The Child Health Program had positive outcomes during the year. Immunisations and prophylactic antibiotics regimes were administered effectively. Improving outcomes for anemic children was a priority and staff were trained on identification and appropriate treatment. This, in conjunction with a parent education program, saw a significant improvement in the follow-up treatment of children identified as anemic. The implementation of the "pukka lunga" program also showed improvements in the severity of ear disease present in the children of the community.

4. Sexual Health Program

There has been an overall reduction in the level of sexually transmitted diseases in the community due to regular screening programs and prompt follow-up treatment.

5. Men's Health and Old Person's Programs

Both programs commenced in June 2005 and it is anticipated they will make significant contributions during the next financial year.

Priorities for 2005/2006

1. Accommodation and clinic maintenance
2. Men's Health Program: This program will continue to be a focus for staff to ensure it achieves positive outcomes for the community.
3. Old Person's Program: Expand the current service to incorporate more into the program.
4. Child Health will continue to be a focus for the community and the clinic.
5. Staff Morale: To maintain staff morale and a positive team environment is an important aim for this financial year.

Lajamanu Health Centre

Overview

Lajamanu is situated on the edge of the Tanami desert approximately 550 kilometers south west of Katherine along the Buntine Highway. The Walpiri Clan was settled on the land approximately 40 years ago. The population is the highest and regarding health the people appear to be the most compromised. This year the clinic has established good networks with other centres, health agencies and government departments around the Northern Territory and Western Australia. As the Lajamanu community is very transient, these relationships will improve the consistency of the care they receive.

Key activities for 2004/2005

1. School Programs

A number of programs are run in conjunction with the school.

- In April, school screening days saw 166 students attend the clinic. No trachoma was identified however anemia rates were high.
- Weekly information sessions were held which addressed topics such as basic hygiene, good food, keeping safe, young men and young women's business and exploring the prospect of available jobs available in the health industry.
- This year the school and clinic held a health expo which featured displays and demonstrations relating to teeth cleaning, bush medicine, germ prevention, ear toilets, healthy homes and clean skin.

2. Women's Programs

A permanent midwife commenced this year and conducted regular visits to pregnant women and young mothers at home. Two Well Women screens have been carried out and successful overnight bush trips have been conducted through out the region to discuss the women's health issues.

3. Men's Programs

Regular health screening, treatments and health education sessions were well attended by men in the community. The establishment of a men's centre has contributed to this.

4. Building works

Early in the financial year the Northern Territory Government funded building works which included enclosing the waiting area, separating the reception area and installing a third consultation room.

Priorities for 2005/2006

1. Community Health Programs: Continue to work with the Council to establish formal sanitation, rubbish programs and dog hygiene programs to improve the overall health of the community.
2. Continue to focus on anaemia and scabies treatment and prevention.
3. Continue to provide education and support programs which enable people to take ownership of their own health.

Timber Creek Health Centre

Overview

Timber Creek Health Centre is located 280km west of Katherine on the Victoria Highway and is staffed by an administrative officer, RAN's and a GP. Bulla Health Centre is 340km west of Katherine and is staffed by two AHW's and Mialuni is 400km south west of Katherine. Both of these centres receive assistance by visiting staff from Timber Creek, and in Mialuni's case Bulla, on a weekly basis.

The service provides acute care and emergency care to all residents and tourists, and primary health and ongoing care for all residents of the region. We strive to provide quality culturally appropriate health care to a population that is burdened with a great deal of preventable chronic disease.

Key activities for 2004/2005

1. 0-5

Anaemia in the region dropped below 20%, exact rates hard to identify as gold standard test for anaemia is invasive and impractical for community wide screen. Big focus on ear health in this age group is showing some improvement in this area. Still children who are underweight for age and also who fall into the category of wasted which highlights the need for a greater focus on nutrition and education at a community level. Immunisation program is up to date

2. School screening

Annual school screening showed general good health in this age group, still some ear disease and related hearing impairment. No trachoma seen.

3. Well woman/ men

There has been a huge commitment to biannual health checks which has identified a lot of early stage renal disease some diabetes and hypertension and interestingly enough a great deal of people who say they are feeling sad or depressed and having no-one to talk to about it.

STI screening identified very little infection in the community which is a credit to the hard work and time being put into this area.

Woman's business programs are up to date.

4. Antenatal care is provided by non midwives at Timber Ck with a visit by Margaret O'Brien once in their pregnancy if low risk with further intervention if they are considered high risk.

5. Chronic disease

This year we had feedback from the ABCD audit which was very positive and showed that we are making progress in this area. Chronic disease is a burden for the community and will continue to be. It is an area which is often put into the too hard basket as it is not curable with one or two treatments and quite often people do not feel sick with their disease. We have made some goals for the next three years in this area which focus on alcohol and domestic violence, nutrition, physical activity, smoking and mental health. These areas are much bigger than what the health centre can achieve alone and would be open to any suggestions or help.

6. Accreditation

In 2005 Timber Ck Health Centre attained accreditation with Australian General Practice Accreditation Limited which assures clients that the GP in the health centre practices within a quality set of guidelines. It allows the GP to claim service incentive payments from the government.

Priorities for 2005/2006

1. Focus on alcohol and domestic violence which contributes heavily to morbidity and mortality in the region.
2. Focus on mental health. Depression has been highlighted as a major issue as a result of the health assessments. It is evident that one in four people have reported feeling sad and having no-one to talk to in the last 12 months.
3. Work with community, school and resource centre in an attempt to improve access to affordable nutritious food.
4. Consult with resource centre on establishing quality lifestyle activities to increase community awareness of importance of exercise
5. Re-establish quality culturally appropriate school health education in consultation with parents and teachers.
6. Structured and collaborative approach to disaster and emergency planning.

