Katherine West Health Board | **Annual Report 2008-09**

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About Us

Katherine West Health Board (KWHB) is a community-controlled primary health-care service governed by a board of 18 Aboriginal representatives, who are selected by their communities in the Katherine West region of the Northern Territory.

First proposed in 1995–96 as part of the 'Katherine West Coordinated Care Trial', KWHB has developed significantly since the early days. In 1998, KWHB became the purchaser of health services for the region, and throughout 1999–2001 became a provider of clinical and public health services.

In 2008, KWHB was the major provider of clinical and public health services in the Katherine West region, aiming to meet the needs of a rural population (predominantly Aboriginal) of approximately 3300, living in the nine major communities and outstations.

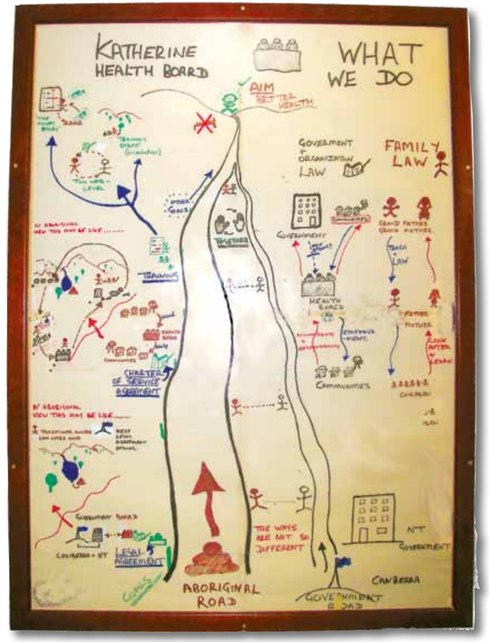
The communities – Lajamanu, Kalkaringi, Daguragu, Yarralin, Timber Creek, Bulla, Nijpurru (also known as Bunbidee and Pigeon Hole), Lingara and Mialuni – are scattered across a geographic region of 162 000 square kilometres.

A mobile health team of two Remote Area Nurses (Katherine based) covers the entire geographic area, visiting and providing health care services to cattle stations, Aboriginal outstations, ranger stations and roadhouses in the region.

Guiding Principles, Vision and Objectives

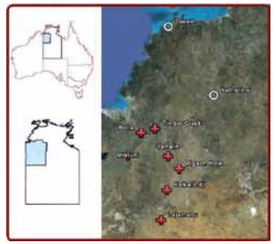
KWHB is guided by the following principles:

- Health and wellbeing includes the physical, mental, emotional and spiritual wellbeing of the person and the community.
- Work as a team, Aboriginal and non-Aboriginal together.



right: The Katherine West Health Board Road Map for Better Health.

About Us



above: The region served by Katherine West Health Board.

- Be committed to our work and do the best we can.
- Promote respect and trust.
- Respect ourselves and others.
- Respect the autonomy of our communities.
- Promote and maintain culture.
- Communicate well and openly, talking and listening.
- Move forward carefully, one step at a time.
- Look after the head, heart, body and soul of our corporation and members.
- Demonstrate strong leadership.

Our Primary Purpose

KWHB provides a holistic clinical and preventative public health service to clients in the Katherine West region of the Northern Territory of Australia. We aim to:

- relieve sickness, poverty and disadvantage among the Indigenous people of the Katherine West region
- improve the health and wellbeing of our members and communities
- develop strategic alliances and friendships between Aboriginal and 'mainstream' or government entities and agencies responsible for health-related services in our region
- provide holistic health-related services in our region, including allied health therapies
- develop appropriate public health and education programs
- collate Indigenous health data and information to assist in the development of policy, advocacy and health intervention strategies
- be an advocate for our Communities and members to improve their health and wellbeing
- receive and spend all grant funding ensuring accountability to funding donors and members
- provide assistance to member communities to enable self reliance and responsibility for their own wellbeing
- ensure member communities are involved in health planning, program development and implementation
- arrest social disintegration in our communities through culturally appropriate health programs
- provide assistance in finding solutions to drug and alcohol problems in communities
- promote information in the wider community about:
  - the special difficulties experienced by Aboriginal people as a minority within the broader community
  - the existing inequalities in the health status between Aboriginal people of the Katherine West region and the wider Australian community
  - the need for support from government and other agencies to overcome these problems
- promote community development, education, employment and training opportunities for member communities, in particular the training and employment of local Aboriginal people chosen by the community to be Aboriginal Health Workers
- promote the role and function of Aboriginal Health Workers by lobbying for the following:
  - that Aboriginal Health Workers be in charge of the delivery of health programs in Aboriginal communities
  - that Aboriginal Health Workers receive ongoing professional development, education and training that will enable them to achieve a maximum level of skill
  - that non-Aboriginal health professionals employed by any service providers assist and support the functions of the Aboriginal Health Workers rather than replace them
- promote culturally appropriate methods of managing and preventing health problems, recognising and supporting the vital role of traditional health practitioners and birth attendants in primary health-care provision in our region.
- operate and maintain a Gift Fund to be known as 'The Katherine West Health Board Aboriginal Corporation Gift Fund' in accordance with the requirements of the Australian Taxation Office.

below: Scenic escarpments on the Victoria River, near Timber Creek.

Katherine West Health Board Members

above: Board meeting in April 2009.

Katherine West Health Board is governed by an 18-member Board consisting of Aboriginal representatives who are elected by their communities in the KWHB region.

The role of the Board is to represent the interests of community members and provide direction to KWHB staff. The structure of the Katherine West Health Board is based on the philosophy of Aboriginal community control. The Board meets four times per year and has a six-member Executive that meets regularly.

In addition to attending full Board meetings and Executive Board meetings, KWHB members displayed their commitment by:

- participating in governance training (provided by an external consultant) about roles and responsibilities
- attending open meetings in each community as part of the 'Back to the Bush' strategy
- providing cultural safety by partnering the CEO at a wide range of other meetings.

EXECUTIVE BOARD MEMBERS

ROSLYN FRITH
(Kalkaringi)

SHEILA HECTOR
Co-Vice Chairperson
(Pigeon Hole)

JOSEPH COX
Chairperson
(Doojum)

JACK LITTLE
Honorary Board Member (Bulla)

JOYCE HERBERT
Treasurer
(Lajamanu)

SANDRA CAMPBELL
Secretary
(Yarralin)

FULL BOARD MEMBERS

ALICIA KING
(Yarralin)

CHARLIE NEWRY
(Yarralin)

CLARA PADDY
(TimberCreek/Gilwi)

JUSTIN PADDY
(Kalkaringi)

LAURA DOOLAN
(Lajamanu)

NORBERT PATRICK
Co-Vice Chairperson
(Lajamanu)

RILEY YOUNG
(Yarralin)

ROSEMARY JOHNSON
(Kalkaringi)

SONNY VICTOR
(Bulla)

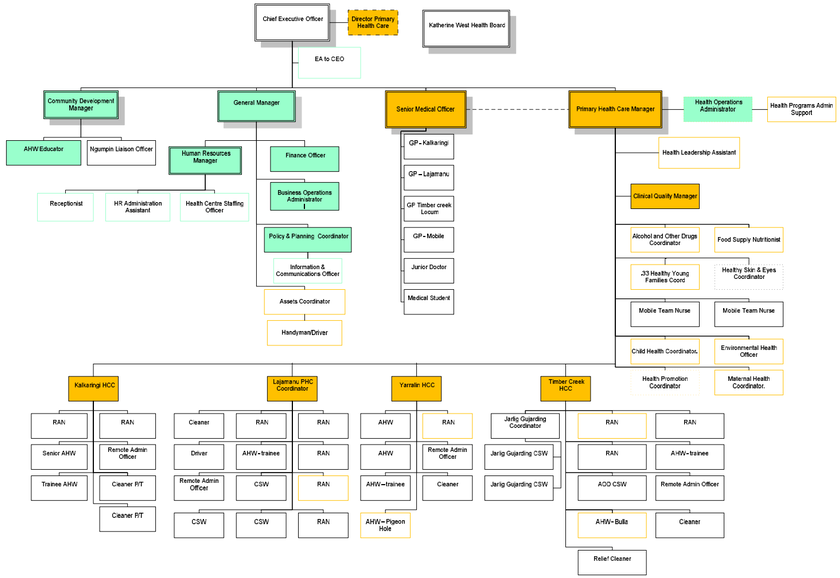
STEVEN JONES
(Timber Creek)

WILLIE JOHNSON
(Lajamanu)

ROSIE SADDLER
(Mialuni)

Katherine West Health Board Members

Organisational Structure



right: This chart outlines the relationship between the Katherine West Health Board, staff and line management.

