



# ANNUAL REPORT

## 2014-2015



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*We encourage Aboriginal people to please take caution when reading this document, as it does contain the image of people who have passed away.*

*All photos in this document have been taken and used in line with KWHB's Photo and Image Policy.*

***Cover photo - young kids at Bulla Health Centre enjoying the KWHB HealthFest during October 2014. The 'Smoke-Free' message continues to be a strong theme at Katherine West Health Board.***

## KATHERINE WEST HEALTH BOARD ANNUAL REPORT 2014-2015

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## COMMONLY USED ACRONYMS

See below for a list of common acronyms used throughout our Annual Report;

ACRONYM	FULL TITLE
AHP	Aboriginal Health Practitioner (formerly 'Aboriginal Health Worker' or 'AHW')
AMSANT	Aboriginal Medical Services Association of the Northern Territory
CARPA	Central Australian Rural Practitioners Association
CDM	Community Development Manager
CEO	Chief Executive Officer
CLAG	Cultural Leadership Advisory Group
CQ	CQ Nursing Agency
CRANA	Council of Remote Area Nurses of Australia
DCEO	Deputy Chief Executive Officer
GP	General Practitioner
HCC	Health Centre Coordinator
IHHP	Indigenous Hip Hop Projects
ISO	International Standards Organisation
KDH	Katherine District Hospital
KPIs	Key Performance Indicators
KPMG	KPMG Auditing, Tax and Financial Services
KWHB	Katherine West Health Board Aboriginal Corporation
NRG	Ngumbin / Yapa Reference Group (KWHB)
NSQHS	National Safety and Quality Health Service (Standards)
NTML	Northern Territory Medicare Local
OVAHS	Ord Valley Aboriginal Health Service (Kununurra)
PATS	Patient Assisted Travel Scheme
PHC	Primary Health Care
RACGP	Royal Australian College of General Practitioners
RAHC	Remote Area Health Corps
RAN	Remote Area Nurse
RDH	Royal Darwin Hospital
SHBBV	Sexual Health and Blood Borne Viruses
WH&S	Workplace Health and Safety



## **PASSING OF WELL RESPECTED HEALTH WORKER AND KWHB DIRECTOR**



This year, Katherine West Health Board Aboriginal Corporation lost a foundation Director and influential leader in our history, Namitja of Daguragu. (Helen Morris)

Namitja was a mentor and inspiration to many people across the KWHB region, especially for the people of Kalkarindji and Daguragu.

As a Senior Aboriginal Health Worker, Namitja not only cared for many, many family members, but mentored other AHWs and was an exceptional role model to both young and old alike, earning the respect of many people across the Northern Territory.

Namitja also shared her knowledge by working closely with many health professionals across numerous health and community organisations during her long and distinguished career, particularly in Katherine and the wider region.

Namitja was a founding Director of Katherine West Health Board, and served as our first Vice-Chairperson during 1997-1998, serving as a Director until her retirement in 2005.

Namitja's guidance and knowledge helped to shape the direction and makeup of the Katherine West Health Board during the early years of establishment in the mid-1990s. The legacy of her guidance during this period can be seen in the current day strength and vitality of KWHB as an effective Aboriginal Community Controlled Health Organisation.

Speaking of her involvement with KWHB during the mid-1990s period;

Namitja recalls: "All the local people came out and started listening to what's going to be happening, and it was a really exciting thing – we're going to start our own board ...But we took it slowly, bits and pieces... Because we was looking forward, it was really exciting and we finally got it through!"

- Something Special: The inside story of the Katherine West Health Board (2001)

Katherine West Health Board offers our sincere respects to Namitja's family and friends on her passing.

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Our Kalkarindji Health Centre was closed all day on 23 March 2015 as a mark of respect. Our other Health Centres in Bulla, Lajamanu, Pigeon Hole, Timber Creek and Yarralin were also closed during the afternoon of 23 March.







## 2014-2015 PHOTO JOURNAL

### AROUND OUR REGION



**Above:** AHP Training in Timber Creek

**Right:** Farewell to RAN Toby Kloppe at Kalkarindji

**Below:** Team visit the Keep River region to evaluate RPHS service delivery

































## 10 YEARS OF SERVICE



# CONGRATULATIONS

## RHONDA HENRY

10 years of service | Senior Aboriginal Health Practitioner, Bulla | 2004-2014

Congratulations to Senior Aboriginal Health Practitioner Rhonda Henry (Bulla) on the 10 year anniversary of her service with the Katherine West Health Board, which was celebrated during this year.

Rhonda has been a professional and dedicated health practitioner for people in Bulla, and a positive influence on the organisation.

A sincere thankyou for your outstanding service to our organisation.



## NEW STRATEGIC PLAN 2015-2017

This year, KWHB's board and staff members met to review our Strategic Plan objectives and devise a new set of organisational goals for 2015-2017.

This process was led by our Directors, with assistance from consultant Edward Tilton. Our CEO provides a report against KWHB's progress against these objectives, which is tabled at all Full Board Meetings held during the year.

### **OUR DREAM**

'Jirntangku Miyrtta: One Shield for all...'

- all people of the region have long, healthy and happy lives
- excellent health services under community control
- all people working together to care for our health

### **OUR MISSION**

Katherine West Health Board is a leading Aboriginal community controlled health service. We aim to improve the health and well-being of all people in the Katherine West region. We provide culturally safe primary health care and we are a voice for our communities on all matters affecting our health.

### **STRATEGIC PRIORITY 1**

Building Aboriginal community control

- 1.1 - Building strong relationships with our communities
- 1.2 - Strong Board governance
- 1.3 - Providing effective leadership
- 1.4 - Embedding Cultural security

### **STRATEGIC PRIORITY 2**

Standing up for our health

- 2.1 - Being the voice for people in our region
- 2.2 - Encouraging community development as a pathway to better health
- 2.3 - Involving young people

### **STRATEGIC PRIORITY 3**

Delivering high quality primary health care

- 3.1 - Increasing our focus on illness prevention and health promotion
- 3.2 - Delivering high quality acute care in our health centres
- 3.3 - Coordinating care
- 3.4 - Filling gaps in service provision

### **STRATEGIC PRIORITY 4**

Supporting our staff

- 4.1 - Employing Aboriginal people
- 4.2 - Improving retention of staff
- 4.3 - Developing our staff
- 4.4 - Ensuring a quality, safe working environment

### **STRATEGIC PRIORITY 5**

All of us working together

- 5.1 - Promoting effective communication and team work
- 5.2 - Building our partnerships with government and other organisations
- 5.3 - Evaluating our progress

# CHAIRPERSON REPORT

## **Board of Directors**

On behalf of all the Directors of Katherine West Health Board, we thank all the staff of KWHB for their hard work this year in our region, working with our people for better health.

The Directors are once again happy to see KWHB in a healthy financial position. As Directors, we constantly monitor our budget and finances at every meeting to ensure KWHB is protected for the future.

In 2014-2015, we had Director Meetings on the following dates;

- 22 July 2014 (Executive Meeting)
- 9 September 2014 (Executive Meeting)
- 21 October 2014 (Executive Meeting)
- 18 November 2014 (Full Meeting)
- 19 November 2014 (Annual General Meeting)
- 24 February 2015 (Full Meeting)
- 05 May 2015 (Executive Meeting)
- 09 June 2015 (Full Meeting)

In these meetings, we review our reporting to the government, our financial and budget positions, our health statistics and any emerging trends, our incoming and outgoing correspondence, our staffing appointments and the progress of the organisation against our Strategic Plan.

We also had governance training for our Directors in September 2014 and June 2015, with Graeme Hooper of Horizons Education and Development. These sessions are important, as KWHB's Directors learn more about the roles and responsibilities of being a Director of a large organisation like KWHB. Just like our staff, our Directors also need to undergo professional development to represent our communities as well as possible.

## **Health services in our region**

This year, the Board has been pleased to learn of new funding and programs to address alcohol and drug problems, along with a new program to help address mental health issues. This is the first time we have been able to have our own mental health program at KWHB, and we hope the program will be positive for people in our region.

The Board has also been reviewing health data and statistics during our meetings, and working with management to address issues as they arise. The board is pleased that in 2014-2015, our health teams have increased their focus on childhood Anaemia, Heart Disease, Smoking and Sexually Transmitted Infections amongst people in our region.

The Board also acknowledges the work that KWHB staff do to ensure better patient travel outcomes for people in our region. We have also advocated again for better Morgue services in our region, which is progressing. The Board are also hopeful of infrastructure improvements in the near future, especially to telecommunications in our region, to help improve safety and accessibility for clients and staff.

It is also a good sign to see so many GPs and RANs returning to KWHB on short term contracts. We're seeing many familiar faces in our remote health centres.

## **New Strategic Plan**

This year, the Board worked with Edward Tilton and our staff to draft a new Strategic Plan for the next three years, which was completed in November 2014. The Board receives regular updates in meetings about how KWHB is progressing against our Strategic Plan objectives, and we look forward to more progress into the future.



## CHAIRPERSON REPORT

### **Aboriginal Staffing at KWHB**

31 of our 67 staff members are Aboriginal, which we think is a good reflection of KWHB working hard to involve local people in our service. We continue to have excellent representation by our Aboriginal Health Practitioners and our trainee AHPs at a community level.

### **Community Consultation**

This year we held community consultation in all of our communities alongside the visiting health promotion teams and hip hop artists who developed the video clip health resources with our local kids.

The community consultations were well attended, and throughout the year our Directors have spoken with people about any issues in the community. We continue to encourage our residents to speak with their local KWHB Board Director if they have any issues with their health or their health service.

In June 2015, KWHB again made a trip to the far western region of our service area to assess the level of service provided by OVAHS, who we engage to provide health services to our remote areas in the Duncan Rd, Keep River and Legune regions. KWHB have used this opportunity to further engage with OVAHS via a revised Memorandum of Understanding between our organisations.

### **10 Year Anniversary - Sean Heffernan (CEO)**

On behalf of our Directors, a sincere congratulations and thank you to Sean on his 10 year anniversary with KWHB. Sean has been a great representative, leader and friend to the Board, and has proven to be a capable and strong CEO for the Directors, members and staff of KWHB - well done Sean. Please see following page for Sean's 10 year anniversary tribute.

### **Farewell – former Director Namitja of Daguragu (Helen Morris)**

On Monday 23 March 2015 we closed all of our Health Centres to respect former Director and Aboriginal Health Practitioner Namitja, who passed away this year.

Namitja was a Director on the first Board of the Katherine West Health Board, and served as our first Vice-Chairperson during 1997-1998, serving as a Director until her retirement in 2005. On behalf of all KWHB Directors, I offer our sincere respects to Namitja's family and friends on her passing.

### **Thank You**

I would like to thank all KWHB Directors for their effort this year in supporting our Health Service, and pay tribute to all Directors past and present for laying the platform for a strong organisation.

We wish all staff, Directors and members a happy and safe Christmas for them and their families.

- Willie Johnson (Japanangka)  
Chairperson

*Board Governance training with Graeme Hooper (Horizons Education) in June 2015.*







# CONGRATULATIONS

## SEAN HEFFERNAN

10 years of service | Chief Executive Officer | 2005-2015

Congratulations to our CEO for 10 years of outstanding service at Katherine West Health Board. Sean is respected across the NT for his knowledge and leadership, but it is his commitment and care for KWHB staff members, Directors and clients that has benefited so many in the KWHB region in the last 10 years. Sean has transformed KWHB into a modern, strong and innovative community controlled health service, and a sector leader - we thank you Sean.



## KWHB DIRECTORS 2014-15



Willie Johnson  
Chairperson



Jocelyn Victor  
Pigeon Hole (E)



Norbert Patrick  
Lajamanu (E)



Wilson Rose  
Kalkaringi (E)



Josie Jones  
Myatt (E)



Regina Teddy (E)  
Daguragu



Joyce Herbert  
Lajamanu



Betty Smiler  
Gilwi



Charlie Newry  
Yarralin



Maxine Campbell  
Yarralin



Joseph Archie  
Bulla



Rosie Saddler  
Kildurk



Debra Victor  
Kalkaringi



Zac Patterson  
Lajamanu



Tracey Patrick  
Lajamanu

*No picture available*

	DIRECTOR	COMMUNITY / ROLE	MEETINGS ATTENDED	PROXY FOR DIRECTOR	NOTES
1	Willie Johnson (E)	Specialist - Chairperson	8/8	No proxy req'd	
2	Jocelyn Victor (E)	Pigeon Hole - Vice Chairperson	7/8	Raymond Hector (P)	
3	Norbert Patrick (E)	Lajamanu - Executive Director	6/8	Andrew Johnson (P)	
4	Wilson Rose (E)	Kalkaringi - Executive Director	7/8	Kerry Smiler (P)	
5	Josie Jones (E)	Myatt - Executive Director	8/8	Sheratine Jones (P)	
6	Regina Teddy (E)	Daguragu	5/5	Mesach Paddy (P)	Regina elected to Executive 19/11/2014
7	Joseph Archie	Bulla	4/4	Stan Retchford (P)	
8	Betty Smiler	Gilwi	4/4	Clara Paddy (P)	
9	Debra Victor	Kalkaringi	4/4	Roslyn Frith (P)	Roslyn resigned February 2015
10	Rosie Saddler	Kildurk	3/4	n/a	
11	Joyce Herbert	Lajamanu	3/5	Lynette Tasman (P)	
12	Tracey Patrick	Lajamanu	3/4	Jenny Johnson (P)	
13	Zac Patterson	Lajamanu	0/4	Josias Dixon (P)	Zac resigned from Board June 2015
14	Charlie Newry	Yarralin	1/4	Troy Campbell (P)	
15	Maxine Campbell	Yarralin	2/4	Jenny Newry (P)	





*Left to right - Sean Heffernan (CEO), David Lines (Deputy CEO) and Willie Johnson (Chairperson)*

**2014-2015 has been another year of consolidating the good internal processes that have been in place over an extended period of time at Katherine West Health Board.**

Attached to this report is our Financial Audit for 2014-2015, performed by our appointed external auditor, KPMG. The financial audit was unqualified and a good result for KWHB.

This year has seen consolidation and improvement for our Primary Health Care Collaborative model. The high standards of professionalism and care we provide for our clients in our Health Centres, which saw KWHB re-accredited against the RACGP healthcare standards last year, have been further built upon this year.

This is evidenced by the continual growth and development of our internal training schedules and our online training platforms, which are a cornerstone of our professional development approach for our staff members.

Our high standards in health service delivery can also be seen in our key performance indicator results, listed comprehensively later in the Annual Report. KWHB are consistently ahead of the combined NT results for most of our health indicators, which vindicates the good work carried out by our staff.

Again, KWHB has been successfully re-accredited against the ISO 9001:2008 Quality Management Standards, and against the National Safety and Quality in HealthCare Standards (NSQHS) for organisations such as KWHB that provide high standards of health service delivery.

These accreditations prove that the KWHB team have implemented excellent processes to ensure we



## CEO REPORT

operate at a high level,. We continue to review our operations within a quality improvement framework at all times.

KWHB has been supported and guided capably by the KWHB cultural security framework and our client feedback mechanisms, led by our Deputy CEO, David Lines. This framework is embedded in health service delivery system and ensures cultural protection for our Indigenous clients and assists in providing care that is accessible and safe.

This year, David Lines completed a Diploma of Management course through BCA National. It has been excellent to see David grow in his leadership role, and this study will help his development as a strong leader.

A big part of our successful PHC model has been our focus on teamwork, as evidenced by our collaborative meeting structures which allow for consistent cross flows of information across all areas of our operations.

In particular, the work of our Primary Health Care Clinical Governance team in 2014-2015, which meets monthly, has been helping to ensure our organisation provides a contemporary, best practice health service.

We have welcomed Dr Odette Phillips into the role of Senior GP. Odette has previously helped KWHB as an online support GP and occasional Locum GP in our communities. Odette's leadership for our GPs is an important role for the future, with KWHB recently employing two new full-time GPs to join the growing complement of returning Locum GPs working in our region.

This year, we have seen excellent development of staff across a number of roles. In our Health Centres, our backbone continues to be our Registered Nurses, Aboriginal Health Practitioners and GPs who are all doing a brilliant job supported by hard working administrative staff. We have also continued our work with external bodies such as NTML, RAHC and others to ensure we have consistent and quality coverage of experienced clinicians in our Health Centres.

We have seen stable staffing in our Katherine office, with a number of key administrative roles expanding and developing throughout 2014-2015. We did however say goodbye this year to Bec Gooley, who has been with KWHB for many years in a number of leadership roles. Bec brought great experience, knowledge and energy to KWHB, and we wish her well for the future.

We have continued to have good development in other key roles, especially with our Aboriginal staff members working well with our remote teams.

This year, KWHB worked to develop a new Enterprise Agreement (2015-2017), which was voted on and passed by the Fair Work Commission in February 2015, demonstrating KWHB's commitment to attracting and retaining high quality staff members in our workforce

KWHB continued to work hard on some of our signature issues throughout the year. We had two of our accommodation buildings substantially refurbished in Yarralin and Kalkarindji. We advocated hard on getting Morgue reform in remote communities with some success this year, however advocacy is still required to improve the status of morgues in our region.

## CEO REPORT

KWHB have worked with local providers to ensure better patient travel outcomes for our clients, as well as providing access to specialist services, both in our remote communities via allied health providers, and physically seeing specialists based in Katherine and Darwin.

KWHB were successful in receiving funding for the first time in setting up a Social and Emotional Wellbeing Program, which includes the employment of a Mental Health Nurse to work full-time in our region from 2015-2016. We are hopeful this program can provide consistent support for people experiencing mental health issues in our communities.

As I do each year, I'd like to take this opportunity to sincerely thank and acknowledge the hard work so many people put in each year to make KWHB a special place to work.

Special thanks to our Chairperson Willie Johnson, all our other Directors and all of our staff, both our frontline clinicians and the back up support staff. You all do important work vital to our successful delivery of services.

- Sean Heffernan  
Chief Executive Officer

*Sean with Directors and staff during our Annual General Meeting of November 2014.*







In 2014-2015, KWHB have continued to have an organisational wide focus on improving our internal systems to ensure that we are respectful with our clients, and that we are building strong relationships in our region, with the aim of overall better health outcomes for all of our clients.

This year, we kicked off with our first ever HealthFest events, during October 2014. These were healthy lifestyle focussed events, with the aim of engaging people in our communities with positive messages about nutrition, hydration, physical activity and healthy living options.

KWHB staff members were joined by the *Indigenous Hip Hop Projects* team, along with their “Specky Dreaming” physical footy activity activity, which was a hit amongst the school aged children.

It was great to be present in our communities during this type of event, and to use the opportunity to speak with people about KWHB’s health service and their health issues.

I want to thank all our Health Program staff, and our support team in Katherine and in our remote Health Centres, for all their hard work in coordinating and running these events. Here is a general outline of the activities.

Health Fest Locations	Dates	Number of children under 18 in attendance (approx.)	Number of people in attendance (approx.)
Mialuni (Kildurk)	6 October 2014	35	30
Bulla	7 October 2014	40	40
Timber Creek (Gilwi / Myatt)	8 October 2014	50	40
Yarralin	9 October 2014	50	40
Lajamanu	14 October 2014	250	160
Kalkaringi	15 October 2014	90	60
Pigeon Hole	16 October 2014	35	25

This year, KWHB developed four new Health Promotion music clips about significant health issues in our region. Our review of health data identified public health issues we wished to address via these clips;

- The Iron Man (Anaemia), Kalkarindji
- The Heart Song (Rheumatic Heart Fever), Lajamanu
- You can go the right way (Healthy Lifestyle), Pigeon Hole
- Breathe in, breathe out (Smoke Free Homes and Cars), Bulla

These clips were a great success, and well done to all our creative community members who were involved in the development of these clips. We have some very talented people out there. It was great to show all these clips during big screenings during HealthFest also.