Yarralin Health Centre

Overview

Yarralin is located approximately 402 kilometers South/West of Katherine along the Buchanan Highway via the Buntine Highway and 363 kilometers via the Victoria Highway. The Yarralin Clinic also manages the Pigeon Hole Clinic approximately 280 kms away via the Buchanan & Buntine Highways and services numerous cattle stations in the area. The combined population of the two communities is 520.

Key activities for 2004/2005

1. Growth Assessment and Action (GAA) 0 – 5 yrs

GAA screening was conducted in April 2005 and additional follow up checks and opportunistic assessments were conducted. In many cases, entire families were treated in conjunction with the child. Education was also provided to parents.

2. School Age Screening 6 – 15 yrs

Formal screening was undertaken this year with follow-up checks contributing to the program's strong results.

3. Immunisation

Catch up schedules for 15 year olds were compiled in cooperation with CDC and the appropriate immunizations provided. As at 30 June 2005, some immunizations were still required and will be completed early in 2005/2006.

4. Chronic Disease

Yarralin Clinic has thirty-nine active chronic disease clients who receive medication via the packed system (eg Webster Pack). All but three of these clients now have care plans in place and only one client was evacuated for acute illness that maybe related to non-compliance to the chronic medication regime.

5. Community Consultation

Meetings were conducted to improve relationships between clinic staff and community members. As a result of these meetings, a successful sex education lesson was held with appropriately aged girls attending Yarralin School. Clinic staff are also:

- supplying insulin dependent diabetics with sharps containers for disposal of used needles, and
- encouraging community members to return old medications to the clinic and providing education on safe storage of medications. This initiative is resulting from numerous reports of children playing with and destroying clients pre-packed medications. At this point this project has had a poor response.

Priorities for 2005/2006

Mobile Health Unit

Overview

The Mobile Health Unit provides education programs and basic clinical services to cattle station residents throughout the region. The unit's staff also provide relief services to health clinics and assist with major programs in communities.

Key activities for 2004/2005

1. A key focus throughout the year was consolidating client relationships and establishing client needs. Client feedback regarding the services provided by the unit was sought.
2. During the year, five new cattle stations became regular clients of the Mobile Health Unit. They are Margaret Downs, Larrizona, Dry River, Dungowan and Willaroo Stations.
3. Events attended by the unit include camp draft at Pussycat Bore and the Katherine Regional Show.
4. The unit assisted with STI screenings at community clinics.
5. Resource requirements were reviewed and inventory documentation was completed.

2004	MONTH	TOTAL	MALE	FEMALE	AB	NON	HOME	TELE	ADMIN	Dr.Con s.	REF.
	JULY	19	12	7							
	AUGUST	62	40	22							
	SEPT.	100	54	46							
	OCT.	17	8	9							
2005	MARCH	14	7	7	1	13	13	1	0		
	APRIL	127	73	54	16	111	110	12		2	
	MAY	153	93	60	19	134	153				
	JUNE	106	63	43	32	74	92	3	11	1	2

Priorities for 2005/2006

The key education areas for 2005/2006 will be:

- Smoking – its hazards and methods of breaking the habit.
- Skin and Eye Care – protection from chemicals and the sun and general care.
- Sexually Transmitted Diseases – types, protection and responsibilities.
- The establishment of a better RN relief support from the Mobile team.

Oral Health Services

Overview

A dental team (Dentist and Dental Assistant) was employed by the KWHB in June and July 2005 to supply dental services to Kalkaringi, Lajamanu and Timber Creek. The aims were to provide as many dental treatments as possible, to assess the demand for dental services and to consider means of providing a sustainable and effective dental service to the region under the umbrella of the KWHB.

Key findings

The visits to Kalkaringi, Lajamanu and Timber Creek in June-July 05 clearly demonstrated an urgent need exists for dental treatment. The key findings were:

- The most pressing requirement is management of acute disease; these being dental abscesses, decay and gross periodontal disease.
- A dental health education program aimed at prevention should be established to help curb the rate and severity of dental health issues.
- A significant number of patients are missing all or most of their teeth and are in urgent need of partial or full dentures.
- The infrastructure and materials available at the larger communities is adequate for general dental treatment.
- The support and co-operation provided by the other health workers and administrative staff at the health centres was invaluable.
- An ongoing dental program including treatment and education will reduce the incidence and degree of dental disease in the long term.

Summary of treatments

Kalkaringi

Patients seen	123
Services provided	303
Extractions	65 (53 routine, 12 surgical)
Exams, consults	98
Radiographs	30
Fillings	89
Approximate value of services	\$25,000

Lajamanu

Patients seen	79
Services provided	177
Extractions	43 (29 routine, 14 surgical)
Exams, consults	78
Scale and clean	26
Fillings	29
Full upper and lower denture	1
Approximate value of services	\$17,000

Community Health Program Manager

Overview

The Community Health Program facilitates a collaborative approach to meeting community health needs by consolidating clinical services and public health programs. This approach improves health outcomes for communities by delivering appropriate, accessible and competent health services.

Key activities for 2004/2005

1. Child health programs

A collaborative approach to improving the health outcomes for children has seen positive results. Health center staff, Child and Maternal Health Officers, Nutrition Officers and parents have worked together to focus on good food, vaccinations, and regular child health checks. As a result Tracholma rates are decreasing however ear health continues to be a concern.