Chairperson's Message

Willie Johnson, KWHB Chairperson Joseph Cox, Norbert Patrick, Donald Jones, Jack Little and Sean Holleran.

Joseph Cox

We have had another good year standing up and fighting for our community members. KWHB has continued to grow and we are continuing to make steps to improve the health of our people.

New Rule Book

Board members have been working hard to understand and come into line with the new legislation for Aboriginal corporations. After many planning sessions, discussions and workshops, we finalised our new Rule Book (Constitution).

We are happy that we have been able to keep our 18-member Board – this gives us the right level of representation for our region. We are also happy that we have been able to change the length of time between elections from two years to three years. This gives us more time to help new members to learn the roles and responsibilities of being a Board member.

At KWHB we have a special way of choosing our Board members, developed over the years, which is now shown in our new rules. In the six months leading up to the AGM, community members select their representatives by consensus at open community meetings held in each member community. (It is only if consensus cannot be reached that an election is held.) This is much better for our communities, as it gives everyone a chance to attend, to talk openly about problems, ask questions, and to have their say on health-service delivery at the local level. This also allows community members to have a clearer understanding of their organisation.

Another new rule that the Board believed was important enough to be put in the Rule Book is that a person who has been convicted of a domestic violence or sexual offence cannot become a Board member until 5 years have passed since their conviction or, if they were sentenced for the offence, 5 years since the end of their sentence. This rule has been made because we take the leadership role provided by Board members very seriously.

The new Rule Book was accepted by the Office of the Registrar of Indigenous Corporations (ORIC) in June 2009 and the changes to the Constitution registered under Sections 69–30 of the Corporations (Aboriginal and Torres Strait Islander) Act 2006. The changes took effect from 27 June 2009.

Changing Times

During this year I have suffered from poor health, and I thank the Vice Chairperson Norbert Patrick, who filled in for me during my illness.

I've been here for 12 years now, and it has been hard going some of the time, but I am proud of the success we've had getting Katherine West Health Board up and running. It is time for some younger Board members to take the lead and we have had a lot of discussions this year about succession planning. We've been talking about what is involved in being a Chairperson, how hard it can be and how you have to be available to support the CEO. Due to poor health I am ready to change my role as Chairperson, but I will continue on as an honorary Board member and mentor.

'We have had another good year standing up and fighting for our community members. KWHB has continued to grow and we are continuing to make steps to improve the health of our people.'

Joseph Cox
Chairperson (Doojum)

above left: Standing up as one for our community, fighting for better aeromedical services in August 2008.

Katherine West Health Board Members

There's more to go, more new things for the Board to learn – it's still a bumpy road. Therefore the Board has to think hard, commit themselves, because they are not just representing staff here, they are representing their whole community and region. A lot of trust is put in Board members by the community that elects them, so being a Board member has to be taken seriously.

There are sometimes ups and downs here and there, but overall we have got some strong results. It's been good working with all the staff and the communities of Katherine West, and I look forward to a long relationship into the future.

Celebrating Our Long Termers

KWHB staff and Board members all got together and celebrated the commitment of two people who have been with us for ten years – Finance Officer Lisa Kelly and Lajamanu Board member Norbert Patrick. It is a great thing for us to have people with us for so long.

Joseph Cox - *Chairperson*

left: Board members and staff have a good relationship and get together often.

below: Vice Chairperson Norbert Patrick (seated, left) celebrated his ten-year anniversary with the Katherine West Health Board. We wish Norbert all the very best as he embarks on a new role as President of the Central Desert Shire Council.

left: Board members and staff gathered in the boardroom with lunch and a cake to congratulate Finance Officer Lisa Kelly on her ten-year anniversary with Katherine West Health Board.

Chief Executive Officer's Report

Financial Performance 2008–09

Over the past five years the Katherine West Health Board Aboriginal Corporation has consistently demonstrated sound financial performance. The 2008–09 financial year continues this sound financial history. This was a significant challenge, given the environment of expanded health-service delivery brought on by the Northern Territory Emergency Response and general expansion of services.

Integrated Staffing Model

The KWHB integrated staffing model ensures good quality cross-flows of information throughout the organisation. Added to this, regular Ngumpin (Aboriginal) Reference Group, Primary Health Care team and open staff meetings ensure that a general sense of teamwork and cooperation has been developed.

General Manager Position Created

As KWHB services continue to expand, the need was identified for a senior management position to ensure all reporting, services,

right: Health Centre Coordinators meet regularly with Program Coordinators face to face or via web conferencing to work out common goals and strategies.

left: Liz Yates brings many years of experience working in remote health services to the General Manager role at KWHB.

top: Aboriginal Health Workers were joined by staff of the Cultural Safety section at one of their regular AHW meetings.

right: Full house in the Katherine office training room for the quarterly Integrated Primary Health Care meeting.

Chief Executive Officer's Report

top: Primary Health Care Manager Bec Gooley speaks during the systems assessment workshops in Timber Creek.

above: Bec instructs some Aboriginal Health Workers during a workshop in Katherine. Leadership positions were recruited from health centres in the KWHB region. All have spent considerable time working in KWHB bush communities and can empathise with staff and clients out bush. Their combined experience adds greatly to the stability of the health service.

planning, policy development and government acquittals could be organised at the one point. Liz Yates, who had been doing an excellent job as KWHB's HR Manager, and who has many years of remote health service experience as a Quality Manager, was appointed General Manager with KWHB.

Increased Capacity in Health Leadership

Our Health Leadership team has grown during the last 12 months, providing stability for our Primary Health Care team. Dr Andrew Bell, who has been the medical leader since the service began, is now able to bring his considerable experience to focus on more strategic matters. This has been made possible by the creation of a new, more operational Senior Medical Officer role and the recruitment of Dr Louise Harwood. Louise worked at Timber Creek over the previous year and is working hard at recruiting and retaining GPs. She also plays an important clinical leadership role at KWHB.

The Senior Medical Officer joins our Primary Health Care Manager, nurse practitioner Bec Gooley (who was also recruited from our region), and Dr Bell in collaboratively providing strong primary health-care leadership to both health-centre staff and program coordinators. KHWB is very fortunate to have leadership of people with valuable first-hand knowledge of working in our remote health centres. This greatly benefits our staff and clients alike.

Greater Stability in Remote Health Staffing

Remote Health Centre Coordinators were retained for longer terms of service, for the stability of general nursing staff, Aboriginal Health Workers and management. This has meant that KWHB had a year of quality service delivery.

Community Engagement

KWHB continued to place a major emphasis on intensive community engagement. This took the form of open community meetings, leadership group meetings (including senior Aboriginal staff), quarterly Primary Health Care staff meetings (including Senior Aboriginal Health Workers), and regular meetings of the Ngumpin (Aboriginal) Reference Group. Throughout the course of the year, this focus has borne fruit, with greater cross flows of communication and more involvement of Board members at grassroots. All of this has ultimately improved health-service delivery.

Advocacy

Katherine West Health Board was active in advocating for improved health services for its communities, utilising the media and making presentations in a number of forums.

left: Hands-on health leadership: Senior Medical Officer Louise Harwood with Clinical Quality Coordinator Deb Steele.

left: In May 2009, KWHB's Joseph Cox, David Lines, Sean Heffernan, Andrew Bell and Jack Little were keynote speakers at the National Rural Health Alliance Conference in Cairns. Katherine West's service-delivery recommendations were published by the NRHA as a model for other rural health services in Australia.