This year, my personal role changed from Community Development Manager to Deputy CEO.

This role will continue to have a focus on community development and cultural safety at KWHB, however the role will also focus on management issues at KWHB, with a more global approach to our operations.

This year, we continued to run our Ngumbin / Yapa Reference Group, with a meeting occurring in July 2014 and looking at our Health Programs and associated resources that we use to engage our clients.

We then conducted a thorough review of our Ngumbin Reference Group, along with a review of our Cultural Security Framework developed during 2013. This review led to the formation of our Cultural Leadership Advisory Group (CLAG), which replaces our Ngumbin / Yapa Reference Group.

CLAG is similar to the NRG, however it is a smaller committee made up of KWHB Ngumbin/Yapa clinicians and Directors - CLAG has a renewed focus on cultural safety, reviewing health promotion resources, assessing our programs and streamlining the work of the NRG.

This reflects the maturing of our cultural leadership over the last 5 years, as we are able to reduce the scope of the NRG as elements of cultural security have become a more formalised part of our core business operations.



On 27 May, myself and Sinon Cooney (Manager PHC) had the opportunity to present to the nursing students at Charles Darwin University in Darwin.

This was a good opportunity to advertise the benefits of remote health work to the next generation of health professionals who will be working in the Northern Territory.

We are hopeful of seeing some of these students at KWHB in coming years.

This year, we also upgraded our Cultural Orientation package for new staff on our KWHB Intranet. 29 new staff members received orientation via this method, which includes videos about KWHB, videos about the KWHB region and the history of Ngumbin and Yapa people, reading historical books about



the Katherine West Health Board and specific literature about providing health services with Aboriginal people.

We now have a comprehensive Orientation suite, which assists new staff members into their work at KWHB and enables them to “hit the ground running” with knowledge about KWHB’s approach and our expectations, especially around providing a service that is considerate and culturally safe towards our people.

We believe that the improvements we have seen in recent years in staff retention, especially the returning rates of Locum GPs and RANs, can be somewhat attributed to improvements in communication with our staff during their orientation phase.

Once again, a big thankyou to all the Directors and staff members of KWHB for their hard work and support during 2014-2015, and we look forward to another big year ahead.

David Lines (Japarte)  
Deputy Chief Executive Officer







## SENIOR GP REPORT

This year, the Senior GP role has been filled by Dr Odette Phillips, who joined the Katherine West Health Board full time on 27 January 2015. During 2014 Odette provided off site GP support for our remote health teams via our email and telephone support.

At present, our Senior GP role is based in our Katherine office around 50% of the time, and working as a GP in our remote health centres 50% of the time.

Odette assists KWHB to have reliable and consistent GP coverage for our Health Centres, and throughout 2014-2015 we have had a good complement of consistently returning quality Locum GPs working in our region. The Senior GP ensures that our Locum and full-time GPs receive good support, by being available for their questions on the phone or by email.

The Senior GP role also tries to ensure that the specialist visits we organise to our remote health centres are relevant to our clients' needs. Chronic disease is a big part of Katherine West's work, and Odette joins in on case conferences for our more complex clients along with our Diabetes Nurse Educator, our Chronic Disease Nurse, the Pharmacist from Northpharm and practitioners from our remote sites.

Odette also provides a clinical overview of antenatal clients with the KWHB Midwife and Katherine Hospital maternity staff, and is available to nurses via phone or by email when there is no available GP on the ground.

This year we have moved towards having more regular GPs in our clinics, with a Locum GP working on a four week on/four week off roster at Kalkarindji, and a full time GP commencing at Lajamanu in the coming year.

GPs working in the Katherine West Region this year were;

Dr Alexander Stolz	Dr Karen Fuller
Dr Anne Peterson	Dr Kirsten Van Haaster
Dr Chris Clohesy	Dr Neville Geary
Dr David Hunt	Dr Odette Phillips
Dr Heather (Noni) Ferguson	Dr Peter Morero
Dr Janne Bills	Dr Rodney Jones
Dr Jenny Asquith	Dr Simon Marlton
	Dr Terrence O'Sullivan

- Dr Odette Phillips  
Senior GP

## SPECIALIST VISITS

This year, KWHB engaged the following Allied Health specialists to work in our region. Below is the stats on the number of client contacts made by Specialists during the full year 2014-2015.

Access to secondary (Specialist) health care services 2014-2015					
	Timber Creek	Yarralin	Kalkarindji	Lajamanu	Total Seen
	No. Seen	No. Seen	No. Seen	No. Seen	No. Seen
Audiologist (Jan-Jun 2015)	0	23	79	63	165
Audiologist (Jul-Dec 2014)	0	0	103	79	182
Cardiologist (Jan-Jun 2015)	1	0	23	9	33
Cardiologist (Jul-Dec 2014)	0	0	29	0	29
Dentist/ dental therapist (Jan-Jun 2015)	22	49	84	54	209
Dentist/ dental therapist (Jul-Dec 2014)	11	56	167	98	332
Diabetes Educator (Jan-Jun 2015)	53	54	37	49	193
Diabetes Educator (Jul-Dec 2014)	19	52	16	51	138
ENT Specialist (Jan-Jun 2015)	0	0	30	0	30
ENT Specialist (Jul-Dec 2014)	0	0	0	10	10
Exercise physiologist (Jan-Jun 2015)	80	0	87	176	343
Exercise physiologist (Jul-Dec 2014)	93	0	0	96	189
General Surgeon (Jan-Jun 2015)	0	0	0	0	0
General Surgeon (Jul-Dec 2014)	0	0	0	0	0
Nephrologist/Physician (Jan-Jun 2015)	20	0	24	34	78
Nephrologist/Physician (Jul-Dec 2014)	38	0	37	66	141
Obstetrician/Gynaecologist (Jan-Jun 2015)	0	0	0	8	8
Obstetrician/Gynaecologist (Jul-Dec 2014)	0	0	0	0	0
Occupational therapist (Jan-Jun 2015)	0	0	0	13	13
Occupational therapist (Jul-Dec 2014)	0	0	0	6	6
Ophthalmologist (Jan-Jun 2015)	20	22	13	23	80
Ophthalmologist (Jul-Dec 2014)	5	17	0	0	0
Optometrist (Jan-Jun 2015)	67	19	95	43	224
Optometrist (Jul-Dec 2014)	57	13	72	39	181
Orthopaedic surgeon (Jan-Jun 2015)	0	0	0	0	0
Orthopaedic surgeon (Jul-Dec 2014)	0	0	0	0	0
Paediatrician (Jan-Jun 2015)	8	13	25	27	73
Paediatrician (Jul-Dec 2014)	31	20	35	33	119
Podiatrist (Jan-Jun 2015)	59	30	72	35	196
Podiatrist (Jul-Dec 2014)	33	24	19	20	96
Psychologist/Mental health nurse (Jan-Jun 2015)	7	1	6	5	19
Psychologist/Mental health nurse (Jul-Dec 2014)	1	1	6	12	20
Ultrasound (Jan-Jun 2015)	0	0	0	0	0
Ultrasound (Jul-Dec 2014)	0	0	0	0	0
<b>Total client contacts 2014-2015</b>	<b>625</b>	<b>394</b>	<b>1059</b>	<b>1049</b>	<b>3107</b>



## Health Promotion

### Indigenous Hip Hop Projects – Health Videos

Four KWHB communities had the opportunity to create a hip hop video in late 2014. KWHB chose four key topics to be addressed in the videos; smoking, iron-deficient anaemia, rheumatic heart disease and making healthy choices.

The videos were made over a week starting with education on each topic then a brain storming session to develop lyrics. The next few days the young community members recorded the lyrics and filmed the



video clip. On the final day the community were invited to a preview of the song and film clip.

The communities made the following videos;

- The Iron Man (Anaemia), Kalkarindji
- The Heart Song (Rheumatic Heart Fever), Lajamanu
- You can go the right way (Healthy Lifestyle), Pigeon Hole
- Breathe in, breathe out (Smoke Free Homes and Cars), Bulla

These videos now form a suite of 13 video clips made between 2012-2014, and are regularly used for health education with kids in our region, and are currently on youtube and on the KWHB ipads.

### Katherine West Health Fest

Over two weeks in October 2014, KWHB held a traveling festival called “Katherine West Health Fest”. The festival involved a regional tour with the Indigenous Hip Hop Project team to engage the community and promote healthy lifestyles. Each festival included the footy-based activities ‘Specky Dreaming’, IHHP dance performance, fun games, health promotion stall, BBQ and a launch of the IHHP videos.

### KWHB / AFL program

From early 2015, KWHB and AFLNT visited some of the Katherine West communities. Former AFL star and NT Thunder player Richard Tambling ran a skills session and health talk for children and young men.

Initial visits were in Lajamanu, Kalkarindji, Pigeon Hole, Timber Creek and Bulla. Richard also ran sessions at Kalkarindji and Pigeon Hole schools and was part of the ‘West is Best’ school carnival. We had great attendance to all the AFL sessions. Feedback from the communities was positive. Young females in the communities suggested that a female AFL skills session be held on a separate night. Additional trips are planned for Yarralin and Kildurk.

AFLNT has been promoting regional health services including KWHB at all Katherine AFL games and festivals. All AFLNT staff uniforms, banners and promotions include the KWHB logo. AFLNT will also include a permanent KWHB banner at Nitmiluk Oval in Katherine.

KWHB has also been working with the Gurindji Eagles AFL team in promoting smoking cessation and smoke free environments. Part of this was the sponsorship of the Gurindji Eagles in the purchasing of new uniforms with a smoke free message. An article on the Gurindji Eagles new smoke free message featured in the Katherine Times.

### Quitskills training

Two Quitskills training sessions were held in Katherine with 18 KWHB staff completing the three day course. The training taught staff about tobacco brief intervention and motivational interviewing with clients.

### Health Promotion walls in Health Centres

Over the last 12 months a focus has been on utilising our Health Centre notice boards to disseminate key health information. A designated health wall has been developed within each Health Centre, with larger Health Centres rotating posters monthly and smaller sites rotating bimonthly. Topics covered



## HEALTH PROGRAMS

over the last 12 months are; sugar in drinks, Anaemia, smoking, fruit and vegetables (2&5), handwashing, healthy recipes, kidney disease and organ donation.

## iPad project

The iPad project aims to have health promotion materials, videos and apps readily accessible to the community and clinic staff without relying on the internet. The iPads will be stationed in all waiting rooms, all clinic rooms and for health education undertaken by traveling staff. The iPads were set up in early 2015 and trialled in Timber Creek and Kalkarindji. Since the trial stage, iPads have now been rolled out to all Health Centres in the region. The iPads are rotated and updated in the Katherine office with the latest software and new CLAG approved resources. Currently the iPads have 11 health videos, 1 app and over 100 electronic health promotion resources available.

## Gym Equipment in Timber Creek and Lajamanu

Timber Creek and Lajamanu have additional equipment and can be used for exercise programs run by the Exercise Physiologist. The Timber Creek gym has been established in the last 12 months with the Northern Territory Department of Health funding the new equipment.

The gym will be advertised to the community via posters and word of mouth through Council and Health Centre employees. The Sport and Recreation Officer and Exercise Physiologist will be facilitating group and individual sessions.

The Lajamanu Progress Association donated portable exercise equipment (weights, steps, mats, boxing equipment). The equipment is available to the visiting Exercise Physiologist, Mt Theo and other community stakeholders.

## Timber Creek Festival

KWHB had a stall at the annual Timber Creek Festival. Activities included; health promotion materials, health videos, an obstacle course to demonstrate how smoking effects lung capacity and how alcohol effects the body using the beer goggles and a health quiz. Additionally, tables were set up for school aged children to create their own healthy living posters.



### Alcohol and other Drugs Program (AOD)

This was a year of transition in our AOD Program, with our long term AOD Practitioner Peter Clottu leaving us in December 2014. We thank Peter for all his hard work at KWHB and wish him all the best for the future.

Our AOD program continued into 2015 with AOD Support Worker Sonny Victor leading the way, joined in May by our new Coordinator Vimal Vincent.

The AOD Program continues to see people in communities on a voluntary basis and may see them individually or in small groups where we provide counselling, education, support and referrals to external service providers where appropriate.

The AOD Program staff continue to work in closely with all our organisational Health Promotion activities, and attended all of the KWHB HealthFest events during October 2014, as well as playing a large part in the development of our healthy lifestyle music clips with Indigenous Hip Hop Projects during 2012-2014.

This year KWHB's AOD team had some further success in helping to equip the gymnasium in Timber Creek and Kalkarindji for use by community members following small grants.

The use of these exercise areas will be a positive step forward for people in these communities







## Child Health Program

This year KWHB continued to deliver a Child Health Program, with a specific focus on addressing childhood Anaemia and Growth Faltering via screening, treatment and working with families. The Child Health Coordinator role provides expert support to bush staff around child health issues. KWHB also had regular Paediatrician visits this year, supported by the Royal Darwin Hospital Paediatric Department and Specialist Outreach NT (SONT).

More information about this program, including data about Immunisations, Anaemia and other key details, can be found in our Key Performance Indicator results for 2014-2015, located later in this document.

## Chronic Disease Program

This year KWHB delivered a Chronic Disease program with a Diabetes Educator and two remote based Chronic Care Coordinators (a Nurse Practitioner based in Kalkarindji, and an Aboriginal Health Practitioner based in Yarralin).

Our Chronic Care Coordinators are an important addition to our service, with Lorraine Johns (Yarralin) covering the Yarralin and Timber Creek areas, and Denise Smythe covering the Kalkarindji and

Lajamanu areas.

254 chronic disease case conferences were conducted during this reporting period. Clients with complex chronic disease throughout the region were case conferenced using the KWHB referral pathways for identification of high risk clients.

Fortnightly case conferences are held with each health centre on a rotating basis. A Communicare template is used to capture the preparation and outcomes required for case conferences.

This program continues to provide good support for our Health Centre teams, along with our visiting specialists in the fields of Ophthalmology, Optometry, Physicians, Cardiology and Podiatry services.

The Chronic Disease Care Coordinators travel throughout region regularly to provide support to visiting allied specialists to try and maximise the time spent with clients and ensure follow up is completed.

This year, we bid goodbye to our Diabetes Educator, Vicky Eastaway. Vicky has been working in the KWHB region for a number of years and has been an excellent presence for people with Diabetes in our region.

## Food Supply and Nutrition

This year key activities have included working with schools, aged care, crèches, Families as First groups, youth groups and Sport and Recreation. Support has also been provided for the health promotion programs; iPad project, AFL program, health festivals and Indigenous Hip Hop Projects.

The Market Basket Surveys were undertaken in April, May and June in 2015. Results will be available later in 2015. The School Nutrition Program and Crèche & Aged Care meals were all assessed during the year with advice provided on how to meet the nutrition requirements of the clients. Education and cooking sessions have been run with Women's groups in Timber Creek, Bulla & Lajamanu, the Dialysis group in Lajamanu, at the Timber Creek School Health Day, at Mt Theo Wellbeing nights in Lajamanu and at Men's and Women's sessions in Pigeon Hole.

Some of the focus projects over the year have been:

### Timber Creek & Bulla Store Program

Based on Market Basket data, the quality and quantity of fruit and vegetables is below other stores in the region. In order to address this, the managers at each store needed sales to increase before they would stock a wider variety of fruit and vegetables. A store-based incentive program was designed to encourage customers to purchase more fruit and vegetables.

Cooking demos and taste testings were held out the front of each store and customers purchasing fruit and vegetables could enter a draw to win prizes. Overall the program increased the quality and quantity of fruit and vegetables available. One store had increased sales, whereas in the other store the sales remained the same.

### Better Choices, Healthy Lifestyles Lajamanu

The Lajamanu Store Project was developed in early 2014 and continued until November 2014. Following consultation the Lajamanu Food and Nutrition committee voted to have a project to address



the large sales of soft drinks (mostly Coca Cola and Sprite).

The Store Board voted for six strategies to be implemented; store incentive program, water as the cheapest drink, have diet soft drinks alternatives, have only 375ml and 1.25L sizes available, make diet soft drinks 30c cheaper than sugar soft drinks, develop a community and clinic resource, place the healthier drinks on the shelves at eye level.

Comparing sales data from 2013 to 2014, water sales increased by 67% (litres) and diet soft drinks increased by 30%. The ratio of soft drinks to diet also decreased. Although these results were positive it is important to note that soft drink consumption is still high with community members consuming approximately 1kg of sugar per month per person during the six months of project. The project was presented to the annual Nutrition Network Workshop in Alice Springs in 2014.

### Aged Care surveys

Victoria Regional Council and KWHB worked in collaboration to survey the aged care clients on the meals they received. A total of 34 aged care clients were surveyed in February and March 2015 from Kalkarindji, Yarralin, Bulla and Timber Creek.

The survey looked into what meals client like and didn't like, suggested meals, serving size, food texture, appearance, sensory appeal and meals satisfaction. Overall it was found that the aged care clients were satisfied with the meals. There were suggestions of including more of certain meals and meats. Most aged care clients were keen to have bush tucker included in the menu. Unfortunately it is not attainable, so it has been suggested that KWHB implement a social based program with aged care clients to include bush tucker collection and cooking.

### Shop@ Remote Indigenous Community Stores (Shop @ RIC)

The Menzies research project Shop@RIC finished in Yarralin, Pigeon Hole and Kalkarindji in 2014. The project involved a six month price reduction in fruit, vegetables, water and diet soft drinks with or without nutrition education. The results will be ready for dissemination late 2015.





## Mobile Health Team

In the past 12 months the Mobile team has covered 40,000km to take a primary health care and education service to 43 cattle stations, three small communities and one ranger station, providing 1308 episodes of care to people in the region.

The service is flexible and responsive to the needs of particular stations/communities, a truly mobile clinic that is set up in whatever space is available. First time visitors to the service are often surprised when they see the Mobile team set up with comments such as “wow you brought the whole hospital to us” or “You really do mean business.”

Living in the bush can be a dangerous business and the Mobile team have dealt with acute injuries of people busted up by beasts or machinery, however this is a very small part of service that is provided. The service focuses on providing well persons checks to everyone that the Mobile team come into contact with.

The team sees firsthand the value of early detection and brief intervention that KWHB can offer. Sometimes it takes a little education on the concepts of well person checks - for many people this is a strange concept with the common thought that you have to be “sick” to see the nurses. It never ceases to amaze how “well” people given the opportunity and asked the right question really do have something that has been concerning them.

Often these issues just need to be talked through, explained or just allowed a safe place to be aired. The process of screening does sometimes detect issues be they physical or mental that need follow up and this is where the value of being part of a network and working in a multidisciplinary team comes to the fore - the mobile team can link people into the medical, telehealth and specialist network of the KWHB clinics or town based service providers.

The coordination of care, pre and post specialist visit, is an important part of the Mobile team role, ensuring encounters with the health system is maximised and beneficial. For people with pre-existing conditions, KWHB provide a monitoring service, often in partnership with their town based GPs saving them considerable time and cost of travelling to town.

The mobile clinic is about providing persons working very remote an opportunity to interact with a health service that they may never had the opportunity to do so otherwise.



### Sexual Health Program

KWHB has worked closely with the Centre for Disease Control doing community wide syphilis screening in Kalkarindji and Lajamanu in the 15-34 age group.

We have had moderate success with a screening rate of 58 % and 69% in Lajamanu in November 2014 and Kalkarindji in April 2015 respectively. A re-screen in Lajamanu in June 2015 was less successful with only a 41% screening rate.