2. Sexual Health Programs

Funding was secured from OATSIH to employ a staff member for 3 months to assist with developing and implementing programs to better address issues associated with Sexually Transmitted Infections.

3. Men's and Women's health programs

KWHB employed a Men's and Women's Health Coordinator for four months. The women's program experienced positive outcomes as the coordinator was able to develop strong relationships with women in the communities and clinic staff. The men's program was not as successful, further highlighting the need for male staff to support such programs.

4. Referrals to external services

KWHB continues to access services provided by the Northern Territory Government including mental health services, therapy services, medical specialist community visits, patient travel and emergency evacuations. Accessing these services enhances the provision of effective health care throughout the KWHB region.

Priorities for 2005/2006

1. Focus on completing regular twice-yearly health checks for all residents. This will improve educational opportunities and preventative measures.
2. Employ a Sexual Health Program Officer as per secured funding agreement.
3. Continued focus on ear health.

Environmental Health

Overview

The Environmental Health team aims reduce disease levels by providing funding bodies with an accurate portrait of living conditions in the region and empowering people to take control of their living environment.

The Environmental Health team is a multidisciplinary unit that promotes a proactive approach to disease control. In a community situation this includes insect control, monitoring water supplies, waste management, health education, response to communicable disease and addressing housing standards. Strategies are being adopted that are aimed at both improving the conditions that people are living in as well as education programs that allow people to influence how they live.



Key activities for 2004/2005

1. National Survey Program

During 2004/2005 a primary focus was providing information on the standard of living for community people in the Katherine West area. Housing standards have long been identified by the Board as a major health-related issue. During the year, all community housing stock in the KWHB region was surveyed. The surveys focused on basic housing functions, such as the ability for people to store and cook food, wash themselves and their clothing.

The data collected from the housing survey process was entered on a database and the results, including maintenance requirements, sent to the individual community councils. The information is then used to support community housing programs and lobby for funding from government agencies to upgrade and replace community housing stock. Significantly, the Northern Territory Government has adopted the housing survey methodology and database as a template for surveying all community housing in the Northern Territory.

2. Infrastructure Based Projects and Reports

Information was provided in relation to the following infrastructure based projects.

- Lajamanu and Kalkaringi waste water treatment systems.
- National Aboriginal Health Strategy (NAHS) and the Indigenous Housing Association of the Northern Territory (IHANT).
- Final implementation of an ATSIC-funded water upgrade to remote outstations.

4. Commercial Food Premises Survey

All commercial food premises and stores in the region were surveyed with respect to new food safety standards. Direction was provided to managers, with most food premises now nearing compliance.

5. Staff Training

The Environmental Health Worker (EHW) at Kalkaringi/Daguragu completed and graduated from the Certificate II Environmental Health studies at Batchelor Institute. The EHW is now studying Certificate III.

Priorities for 2005/2006

Primary areas of focus over the next financial year include the following:

- Conducting educational sessions in all schools which will include activities related to personal hygiene and a home environment.
- Identifying housing stocks in the region constructed from materials containing Asbestos and where this is a health risk, ensuring that any risk is minimized prior to eventual disposal.
- Develop and deliver a public health counter disaster management plan that draws upon the priority action required in the event of a natural disaster.
- Continuing to support community development activities by providing training and advice to employees of community groups.
- Advocating for and providing pressure to external groups, such as funding bodies and government agencies to develop programs and policies that are consistent with the Environmental Health aims of the region.

Child & Maternal Health

Overview

The main aspects of the child and maternal health program are screening, surveillance and early intervention; health promotion; quality antenatal care and communication with communities about the health and well-being of their children and pregnant women. Health officers visit communities to assist with major activities such as screenings and growth assessments.

Key activities for 2004/2005

1. Anaemia Management Practices

Anaemia continues to be a common health issue for 0-5 year old and school aged children. A review of the anaemia management practices highlighted that adequate treatment was not being provided in most cases. As such strategies were developed in consultation with clinic staff to improve treatment. These strategies included identifying a staff member in each community to take a lead role in ensuring children are followed up appropriately, ensuring all staff are aware of treatment guidelines, providing resources to educate families about anaemia and promoting high iron foods in the community.

2. Maternal Health Project

The Maternal Health Project funded by Commonwealth Department of Health and Aging commenced during the year with the program manual and client-held pregnancy record ready for consultation. Healthy pregnancy mothers' groups have started in most communities. The Maternal Health Project Officer has provided specialist support through regular teleconferencing and liaised with the Health Management Team about strategic recruitment of midwifery trained nurses. In July the project team participated in an Evaluation Workshop with the evaluation team from La Trobe University and teams from the other state projects. Since then the evaluation framework has been finalised and the first evaluation report accepted.

3. Funding

A grant was obtained from the Department of Family and Children's Services to conduct a program for young people in the Timber Creek region. The program, scheduled to be conducted in 2005/2006, will focus on building young people's skills in dealing with violence and threatening situations, self esteem and making safe choices around drugs, alcohol and sexual health.



School Health Expo - Lajamanu

4. Lajamanu School Health Expo

Staff contributed to the Lajamanu School health expo which was a fun way to reinforce some of the key messages discussed in the ongoing school health programs conducted at Lajamanu.