Chief Executive Officer's Report

top: Lunchtimes at open community meetings provide an opportunity for staff and community members to mingle.

above: Kalkaringi open community meeting.

above: Construction of the Kalkaringi Health Centre was completed this year. KWHB is lobbying for better facilities throughout our region.

Model of Health-Service Delivery

Representatives of Katherine West presented the KWHB health-service delivery model at the 10th Annual National Rural Health Alliance (NRHA) Conference. As a result of this participation, much of the conference material and recommendations were published in the June edition of the NRHA Newsletter, which is distributed to a wide readership of rural health organisations.

AirMed Services

KWHB commented on the dangerous lack of AirMed (aeromedical) services in the Katherine region and the effects this would have on rural emergency patients. KWHB's campaign for better services and greater resourcing of AirMed resulted in a new aircraft and chopper, and a new coordination system for patient travel.

Mandatory Sexual Reporting

Director of Primary Health Care Dr Andrew Bell commented on the change in mandatory sexual reporting in the NT, which took effect in April 2009. Andrew commented that, in the application of the mandatory sexual reporting law, teenage girls may be reluctant to seek assistance for pregnancy or STIs for fear of initiating a police investigation.

Infrastructure Needs

KWHB has raised the issue of chronic infrastructure needs in a number of forums – with the Commonwealth Minister, NT Government and at AMSANT/Commonwealth forums. We now plan to write to the Commonwealth for support.

Advocacy has resulted in a commitment to new staff accommodation (a combination of duplexes and demountables) at Lajamanu, Kalkaringi and Yarralin.

KWHB continued advocacy for a new health centre at Lajamanu – awaiting recommendations from Indigenous Business Australia for a way forward.

We are in the process of discussing future land use at Timber Creek.

Strategic Planning for the Future

2009–10 sees an important focus on strategic planning. KWHB has contracted Edward Tilton to facilitate this planning process with a major emphasis on community and staff consultation and cultural appropriateness.

Health Literacy

KWHB will be looking at ways of better incorporating a health literacy and cultural safety approach to all of our population health programs and in client case conferencing.

New Health Leadership Model

It will be important in the coming year to investigate better ways of providing effective primary health-care leadership. This is particularly important given the expanding service delivery environment. To this end we may end up developing a new model of health leadership, but it will seek to build on the strengths we already have at KWHB.

Community Support Workers

In the coming 12 months, KWHB will need to develop a culturally safe, sustainable model that supports the employment of Aboriginal Community Support Workers (CSWs), particularly in child health and alcohol and other drugs (AOD). This model needs to ensure that CSW activities are integrated with our general primary health service delivery at the community level. We may look at trialling the CSW proposal at two communities before it is implemented across the region.

left: AirMed plane on the ground at Lajamanu airstrip.

Community Development and Cultural Safety

Cultural Leadership

This year, the Community Development and Cultural Safety area continued to develop, with a Ngumpin (Aboriginal) Liaison Officer, Ros Frith, being recruited to join the Community Development Manager David Lines. This team worked hard to ensure that a Ngumpin perspective was included in all activities and at all levels of the organisation, such as during recruitment, organisational planning, the development of service delivery methods and resources, and evaluation.

A large part of their work was also to closely support Ngumpin employees. This year saw a significantly increased focus on Aboriginal Health Workers' needs. One strategy will be to recruit an AHW Educator into the permanent staff. Work has been undertaken by a project officer to set up this role, whose focus will be to strengthen the skills of registered AHWs and to develop a framework for support of Trainee AHWs.

Ngumpin Reference Group

Importantly, the role of the newly established Ngumpin Reference Group (NRG) increased. The NRG is a consultative group made up of Board members, Aboriginal Health Workers and ex-Aboriginal Health Workers.

A large part of their work was in assessing the cultural appropriateness of materials and activities intended for use in our communities. The NRG reviews all health promotion material and strategies to be used at annual community events and in KWHB health centres. The group provided input and guidance to ensure materials and strategies were understandable to Ngumpin, were effective in a remote community context, and relevant to the needs of the people of our region.

The NRG made significant contributions to numerous proposals and resources to ensure that they were culturally appropriate (avoiding institutionalised or non-Aboriginal perspectives), in order that information and health skills could be incorporated into everyday family life in a community setting.

Orientation of New Staff

All new permanent recruits spent one-to-one time with the Community Development and Cultural Safety staff. In addition, the Ngumpin Reference Group was heavily involved in the scripting and filming of a cultural orientation video, which will be made available to new recruits and placed on the KWHB Intranet.

Increased Focus on AHW needs

Skills Support

Work undertaken has included:

- clarifying and strengthening relationships with Batchelor Institute of Indigenous Tertiary Education (BIITE) lecturers
- providing information sessions to remote health-centre staff about the support required for trainees
- the project officer spending time at each health centre working alongside trainees to assist with assignments and clinical-skills assessment in order to gain a better appreciation of strengths and challenges
- active follow-up with each trainee when they complete study blocks
- conducting an in-service training workshop focusing on clinical skills for all registered and trainee AHWs
- developing resources for orientation of all new staff to highlight the importance of the AHW role and provide guidelines for supporting AHWs at clinic level.

Advocacy

KWHB's AHWs provided input into the Review of the AHW Profession being conducted for NT DH&F by Human Capital Alliance consultants. The purpose of the review is to examine issues affecting recruitment and retention of AHWs.

Better links with Batchelor Institute have been established to provide information and monitor progress for trainee AHWs. Teleconferences with lecturers to discuss specific needs of individual trainees have been conducted regularly.

The Community Development Manager arranged for BIITE lecturers to make a web-based presentation to Health Centre Coordinators

above: The NRG provided advice about what resources would be culturally acceptable and relevant to community members.

right: The Community Development and Cultural Safety staff closely support the CEO and other staff by providing cultural advice from the perspective of men and women in the community.

far right: A Ngumpin Reference Group meeting with film producers from Darwin who are working on our Cultural Orientation DVD. NRG members played a central role in planning the script and even in acting the parts.

top: Filming of the Cultural Orientation DVD with a production crew from Darwin. The DVD will be incorporated into the orientation program for new KWHB staff.

Community Development and Cultural Safety

above and right: The in-service workshop gave Aboriginal Health Workers the opportunity to update their clinical skills.

about AHW Trainee course content, and the role and responsibility of health- centre staff in supporting trainees.

AHW In-Service Training

At the request of the AHWs, the Community Development team facilitated an in-service training workshop specifically for AHWs on updating clinical skills and better use of the patient information recall system Communicare. The Primary Health Care Manager, Clinical Quality Coordinator and Aboriginal Health Worker Educator facilitated a number of clinical skills stations.

The in-service workshop gave Aboriginal Health Workers the opportunity to update their clinical skills.

Supporting Board and Open Community Meetings

Community Development and Cultural Safety staff played an important role in helping to organise and support key governance meetings. In many instances this involved updating community members about health-service activities and issues, explaining complex health information and new legislative requirements, and encouraging input and feedback from community representatives about their experience with health services.

Building structures and support within a health centre setting for employing locally recruited Community Support Workers is of high importance to KWHB. Integrating Community Support Workers into KWHB health centres is still at an early stage, but is an important element of the integrated primary health-care model that came into being early in 2008. A lot of groundwork needs to occur in order to create a successful model.

The Community Development and Cultural Safety team continues to play an important role in facilitating discussions and planning around how to successfully embed CSWs within the health centre teams, looking at, for example:

- development of structured tasks
- the need for a buddy/mentoring system with gender-appropriate one-to-one partnering for CSWs
- training support
- during orientation, acquainting new health-centre staff with the role of the CSW and the support they will need to provide to the CSW.

Primary Health Care Director's Report

In 2008–09, Katherine West Health Board has continued to develop its model of well integrated multidisciplinary comprehensive primary health care, based on community governance and sound health-service management.