We are currently developing sexual health community education programs encompassing information about Sexually Transmitted Infections (STIs) as well as Syphilis with a focus on safe sex through condom use. This will be ongoing throughout 2015/2016.

KWHB will also look to develop a set of easy reference sexual health resources for our remote Health Practitioners.



Date	Collaboratives Topic
26-Jun-15	Organ Donation - Presentation by Andrea James of Donate Life NT
19-Jun-15	Infectious Syphilis presentation by guest Linda Garton of the Centre for Disease Control
12-Jun-15	KWHB's Remote Sexual Health Program - Overview - Julie Skudder, KWHB
5-Jun-15	Strongyloides Life Cycle - Topic presented by Dr David Hunt, KWHB
29-May-15	Scabies and Skin Sores Presentation - Therese Kearns, Menzies
22-May-15	Communicare usage tutorial - Sinon Cooney KWHB
15-May-15	Growth Faltering Presentation - Sonya Winther - 15 May 2015
8-May-15	Case Study - Timber Creek 3 month old, kidney issues
1-May-15	Weight Loss in Aboriginal people Presentation, Lauren Jeffs KWHB
24-Apr-15	About Us - Sexual Assault Resource Centre - presentation by Amie Johns of SARC / Immunisation Updates NTG
17-Apr-15	Anaemia in the KWHB region - Sonya Winther, KWHB
10-Apr-15	Story of Life - Dee Hampton (Cultural considerations in health service of the KWHB region) - Dee Hampton, Kalk
27-Mar-15	Hard to treat infections, anti-microbial stewardship and hygiene - Lajamanu
20-Mar-15	Calculating Absolute CVD risk - Bec Gooley
13-Mar-15	Mental Health Case Study - Timber Creek
27-Feb-15	Review of KWHB Clinical Deterioration Policy
20-Feb-15	Review of food and drink availability in remote stores, and how this effects health
13-Feb-15	Kalkarindji Health Centre - Brugada Syndrome, abnormal ECG
6-Feb-15	Presentation - Diabetes, it's in your hands (overview of Diabetes in KWHB region) - Vicky Eastaway, KWHB
30-Jan-15	Metformin non compliance in Diabetics - Brooke McRaynolds / KWHB & PCeHR review by Ellen & Sarah, PCeHR
23-Jan-15	Sharing of client information - responsibility for client privacy and confidentiality
16-Jan-15	Case Study - Evacuation of pregnant woman and issues with the evacuation system



Ngumbin Liaison Officer Lynette Johns presenting at the PEPA Conference about Palliative Care for Aboriginal people during 2014.



## COLLABORATIVES 2014-2015

Date	Collaboratives Topic
19-Dec-14	Case Study Timber Creek - Left sided chest pain (Fiona Duncan, KWHB)
12-Dec-14	Presentation - Cardio Vascular Risk Assessment (Bec Gooley)
28-Nov-14	Presentation on Growth Faltering - Sonya Winther, KWHB
21-Nov-14	Negotiation with KWHB staff around the next Enterprise Agreement, Australian Nursing and Midwife Association
14-Nov-14	Review of the Health and Community Services Complaints Commission, Judy Clisby
24-Oct-14	Syphilis Outbreak in the NT - Overview, centre for disease control (NTG DoH)
10-Oct-14	Baby Development Checks - Sonya Winther, KWHB
3-Oct-14	Presentation about Breastfeeding, correct attachment and impact on growth faltering - Karen Savage, KWHB
26-Sep-14	Presentation on Palliative Care (PEPA) in the Katherine region - Lynette Johns, KWHB
19-Sep-14	Lajamanu Case Study - Anaemic Child, treatment and symptoms
12-Sep-14	Consultation with PHC staff around KWHB's next Strategic Plan 2015-2017
29-Aug-14	Yarralin Case Study (no information)
22-Aug-14	Anne Bastian - NT Asthma Foundation - How to identify and treat asthma in remote communities
15-Aug-14	Approved Health Resources for use with KWHB clients
8-Aug-14	Presentation about Prostate Cancer treatment and diagnosis - Neil McIntyre, KWHB
1-Aug-14	Presentation about Prostate Cancer treatment and diagnosis - Neil McIntyre, KWHB
25-Jul-14	Presentation about salt and sodium in foods (Lauren Jeffs, Nutritionist) and using LifeScripts (Bec Cooney)
4-Jul-14	Presentation by Amanda Leach from Menzies - Ear Health in remote communities



AOD Support Worker Sonny Victor presenting at a Remote AOD Workforce Meeting.

## Primary Health Care Report

This year has been another period of consistent service delivery at Katherine West Health Board, aided by stable staffing levels in our remote Health Centres.

We have been well serviced by our permanent staff and returning relief staff (GPs and RANs). The ongoing focus on working with long serving relief staff has allowed our full time staff to access their holidays and professional development. This year we have made a strong commitment to the professional development of our staff, with external training options and a special focus on developing our online training via our Moodle training package as part of our Mandatory Training Schedule.

Our online training package now consists of the following topics, which are designed to aid educating our staff to better enable them to deliver high quality service to our clients:

- Acute Rheumatic Fever and Rheumatic Heart Disease
- Anaemia
- Basic Life Support Plus
- Brief Intervention
- Clinical Handover
- Deteriorating Client, Pressure area care, Falls prevention, Client identification
- Fire and Emergency Procedures
- Growth Faltering
- Infection Control and Hand Hygiene
- Manual Handling
- Medication Calculations
- Pathology and Point-of-Care Testing (POCT)
- Safety and Quality in Primary Health Care

Our Primary Health Care Governance meetings continue to occur monthly, and they provide us with excellent leadership and decision making in the PHC area.

Collaboratives meetings occur each Friday, with a specific focal point of quality improvement. At these meetings a wide range of topics, case studies and external guest presenters ensure that our Clinicians and program staff are expanding their knowledge base on contemporary remote health topics.

Throughout the year KWHB has employed a Maternal and Women's Health Nurse Practitioner, based in Kalkarindji, but has provided outreach services across the region. The role works on a case management model and provides specialist support to the remote health centre teams in order to deliver high quality antenatal and women's health care.

The patient travel system has been an important issue for our health service throughout the year, and our Ngumbin Liaison Officer (NLO), Lynette Johns, works collaboratively with our DCEO, MPHC and Health Centre teams to ensure that our clients are cared for throughout the whole patient journey.

This year our NLO had 173 client (patient) contacts, focussing on issues such as patient travel, patient accommodation, dealing with hospital, dealing with travel organising, setting and managing appointments with specialists, assistance with Medicare claiming and other important issues that patients might require help with.



## PRIMARY HEALTH CARE REPORT

Throughout the year, KWHB has maintained good relationships with key external bodies that assist in our day to day health service, specifically the Katherine District and Royal Darwin Hospitals.

The close working relationship with the stakeholders has enabled good collaboration and quick response and resolution to any issues that arise.

2014-2015 has seen further development of a sophisticated Quality Management System and has served us well, with any incidents that have arisen out of our Health Centres or town based operation being comprehensively tracked and acted upon via our Incident Register and Action Registers in Employee Connect.

Review against accreditation standards for ISO 9001:2008 Quality Management Standards, was undertaken and KWHB maintained accreditation against all standards with no identified non conformances.

KWHB also had a successful review against National Safety and Quality Health Service standards (NSQHS), and continues to work within the standards in order to maintain accreditation, again achieved with no non-conformances identified.

NSQHS provides our clients with a nationally consistent statement about the level of care that they can expect from health service organisations like KWHB. Accreditation against these standards is a reflection on the effectiveness of our Continual Quality Improvement program.

KWHB's four main Health Centres (Kalkarindji, Lajamanu, Timber Creek and Yarralin) will remain RACGP accredited for the next two years. This is an excellent result for KWHB.

ISO accreditation highlights KWHB's robust continual quality improvement system, which is specific to our workplace and designed to ensure that our health service delivery is complemented by the best possible standard of administrative support.

This year our Aboriginal Health Practitioners had a number of training engagements with our educator Leanne MacGill. The biggest of these training sessions occurred in late 2014, when all of our Senior and Trainee AHPs attended Katherine Hospital for skills development training with 2nd year Medical Students from James Cook University.

This was an excellent cross-cultural and cross-clinical learning process - in particular our AHPs were able to share their experience on the social determinants of health impacting on outcomes in remote areas. The session also focussed on upskilling around ECG and CPR.

Leanne has also done excellent work in developing our online education and training portals for our staff to continue their professional development while working with KWHB.

Well done to Leanne and to all our AHPs on their training this year.

An additional positive in our stable staffing and collaborative model has been a consistent positive trend in our Medicare Income over recent years (refer Financial Report, pg 77)



## PRIMARY HEALTH CARE REPORT



In the following pages we present KWHB's NT Aboriginal Health Key Performance Indicator results for 2014-2015.

This data gives KWHB an insight into the effectiveness of our service delivery model, and enables us to identify areas for action, areas of good performance and health care trends as they emerge.

In the majority of KPI's, KWHB is ahead of the NT average in key health data. The data is reviewed by the PHC Governance Committee and reported to the KWHB Directors six monthly and actions made for improvement where relevant. Ongoing stable staffing and management enables along term focus on continual quality improvement and management standards, which will allow KWHB to continue to see positive results in this data in the coming years.

- Sinon Cooney  
Manager PHC



# HEALTH KEY PERFORMANCE INDICATORS

## AHKPI 1.1 - Episodes of Health Care and Client Contacts

Katherine West HSDA - for period 01 July 2014 to 30 June 2015

1.1a Number of health care episodes	39,164
Episodes of care shows the number of episodes of care for one person (generally coded in one day as an episodic event) using the health service	
1.1b Number of clients contacts	54,177
Client contact shows the workload of the health service staff. For example: in one day a child attends for a health review and is seen by the Aboriginal health worker (one contact) then the GP (one contact). This is one episode of care but two client contacts.	

Figure 1.1a Proportion of episodes of health care for Aboriginal clients of the community over the previous 12 months by resident status and sex

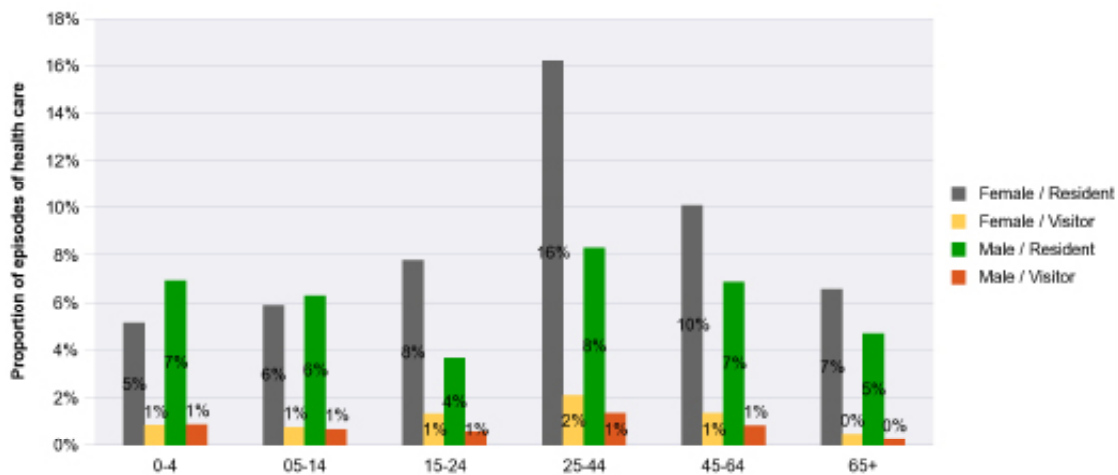
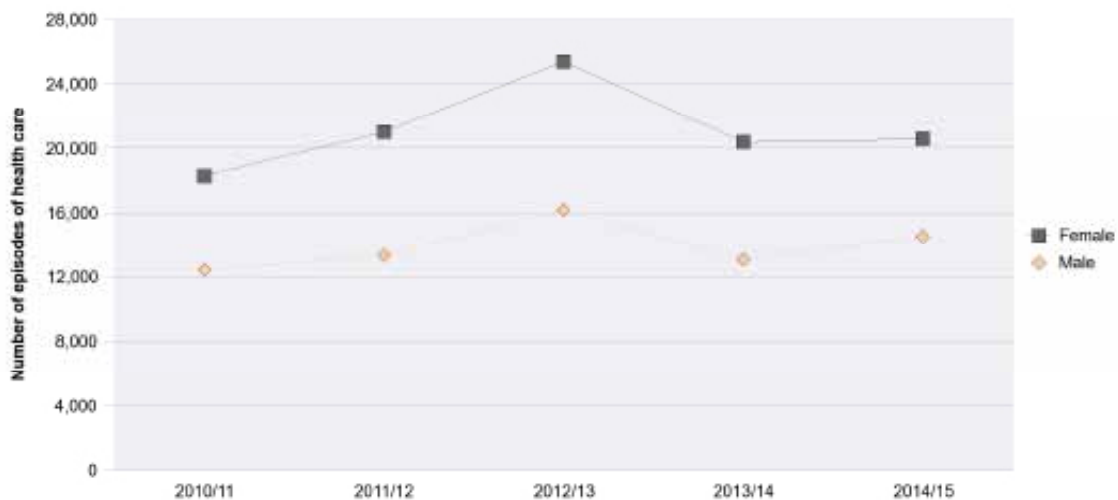


Figure 1.1b Trend of episodes of health care for Aboriginal clients by sex and reporting year

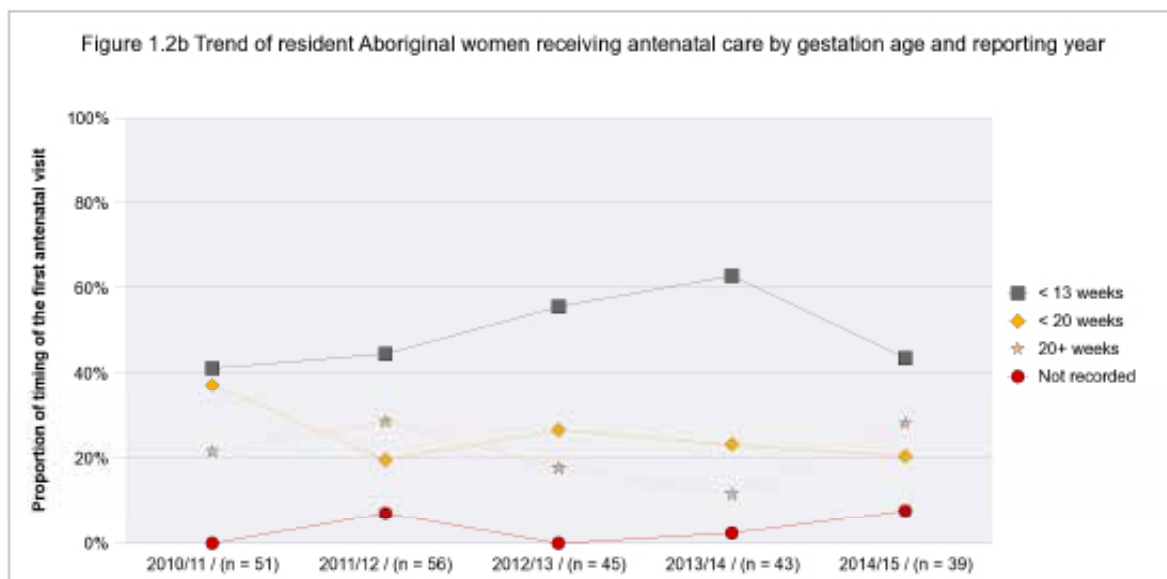
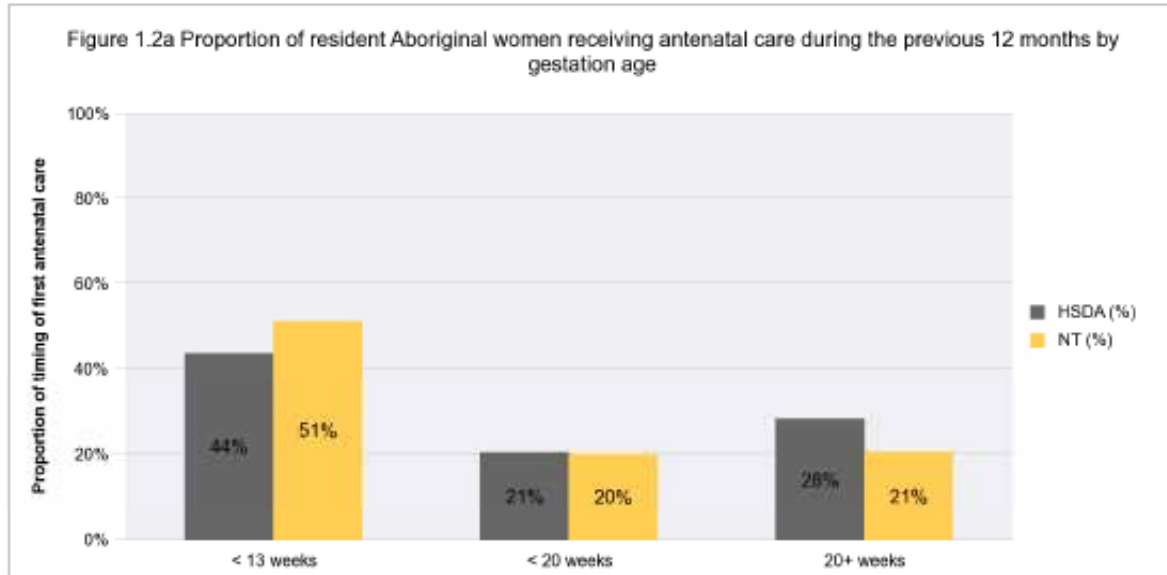


Reporting Year(s)	2010/11	2011/12	2012/13	2013/14	2014/15
Female	18,298	21,037	25,416	20,392	20,578
Male	12,443	13,350	16,180	13,086	14,529

1.1 - This year we have seen good improvement in male participation in our health service (+1500) from last year.

### AHKPI 1.2 - First Antenatal Visit

Katherine West HSDA - for period 01 July 2014 to 30 June 2015



The above trend graph displays resident Aboriginal women, who gave birth during each reporting year and received antenatal care prior to 20 weeks gestation, or are not recorded as receiving any antenatal care, for the current and previous reporting years.