5. Katherine Croc Festival

Staff were involved in the Katherine Croc Festival held in August. Workstations included promoting healthy teeth and mouth, healthy food and drink choices, safe sex, physical activity, healthy ears and no smoking

Priorities for 2005/2006

1. Utilise Communicare to activate recalls for managing common child health problems such as anaemia and ear health and establish an effective, user-friendly system for recording immunisations.
2. Anaemia management will focus on implementing strategies which address the cause of anaemia and preventing young children becoming anaemic.
3. Finalise program manuals for the child and maternal health programs to ensure a consistent primary health care approach to child and maternal health across communities and link the work of the health centres, the child and maternal health team and other service providers.
4. Strengthen the community focus of the child and maternal health program through greater support of health centres, crèches, nutrition workers and investigating options to establish community based child and maternal health workers.

Nutrition

Overview

The nutrition program continues to strive for improved food supply to the remote communities of the Katherine West region as the type of food stocked in the stores and sold through the takeaways has a great impact on the health of community people. Food and Nutrition Workers promote healthy options to customers, help management monitor the availability of nutritious foods, ensure shelf talkers are placed correctly, participate in education sessions at schools and develop resources to support nutrition education programs.

Key Activities for 2004/2005

1. Lajamanu Healthy Takeaway

The Lajamanu Progress Association continues to lead the region with improving the availability and variety of nutritious foods in the store. The 'Lajamanu Healthy Takeaway' was the Northern Territory winner of the 2004 Heart Foundation Kellogg Local Government Award for in the 'project by a community organisation' category. It also received a Highly Commended award in the National judging.

2. Lajamanu Progress Association Food and Nutrition Guidelines (LPAFNG)

The LPAFNG were developed to document the good work practices established at the Lajamanu store. The project was completed as part of the nutrition and dietetics student placement with KWHB. This project also won the 'healthy policy' category of the Heart Foundation Awards and was awarded overall NT winner of the 2005 Heart Foundation Kellogg Local Government Awards.



Alexandra Walker & Kathy Long - Heart Foundation Award

3. Yarralin store

The new store at Yarralin opened, with the takeaway due to open in the 2005/2006 financial year. The Nutritionist has liaised closely with store management to ensure healthy foods are well placed in the store and has made recommendations for the takeaway menu.

4. Community Food and Nutrition Workers

As of 30 June 2005, the Lajamanu store had two Food and Nutrition Workers (FNW). Kalkaringi Store also employed a FNW however the position is currently vacant. The FNWs all participated in training workshops led by the Nutritionist. One worker has commenced the Bachelor of Indigenous Health Studies (Food and Nutrition) while the second FNW is enrolled to commence in August 2005.

5. Child and Maternal Health

The Nutrition program works closely with the Child and Maternal Health program to conduct nutrition education sessions with school children and mothers. Sessions about feeding babies and strong blood for pregnant women and babies were conducted with mothers' groups at Kalkaringi, Lajamanu and Yarralin. In school sessions, at the Lajamanu School Health Expo and Katherine Croc Festival, promoted the consumption of vegetables and fruit. The National 'Go for 2&5' program was also promoted through these activities.

Priorities for 2005/2006

Next year a key focus of the nutrition program will be to support and guide community store management to improve the variety and availability of nutritious foods. Community Stores will also be encouraged to employ Food and Nutrition Workers.

Human Resource Management

Overview

During 2004/2005, the Human Resources Section concentrated on the staffing review and restructure. As at 30 June 2005, KWHB had 58 staff. Of the 49 staff considered to be long term, 43% were Aboriginal.

Key Activities for 2004/2005

1. Addressing issues associated with recruiting nurses in long-term roles to remote locations continued to be a focus. To help address this issue, funding has been sought for a remote graduate nurse program which will allow graduates to experience remote nursing and encourage them to consider this avenue as a long term career.
2. In February 2005, the Daguragu Family Centre Employees were transferred from KWHB to Daguragu Community Government Council as part of a new partnership agreement between the two organisations.
3. The following policies and procedures were documented and finalised: Anti-Discrimination, Workers Compensation, Enterprise Bargaining Agreement Monitoring Committee, NT Housing – Industry Housing, Confidentiality Agreement, Roles and Responsibilities of Contact Officers and Roles and Responsibilities of EBA Monitoring Committee Members.
4. A review of the employee orientation program was conducted, including consultation and workshops with board members and staff. As a result, a more comprehensive program was developed that provides a more structured and informed transition into the workplace.

Staff by location as at 30 June 2005

Location	Total Staff	Aboriginal	Non-Aboriginal
Katherine	23	7	16
Timber Creek	9	3	6
Yarralin & Pigeon Hole	5	4	1
Kalkaringi & Daguragu	6	4	2
Lajamanu	6	3	3
TOTAL	49	21	28

Summary of staff movement – whole of Organisation

Number of staff 1/7/04	71
Number of permanent staff 30/6/05	49
Total number of staff 30/6/05	58
Total number of positions at 30/6/05	56
Number of new long term positions during that period	2.5
Number of new short term positions during that period	5
Number of resignations	29
Number of recruitments	28
Internal transfers	5
Terminations	2

Redundancy	1
External transfers	2
Contracts completed (September 04)	8
Maternity Leave commencements	2
Seconded to another Organisation for short periods	2
Relief staff during the period	36
Student Placements (Medical, Nursing, Nutrition, Junior Doctor)	15
General Practitioner Locums	6
Staff retention	50%

Professional Development and Training

Training courses offered to employees	167
Employees who participated in that training	122
Conferences available for attendance	22
Employees who attended the Conferences	22
Employees who were Speakers at the Conferences	9
Clinical Educational Teleconferences with internal speakers and 6 external speakers	20
Internal In-Service	1

Priorities for 2005/2006

1. The restructure of KWHB HR section to provide a more supportive, resource provision role to KWHB management, especially emergent Indigenous leaders.
2. The review of HR to include an investigation of how best to support this section administratively.
3. A more comprehensive review of KWHB policies and procedures.
4. Completion of KWHB orientation manual.
- 5.