With the roll-out of reform of the primary health-care sector across the Northern Territory, funded by the Expanding Health Services Initiative, the KWHB experience is playing a central role in the development of new regional health services in other remote areas of the NT.

The experience of KWHB has also been a key input to the National Health and Hospitals Reform Commission (NHHRC). Many of the recommendations of the NHHRC in their final report would move the rest of Australia's primary health-care system towards the model of care that we have been working towards in KWHB. This includes multidisciplinary teams, fully utilising skills across professions, good information management and whole-of-life preventative care.

Into the future, our settled model places KWHB in a key position of being able to take advantage early of structural and funding reforms in primary care.

above: Primary Health Care Meeting in Katherine in December 2008. These meetings are held regularly throughout the year.

Primary Health Care Leadership

Once again it was a busy year for all the health-centre teams. The H1N1 swine flu epidemic, which hit the Northern Territory in June 2009, was a significant event that occupied a great deal of our time. We dealt with about 30 confirmed cases and a similar number of suspected cases. Health centres did a great job developing local flu protocols, creating dedicated flu rooms, and providing information and education to communities. We learnt quite a bit about how our, and other, systems work in a pandemic situation, which we will be able to apply to future events.

Integrated Primary Health-Care Model

In 2008–09, Katherine West Health Board continued to develop its model of integrated multidisciplinary comprehensive primary health care. Under this model, 'program' and 'clinic' activities are not treated separately. Instead, common goals and approaches for community health improvements are worked out together via the annual planning process, the quarterly Primary Health Care meetings and the weekly 'collaboratives'. Bush-based and town-based PHC staff then work as a team to realise these goals, with assistance from other sections of the organisation.

Under the integrated model, all the primary health programs are geared to supporting the remote health-centre team's provision of women's and maternal health, child health and chronic disease management. Where staffing stability allowed, the remote health-centre teams started moving to a model where a designated member of the team takes responsibility for the coordination and follow-up of these program areas.

New Health-Centre Opening Hours

Following discussion with communities, the Board agreed to trial new standard health-centre opening times to allow staff to participate in professional development and quality improvement activities (known as 'collaboratives'). These activities now can take place during patient-free time, to ensure all staff members are able to participate. Health centres are now closed Friday morning until 1 p.m. for this purpose.

Continuous Quality Improvement

A number of clinical quality improvement strategies have been employed, and are now well entrenched in KWHB's standard practices.

Clinical Auditing

An epidemiologist was engaged for a short term to assist with the analysis of clinical auditing data, and to provide in-service training to the leadership team on its interpretation.

Analysis of the audits for this reporting period was completed prior to the SAT workshops, and results fed back to health-centre staff.

Systems Assessment Tool (SAT)

SAT workshops were facilitated early in the year by an external consultant for the first time. The SAT workshops were held in each community with the Primary Health Care teams, Board members and town-based support staff to critically review and score the health service's performance over the past year against a set of criteria. Outcomes of the SAT workshops, together with the clinical auditing results, informed the annual plan and the direction of collaboratives for the forthcoming year.

Collaboratives

The KWHB orientation program dedicates time to explain the chronic-disease program with new staff, and weekly collaboratives reinforce the chronic-disease priorities and quality practice. The importance of the collaborative process for the chronic disease program is emphasised to both new and longer-serving staff.

Collaboratives received a facelift this year. There was considerable feedback from health-centre staff during the SAT workshops that collaboratives were becoming too directive and that staff members were losing interest. Collaboratives now provide a forum for health-centre staff to raise clinical issues relevant to their daily practice, and to communicate weekly with other clinical staff about what is and isn't working for them.

The inevitable turnover of staff continually challenges new clinic members to become active participants in all appropriate primary-health programs, and weekly collaboratives facilitate this transition for all new staff members.

Health-Promoting Health Centres

A great deal of effort this year put into supporting all health centres to be more focused on increased client/patient/resident motivation and self-involvement in their own health and illnesses, both inside and outside the health centres.

This was achieved this through:

- the provision of SNAPE (Smoking, Nutrition, Alcohol, Physical Activity and Emotional Wellbeing) brief intervention training for all PHC staff, and its incorporation into the orientation program
- greater support from program coordinators via collaboratives, together with better decision support tools
- training of staff in brief interventions.

above: The SAT workshop in Lajamanu, in March 2009.

Development of Communicare Templates

The year saw new developments in the use of Communicare to support the brief intervention health promotion described above.

Smoking, nutrition and alcohol assessments were all updated to the latest guidelines. Final drafts of the physical activity and emotional wellbeing assessments were also completed, and are awaiting testing in the field.

The templates will help PHC staff to gather and record information, as well as provide data for more specialised interventions and the future review of progress. There have been similar changes in a number of the Communicare child-health templates, with the introduction of age-specific developmental assessments, which will result in the recording of quite targeted information.

The development of these templates represents a major improvement in the quality of data we collect, which is expected to deliver long-term benefits for the delivery of services. Their introduction has required many people to learn new skills, and has taken a lot of clinic time for many templates to be completed for the first time.

Preparation for Alcohol and Other Drugs Services

With the assistance of Professor Peter D'Abbs, KWHB undertook research to establish a framework for an Alcohol and Other Drugs (AOD) service based on best-practice guidelines. This will guide the service delivery of the program.

In the meantime, Communicare templates have been updated to capture more detailed information from clients and help support staff in delivering brief interventions and motivational interviewing. Relationships have been formed with organisations such as night patrol, mental health, NT Government AOD Service, Police, the remote AOD workforce and residential rehabilitation facilities. Developing these relationships has led to a deeper understanding of each service, and made it possible to establish referral processes, share resources and coordinate events.

Health-promotion activities have also been successfully carried out, particularly in raising awareness and capturing the interest of youth.

Women's and Maternal Health

Over the past year we have focused on consolidating the work already commenced on providing sustainable, effective and safe antenatal care in KWHB remote communities. As in previous years, there is a continued shortage of health-centre staff with midwifery qualifications. Encouraging female health-centre team members to be confident in providing antenatal care is therefore essential. The women's and maternal health program is supported by a Women's and Maternal Health Coordinator, the Woman's Business Manual and remote GPs.

Antenatal Care Model

We have found that having a highly mobile Women's and Maternal Health Coordinator (WMHC) is the best model for providing clinical leadership and support. Developing a rapport with remote staff encourages RANs and AWHs to contact the WMHC to explore any issues that arise. The Senior Medical Officer also provides clinical guidance for referring high-risk antenatal women, and frequent communication and problem solving between RANs, WMHC and SMO enables patients to be directed to consultant care where necessary.

The KWHB model of care for antenatal women promotes sustainability of the remote workforce with clinical support and leadership. Many RANs caring for antenatal women can now freely discuss global issues in maternity care, and there is a heightened awareness of issues that affect all women in the delivery of safe, effective care. In the previous year, two RANs have decided to return to study and are enrolled in midwifery courses.

This year, a relatively stable RAN and AHW workforce provided 'continuity of caregiver' for remote Indigenous women receiving antenatal care, enabling remote women to develop rapport with community health-centre staff. This trust helps to ensure that the women will engage in antenatal care, going a long way to ensure optimal obstetric outcomes.

below: Some of Lajamanu's new babies. Lajamanu Health Centre has a staff member overseeing the maternal health program with strong support from the KWHB Maternal Health Program Coordinator. With nearly 30 babies born this year, the program has worked well.

Primary Health Care Programs

Weekly Women's and Maternal Health Collaboratives

Maternal collaboratives have continually evolved over the previous 12 months, as remote staff have gained confidence providing care, demonstrated by the sophisticated questioning that has arisen during the weekly meetings. Maternal collaboratives address gaps in service and provide some education for all new primary-health staff members.

Women-Only Sessions

The completion by female RANs of the Well Woman's course (so that they can provide pap smears), and the subsequent informal womens' afternoons where the clinic is designated as women-only, have enabled RANs to engage with community women with a strong primary health-care message about staying healthy and strong for your family and community. Screening afternoons were held at Kildurk, Lajamanu and Yarralin.

above and top right: Some of Lajamanu's new babies. Lajamanu Health Centre has a staff member overseeing the maternal health program with strong support from the KWHB Maternal Health Program Coordinator. With nearly 30 babies born this year, the program has worked well.

far right: Healthy family in Lajamanu.