Reporting Year(s)	2010/11	2011/12	2012/13	2013/14	2014/15
Population (Denominator)	51	56	45	43	39
< 13 weeks	41%	45%	56%	63%	44%
< 20 weeks	37%	20%	27%	23%	21%
20+ weeks	22%	29%	18%	12%	28%
Not recorded	0%	7%	0%	2%	8%

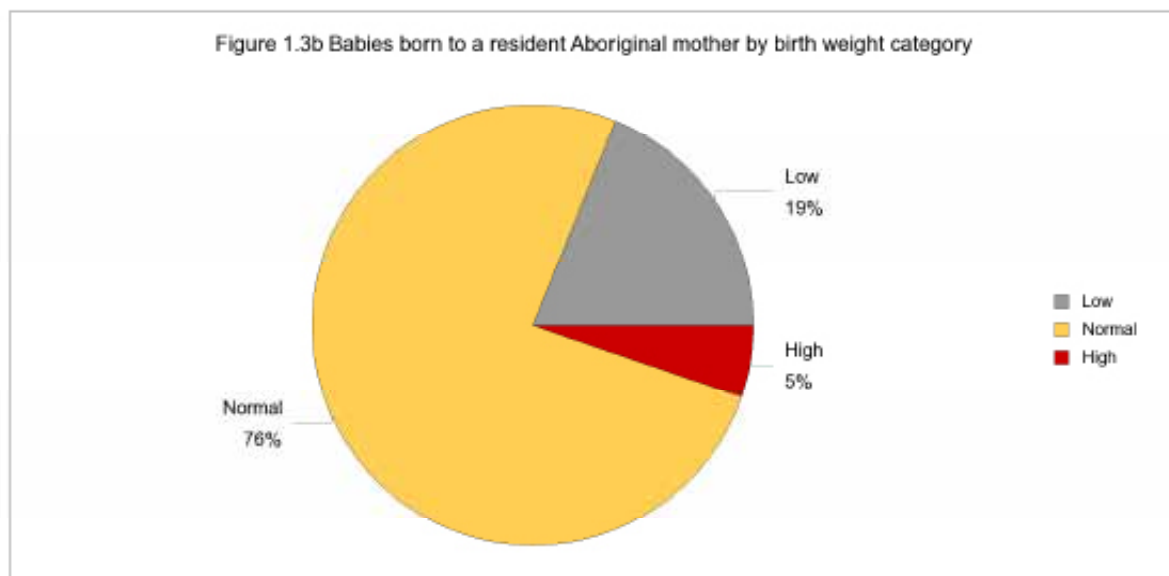
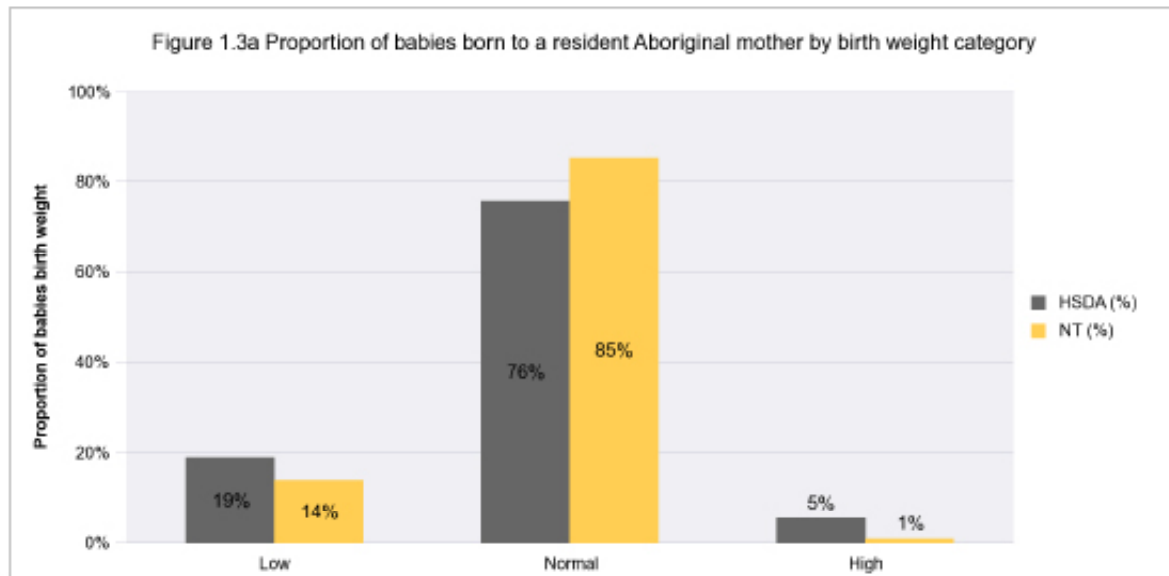
*n = Population (denominator) is the number of resident Aboriginal women who recorded as resident of the community and who gave birth during the reporting period.*

1.2 - KWHB has a quality Women's and Maternal Health Program, and we continue to engage with local women to present as early as possible to identify pregnancies.



## AHKPI 1.3 - Birth Weight

Katherine West HSDA - for period 01 July 2014 to 30 June 2015



Population (denominator) is the number of resident babies born to an Aboriginal mother who were live born during the current reporting period.

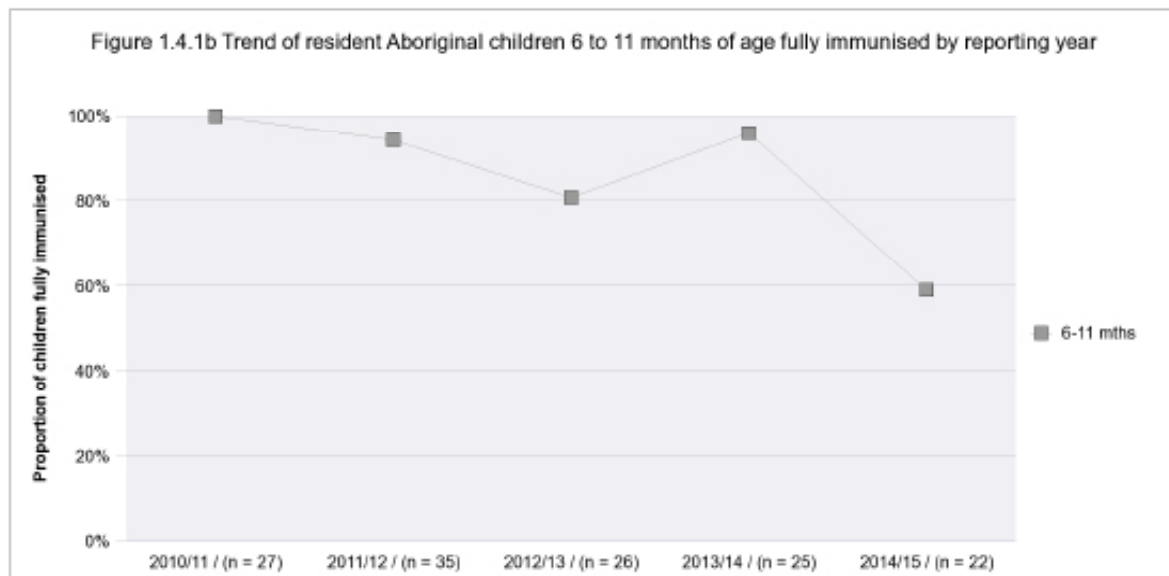
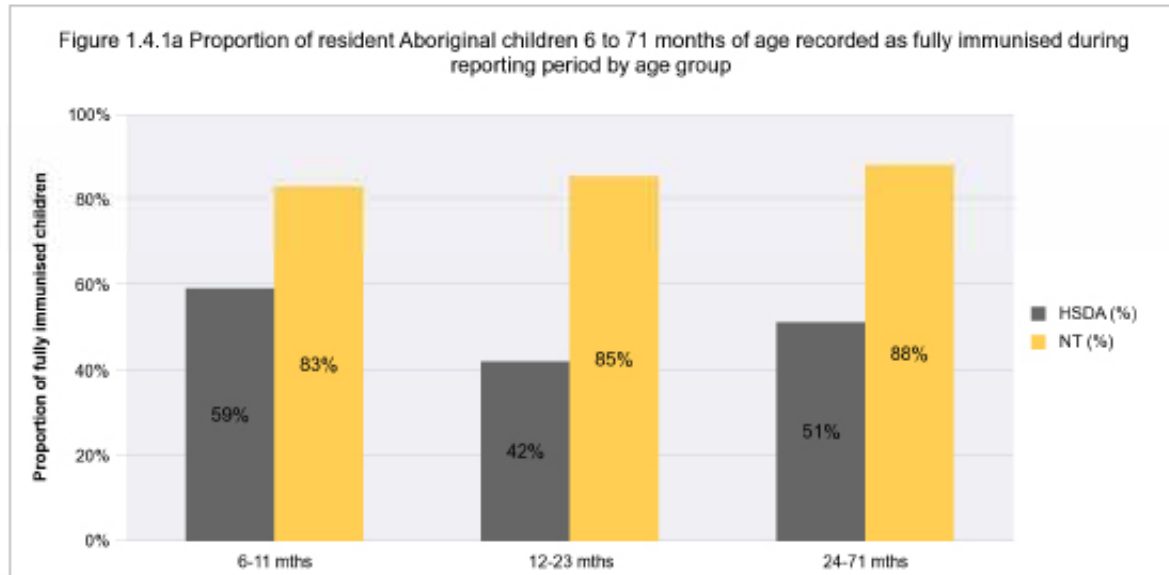
In 2012, the proportion of low birth weight babies across Australia was 6%. The national figure for Aboriginal and Torres Strait Islander babies was 11.8%. In that year, 13.6% of Aboriginal and Torres Strait Islander babies were underweight.

Reference: Australia's mothers and babies 2012 AIHW.

1.3 - There were low numbers of babies born in the KWHB region this year, figures are consistent with previous years.

## AHKPI 1.4.1 - Fully Immunised Children

Katherine West HSDA - for period 01 July 2014 to 30 June 2015



Reporting Year(s)	2010/11	2011/12	2012/13	2013/14	2014/15	n = Population (denominator) is the number of resident Aboriginal children aged between 6 months to 11 months.
Population (Denominator)	27	35	26	25	22	
Fully immunised children at age : 6-11 mths	100%	94%	81%	96%	59%	

1.4.1 - This year Fluvax immunisations for 6m - 5y aged children was introduced late in the reporting period (April 2015) which artificially lowers these results from 96% last year down to only 59%. KWHB confident that we continue to schedule and perform required immunisations with children in region.

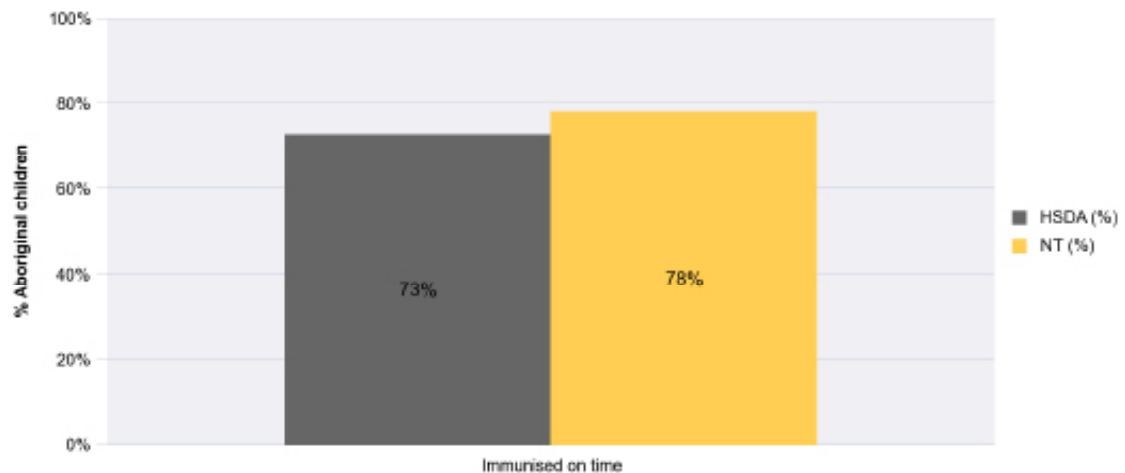


## HEALTH KEY PERFORMANCE INDICATORS

### AHKPI 1.4.2 - Timeliness of Immunisations

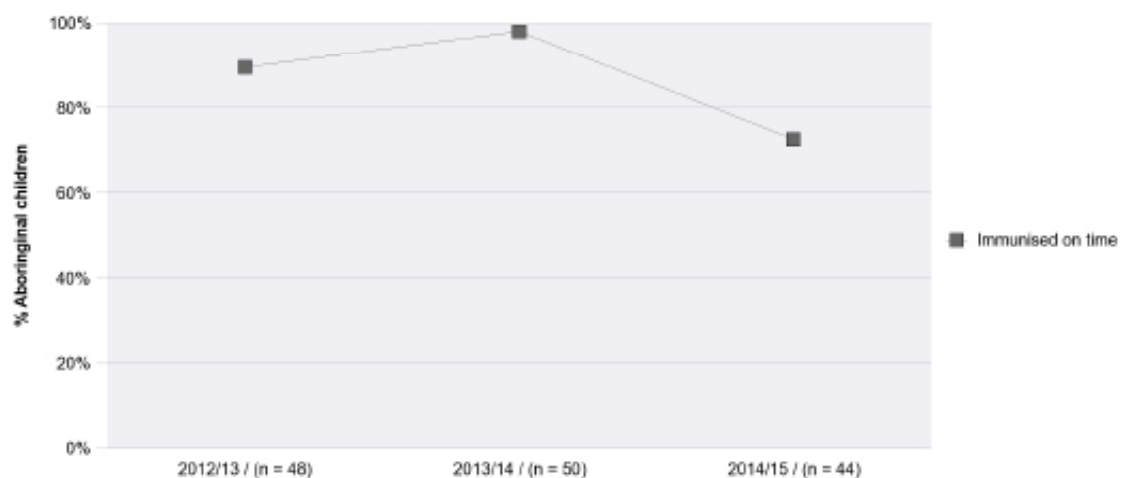
Katherine West HSDA - for period 01 July 2014 to 30 June 2015

Figure 1.4.2a Proportion of resident Aboriginal children who have received immunisations on time aged 1 to 12 months



*n* = Population (denominator) is the number of resident Aboriginal children 1 month to 12 months of age.

Figure 1.4.2b Trend of resident Aboriginal children who have received immunisations on time aged 1 to 12 months



Reporting Year(s)	2012/13	2013/14	2014/15
Population (Denominator)	48	50	44
Immunised on time	90%	98%	73%

*n* = Population (denominator) is the number of resident Aboriginal children 1 month to 12 months of age.

AHKPI 1.4.2 Proportion of children who have received immunisations on time aged 1 to 12 months		
Aboriginal children	Immunised on time	TOTAL
Immunised on time	32	32
% Immunised on time children	73%	73%
Number of resident Aboriginal children	44	44

1.4.2 - See response at 1.4.1

## AHKPI 1.5 - Underweight Children

Katherine West HSDA - for period 01 July 2014 to 30 June 2015

Figure 1.5a Proportion of resident Aboriginal children 0 to 59 months of age measured for weight & recorded as underweight during the reporting period

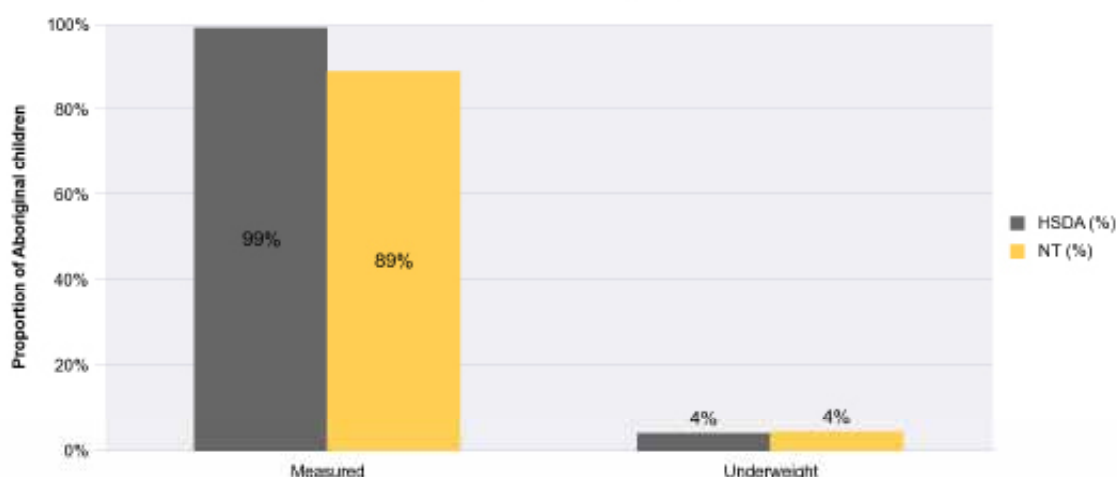
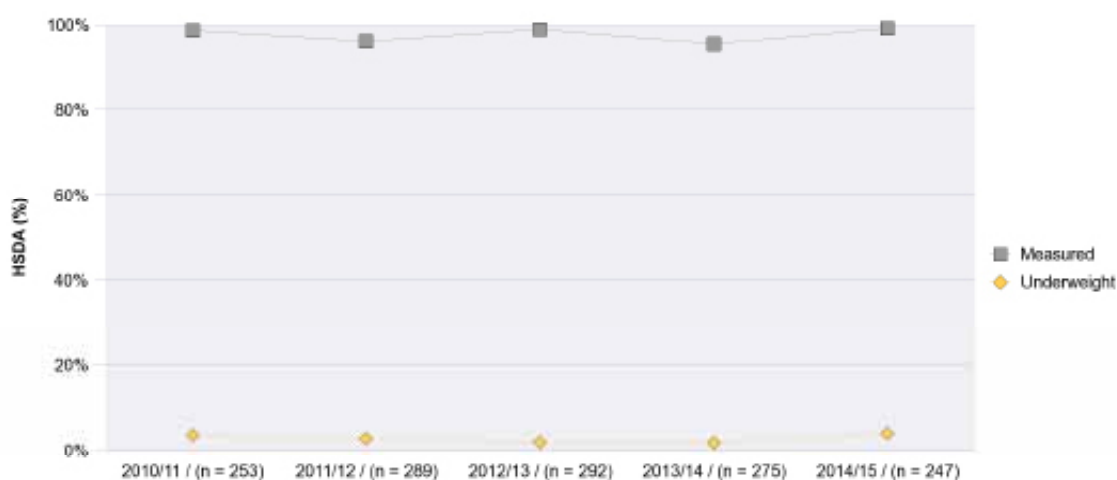


Figure 1.5b Trend of resident Aboriginal children 0 to 59 months of age measured for weight & recorded as underweight by reporting year



Reporting Year(s)	2010/11	2011/12	2012/13	2013/14	2014/15	<i>n</i> = Population (denominator) is the number of resident Aboriginal children who are less than 5 years of age during the reporting period. Coverage is the number of resident Aboriginal children who have been measured for weight at least once during the reporting period.
Population (Denominator)	253	289	292	275	247	
Coverage	250	278	289	263	245	
Measured	99%	96%	99%	96%	99%	
Underweight	4%	3%	2%	2%	4%	

1.5 - There are low numbers here, but a good story, with only 4% of children measured as being underweight. KWHB monitors and works with clients who have children with any development issues.