6. **Clinical Staffing Manger**

Overview

The Clinical Staffing Manager is responsible for recruitment, retention and training of clinic-based staff. The Clinical Staffing Manager also supervises the Health Centre Coordinators.

Key Activities for 2004/2005

1. Core Health Business Plans

During 2004/2005, Core Health Business Plans were developed in consultation with Health Centre Coordinators and various program staff.

2. Quality Improvement to Health Centres

During 2004/2005 ongoing assessment, implementation and management of Quality Improvement has been conducted. This process included both community based staff and Katherine based administration staff. It focused on the management of client clinical care, policies and procedures to ensure appropriate health service delivery to communities.

3. Jirntangku Miyrta Certified Agreement

KWHB has actively progressed a new Jirntangku Miyrta Certified Agreement between Katherine West Health Board, Australian Nursing Federation and Liquor, Hospitality and Miscellaneous Union. This agreement will be certified from 2005- 2007. As of 30 June 2005, negotiations were in the final stages.

4. Recruitment and retention of permanent staff

Recruitment and retention of permanent staff has continued to be a strong focus. With the support of Human Resources, strategies to support retention in communities will continue to be developed. Early recruitment strategies implemented during the year have increased expressions of interest from registered nurses. A key activity to support this was the development of a culturally-appropriate clinical and organisational orientation program.

5. Aboriginal Health Worker (AHW) and Trainee Aboriginal Health Workers (TAHW)

Management is committed to ensuring all AHWs are supported to complete Certificates 3 and/or 4 Aboriginal Health Work Clinical through the Batchelor Institute. These qualifications allow them to become registered AHWs. As at 30 June 2005:

6. Outlying communities

Additional services have been provided to out-lying communities, including Lingara and Pigeonhole, due to an increase in the resident population and new community housing facilities. Where possible, the Yarralin clinic staff have conducted fortnightly visits to out-lying communities, improving the delivery of health services throughout the area.

Priorities for 2005/2006

- Ongoing training, personal development & up-skilling for all staff, including in-services, workshops, conferences and formal qualifications.
- Review potential to provide better health service delivery to Pigeonhole, Lingiara and Mialuni communities.
- Provide a dedicated position to help utilise Communicare to implement a Chronic Disease Self Management Project into KWHB core business.

Staff List 1 July 04 to 30 June 05

Katherine

Kirk Whelan	Chief Executive Officer
Sean Heffernan	Chief Executive Officer
Suzi Berto	Deputy Chief Executive Officer
Andrew Bell	Medical Director
Rose Peckham	CSO Records now Office Manager
Lisa Kelly	Finance Officer
Eslyn Fletcher	Human Resources Manager
Wendy Wood	Office Manager
Brendon Sherratt	Environmental Health Officer Trainee
Danielle Aquino	Maternal & Child Health Program Coordinator
Margaret King	Maternal & Child Health Officer
Robyn Mobbs	Project Manager, CDSM
Eric Thomas	Clinical Staffing Manager
Jill McDonald	Clinical Quality Manager
Sophie Henderson	Human Resources Officer
Chris Daly	Environmental Health Officer
Allison Rolles	Records
Alexandra Walker	Nutritionist
Greg Henschke	Community Health Programs Manager
Christine Byrne	Maternal Health Project Officer
Malcolm Watts	Remote Area Nurse, Mobile Team
Marilyn LeBez	Remote Area Nurse, Mobile Team
Carol Manfong	Personal Assistant, Directorate
Rod Freeman	Vehicle Fleet Officer
Terry Thommeny	Men's Health Coordinator
Katharine Sillars	Project Officer – Annual
Noleen Back	Records

Maureen Klaassans Administration Officer (p/t)

Kalkarindji/Daguragu

Helen Morris	Senior Aboriginal Health Worker
Kym Maxwell	Aboriginal Health Worker

Robert Kelly	Environmental Health Officer
Vanessa Page	Remote Area Nurse, Mobile Team
Anthea Gregoriou	Nutritionist

Timber Creek

Bruce Roggiero	Health Centre Coordinator
Betty Laurie	Senior Aboriginal Health Worker (Bulla)
Nicholas Laurie	Aboriginal Health Worker (Bulla)
Maxine Johns	Administration Officer
Benilda Paice	Cleaner
Tim Hannah	General Practitioner
Andrea Cameron	Aboriginal Health Worker
Anne Godwin	Remote Area Nurse
Elizabeth Peterkins	Grounds maintenance
Christopher Jones	Aboriginal Health Worker Trainee
Rebecca McEwan	Remote Area Nurse (Mialuni)
Rebecca Gooley	Health Centre Coordinator
Meredith Fogarty	Remote Area Nurse
Rhonda Henry	Aboriginal Health Worker (Bulla)
Catherine Meng	Grounds maintenance

Yarralin

Lorraine Johns	Senior Aboriginal Health Worker (Pigeon Hole)
Raymond Hector	Aboriginal Health Worker (Pigeon Hole) (p/t)
Jocelyn Victor	Aboriginal Health Worker (Pigeon Hole)
Douglas Newman	Cleaner
Noleen Campbell	Aboriginal Health Worker Trainee