Women's and Maternal Health Promotion and Education

The Healthy Young Families (HYF) Project aims to provide consistent messages about child and maternal health. Topics and content are selected through consultation with service providers and community members. The assistance of the Health Leadership group ensures that the content is of high quality, and regular sessions of the HYF reference group reviews the materials for cultural safety. The materials are then checked again by the Ngumpin Reference Group. A range of materials has been developed, including community workshop guides, pictorial resources and talking templates (an electronic resource for health centre staff). This consistency aims to reduce miscommunication around child and maternal health across the region.

Women's and maternal health promotion pamphlets, booklets, DVDs on health information and messages are placed in all

community health centres. Staff use the same resources and up-to-date information to ensure the message is consistent. All resources are reviewed by the Ngumpin Reference Group to ensure they are culturally appropriate.

Commencing in July 2008, the Timber Creek Jarlig Gujarding Mothercraft Project began in response to the need identified by an Aboriginal Health Worker to provide early parenting information to community women. With the support of a locally based project coordinator, the program aimed to support Community Support Workers (CSWs) in two communities, Bulla and Myatt, to provide a sustainable, community-based early parenting program for post-primary girls, pregnant women and mothers of infants.

In consultation with female community elders, Aboriginal Health Workers (AHWs) and the health centre team, the weekly program has built on cultural knowledge, capacity and awareness of health and lifestyle issues currently impacting communities. The program was rolled out over 12 weeks.

An evaluation was conducted by the Healthy Young Families Coordinator using a Participatory Action Research framework. The evaluation and key recommendations will be used to inform future Jarlig Gujarding sessions and the development of sessions into modules that can be offered to other communities.

Core of Life training looks at the impact of adolescent pregnancy on the individual, couple and family life and promotes a culture of encouraging the individual to actively think about choices. Core of Life explores the impact of lifestyle upon pregnancy, and the implications for foetal wellbeing. The need for antenatal attendance at the health centre is highlighted heavily in this education setting, as well as the need to attend the health service when pregnancy is suspected.

above: A Ngumpin Refererence Group member models the correct method for breastfeeding using a traditional coolamon. This photo and many other similar photos were used to create an animated resource displaying the correct method of caring for a baby.

right: Timber Creek Health Centre staff report that the greatly needed and beneficial Jarlig Gujarding was the most comprehensively successful program. The range of topics complements the SNAPE templates on Communicare that have been linked to the antenatal template throughout the region.

Primary Health Care Programs

top: Oral-health promotion with children at Kalkaringi
right: Vegie Man visits Lajamanu.

Over the last year there have been significant changes to the child health program at KWHB.

Two out of the four major communities have a nominated staff member responsible for the child health program. Within this role they have overall responsibility for ensuring the program runs effectively, as well as supporting other staff delivering the program.

In the other two communities there is still a high staff turnover, which makes it difficult to ensure continuity of child-health program leadership. To compensate for this, the following strategies were employed:

- having a travelling regional Child Health Coordinator to educate and support remote staff in the delivery of child health
- providing detailed orientation to all new primary health-care staff on the approaches of KWHB's child health program.

A Child Health Program Coordinator commenced in November, to support remote staff in the delivery of the child health program in community health centres. This position helped to support the remote health centre teams to deliver their child health programs by reviewing and updating the existing surveillance programs, and improving early intervention and action strategies and child health promotion.

Child-Health Assessment Templates Incorporate Development Assessment Tool

The new child-health assessment templates were completed and feedback from staff has been very positive.

As well as assessing the physical health of the child, the enhanced child-health program has a focus on key age developmental

assessments, which means that all children within the region are regularly assessed to ensure they are meeting their age-appropriate developmental milestones. A development assessment tool has been created to assist health centre staff. The new Communicare child-health templates now contain this developmental tool, with a developmental assessment section at key ages in line with best practice. These templates are very instructive, which ensures staff are competent at completing a developmental assessment effectively. All staff have been trained in the use of these new templates.

Referral pathways are in place in all health centres. Allied health services and specialist services, including pediatric, are referred and managed through the health centres.

Growth Action Plans and care plans for ear and respiratory disease are in place. The Growth Action Plan is currently being reviewed. The importance of these care plans is frequently reinforced to staff.

Health Education for Children

Multiple health-promotion activities with children around ear and eye health have taken place as part of the child-health program.

Child-Health Collaboratives

Collaboratives continue to be conducted weekly with all staff within the Primary Health Care team, with child-health issues being a major component of these sessions. The Child Health Coordinator organises the child-health components and session topics which, for this reporting period, included failure to thrive, the enhanced child-health program, immunisations, growth charts and anaemia.

School Screening

School screening continued this year with good results. Primary health-care staff from all the health centres worked tirelessly in catching up with all the school-age children. Hearing, vision, anaemia and growth checks were completed.

top left: Health promotion.
above: Growth checks.
left: Hearing checks.

Primary Health Care Programs

Chronic Conditions and Self-Management

Routine clinical audits reveal that KWHB staff have continued to achieve excellent results in the clinical management of chronic conditions. This has provided a strong framework for the move from an acute-care focus to a chronic-care model, where health behaviours of clients are instrumental in improving health outcomes. A primary aim over the last year in the care of clients with chronic conditions was to increase awareness of strategies for changing health behaviours.

To support this, Communicare templates for SNAPE were developed, with specific questions in the areas of social, nutritional, alcohol, physical activity, and emotional wellbeing. These provide staff with a springboard for brief interventions, a technique for health promotion which is becoming more embedded in everyday clinical practice.

top right: Eyesight testing.

Brief Interventions

KWHB continued to strive for a shift in emphasis from acute care to health promotion and chronic disease prevention at the health-centre level. An important strategy to achieve this was to introduce brief interventions into the practice of all primary health-care staff. An extensive amount of staff training has gone into this area, and the incorporation of brief interventions into everyday practice has grown considerably. Developing clinicians' skills in motivational interviewing of clients has changed the way in which topics such as alcohol and other drugs are discussed and interest in topics generated. In this way, clients are empowered to make positive choices in their lives with support from health professionals.

Introduction of SNAPE

A supportive strategy that has been successfully implemented is the integration of SNAPE (smoking, nutrition, alcohol, physical activity, and emotional health) into the KWHB patient information recall system. The KWHB SNAPE tool, adapted from the RACGP SNAP Framework and the National Guidelines for smoking, nutrition and alcohol, is now incorporated into the patient information recall templates. These templates prompt and guide the clinician to ask the client about risk factors and assess the client's stage of behavioural change using the stages of change health theory. Clinicians then advise the client on aspects of the risk factors and assist the client with strategies to achieve cessation or reduction. Finally, follow-up with the client is arranged.

The SNAPE tool is being utilised by all KWHB clinicians, but outcomes such as how many clients have successfully quit smoking are yet to be evaluated.

There are challenges in the delivery of the low-intensity SNAPE program. The program has to be entirely delivered through local health centres, but the frequent turnover of staff and their limited knowledge on behavioural theories of health, along with the significant inhibitors of self-management in remote communities, may result in minimal impact on clients' behaviour change. Assisting clients with behavioural change is challenging with the limited strategies available. KWHB is providing ongoing education on the behavioural health theory to all staff as a strategy to overcome the effects of frequent turnover.

Better Health-Promotion Resources

Health literacy is the foundation of successful self-management by KWHB's clients with chronic conditions. Clients' self-management of their health has been supported by improving health literacy through the use of consistent messages and resources throughout the region.