## HEALTH KEY PERFORMANCE INDICATORS

### AHKPI 1.6 - Anaemic Children

Katherine West HSDA - for period 01 July 2014 to 30 June 2015

Figure 1.6a Proportion of resident Aboriginal children 6 to 59 months of age measured for Anaemia and recorded as Anaemic during the reporting period

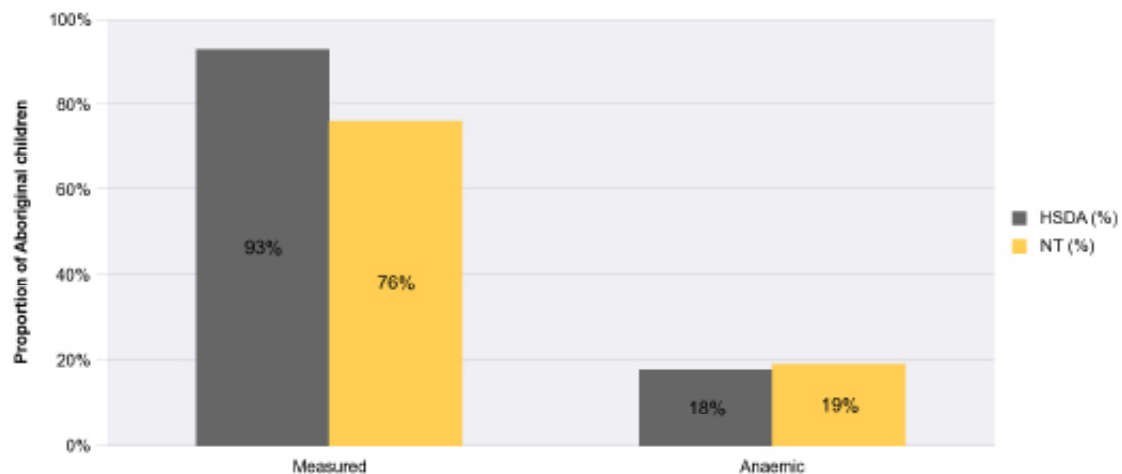
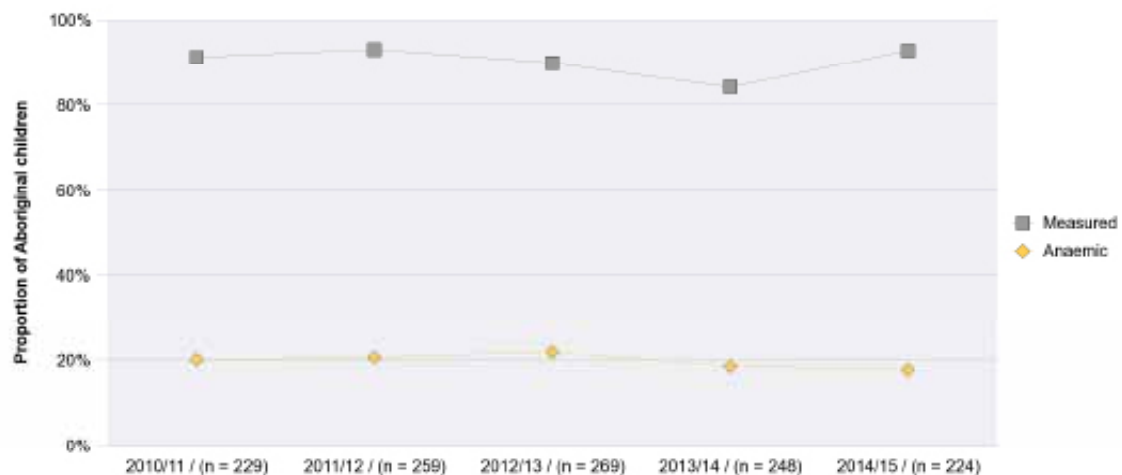


Figure 1.6b Trend of resident Aboriginal children 6 to 59 months of age measured for Anaemia and recorded as Anaemic by reporting year



Reporting Year(s)	2010/11	2011/12	2012/13	2013/14	2014/15
Population (Denominator)	229	259	269	248	224
Coverage	209	241	242	209	208
Measured	91%	93%	90%	84%	93%
Anaemic	20%	21%	22%	19%	18%

*n = Population (denominator) is the number of resident Aboriginal children who are between 6 months to 5 years of age during the reporting period. Coverage is the number of resident Aboriginal children who have been measured for Anaemia at least once during the reporting period.*

1.6 - This year we had excellent coverage for Anaemia screening, and we are seeing a gradual decrease in the rates of Anaemia in kids across our region.

## AHKPI 1.7 - Chronic Disease Management Plan

Katherine West HSDA - for period 01 July 2014 to 30 June 2015

Figure 1.7a Proportion of resident Aboriginal clients managed on chronic disease management plan by disease group by reporting period (24 month)

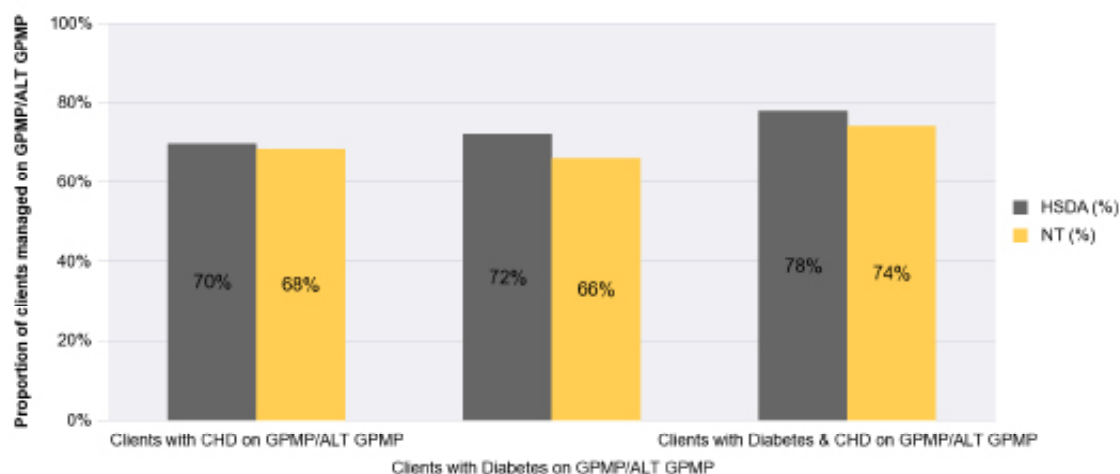
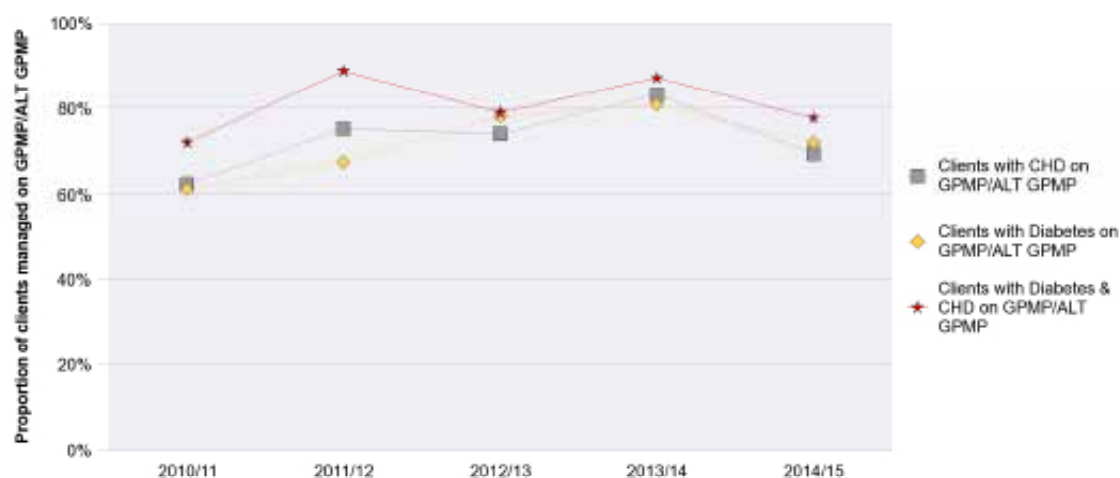


Figure 1.7b Trend of resident Aboriginal clients managed on chronic disease management plan by disease group by reporting period (24 months) by reporting year



Reporting Years(s)	2010/11	2011/12	2012/13	2013/14	2014/15
Population (Coronary Heart Disease)	56	61	58	66	79
Population (Type II Diabetes)	256	281	299	305	305
Population (Type II Diabetes & Coronary Heart Disease)	43	45	43	47	54
Clients with CHD on GPMP/ALT GPMP	63%	75%	74%	83%	70%
Clients with Diabetes on GPMP/ALT GPMP	61%	68%	78%	81%	72%
Clients with Diabetes & CHD on GPMP/ALT GPMP	72%	88%	79%	87%	78%

Population (Coronary Heart Disease) is the number of resident Aboriginal clients aged 15 years and over with Coronary Heart Disease.

Population (Type II Diabetes) is the number of resident Aboriginal clients aged 15 years and over with Type II Diabetes.

Population (Type II Diabetes and Coronary Heart Disease) is the number of resident Aboriginal clients aged 15 years and over with Type II Diabetes and Coronary Heart Disease.

1.7 - We are seeing gradual improvement in our chronic disease care plans for people with Diabetes and Coronary Heart Disease, which remains a focus for our Health Centre teams.

## HEALTH KEY PERFORMANCE INDICATORS

### AHKPI 1.8.1 - HbA1c Tests

Katherine West HSDA - for period 01 July 2014 to 30 June 2015

Figure 1.8.1a Proportion of resident Aboriginal clients with type II diabetes receiving a HbA1c test in the previous 6 months by sex

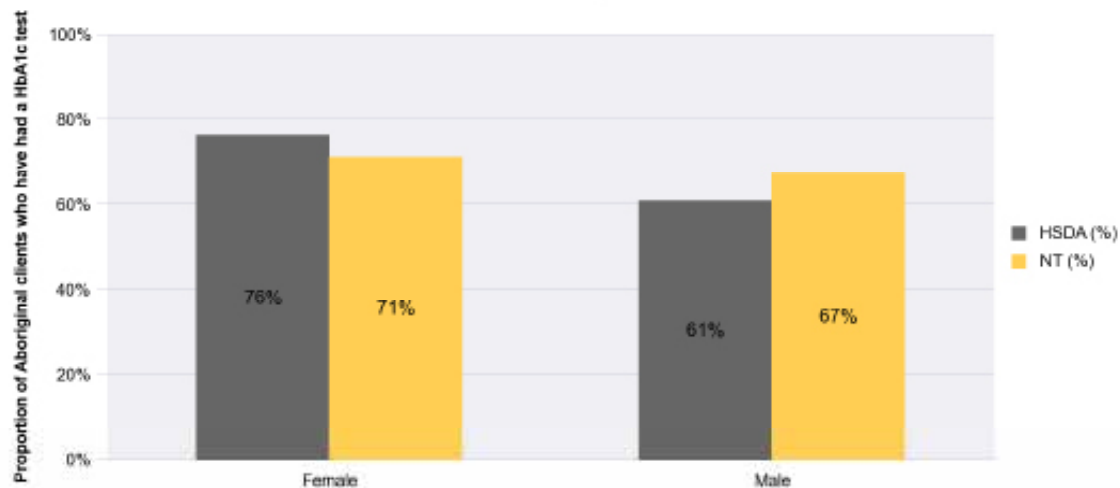
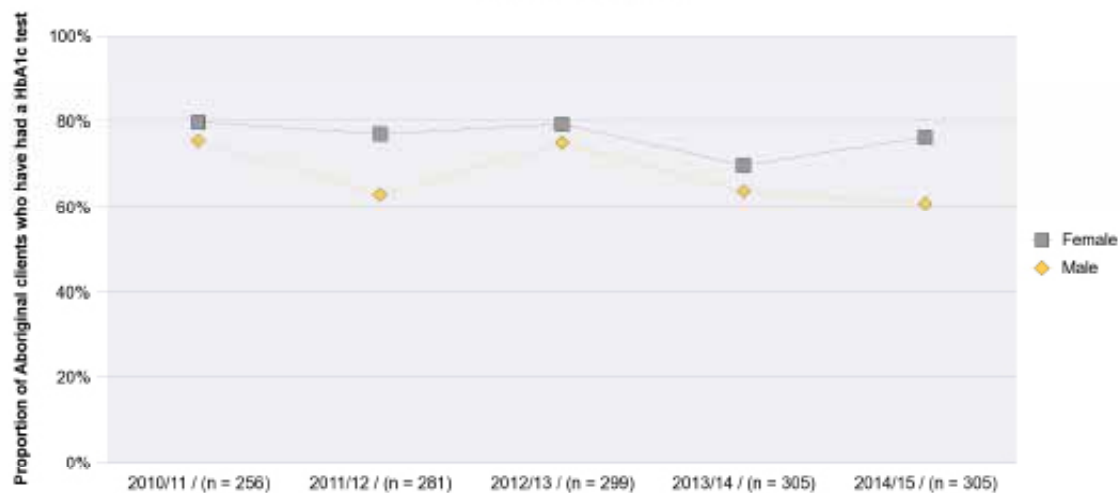


Figure 1.8.1b Trend of resident Aboriginal clients with type II diabetes receiving a HbA1c test in the previous 6 months by sex and reporting year



Reporting Year(s)	2010/11	2011/12	2012/13	2013/14	2014/15	n = Population (denominator) is the number of Aboriginal clients who have been diagnosed with Type II diabetes.
Population (Denominator)	256	281	299	305	305	
Female	80%	77%	79%	70%	76%	
Male	75%	63%	75%	64%	61%	

1.8.1 - Small improvement in HbA1c testing across our region this year, however we will focus on male testing in the new year.



## AHKPI 1.8.2 - HbA1c Measurements

Katherine West HSDA - for period 01 July 2014 to 30 June 2015

Figure 1.8.2a Proportion of resident Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels by Community (%)

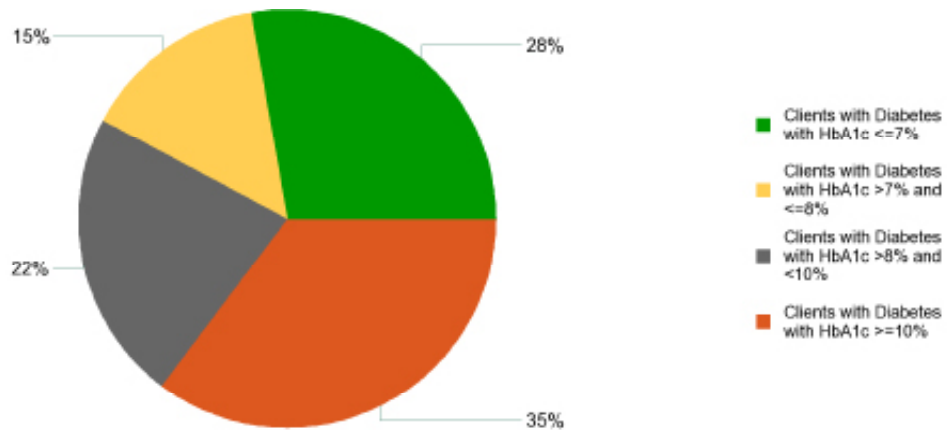
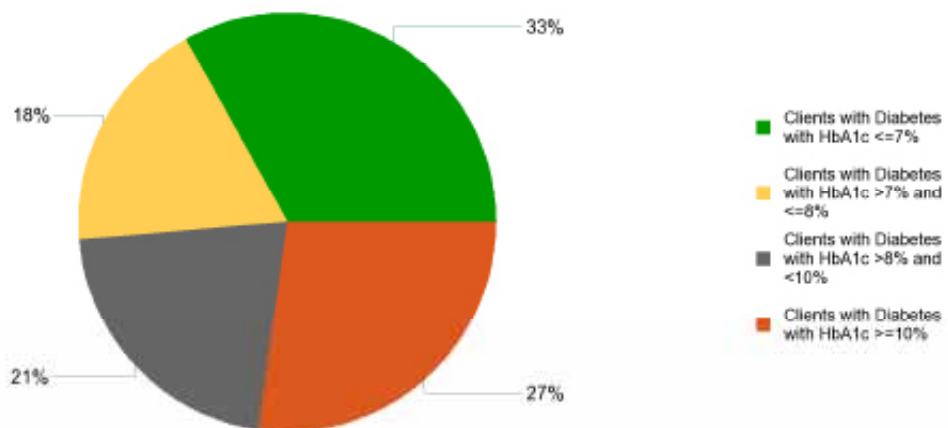


Figure 1.8.2b Proportion of resident Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels by NT (%)

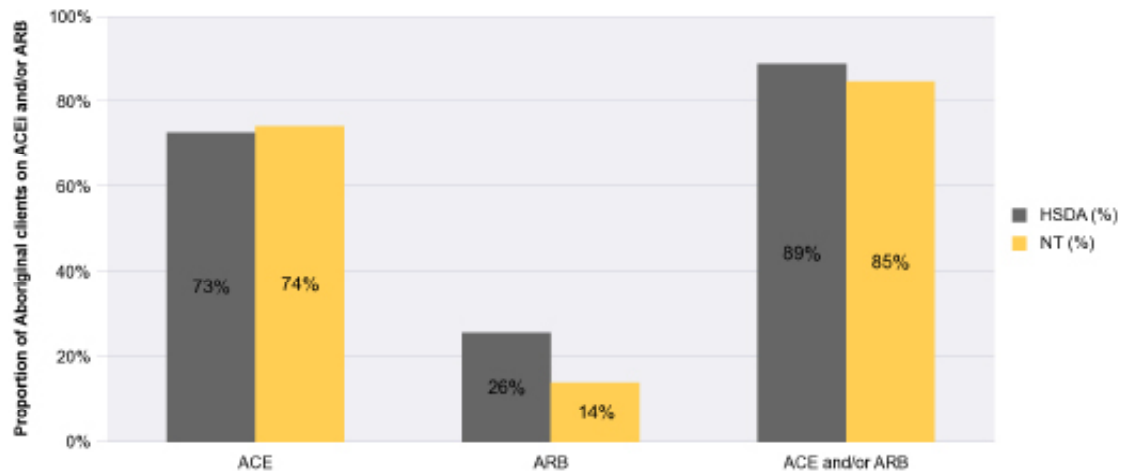


## HEALTH KEY PERFORMANCE INDICATORS

### AHKPI 1.9 - ACE Inhibitor and/or ARB

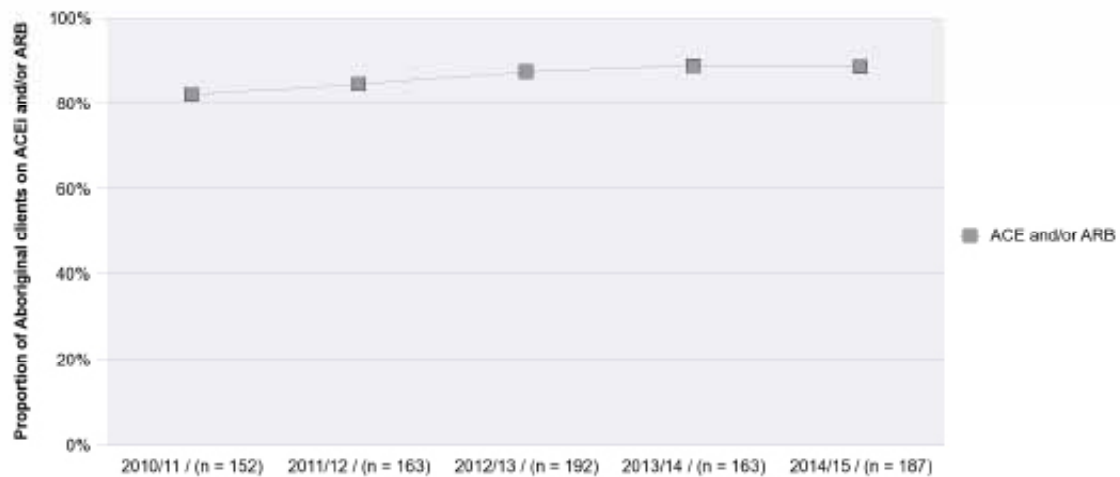
Katherine West HSDA - for period 01 July 2014 to 30 June 2015

Figure 1.9a Proportion of Type II diabetes resident Aboriginal clients with Albuminuria on ACE and/or ARB medication during the reporting period



The combination of ACE and ARB has been found to worsen renal outcomes compared to treatment with either ACE or ARB alone including an increased incidence of acute renal failure. Therefore this combination should only be used under the supervision of a renal physician (Ontarget study Lancet : 2008).