Irene James	CDSM – Community Support Worker
Steven Dixon	Aboriginal Health Worker Trainee
Theresa Sarah	Cleaner
Gertrude Cusack	Senior Aboriginal Health Worker
Matthew Parnaby	Remote Area Nurse

Glennis Miller	Aboriginal Health Worker
Harry George	Family Centre assistant Supervisor
Pansy Wardle	Family Centre Supervisor
Diane Hampton	Aboriginal Health Worker Trainee
Jeremy Frith	Aboriginal Health Worker
Gertrude Cusack	Public Health Training & Support Officer
Patrick Jimmy	CDSM, Community Support Worker
Rosemary Johnson	CDSM, Community Support Worker
Rosaleen Farquharson	Administration Officer
Cynthia Filipic	General Practitioner
Michael George	Environmental Health Worker Trainee
Christine Thomas	Health Centre Coordinator
Phyllis Johnson	Cleaner
Robyn Rorke	Environmental Health Worker Trainee
Sylvia Mick	Nutrition Worker Trainee
George Sambo	Family Centre assistant Supervisor
Rosemary Bernhard	Family Centre Supervisor
Angela Brown	Aboriginal Health Worker

Lajamanu

Theresa Matthews	Senior Aboriginal Health Worker
Jefferson Thorpe	Aboriginal Health Worker
Alison Pickering	Health Centre Coordinator
Jocelyn Abrahams	General Practitioner
Bev McCormack	Remote Area Nurse
Brian McNamara	Remote Area Nurse
Margaret Grey	Remote Area Nurse
Barbara Mitchell	Remote Area Nurse
Annie Pollard	Remote Area Nurse
Pauline Pearson	Remote Area Nurse
Michelle Wolstenholme	Remote Area Nurse
Martin Goreing	Remote Area Nurse
Amanda Bingham	Remote Area Nurse
Rosslyn Jeff	Remote Area Nurse
Sarah Smith	Remote Area Nurse
Pam Gill	Remote Area Nurse
Melanie Richter	Remote Area Nurse
Margaret Tappe	Remote Area Nurse

Christina de Nicholas	Chronic Conditions Coordinator
Susanne McLeod	Remote Area Nurse
Ian James	Remote Area Nurse
Amanda Dixon	Aboriginal Health Worker Trainee
Nicole Caton	Remote Area Nurse
Gregory Sparrow	Handyperson
Geoffrey Barnes	Aboriginal Health Worker Trainee

CDEP AND KWHB PARTNERSHIP - LAJAMANU

Kathy Long	Nutrition worker
Jenny Johnson	Environmental Health worker
Andrew Johnson	Environmental Health worker

RELIEF

Robert Roy	Senior Aboriginal Health Worker
Michael Clark	Remote Area Nurse
Sorcha Conlan	Remote Area Nurse
Annette Peck	Remote Area Nurse
Nicole Seckold	Remote Area Nurse
Debbie Steele	Remote Area Nurse
Bartholomew Wunderlich	Remote Area Nurse
Ben Graham	Remote Area Nurse
Geraldine Stucki	Remote Area Nurse
Sue Todd	Remote Area Nurse
Michael Reid	Remote Area Nurse
Gwyneth Scott	Remote Area Nurse
Kaylene Prince	Remote Area Nurse
Richard Cawley	Remote Area Nurse
June Gould	Remote Area Nurse

GENERAL PRACTITIONER LOCUMS

Paul Hannah
Greg Hayes
Max Chalmers
Penelope Sinclair
Marion Evans

DE CASTRO & SULLIVAN
CHARTERED ACCOUNTANTS

ABN 71 913 998 161

3RD FLOOR, CAVENAGH CENTRE
43 CAVENAGH STREET, DARWIN NT 0800
GPO BOX 4239, DARWIN NT 0801
TELEPHONE: (08) 8941 1868
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INDEPENDENT AUDIT REPORT

To the members of Katherine West Health Board Aboriginal Corporation

Scope

We have audited the financial report, being a special purpose financial report, of Katherine West Health Board Aboriginal Corporation for the year ended 30 June 2005 as set out on pages 4 to 10.

Financial Report and Committee's Responsibility

The Association's Committee is responsible for the preparation and presentation of the financial report and the information contained therein, and has determined that the basis of accounting used and described in Note 1 to the financial statements is appropriate to the needs of the Association's members. No opinion is expressed as to whether the basis of accounting used, and described in Note 1, is appropriate to the needs of the Association's members.

The financial report has been prepared for distribution to the members of the Association for the purpose of fulfilling the Committee's financial reporting requirements under its Rules. We disclaim any assumption of responsibility for any reliance on this audit report or on the financial report to which it relates, to any person other than the members, or for any purpose other than that for which it was prepared.

Audit approach and basis of opinion

We have conducted an independent audit of the financial statements in order to express an opinion to the members of the Association on the preparation and presentation thereof. Our audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial report is free of material misstatement.

The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Consequently, an audit cannot guarantee that all material misstatements arising from irregularities, including illegal acts and fraud, have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the accounting policies in Note 1 to the financial report, a view that is consistent with our understanding of the Association's financial position, and of its performance as represented by the results of its operations.

We formed our opinion on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report, and
- assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the Committee.