Numerous health-promotion resources were developed by the Health Promotion Coordinator and Alcohol and Other Drugs Coordinator and approved for use by the Ngumpin Reference Group. These included the following:

- A core set of approved health-promotion resources were established on the staff Intranet suitable for clinicians to use in both one-to-one consultations and more public activities.
- Health-promotion materials were produced as part of the oral health promotion strategy, including a set of five oral-health posters for use in community meetings and community education.

bottom left: In the past year there has been a great increase in the use of new health-promotion resources, such as coloured flip charts, visual resources and language-specific and Indigenous-specific material. All materials were reviewed for cultural appropriateness and approved by the Ngumpin Reference Group.

below: Health promotion is now the business of health-centre staff, not just visiting program coordinators.

Primary Health Care Programs

left: Several health-promotion events on alcohol and other drugs took place, including a 'drink right' night held at Camfield Station incorporating several local stations and the Kalkaringi police.

KWHB believes that changing health behaviours, improving health literacy and developing self-management are the keys to improved health outcomes for patients with chronic conditions.

Chronic-Disease Collaboratives

The direction of the chronic-disease collaboratives (a rapid quality-improvement approach) is largely determined by issues identified by clinical auditing and systems-assessment workshops. Topics are identified, and 'plan, do, study, act' cycles are prepared weekly in accordance with priorities and evidence-based practice of chronic disease. The plan, do, study, act cycles are placed on the Intranet, where they can be referred to by staff at any time.

The introduction of the KWHB health-promotion policy, along with the review of chronic-disease resources by the Health Promotion Coordinator has encouraged a consistent approach by staff when conducting chronic-disease checks or arranging health-promotion activities in relation to chronic disease. The Health Centre Coordinators encourage participation and follow-up action in the chronic-disease collaboratives.

Engaging the Community in Self-Management of Health

Health promotion was better run and evaluated this year and much was achieved due to strong support from program coordinators, together with good planning and hard work from clinic staff on the ground.

KWHB staff were involved in diverse health-promotion activities and programs in 2008–09. Apart from the education provided during health-centre consultations, a variety of programs and partnerships meant that most communities in the Katherine West region were exposed to or involved in some health promotion.

In the spirit of integrated primary health care, health promotion was driven by health centres with support on the ground from other KWHB staff – not just PHC program coordinators, but also administrative and operational support staff.

Several one-off health promotion activities and contributions to community events were also organised in the Katherine West communities. These activities were not part of the overall health-promotion program, but were valuable in two ways. Firstly, they had previously been recognised by the community and health centre as successful methods of engaging community members in health education. Secondly, they provided opportunities for the health service to show their role in the community and be recognised as being involved in and supporting positive community events.

right and below: Many initiatives have been undertaken to improve awareness of Chronic Conditions throughout the KWHB region, including Oral Health Awareness, Heart Disease Awareness and Healthy Eating, both inside community stores and in the community itself.

Primary Health Care Programs

above and right: Food Supply Includes training on good hygiene, healthy food preparation and incorporating healthy traditional bush tucker.

Food Supply Program

KWHB's Food Supply Nutritionist (FSN) worked with communities and community stores on healthy food choices and adequate food supply.

The main aim of the FSN this year has been to provide nutrition training and support to community-based nutrition workers, staff at community health centres, schools and crèches, and people using women's centres and aged-care facilities.

Focus was greatly increased on working with the retail food outlets in each of our communities to ensure availability of healthy food choices. The FSN has also been involved with licensing details, ensuring that all retail food providers in our region are meeting government standards for healthy food and hygiene.

Much work has also been done by the FSN in our larger communities to ensure community stores have a healthy food marketing policy and nutrition education. Great improvements have been seen in Timber Creek, Yarralin, Pigeon Hole, Kalkaringi and Lajamanu. Developing a nutrition policy for Bulla, Amanbidji and Myatt will be a priority in the coming year.

This year, there has also been much more health promotion to increase client knowledge about the relationship between food and chronic-disease prevention and management. This has been achieved through:

- nutrition education sessions in Lajamanu, Kalkaringi, Yarralin and Pigeon Hole
- healthy living breakfasts in Timber Creek, Bulla and Myatt
- school-based nutrition education in Lajamanu and Kalkaringi.

A major achievement this year has been the securing of funding from FaHCSIA (Commonwealth Department of Families, Housing,

Community Services and Indigenous Affairs) for a food security strategy to be trialed in Timber Creek. The findings from the trial will hopefully lead to food security policies being adopted in all KWHB communities.

In the next 12 months, we will revisit the idea of bush gardens, food security and nutritional health promotion, while continuing to get the community stores to maintain a high standard of healthy food for our community members.

Environmental Health

In 2008–09, KWHB's environmental-health work was heavily impacted by the Northern Territory Emergency Response (the intervention) and the change from community government councils to regional shires.

At the start of the 2009 calendar year there was a reduction in Government Business Manager involvement in environmental projects, as these issues and functions have gradually been taken over by the new shires.

Waste management continues to be an issue in our communities. The focus by shires is on the operation of the active waste-disposal sites in communities. There are, however, numerous old waste-disposal sites surrounding most communities, with ongoing pollution and safety issues that will potentially restrict future development. This year, we participated in the development of Waste Management Guidelines for small communities (with the Local Government Association of the NT and Department of Natural Resources, Environment, Arts and Sports). KWHB also facilitated meetings between these agencies and the Victoria Daly Shire. The meetings highlighted the new shires' need for greater clarity in relation to waste legislation.

During the year, project assistance and advice was provided to Government Business Managers and shires about one-off projects such as the design of a new morgue and effluent water re-use at Lajamanu.

KWHB continued to advocate having Environmental Health Workers in each community. The new shires are broadly supportive of employing Environmental Health Workers, subject to funding being made available. NT Housing intends having Life-Skills Coordinators to assist with tenancy issues, and when these are appointed, either as employees of shires (e.g. Roper Gulf Shire) or under contract (e.g. Centrecare with communities adjacent to Katherine), they are likely to undertake some Environmental Health Worker activities.

This year, KWHB's Environmental Health Officer worked with community stores and carried out food-safety inspections, particularly in relation to the preparation of foods. It is pleasing to note that the new shires have arranged ongoing food-safety education for their employees engaged in cooking for aged care or child care.

Mobile Health Team

This year, the Mobile Health Team took delivery of a new Troop Carrier to help us provide better primary health-care services to the many remote communities and stations in the Katherine West region. The configuration of the Troop Carrier allows greater speed in setting up, and increased ease of locating materials and equipment.

right: The Mobile Unit tackling the Dashwood Crossing.

below: The Mobile Unit thundering towards a community.

In 2008–09, we had a male and a female RAN providing healthcare services, which resulted in a more balanced mobile service. A great deal of mobile unit work is done on station properties, where more male workers are employed than females. In previous years, where two female RANs operated the mobile unit, many men were less forthcoming in discussing health issues. In 2008–09, many more men (roughly two out of three patients) saw the male nurse, which was considered an achievement by all remote communities and stations.

This year we have also been fortunate in having relative stability in mobile staffing. Positive comments about this have been received from our community members, whose trust increases at seeing familiar faces.

The Mobile Health Team worked on two camp drafts, even doing veterinary work on two injured horses. They also had the pleasure of being involved in numerous health-promotion events this year in many of our communities.

In the coming year, continued emphasis will be placed on health promotion, particularly in relation to alcohol and smoking amongst station workers. There are also many patients with undiagnosed chronic disease, and this will be followed up vigorously.

top right: The Mobile Health Team sets up camp for the night.

Timber Creek, Bulla and Mialuni

2008–09 has been another big year at Timber Creek, Bulla and Mialuni.

There has been a big focus on health promotion this year, with events such as Mangarrda Jarluk (healthy breakfasts), mooditj, women's health days, school-teacher education days, alcohol and other drugs day, oral-health promotion, nutrition promotion day, folk festival, healthy minds promotion day and old persons day. The Jarlig Gujarding Mothercraft program was also a fantastic success

Staff members focused intently on making our relationship and rapport with Timber Creek communities even better. We achieved this by increasing our field and community visits, and doing health-related work where our clients felt most comfortable, instead of always bringing them to the clinic.