Figure 1.9b Trend of Type II diabetes resident Aboriginal clients with Albuminuria on ACE and/or ARB medication during the reporting period



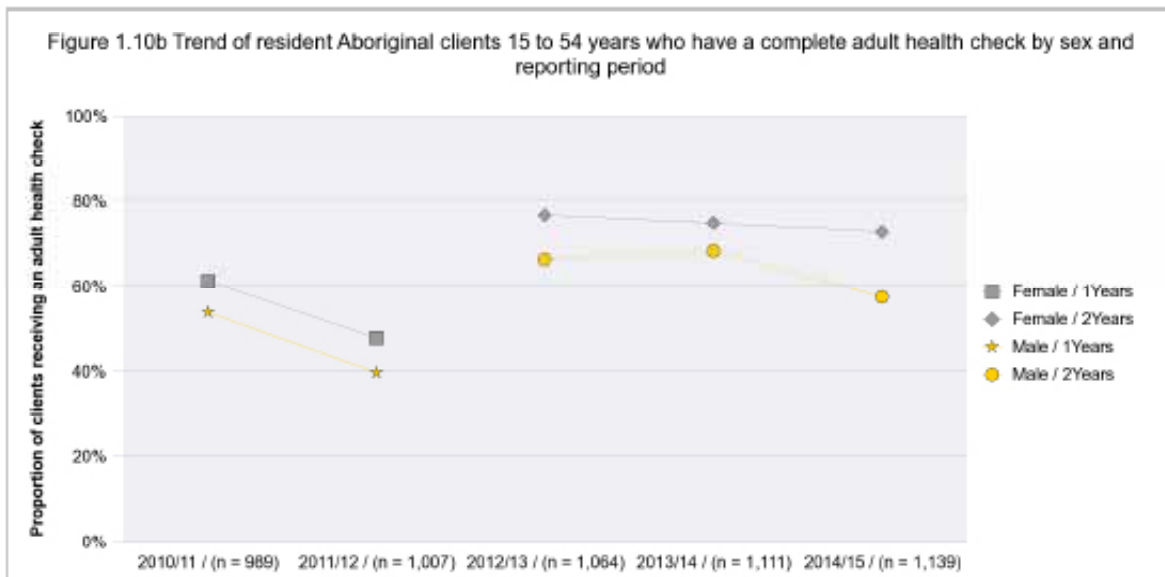
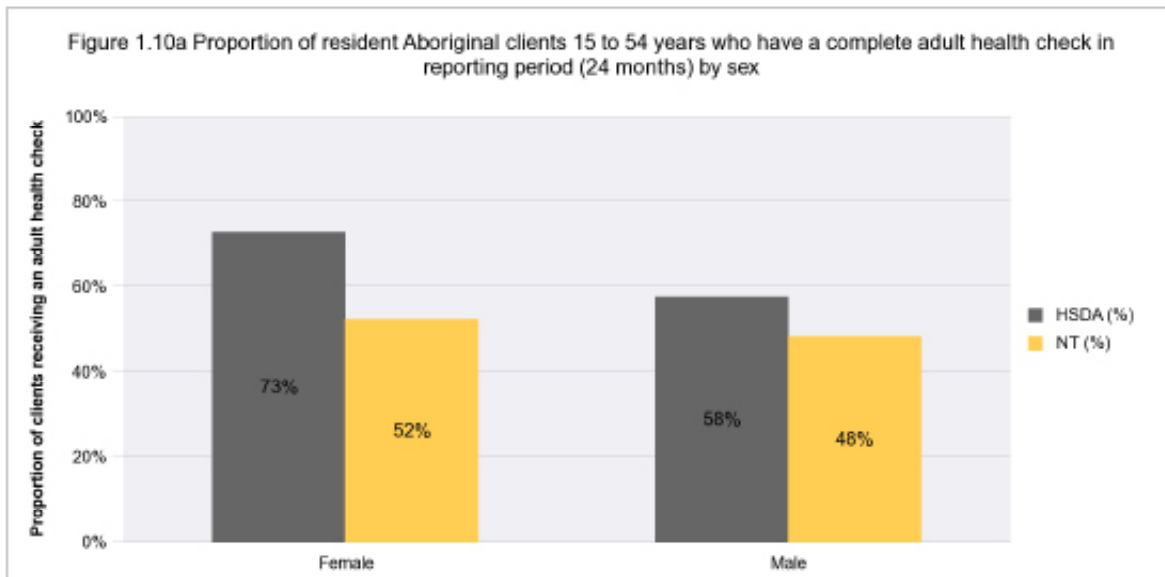
Reporting Year(s)	2010/11	2011/12	2012/13	2013/14	2014/15
Population (Denominator)	152	163	192	163	187
ACE and/or ARB	82%	85%	88%	89%	89%

n = Population (denominator) is the number of resident clients who are 15 years old and over, who have been diagnosed with type II diabetes with albuminuria during reporting period.

1.9 - We review clients on these medications frequently as part of their ongoing chronic disease care.

## AHKPI 1.10 - Adult Aged 15 ~ 54 Health Check

Katherine West HSDA - for period 01 July 2014 to 30 June 2015



Reporting Year(s)	2010/11	2011/12	2012/13	2013/14	2014/15
Population (Denominator)	989	1,007	1,064	1,111	1,139
Female completed AHC in previous 1 Year	61%	48%	N/A	N/A	N/A
Male completed AHC in previous 1 Year	54%	40%	N/A	N/A	N/A
Female completed AHC in previous 2 Years	N/A	N/A	77%	75%	73%
Male completed AHC in previous 2 Years	N/A	N/A	66%	68%	58%

*n = Population (denominator) is the number of resident Aboriginal clients aged 15 to 54 years.*

1.10 - KWHB has above average coverage for adult health checks in relation to the rest of the NT.



## HEALTH KEY PERFORMANCE INDICATORS

### AHKPI 1.11 - Adult Aged 55 and over Health Check

Katherine West HSDA - for period 01 July 2014 to 30 June 2015

Figure 1.11a Proportion of resident Aboriginal clients 55 years old and above who have a complete adult health check in reporting period (24 months) by sex

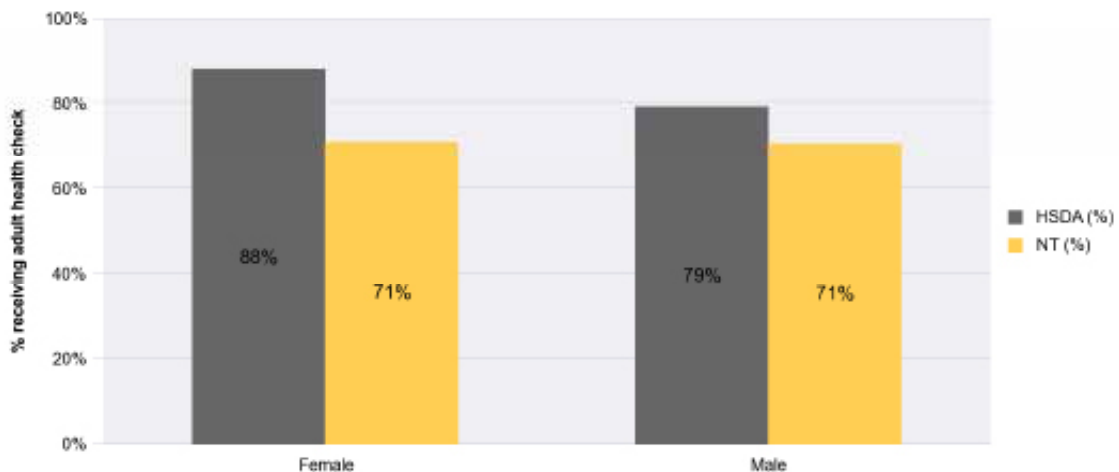
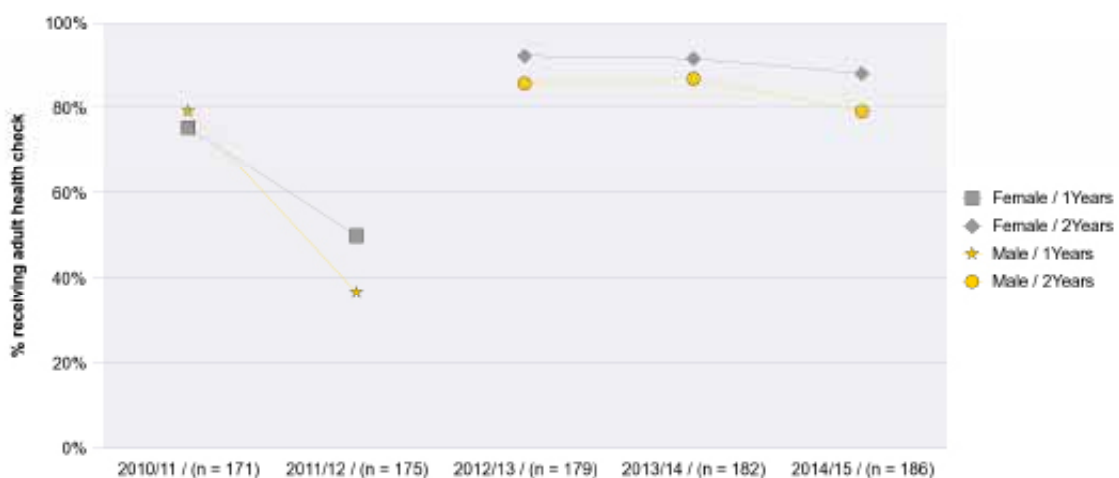


Figure 1.11b Trend of resident Aboriginal clients 55 years old and over who have a complete adult health check by sex and reporting period



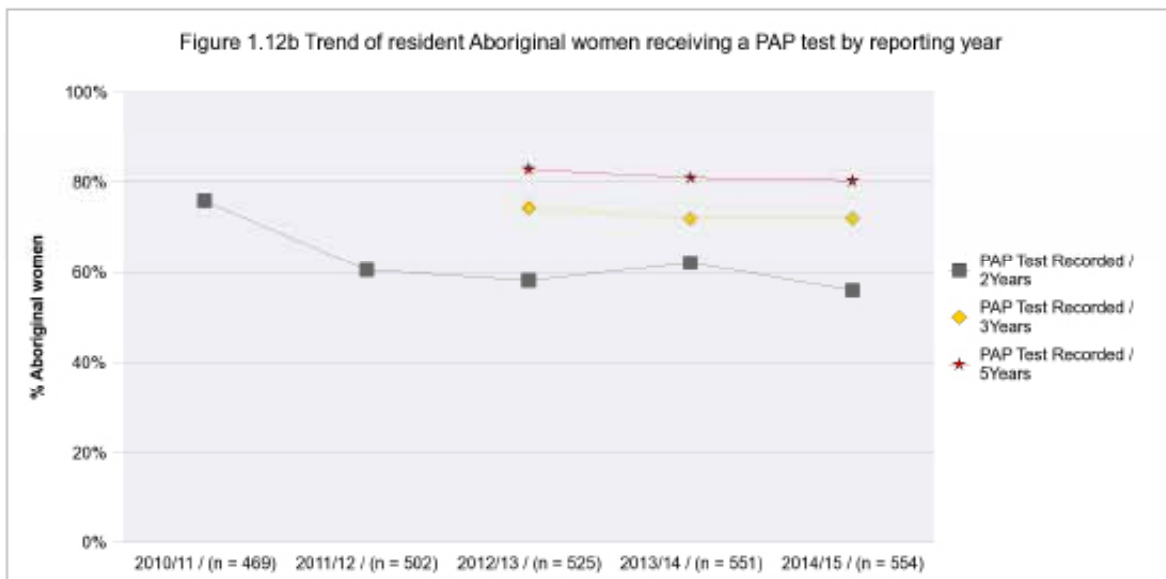
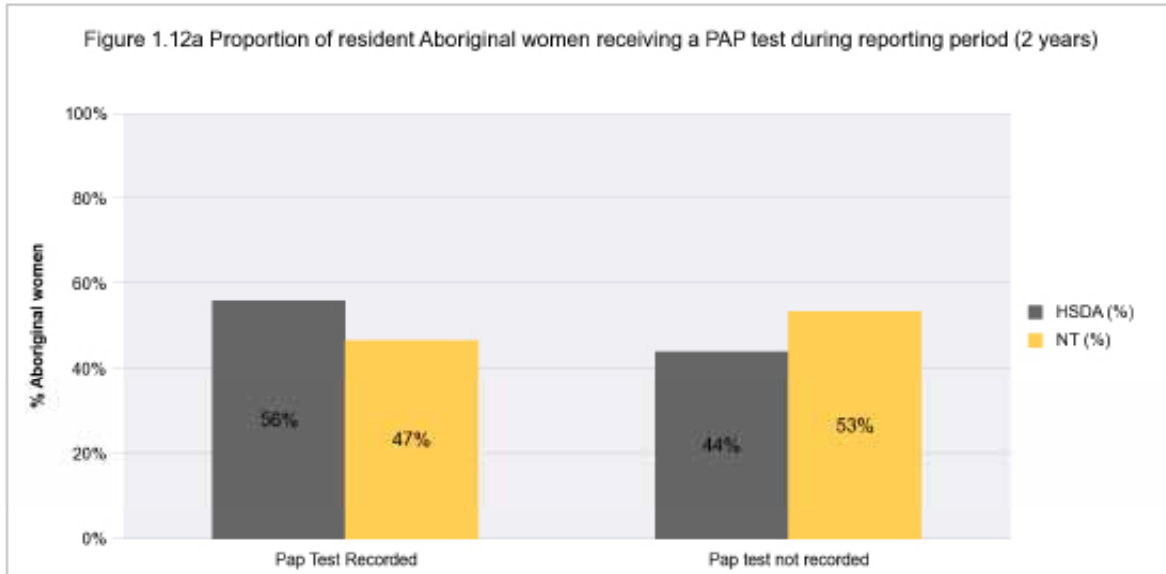
Reporting Year(s)	2010/11	2011/12	2012/13	2013/14	2014/15
<b>Population (Denominator)</b>	<b>171</b>	<b>175</b>	<b>179</b>	<b>182</b>	<b>186</b>
Female completed AHC in previous 1 Year	76%	50%	N/A	N/A	N/A
Male completed AHC in previous 1 Year	79%	37%	N/A	N/A	N/A
Female completed AHC in previous 2 Years	N/A	N/A	92%	92%	88%
Male completed AHC in previous 2 Years	N/A	N/A	86%	87%	79%

*n = Population (denominator) is the number of resident Aboriginal clients who are 55 years old and over.*

1.11 - KWHB has good coverage for our elderly clients, with health checks occurring well above the NT average.

## AHKPI 1.12 - Pap Smear Tests

Katherine West HSDA - for period 01 July 2014 to 30 June 2015



Reporting Year(s)	2010/11	2011/12	2012/13	2013/14	2014/15
Population (Denominator)	469	502	525	551	554
PAP Test Recorded 2 Years	76%	61%	58%	62%	56%
PAP Test Recorded 3 Years	N/A	N/A	74%	72%	72%
PAP Test Recorded 5 Years	N/A	N/A	83%	81%	80%

*n = Population (denominator) is the number of resident Aboriginal women who were aged 20 to 69 years inclusive.*

1.12 - KWHB continue to engage women in routine health checks as part of our Women and Maternal Health program.

## HEALTH KEY PERFORMANCE INDICATORS

### AHKPI 1.13 - Blood Pressure Control

Katherine West HSDA - for period 01 July 2014 to 30 June 2015



Reporting Year(s)	2013/14	2014/15
Population (Denominator)	305	305
Coverage	268	270
Blood Pressure less than or equal to 130/80	42%	44%
Blood Pressure Recorded	88%	89%

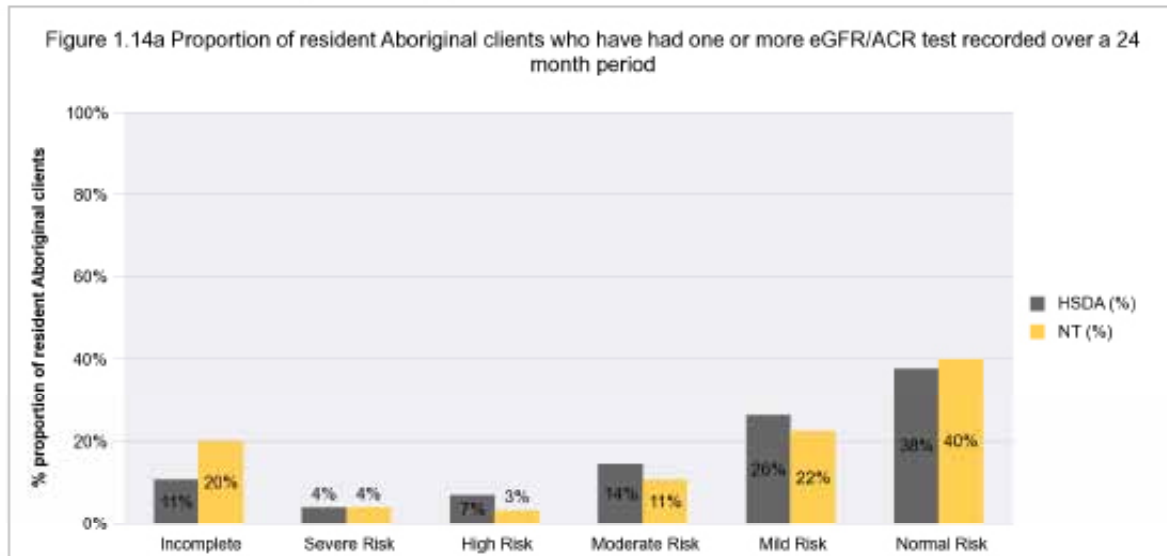
*n = Population (denominator) is the number of resident Aboriginal clients who have type 2 diabetes.  
Coverage is the number of resident Aboriginal clients with type 2 diabetes who have had a blood pressure recorded within a 6 month period.*

1.13 - KWHB maintain good coverage for our blood pressure checks, and there has been a small increase in clients with better blood pressure control.

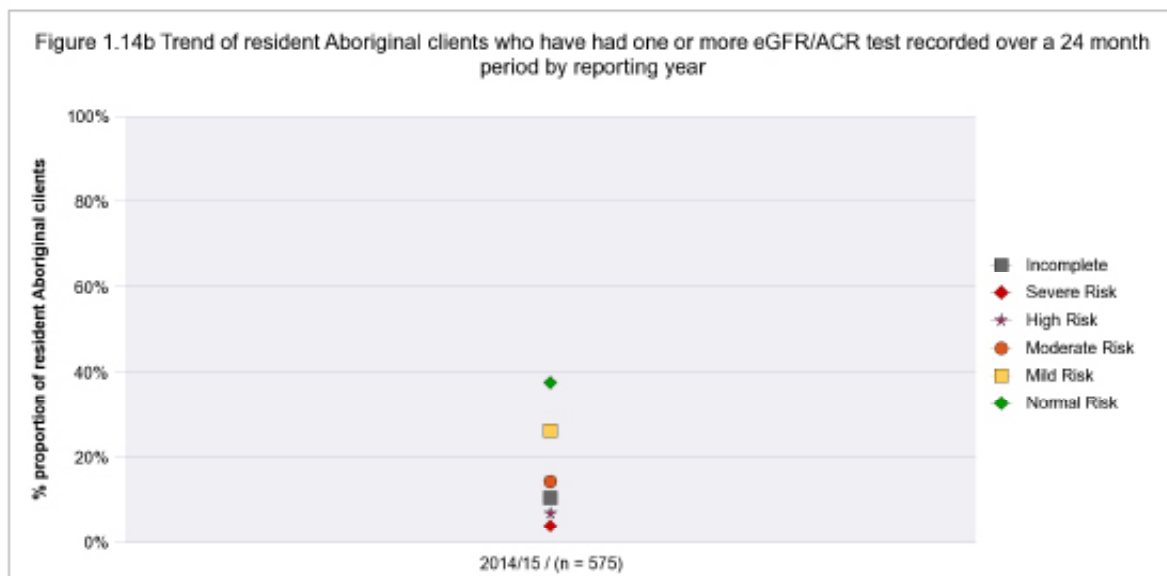


## AHKPI 1.14 - eGFR/ACR test recorded

Katherine West HSDA - for period 01 July 2014 to 30 June 2015



*n* = Population (denominator) is the number of Aboriginal clients aged 31 years and over who have had one or more test result record in the previous 24 months.