Whilst we considered the existence and effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

We performed procedures to assess whether the substance of business transactions was accurately reflected in the financial report. These and our other audit procedures did not include consideration or judgement of the appropriateness or reasonableness of business plans or strategies adopted by the Committee of the Association.

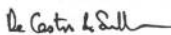
Independence

We are independent of the Association, and have met the independence requirements of Australian professional ethical pronouncements.

Audit Opinion

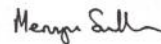
In our opinion:

- (i) the financial report presents fairly the state of affairs of the Association as at 30 June 2005 and its results for the year then ended;
- (ii) the balance sheet and statement of income and expenditure are based on proper accounts and records, and are in agreement with those accounts and records; and
- (iii) the Committee and the Association have substantially complied with the obligations imposed by the Aboriginal Councils and Associations Act 1976, the regulations and the Association's Rules.



De Castro & Sullivan
Chartered Accountants

Darwin



Mervyn Sullivan
Partner

Date: 20 September 2005



Chartered Accountants

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION**BALANCE SHEET
AS AT 30 JUNE 2005**

	Notes	2005 \$	2004 \$
CURRENT ASSETS			
Cash	2	1,913,432	2,509,917
Receivables	3	41,849	13,602
Other	4	121,489	381,866
TOTAL CURRENT ASSETS		2,076,770	2,905,385
NON-CURRENT ASSETS			
Property, plant and equipment	5	1,197,182	1,501,327
TOTAL NON-CURRENT ASSETS		1,197,182	1,501,327
TOTAL ASSETS		3,273,952	4,406,712
CURRENT LIABILITIES			
Accounts payable	6	1,174,047	987,035
Provisions	7	348,280	343,758
TOTAL CURRENT LIABILITIES		1,522,327	1,330,793
TOTAL LIABILITIES		1,522,327	1,330,793
NET ASSETS		1,751,625	3,075,919
MEMBERS FUNDS			
Accumulated funds	8	1,751,625	3,075,919
TOTAL MEMBERS' FUNDS		1,751,625	3,075,919

The balance sheet should be read in conjunction with the accompanying notes.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION**INCOME AND EXPENDITURE STATEMENT
YEAR ENDED 30 JUNE 2005**

	2005	2004
	\$	\$
OPERATING REVENUE		
Grants		
OATSIHS	411- 3,486,689	4,851,864
OATSIHS – Other	55,825	0
OATSIHS – PIRS	295,455	0
OATSIHS – Minyerri capital	433,350	0
Department of Health and Community Services	361- 3,119,997	3,076,666
Health Strategies	601,696	393,492
NTRWA	0	55,500
Aged Care	0	193,571
DEWRSB	11,364	34,278
G.P.E.T	72,250	55,500
Human Services Advisory Council	0	2,500
Sunrise Health Board	59,472	140,890
RHW Special grant	9,000	0
Health Connect	28,942	0
HIC – Health Commission	1,616	0
Interest	129,101	136,984
Administration Fee	13,228	110,800
Reimbursements	171,894	132,586
Centre Link	5,874	30,364
Bulk Billing	306,174	191,500
Rent	7,129	6,836
Donation	0	148
Profit on the sale of assets	12,515	91,140
Transfer to unexpended grants	361- (323,818)	0
TOTAL OPERATING REVENUE	8,497,753	9,504,619
OPERATING EXPENDITURE		
General operating costs	231- 2,327,751	1,339,350
Motor vehicle expenses	221,989	339,091
Repairs and maintenance	162,609	164,517
Staff salaries, wages and related costs	21- 5,161,213	5,376,901
Supplies	309,383	346,933
Travel	402,628	448,226
Other	539,370	462,403
Health and other programs	697,104	841,995
TOTAL OPERATING EXPENDITURE	9,822,047	9,319,416
(DEFICIT) / SURPLUS FOR THE YEAR	(1,324,294)	185,203

The income and expenditure statement should be read in conjunction with the accompanying notes.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
30 JUNE 2005****NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES****Basis of Accounting**

This financial report is a special purpose financial report which has been prepared in order to satisfy the reporting requirements of the Aboriginal Councils and Associations Act. The governing committee has determined that the Corporation is not a reporting entity as defined in Statement of Accounting Concepts 1: Definition of the Reporting Entity, and hence there is no reporting requirement to apply accounting standards and other mandatory professional reporting requirements in the preparation and presentation of these financial statements.

The financial report has been prepared in accordance with the requirements of the Aboriginal Councils and Associations Act and the following Accounting Standards:

AAS 5 Materiality in Financial Statements

AAS 8 Events Occurring After Balance Date

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values, or except where specifically stated, current valuations of non current assets.

The accounting policies adopted are consistent with those of the prior year unless otherwise stated.

Property, plant and equipment**Cost and valuation**

Property, plant and equipment are brought to account at cost, independent or governing committee's valuation. Assets costing less than \$1,000 are written off to expenditure as minor capital items in the period of acquisition.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
30 JUNE 2005****NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Contd)**

Property, plant and equipment (Contd.)

Depreciation

All non-current assets are depreciated over their useful lives to the corporation on a straight line basis.

Major depreciation rates are:

	2005 Years	2004 Years
Furniture and equipment	5	5
Computer and software	5	5
Motor Vehicles	3	3
Buildings	20	20

Employee Entitlements

Provision is made for annual leave and long service leave payable to employees on the basis of statutory and contractual requirements. The amounts provided are apportioned between current and non current provisions, the current provision being the portion that is expected to be paid within the next twelve months

Grants and other contributions

All recurrent and capital grants received from the government are brought to account through the statement of income and expenditure.