We also focused on increasing client self-management of their own health and illnesses. We achieved this through brief intervention training for staff and working in the field more. We also increased the use of new resources, such as flip charts, visual resources, and language specific and Indigenous specific material. This year we have noticed that Communicare templates have greatly improved and are more user-friendly. As a result of PHC meetings and collaboratives, KWHB staff (AODS, child health, nutritionist, maternal health etc.) have been more accessible, with many more visits to the community at regular planned intervals.

There were 13 critical roadside incidents. These were all high-speed motor vehicle accidents with potential fatalities. The Timber Creek team acted magnificently in all situations. Timber Creek also experienced a longer wet season, which at one point left four communities with no accessibility. Highway flooding made critical transfers via road to Katherine or Kununurra impossible, a situation compounded by no night airstrip and often no day airstrip during the wet. This situation requires further attention.

above: Members of the Timber Creek and Bulla Health Centre after a Child Development Day.

The Health Centres

Lajamanu

Health promotion has been a focus and much has been achieved due to strong support from program coordinators, good planning and hard work from clinic staff on the ground.

The clinic held a successful open day where, to the delight of many children, Vegie Man made an appearance. Community members enjoyed a BBQ alongside a range of health-promotion activities. The open day was organised to help promote the clinic's programs and the new opening hours, and to try and engage the cohort of non-attenders.

A women's health day was also organised. Women were provided with refreshments and painting activities while they chatted and waited for their check-up. The positive impact of the day was felt for many weeks after, as women continued to come in and ask for their well-woman's check-up.

right: Families in the health centre's waiting room.

below and bottom right: Members of the Lajamanu Health Centre team at two different points during the year. The Health Centre experiences very high staff turnover, but was fortunate to have the leadership of Health Centre Coordinator Kath Desmyth (right) and Community Support Worker Theresa Matthews (third from right) for several years.

Ear health was also a focus, and funding from Phase 2 of the Northern Territory Emergency Response was used to employ a nurse who worked closely with the clinic, community and school to increase awareness of ear disease and help coordinate the necessary follow-up for community members.

Program work has continued to go from strength to strength, with local team leaders collaborating closely with the Health Centre Coordinator and program coordinators.

Nearly 30 babies were born this year. The maternal program has focused on continuity of care as well as good clinical outcomes for mothers and babies.

The chronic-disease and child-health programs have been overseen by a range of staff, augmented by regular visits from outreach specialists.

Yarralin, Nijpurru (Pigeon Hole) and Lingara

Yarralin Health Centre underwent renovations to create a separate men's access, consulting and education rooms in 2008. To mark the completion of the renovations and the re-opening of the new, more culturally appropriate space, a celebration evening was held incorporating a health-promotion focus.

The school, local Shire Manager and Health Centre decided to combine several different celebrations into one large community celebration in the grounds of the Health Centre. About 200 people attended, and many health-promotion activities were completed during the night. The evening was a great demonstration of collaboration in the community and showed how health and wellbeing can be celebrated and promoted through entertainment and laughter.

A men's health weekend facilitated by Yarralin Health Centre was a great success with community men involved. The health

above and top left: The Lajamanu mums and babies cooking group has been set up to provide support and growth action-planning for mums with kids who were known to be failing to thrive or anaemic, outside the health-centre environment.

left: Lajamanu receives Australian General Practice Accreditation Limited (AGPAL) Accreditation.

The Health Centres

left: Several health-promotion events on alcohol and other drugs took place, including a 'drink right' night held at Camfield Station incorporating several local stations and the Kalkaringi police.

education topics provided were: lifestyle and chronic disease by Malcolm McDonald (Physician), heart health and echocardiograms by Nadarajah Kangaharan (Cardiologist), sexual health by Steve Hill, and mental health and stress by Daniel Mullholland. BP and Bruce did presentations on oral health and child development and nutrition.

This weekend is definitely the way to do men's health and we reckon it should continue for a few years. The death toll was one kangaroo and one bush turkey.

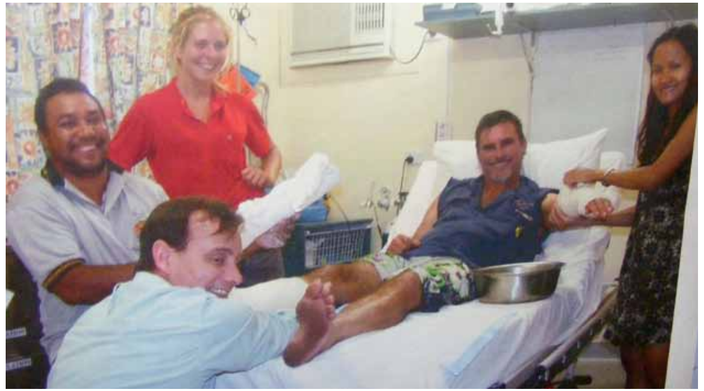
Another successful event was Lifestyle Week at Pigeon Hole community, incorporating AOD, nutrition, sport and recreation activities and sexual health. There was a great overlap between the different areas, and AOD messages were incorporated into the sporting activities the children were participating in as well as in specific education sessions held for men and women. The women's group led by Roslyn Frith delivered culturally appropriate messages in local language. The interest and questions from the women were evidence of what a success the event was.

Kalkaringi

It has been an exciting year for Kalkaringi, waiting with anticipation for the new clinic to open. Kalkaringi Health Centre was completed in August 2008. After a couple of false starts, the clinic opened at the end of June 2009. Health Centre staff have been focusing on the management of chronic disease, maternal and child health, and have achieved some very good health outcomes along the way.

Our new health centre will hopefully bring a new dimension to helping the people of Kalkaringi make healthy choices and lifestyle decisions that will have positive change for families and the unique culture here.

After lots of hard work, Kalkaringi also gained AGPAL accreditation.



above: *Some of the Yarralin team fixing up a client from a nearby station.*

Supportive Systems

Human Resource Management

It has been a positive year in relation to staffing at KWHB. Many advances have been made with improved recruitment and retention.

There were an average of 80.5 positions throughout the year. Of these, 67.25 (84%) were permanent and 13.75 (17%) were contract or casual positions.

Of the permanent positions, 51 (76%) had a permanent incumbent – 6% more than last year.

Of the permanent positions, 19.25 (29%) were held by an Indigenous incumbent – 2% more than last year.

Of the casual or contract positions, 31% were held by an Indigenous incumbent.

Many of the health centre RAN (Remote Area Nurse) positions that were not occupied by a permanent incumbent were nonetheless filled by nurses who choose to return regularly on contract, which also lent greater stability to the service.

Commitment to Full Employment

KWHB continues to strive for full staffing levels across all areas of the organisation. Keeping staffing gaps to a minimum helps maintain quality health-service delivery, reasonable workloads and assists the morale of staff.

Better Orientation

The orientation process has been revised and improved throughout

the year and is now actively supported by all areas of the organisation and by comprehensive 'self-serve' orientation resources on the Intranet.

The orientation process reduces the adjustment period for staff, particularly those who will be based in remote communities, and provides a solid foundation for new employees. Several new recruits have commented on the warm welcome to KWHB and have greatly appreciated the connections and support networks they have made with Katherine staff during the orientation process.

Looking Forward

The focus for the next year will be to:

- continue to make recruitment a primary focus, aiming to increase our permanent staffing and tenure, and working towards a more stable remote workforce
- fully utilise the Human Resources Information System in day-to-day operations across all Human Resources functions
- research and select key performance indicators to support HR management quality improvement throughout the service.

Business and Finance

Finance Systems

Greater efficiencies have now been achieved by enabling KWHB's accountant and payroll consultants to remotely dial in to the accounting and payroll information systems.

Integration of Human Resources and Finance Information Systems

A Human Resources Information System (Employee Connect) is now being utilised by staff within the Katherine office. The database has been integrated with our payroll program, Attaché. Staff and managers now have appropriate access to leave and payroll information. The program was well accepted by Katherine staff and will continue to be integrated into the day-to-day operations to improve systems and efficiencies.