Reporting Year(s)	2014/15
Population (Denominator)	575
Incomplete	11%
Severe Risk	4%
High Risk	7%
Moderate Risk	14%
Mild Risk	26%
Normal Risk	38%

*n* = Population (denominator) is the number of Aboriginal clients aged 31 years and over who have had one or more test result record in the previous 24 months.

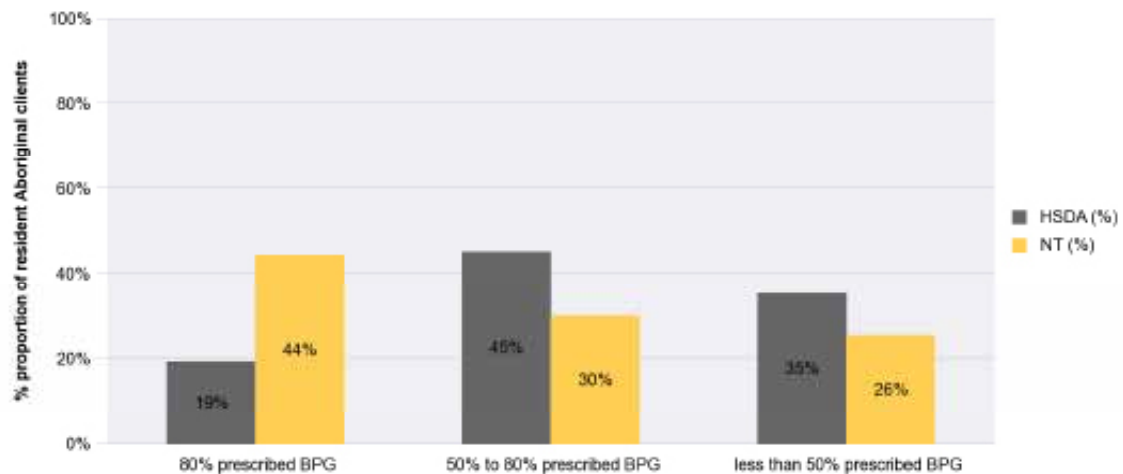
1.14 - This is a new test as part of the KPIs this year, it is used to screen for and detect early kidney damage and to monitor kidney status. KWHB will monitor these results in coming years to identify any issues.

## HEALTH KEY PERFORMANCE INDICATORS

### AHKPI 1.15 - Rheumatic Heart Disease

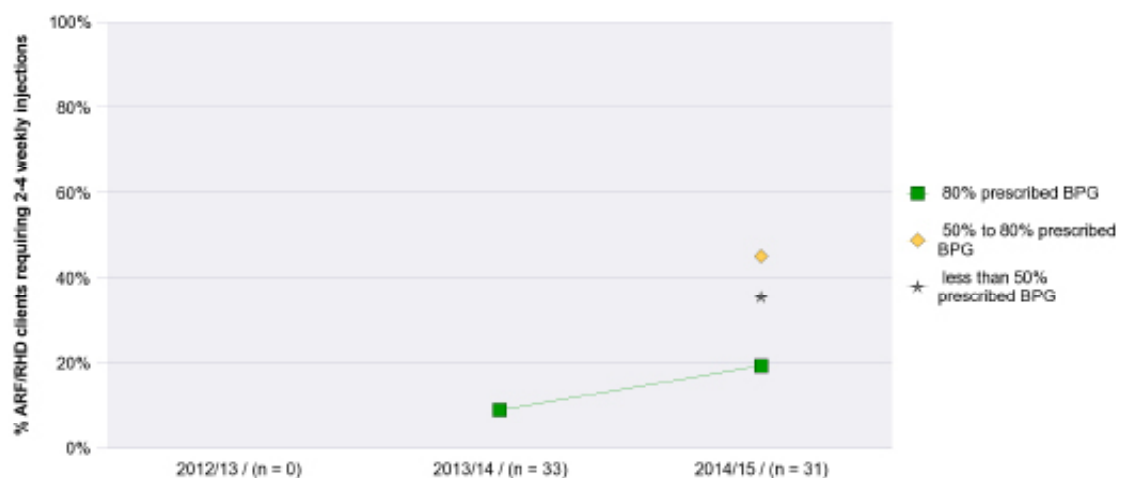
Katherine West HSDA - for period 01 July 2014 to 30 June 2015

Figure 1.15a Proportion of resident Aboriginal ARF/RHD clients who are prescribed to be requiring 2-4 weekly BPG Penicillin Prophylaxis and have received injections over a 12 month period



*n* = Population (denominator) is the number of Aboriginal ARF/RHD clients.

Figure 1.15b Trend of resident Aboriginal ARF/RHD clients who are prescribed to be requiring 2-4 weekly BPG Penicillin Prophylaxis and have received injections over a 12 month period by reporting year



*n* = Population (denominator) is the number of Aboriginal ARF/RHD clients.

Reporting Year(s)	2013/14	2014/15
Population (Denominator)	33	31
Clients with ARF/RHD receiving 80% prescribed BPG	9%	19%
Clients with ARF/RHD receiving 50% to 80% prescribed BPG	N/A	45%
Clients with ARF/RHD receiving less than 50% prescribed BPG	N/A	35%

1.15 - RHD is an ongoing focus for our Health Centre teams to improve our coverage rates.

## AHKPI 1.16 - Smoking status recorded

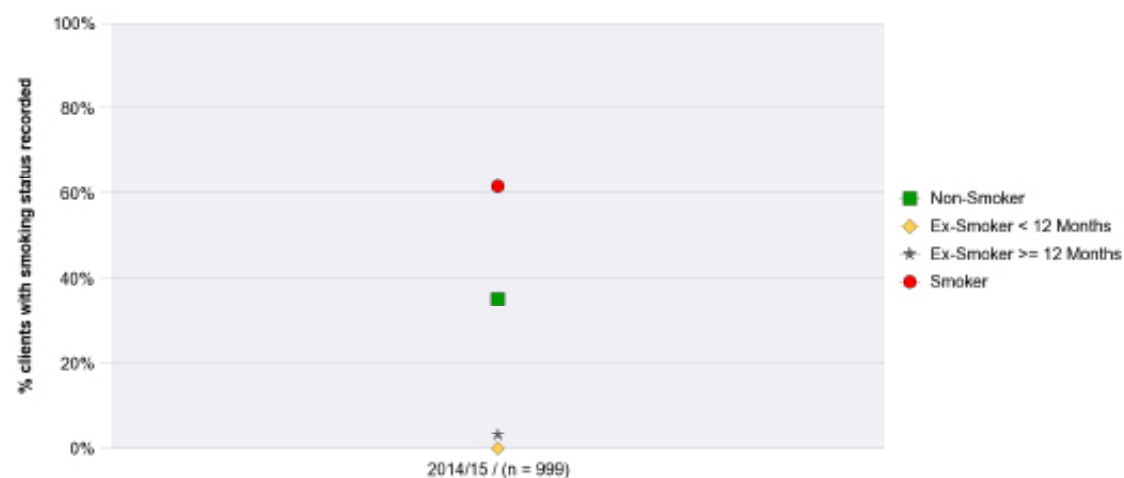
Katherine West HSDA - for period 01 July 2014 to 30 June 2015

Figure 1.16a Proportion of resident clients aged 15 years and over who have had their smoking status recorded



*n* = Population (denominator) is the number of Aboriginal clients aged 15 and over whose smoking status has been recorded

Figure 1.16b Trend of resident clients aged 15 years and over who have had their smoking status recorded



Reporting Year(s)	2014/15
Population (Denominator)	999
Smoker	62%
Ex-Smoker >= 12 Months	3%
Ex-Smoker < 12 Months	0%
Non-Smoker	35%

*n* = Population (denominator) is the number of Aboriginal clients aged 15 and over whose smoking status has been recorded

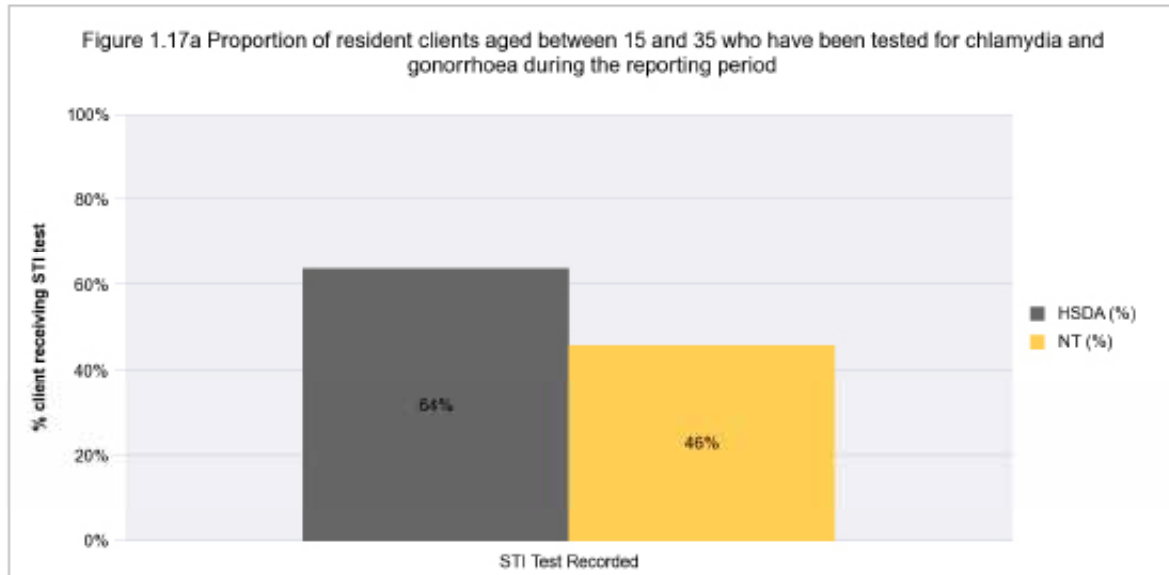
1.16 - KWHB continues to have high smoking rates. We have a family centred approach to tackling smoking with clients in our region, and this focus will continue in coming years.



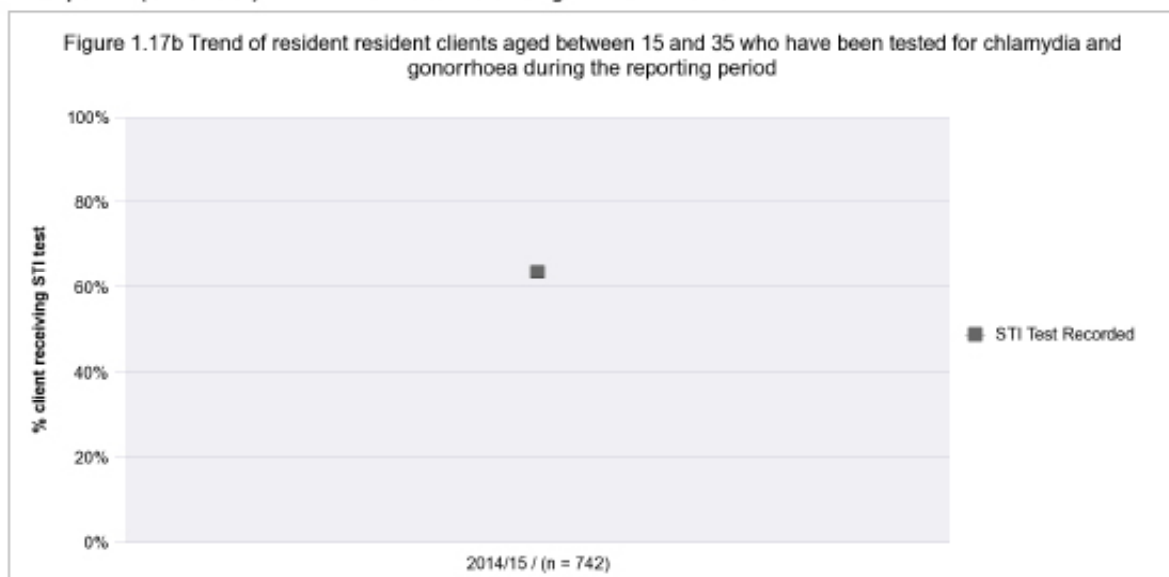
## HEALTH KEY PERFORMANCE INDICATORS

### AHKPI 1.17 - STI test recorded

Katherine West HSDA - for period 01 July 2014 to 30 June 2015



*n* = Population (denominator) is the number of resident clients aged between 15 and 35.



Reporting Year(s)	2014/15
Population (Denominator)	742
STI Test Recorded	64%

*n* = Population (denominator) is the number of resident clients aged between 15 and 35

1.17 - This is a new KPI. Sexual Health is an area of focus for KWHB via our Sexual Health Program.

## FINANCIAL AUDIT REPORT 2014-2015

The following pages are an extract from our 2014-2015 Financial Audit Report, prepared by independent auditor KPMG.

A full copy of this document can be made available upon request to [hr@kwhb.com.au](mailto:hr@kwhb.com.au)



### ***Lead Auditor's Independence Declaration***

To: the directors of Katherine West Health Board Aboriginal Corporation

I declare that, to the best of my knowledge and belief, in relation to the audit for the financial year ended 30 June 2015 there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Corporations (Aboriginal and Torres Strait Islander) Act 2006 in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

KPMG

KPMG

A handwritten signature in black ink, appearing to read 'Clive Garland'.

Clive Garland  
Partner

Darwin

20 October 2015



## **Independent auditor's report to the members of Katherine West Health Board Aboriginal Corporation**

### **Report on the financial report**

We have audited the accompanying financial report of Katherine West Health Board Aboriginal Corporation (the Corporation), which comprises the statement of financial position as at 30 June 2015, and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, notes 1 to 18 comprising a summary of significant accounting policies and other explanatory information and the directors' declaration.

#### *Directors' responsibility 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 is free from material misstatement, whether due to fraud or error.

#### *Auditor's responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We performed the procedures to assess whether in all material respects the financial report presents fairly, in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and Australian Accounting Standards, a true and fair view which is consistent with our understanding of the Company's financial position and of its performance.

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





*Independence*

In conducting our audit, we have complied with the independence requirements of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*.

*Auditor's opinion*

In our opinion:

(a) the financial report of Katherine West Health Board Aboriginal Corporation is in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2015 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards.

KPMG

KPMG

A handwritten signature in black ink, appearing to read 'Clive Garland'.

Clive Garland  
*Partner*

Darwin

20 October 2015



**Independent auditor's report to the Office for Aboriginal and Torres Strait Islander Health and the Northern Territory Government's Department of Health**

**Report on the Statement of Income and Expenditure**

We have audited the attached Statement of Income and Expenditure ("the Statements"), of Katherine West Health Board Aboriginal Corporation ("the Corporation") reported to the Office for Aboriginal and Torres Strait Islander Health and the Northern Territory Government's Department of Health for the year ended 30 June 2015 as set out on pages 38 to 58, using the accrual basis of accounting.

*Board of Director's responsibility for the Statement*

The directors of the Corporation are responsible for the preparation and fair presentation of the Statement in accordance with the Australian Accounting Standards and have determined that the accounting policies used are appropriate to meet the requirements of the Department of Health (the "DOH") and for such internal control as the directors determine necessary to enable the preparation and fair presentation of a Statement that is free from material misstatement whether due to fraud or error.

*Auditor's responsibility*

Our responsibility is to express an opinion on the Statement to the Department based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Statement. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the Statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the Statement 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 entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Institute, as well as evaluating the overall presentation of the Statement.

Our procedures included the examination on a test basis, of evidence supporting the amounts disclosed in the Statement, the examination of whether the amounts disclosed in the Statement constitute "eligible expenditure" as defined in the Agreement with the Office for Aboriginal and Torres Strait Islander Health and the Northern Territory Government's Department of Health. These procedures have been undertaken to form an opinion whether, in all material respects, the attached Statement is presented fairly in accordance with the Agreement, using the accrual basis of accounting.



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

*Independence*

In conducting our audit, we have complied with the independence requirements of the Accounting Professional and Ethical Standards Board.

*Auditor's opinion*

In our opinion the attached Statements as set out on pages 38 to 58 presents fairly, in all material respects, the financial transactions for the year ended 30 June 2015.

*Basis of accounting and restriction on distribution and use*

Without modifying our opinion, we draw attention to the basis of accounting of the Statements. The Statements have been prepared on the accrual basis of accounting as required by the Agreement for the Activity for the purpose of reporting to the Office for Aboriginal and Torres Strait Islander Health and the Northern Territory Government's Department of Health. As a result, the Statement may not be suitable for another purpose. Our report is intended solely for the Corporation, the Office for Aboriginal and Torres Strait Islander Health and the Northern Territory Government's Department of Health and should not be distributed to or used by other parties.

KPMG

KPMG

A handwritten signature in black ink, appearing to read 'Clive Garland'.

Clive Garland

*Partner*

Darwin

20 October 2015



## KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

### DIRECTORS REPORT

The Directors present this report on Katherine West Health Board Aboriginal Corporation ("the Corporation") for the financial year ended 30 June 2015.

The names of the directors throughout 2014/2015 are as follows:

	Director Name	Community	Qualification / experience	Proxy for Director	Notes
1	Willie Johnson (E)	Specialist - Chairperson	*	No proxy req'd	
2	Jocelyn Victor (E)	Pigeon Hole - Vice Chairperson	*	Raymond Hector (P)	
3	Norbert Patrick (E)	Lajamanu - Executive Director	*	Andrew Johnson (P)	
4	Wilson Rose (E)	Kalkaringi - Executive Director	*	Kerry Smiler (P)	
5	Josie Jones (E)	Myatt - Executive Director	*	Sheratine Jones (P)	
6	Regina Teddy (E)	Daguragu	*	Mesach Paddy (P)	Regina elected to Executive
7	Joseph Archie	Bulla	*	Stan Retchford (P)	
8	Betty Smiler	Gilwi	*	Clara Paddy (P)	
9	Debra Victor	Kalkaringi	*	Roslyn Frith (P)	Roslyn resigned February 2015
10	Rosie Saddler	Kildurk	*	n/a	
11	Joyce Herbert	Lajamanu	*	Lynette Tasman (P)	
12	Tracey Patrick	Lajamanu	*	Jenny Johnson (P)	
13	Zac Patterson	Lajamanu	*	Josias Dixon (P)	Zac resigned from Board
14	Charlie Newry	Yarralin	*	Troy Campbell (P)	
15	Maxine Campbell	Yarralin	*	Jenny Newry (P)	

( E ) denotes Executive Director during 2014/2015

( P ) denotes Proxy for Director during 2014/2015

### Secretary

No specific Secretary position appointed for the new Board (2013-2016), in line with the rules of the Katherine West Health Board Aboriginal Corporation. There is a six-member Executive of Directors who all have input and guidance of governance and financial matters. In addition to the 6 member Executive, KWHB has a Public Officer, Mr Reece O'Brien.

### Principal Activity

The principal activity of the Corporation during the financial year was the provision of a holistic clinical, preventative and public health service to clients in the Katherine West Region of the Northern Territory of Australia.

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

### Operating Result

The surplus of the Corporation accounted to:	\$ 249,575
2014: Surplus	\$ 927,478

### Distribution to Members

No distributions were paid to members during the financial years. The Corporation is a public benevolent institution and is exempt from income tax. This status prevents any distribution of members.

# FINANCIAL AUDIT REPORT 2014-2015

## KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

### DIRECTORS REPORT - Continued

#### Review of Operations

The Corporation performed well financially and with respect to health service delivery to all communities in the Katherine West region during the 2014/2015 financial year.

#### Events Subsequent to Reporting Date

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.