Where contributions recognised as revenues during the reporting period were obtained on the condition that they be expended in a particular manner or used over a particular period, and those conditions were undischarged the revenue has been recognised as unexpended grants.

Taxation

The Association is recognised as a public benevolent institution and is therefore recognised as being exempt from paying income tax.

Economic dependence

The financial statements are prepared on a going concern basis. The future of the corporation, however, is dependent upon the continued financial support of its funding bodies in the form of government grants.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
30 JUNE 2005**

	2005 \$	2004 \$
NOTE 2 CASH		
Operating account	532,180	681,569
Medicare Bulk Bill	170,147	398,733
Chronic Disease Self Mgt.	30,054	310,337
TIO Investment Account	1,180,851	1,119,078
Cash on hand	200	200
	<u>1,913,432</u>	<u>2,509,917</u>
NOTE 3 RECEIVABLES		
Debtors	41,849	16,973
Provision for doubtful debts	0	(3,371)
	<u>41,849</u>	<u>13,602</u>
NOTE 4 OTHER CURRENT ASSETS		
GST paid	121,489	171,998
Prepayments	0	209,868
	<u>121,489</u>	<u>381,866</u>
NOTE 5 PROPERTY, PLANT AND EQUIPMENT		
Furniture and equipment – at cost	633,395	577,434
Accumulated depreciation	(315,491)	(199,473)
	<u>317,904</u>	<u>377,961</u>
Land – at valuation	8,000	8,000
Accumulated depreciation	0	0
	<u>8,000</u>	<u>8,000</u>
Building – at valuation	244,765	244,765
Accumulated depreciation	(60,170)	(47,932)
	<u>184,595</u>	<u>193,833</u>

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
30 JUNE 2005**

	2005 \$	2004 \$
NOTE 5 PROPERTY, PLANT AND EQUIPMENT (Contd.)		
Computers and software – at cost	446,729	286,160
Accumulated depreciation	(190,879)	(129,121)
	<u>255,850</u>	<u>157,039</u>
Motor vehicles – at cost	1,260,931	1,277,647
Accumulated depreciation	(830,098)	(516,153)
	<u>430,833</u>	<u>761,494</u>
	<u>1,197,182</u>	<u>1,501,327</u>
NOTE 6 ACCOUNTS PAYABLE - CURRENT		
Trade creditors	506,953	551,435
Accruals	73,890	33,868
PAYG	0	130,346
GST Collected	269,386	271,386
Unexpended grants	323,818	0
	<u>1,174,047</u>	<u>987,035</u>
NOTE 7 PROVISIONS		
Current		
Annual Leave	<u>348,280</u>	<u>343,758</u>
NOTE 8 ACCUMULATED FUNDS		
Opening balance	3,075,919	2,890,716
Surplus for the year	(1,324,294)	185,203
	<u>1,751,625</u>	<u>3,075,919</u>

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
30 JUNE 2005****NOTE 9 SEGMENT INFORMATION**

Katherine West Health Board Aboriginal Corporation operates in one industry being the provision of a Health Service in one geographical location, the Katherine west region of the Northern Territory.

NOTE 10 LAND AND BUILDINGS

On 23 November 1995 the crown land identified as Lot 85 Timber Creek was purchased by Ngaliwurru-Wuli Association under a Crown lease term title. The crown lease is No 1552.

On 21 March 2000 Ngaliwurru-Wuli Association resolved to transfer the lease to Katherine West Health Board Aboriginal Corporation.

Katherine West Health Board Aboriginal Corporation complied with the requirements of the lease which was to develop a residential dwelling. The Crown lease term 1552 was then eligible for conversion to Estate In Fee Simple (freehold)

Due process was completed and the Crown lease term 1552 was converted to Estate In Fee Simple on 22 November 2000.

The valuation of the land component is based on the unimproved capital value at 1 July 1997 of \$8,000.

OATSIHS funded the development of the doctor's house on the said land. The value of the construction as advised by the contractor Randal Carey Construction Pty Ltd was \$244,765. The handover was carried out on 31 July 2000.

NOTE 11 LEASING COMMITMENTS

	2005 \$	2004 \$
Operating Lease commitments:		
Being for rental of motor vehicles, office, housing		
Payable:		
- not later than one year	143,260	158,749
- later than one but not later than two	21,600	21,600
- later than two but not later than five	21,600	43,200
	<u>186,460</u>	<u>223,549</u>

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION**STATEMENT OF COMPLIANCE**

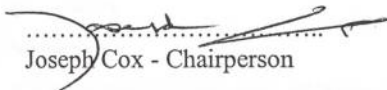
The members of the Board have determined that:

- (a) the Katherine West Health Board Aboriginal Corporation is not a reporting entity; and
- (b) this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

The Members of the Board of Katherine West Health Board Aboriginal Corporation do hereby certify that:

- (a) the financial statements of Katherine West Health Board Aboriginal Corporation for the year ended 30 June 2005 present fairly the financial position as at 30 June 2005 and the financial transactions for the year then ended;
- (b) there are reasonable grounds to believe that the Corporation will be able to pay its debts as when they fall due;
- (c) the Committee and the Corporation have complied with the obligations imposed by the Aboriginal Councils and Corporations Act 1976, the regulations and the Rules of the Corporation.

This statement is made in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by:


.....
Joseph Cox - Chairperson

Katherine

Date: 15TH SEPTEMBER 2005