#### Likely Developments

The Corporation will consolidate health service delivery across the board especially in relation to expanded Population Health activity. The Corporation is well placed in terms of governance due to a stable Board and Leadership Group to guide the Corporation's operations.

#### Environmental Issues

The Corporation's operations are not regulated by any significant environmental regulation under law of the Commonwealth or of a state or territory.

#### Meetings of Directors 2014-2015 Financial Year

(Note: Some Directors are listed twice because Elections were held during the Financial year. Some Proxies are now Board Directors, and some Full Directors are now Proxies. Their attendance is categorised by the position they held at the time of a meeting.)

	Director	Community / role	Meetings attended	Proxy for director	No of meetings (as proxy)
1	Willie Johnson (E)	Specialist - Chairperson	8/8	No proxy req'd	n/a
2	Jocelyn Victor (E)	Pigeon Hole - Vice Chairperson	7/8	Raymond Hector (P)	0
3	Norbert Patrick (E)	Lajamanu - Executive Director	6/8	Andrew Johnson (P)	1
4	Wilson Rose (E)	Kalkaringi - Executive Director	7/8	Kerry Smiler (P)	0
5	Josie Jones (E)	Myatt - Executive Director	8/8	Sheratine Jones (P)	1
6	Regina Teddy (E)	Daguragu	5/5	Mesach Paddy (P)	1
7	Joseph Archie	Bulla	4/4	Stan Retchford (P)	0
8	Betty Smiler	Gilwi	4/4	Clara Paddy (P)	0
9	Debra Victor	Kalkaringi	4/4	Roslyn Frith (P)	0
10	Rosie Saddler	Kildurk	3/4	n/a	n/a
11	Joyce Herbert	Lajamanu	3/5	Lynette Tasman (P)	0
12	Tracey Patrick	Lajamanu	3/4	Jenny Johnson (P)	1
13	Zac Patterson	Lajamanu	0/4	Josias Dixon (P)	0
14	Charlie Newry	Yarralin	1/4	Troy Campbell (P)	0
15	Maxine Campbell	Yarralin	2/4	Jenny Newry (P)	1

(E) - denotes Executive Director during 2014/2015

(P) – denotes Proxy for Director during 2014/2015

## KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

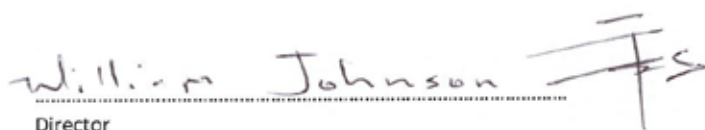
### Proceedings on Behalf of the Corporation

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

### Auditor's Independence Declaration

A copy of the auditor's independence declaration is set out on page 8.

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

  
Director

## KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

### DIRECTORS' DECLARATION

The directors of Katherine West Health Board Aboriginal Corporation declare that:

- (i) The financial statements and notes, as set out on pages 9 to 29, are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and regulations:
  - (a) comply with the Australian Accounting Standards; and
  - (b) give a true and fair view of the financial position as at 30 June 2015 and the performance for the year ended on that date of the Corporation.
- (ii) 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 passed on  
2015

  
Director

Dated this 20 day of October 2015



## KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

### STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2015

	Notes	2015 \$	2014 \$
Revenue and other income	2	14,704,456	16,610,285
Employee benefits expenses	3	(7,112,104)	(7,287,247)
Depreciation	8	(789,225)	(898,290)
Motor Vehicle Expenses	3	(244,039)	(231,635)
Travel and Accommodation	3	(833,833)	(893,369)
Other Expenses	3	(5,548,466)	(6,447,610)
Results from operating activities		<u>176,789</u>	<u>852,134</u>
Finance income		81,108	78,571
Finance expenses		(8,322)	(3,227)
Net finance income	2a	<u>72,786</u>	<u>75,344</u>
Surplus for the year		249,575	927,478
Other Comprehensive Income		-	-
Total Comprehensive Income		<u>249,575</u>	<u>927,478</u>

The accompanying notes form part of these financial statements

## KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2015

	Notes	2015 \$	2014 \$
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and cash equivalents	5	7,766,923	6,721,750
Trade and other receivables	6	266,108	77,313
Other current assets	7	149,743	156,178
<b>TOTAL CURRENT ASSETS</b>		<u>8,182,774</u>	<u>6,955,241</u>
<b>Non Current Assets</b>			
Property, Plant and Equipment	8	7,417,000	7,817,665
<b>TOTAL NON CURRENT ASSETS</b>		<u>7,417,000</u>	<u>7,817,665</u>
<b>TOTAL ASSETS</b>		<u>15,599,774</u>	<u>14,772,906</u>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Trade and other payables	9	1,713,252	1,160,924
Provisions	10	389,377	320,933
<b>TOTAL CURRENT LIABILITIES</b>		<u>2,102,629</u>	<u>1,481,857</u>
<b>Non Current Liabilities</b>			
Provisions	11	205,696	249,175
<b>TOTAL NON CURRENT LIABILITIES</b>		<u>205,696</u>	<u>249,175</u>
<b>TOTAL LIABILITIES</b>		<u>2,308,325</u>	<u>1,731,032</u>
<b>NET ASSETS</b>		<u>13,291,449</u>	<u>13,041,874</u>
<b>ACCUMULATED FUNDS</b>		<u>13,291,449</u>	<u>13,041,874</u>
<b>TOTAL ACCUMULATED FUNDS</b>		<u>13,291,449</u>	<u>13,041,874</u>

The accompanying notes form part of these financial statements

## KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

### STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2014

	Accumulated Funds \$	Total \$
Balance 30 June 2012	4,492,606	4,492,606
Surplus 2013	7,621,790	7,621,790
Balance 30 June 2013	12,114,396	12,114,396
Surplus 2014	927,478	927,478
Balance 30 June 2014	13,041,874	13,041,874
Surplus 2015	249,575	249,575
Balance 30 June 2015	13,291,449	13,291,449

The accompanying notes form part of these financial statements



## KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2015

	Notes	2015 \$	2014 \$
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>			
Receipts from customers		2,169,308	5,384,824
Grants received		12,872,302	12,002,288
Payments to suppliers and employees		(13,734,890)	(15,573,958)
Interest received		81,108	78,571
Interest paid		(8,322)	(3,227)
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>	12 (b)	<u>1,379,506</u>	<u>1,888,498</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Acquisition of property, plant and equipment		(388,560)	(671,914)
Proceeds on sale of plant and equipment		54,227	107,182
<b>NET CASH FLOWS USED IN INVESTING ACTIVITIES</b>		<u>(334,333)</u>	<u>(564,732)</u>
<b>NET INCREASE/(DECREASE) IN CASH HELD</b>		1,045,173	1,323,766
Cash at the beginning of the financial year		6,721,750	5,397,984
Cash at the end of the financial year	12 (a)	<u>7,766,923</u>	<u>6,721,750</u>

The accompanying notes form part of these financial statements

# FINANCIAL AUDIT REPORT 2014-2015

## KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

	2015 \$	2014 \$
<b>NOTE 2: REVENUE AND OTHER INCOME</b>		
<b>Grants</b>		
DOH (Federal) - Capital	60,351	358,519
DOH (Federal) - Operational	7,373,812	7,816,772
DoH (Territory) - Operationa	4,081,322	3,826,997
Dept Prime Minister and Cabinet	338,740	103,460
NT Medicare Local Ltd	1,185,535	1,406,942
NT General Practice Education	3,600	164,385
NACCHO	-	4,772
Centrelink	16,686	5,037
Unspent grants	(751,233)	(171,059)
Insurance Recoveries	11,750	66,558
Royal Flying Doctors Service	5,455	6,545
Kirby Institute - HPG	-	8,000
Work Cover Consultations	764	2,911
Medicare	851,768	896,761
Administration Fee	806,002	835,717
Proceeds from Sale of Assets	54,227	107,182
Book Commissions	-	25
KWHB Contribution	26,317	-
Administration Contribution	595,902	611,029
KWHB Medicare Contribution	23,110	550,000
Miscellaneous Income	20,348	9,732
<b>TOTAL REVENUE</b>	<b>14,704,456</b>	<b>16,610,285</b>
<b>NOTE 2a NET FINANCE INCOME</b>		
Interest on bank accounts	81,108	78,571
Interest paid	(8,322)	(3,227)
<b>Net finance income</b>	<b>72,786</b>	<b>75,344</b>
<b>NOTE 3 EXPENDITURE</b>		
<b>Employee benefits expenses</b>		
Wages & Salaries	6,089,387	6,293,044
Airfares	2,000	3,693
Superannuation	542,924	553,418
Fringe Benefits Tax	45,822	49,142
Professional Development	63,077	66,937
Recruitment and Relocation	229,262	272,002
Flight Out Of Isolated Land	52,170	48,840
Insurance - Workers Compensation	87,462	171
	<b>7,112,104</b>	<b>7,287,247</b>
<b>Motor vehicle expenses</b>		
MV Fuel/Oil	120,040	144,550
MV Repairs & Maintenance	95,265	67,550
MV Registration	21,693	9,535
MV Hire	7,041	10,000
	<b>244,039</b>	<b>231,635</b>

## KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

<b>Travel</b>		
Travel & Accommodation-Staff	715,539	736,693
Travel & Accommodation - Board	116,034	153,038
Travel & Accommodation - Other	279	3,291
Travel & Accommodation - Patients	1,981	347
	<b>833,833</b>	<b>893,369</b>
<b>Other Expenses</b>		
Accounting Fees	6,200	12,147
Annual Report	1,950	
Advertising	1,780	7,248
Audit	22,106	25,000
Admin Fee	824,199	835,717
Bank Charges	916	1,413
Cleaning	70,364	70,648
Consultant / Advisory Service	273,595	163,312
Communications	26,390	30,064
Electricity/Water/Sewerage	309,498	288,978
Freight	65,291	59,965
Ground Maintenance	6,056	3,563
Hire of Equipment	-	180,377
Insurance	190,069	290,094
IT Hosting/Support	372,915	310,602
IT - Computer Equipment	17,606	14,713
KWHB Contribution	26,317	-
Administration Contribution	595,902	611,029
Postage	2,322	2,763
Meeting Costs	18,518	21,579
Service Charges	20,093	11,315
Rent - Head Office	213,820	223,932
Rent - Storage Facilities	14,726	13,012
Rent - Housing	256,404	237,021
Rent - Community Land	-	-
Subscriptions/Membership	2,916	2,827
Telephone/Fax	122,126	133,392
Uniforms	7,538	8,026
Security	11,202	6,989
Repairs and Maintenance		
Plant & Equipment	9,374	16,758
Computer/Office Equip	-	23,985
Furniture and Fittings	50,322	57,940
Buildings	45,506	36,862
Medical Equipment	55,459	46,217
Supplies		
Pharmaceuticals	-	209,115
Medical / Dental Supplies	331,548	96,163
RAHC/NAHRLS	199,294	541,497
Office Supplies	34,433	35,720
Repay unspent grants	4,986	9,074
Health and Other Program		
Doctors - Locum	767,862	513,278
Health Promotions	86,296	169,267
Services Purchased	459,457	576,008
Medicare Contribution clinic	23,110	550,000
	<b>5,548,466</b>	<b>6,447,610</b>



## KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

### NOTE 4 AUDITORS REMUNERATION

Remuneration of the auditors of the corporation for  
- Auditing or reviewing the financial report  
KPMG

22,106	21,200
<b>22,106</b>	<b>21,200</b>

### NOTE 5 CASH AND CASH EQUIVALENTS

ANZ - Operational Account  
ANZ - Medicare Bulk Bill  
TIO Investment Account  
Lajamanu Capital  
Petty Cash

2,540,151	2,189,175
2,929,010	2,075,434
2,297,262	2,221,591
-	235,050
500	500

<b>7,766,923</b>	<b>6,721,750</b>
------------------	------------------

The effective interest rate on the TIO Investment account was 2.74% as at 30 June 2015 (30 June 2014: 3.42%). The investment is rolled forward quarterly.

### NOTE 6 TRADE AND OTHER RECEIVABLES

Trade Debtors  
Less Provision for doubtful debts

266,108	77,313
-	-

<b>266,108</b>	<b>77,313</b>
----------------	---------------

Current receivables are non-interest bearing and are generally receivable within 60 days. Trade and other receivables comprise amounts due for medical and other goods and services provided by the Corporation. These are recognised and carried at original invoice amount less an estimate for any uncollectable amounts. An estimate for doubtful debts is made when collection for the full amount is impaired.

#### Credit Risk

The Corporation has no significant concentration of risk with respect to any single counterparty or group of counterparties other than its bank accounts which are held with ANZ and TIO.

The following table details the Corporations other receivables exposed to credit risk with ageing and impairment provided thereon. Amounts considered 'past due' when the debt has not been settled within the terms and conditions agreed between the Corporation and the counterparty to the transaction. Receivables that are past due are assessed for impairment by ascertaining their willingness to pay and are provided for where there are specific circumstances indicating that the debt may not be fully repaid to the Corporation.

The balances of receivables that remain within the initial terms (as detailed in the table) are considered to be high credit quality.

2015	Gross Amount	Past due & Impaired	Within initial trade terms	past due but not impaired		
				31-60	61-90	>90
Trade and Other Receivables	266,108		265,238	\$ -	\$ -	870

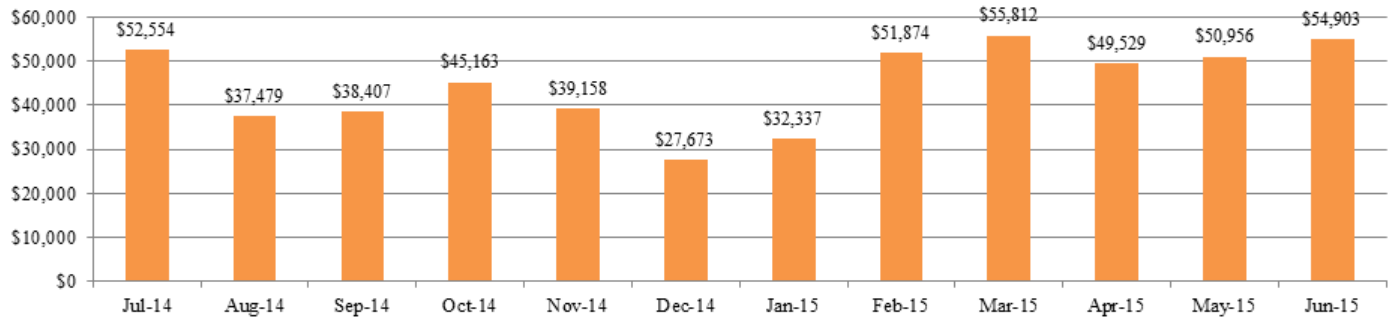
2014	Gross Amount	Past due & Impaired	Within initial trade terms	past due but not impaired		
				31-60	61-90	>90
Trade and Other Receivables	77,313		46,774	18,252	280	12,007

The Corporation does not hold any financial assets whose terms have been renegotiated, but which would otherwise be past due or impaired.

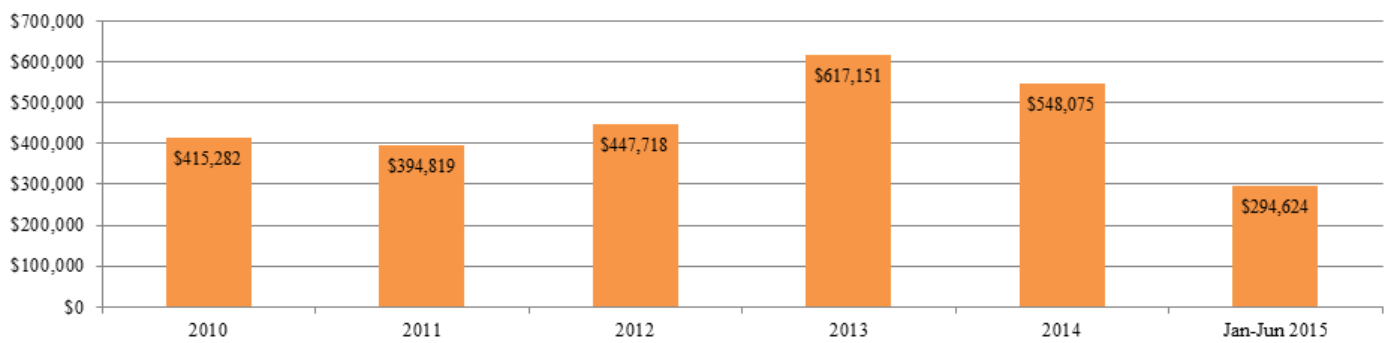
No collateral is held as security for any of the trade and other receivable balances.

## MEDICARE INCOME 2014-2015

### Monthly Medicare Income 2014-15



### Medicare Annual Income - Calendar Years





KWHB has a robust and accredited (NSQHS) Healthcare Associated Infection (HAI) suite of policies and procedures in place to ensure that as an organisation, we are capable of tracking and responding to any infections that could be present in our health service.

KWHB has a comprehensive training package reflecting this approach, developed and implemented for access by all new staff to our organisation.

Internal audits are undertaken quarterly to ensure the healthcare associated infection and antimicrobial stewardship system is operating effectively. Incidents relating to healthcare associated infections and antimicrobial stewardship are reported back through the incident management system and these are investigated on an individual basis. The Primary Health Care Governance Group monitor the effectiveness of the system.

KWHB's policy suite for HealthCare Associated Infections;

- HAI Prevention - Strategic Framework
- Antimicrobial Stewardship - Policy
- Appropriate Handling of Linen
- Aseptic non touch technique
- Environmental Routine Cleaning
- Hand Hygiene Policy
- Health Centre Waste Management - Policy
- Inserting Therapeutic Devices - Policy
- Management of blood or body substance spills
- Occupational Hazards for Healthcare Workers
- Outbreaks or unusual clusters of Diseases
- Personal Protective Equipment
- Respiratory Hygiene and Cough Etiquette
- Safe Handling & Disposal of Sharps
- Transmission Based Precautions
- Reprocessing of reusable instruments/equipment
  - Decontamination of reusable instruments
  - Decontamination - Open and Closing down of area
  - Decontamination - Use of ultrasonic cleaner
  - Sterilisation - Checking & packaging items for sterilisation
  - Sterilisation - Management of sterile stock
- Reporting of communicable diseases
- Reporting of Notifiable Diseases
- Reporting of notifiable diseases by doctors
- Staff Screening and Vaccination Policy
- Staff Screening - Immunisation Form



KWHB are still developing our Mandatory Training and Professional Development suite, with significant gains having occurred in recent years.

Outlined below is a report on training activity undertaken by KWHB staff during the 2014-2015 Financial year.

External Training Undertaken	
Training Program	Number of Staff in Attendance
4WD	2
Basic Life Support	4
Breathe/Walk Easy	2
CPR	1
Drug Calculations	1
Maternal Emergency Course	2
Pap Smear Provider	1
PEC – Pediatric Emergency Course	2
Point of Care	4
Provide CPR	3
Provide First Aid	5
Provide Resuscitation	4
Remote Emergency Course	4
REST – Trauma Course	1
Transfer of Infectious Substances by Air	1

KWHB Internal Training – Moodle (Aligned with KWHB's Mandatory Training Schedule)	
Training Program	Staff completing training July 2014 – June 2015
Anaemia	9
Deteriorating Client, Pressure area care, Falls prevention, Client identification	11
Brief Intervention	8
Clinical Handover	27
Safety and Quality in Primary Health Care	28
Pathology and Point-of-Care Testing (POCT)	23
Medication Calculations	21
Basic Life Support Plus	24
Manual Handling	28
Infection control and hand hygiene	27
Fire and emergency procedures	25



# KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION



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