Assets and Infrastructure

Because of the lack of infrastructure in remote communities, the health centres and services are coordinated, administered and sometimes even delivered from the Katherine office. This is particularly true of assets management.

The assets section sees a good deal of transiting of staff and daily movement of stores and equipment. A large fleet of vehicles needs to be maintained to assist with all this mobility. Fleet upgrades in the past year have seen Toyota Prados deployed in roles where previously Landcruiser Troop Carriers and Wagons were used. Although not all Landcruisers will be replaced, it has resulted in a drastic reduction in fuel consumed. The Prado is a much safer

top right: The Primary Health Manager and Health Centre Staffing Officer regularly get together to ensure all health centres have staffing coverage for the forthcoming months.

above: Business Operations Administrator Janice Hill and Financial Officer Lisa Kelly are supported by visiting consultant accountant Lloyd Nair.

left: All assets are administered from the Katherine office. It is quite a logistical feat to move people and equipment around the vast region, needing excellent teamwork.

Supportive Systems

above: All staff are encouraged to attend 4WD training courses arranged periodically by the Assets staff.

vehicle to drive (especially compared to a troop carrier) and child seats/capsules can be installed without any modification to the vehicle.

KWHB's 'handy-man' position is now in its second year, helping staff, especially remote staff, enjoy better maintained workplace and housing facilities.

Funding was received for the purchase of a new house under the AOD program. A new property was purchased and fully furnished.

Information and Communications

Intranet

In 2008–09, one of the core aims of KWHB has been to more effectively manage the rich vaults of knowledge and information we have accrued after 10 years of running a health service. In mid-2008, KWHB made a decision to gather this knowledge together and make it easier for staff to immediately access information that will assist their daily work. To accomplish this, an Intranet was created.

The Intranet is an internal website viewable only by KWHB staff. It has been designed to house all the most important information and knowledge of the organisation, including policies and procedures, plans, reports, minutes of meetings etc.

Improving the ability of staff to communicate and to access the best quality up-to-date information has been a great development this year. The Intranet also encourages participation by all users through front-end use, and staff may enter their own news, travel itineraries, documents, health-promotion material and information. Moving forward, it is envisaged that even more uses will be found for the Intranet.

AMSnet Project

With the support of the Aboriginal Medical Services Alliance of the NT (AMSANT), and under agreements with AC3, NT Technology, Ursys and Communicare, the AMSnet project has been implemented in all of our remote health centres. The AMSnet project is designed to provide KWHB with the best possible Internet connection (via Telstra's Next G Broadband Internet Service and Satellite Internet) to ensure all of our health centres are never offline and always able to access patient information via Communicare on the Internet.

The AMSnet project has provided KWHB with larger satellites to improve satellite signal reception, and is designed to take the burden of troubleshooting computer issues off health-centre staff. Any issues with connectivity are seen remotely from Sydney, meaning that service should be continual and never interrupted by loss of Internet connection.

This year, we also implemented ThinClient computers in all of our health centres, issuing our remote staff members with a small USB token which gives them secure access to any computer in any clinic across the KWHB region.

To date the project has experienced some issues around connectivity and continuity of service, however we are confident that as communication improves between all parties, and minor bugs in the system are monitored and repaired, the issues will sort themselves out, providing an improved information service for our community members.

Future Directions

New Website: In the coming year, there will be a renewed focus on maintaining our public website to a greater level. This could be an excellent resource for current and prospective staff, and for members of the wider community.

Intranet: Development of the Intranet will continue, and staff training will be provided on the use of the Intranet and its applications.

Electronic Document and Records Management System: There will also be continued investigation into improved information-management systems, especially an electronic document and records management system and email-based faxing. Greater use of electronic systems should assist us greatly in terms of speed, accessibility, storage, manageability and ease of reference to all KWHB documents and records.

Literature Production: There will also be a focus on literature production, in terms of user manuals, IT mapping and support services. This is to assist remote staff members who require education in the complicated IT environment, to ensure less end based system failure through miscommunication.

above and left: Screen shots of the KWHB Intranet.

Staffing

Primary Health Care Staff – Bush staff

LAJAMANU

Trainee Aboriginal Health Worker
Stella Bambra

Community Support Workers
Teresa Matthews
Sabrina Lewis
Jasmine Patrick
Jermaine Nelson
Amanda Dixon

Health Centre Coordinator
Kathleen Desmyth
Remote Area Nurses
Russell Banks
Sandra Joy Christiansen
Tamara Jenkins
Thomas Millen
Andrew Barrow
Andrew Geale
Catherine Goulliart
Deane Martin
Emma Barritt
Erin Toner
Janet Fraser
Jodie Humphries
Lucinda Nesbitt
Meaghan McAllister
Nicole Caton
Richard Moore
Catherine Wilson
Damien Staunton
Kaye Aston
Susan Todd
Phillippa Baldie
Owen Harris

Administration Officers
Rhonda Samuels-Rex
Nickita Kelly

Cleaners
Daphne Rose
Lorraine Robertson
Patsy Herbert

TIMBER CREEK

Trainee Aboriginal Health Worker
Deborah Jones

Administration Officers
Andrea Cameron
Anthea Anthony

Cleaners
Kathryn Morozak-Smith
Rob Moir
Crystella Roberts
Melanie Bohl

AOD Community Support Worker
Joseph Archie

Mothers and Babies Community Support Worker
Judy Marchant

Health Centre Coordinators
Katharine Walker
Jo Oldham-Moir

Mothers and Babies Coordinator
Judy Burke

Remote Area Nurses
Amber Wright
Kylie Joyce
Sam Ramsay
Sinon Cooney
Christine Hopkins
Claire Nixon
Deb Liu
Nicolette Glasson
Rebecca Cooney
Owen Harris

BULLA

Aboriginal Health Workers
Betty Laurie
Rhonda Henry

Cleaner
Mellisa Motlap

KALKARINGI

Senior Aboriginal Health Worker
Diane Hampton

Trainee Aboriginal Health Workers
Kenny Ricky
George King Jnr

General Practitioners
Iain Spiers
David Iser
Sarah Koh

Health Centre Coordinators
Sherrie Novley
Simon Stafford
Annie Godwin

Remote Area Nurses
Larry King
Cynthia Roberts
Joan Tibballs
Marilyn Hake
Patricia Ryan
Marion Smith

Administration Officer
Jenny Johnson

Cleaners
Baydon Clarke
Gabrielle Kingston
Gabrielle Tanami
Kirsten Jimmy

YARRALIN

Aboriginal Health Workers
Brian Pedwell
Noleen Campbell

Trainee Aboriginal Health Worker
Eunice Hector

Health Centre Coordinators
Bruce Roggiero
Gwyn Scott

Remote Area Nurses
Coral Chan
Jayne Kollner

Administration Officer
Widaryati Roggiero

Cleaner
Sally Hector

PIGEON HOLE

Aboriginal Health Worker
Lorraine Johns

Primary Health Care Staff – Travelling Program Coordinators

Child Health Coordinator
Leanne Crough

Environmental Health Officer
Stewart Innes

Punyu Ngape Project Officer
Anna Davidson

Health Promotion Coordinator
Josette O'Donnell

Healthy Young Families Coordinator
Sarah Lord

Maternal Health Project Officer
Anna Frieling

Nutrition/Food Supply
Catherine Roe
Carol Wynne

AOD Coordinator
Kristy Landry

Primary Health Care Staff – Travelling Service Providers

Mobile Team Nurses
Helen Naughtin
Marion Smith
Trevor Meyle
Kathryn Drummond

Dentists
Satera Stefanopoulos
John Wetherall
Ashley Freeman

Dental Nurses
Gayle Greaves
Robyn Barnard

Dental Assistants
Helen Wetherall
Dana Smith

Primary Health Care – Leadership and Operations

Director, Primary Health Care
Andrew Bell

Senior Medical Officers
Frances Poliniak
Louise Harwood

Manager, Primary Health Care
Rebecca Gooley

Clinical Quality Manager
Deborah Steele

Health Leadership Assistants
Lynne Watson
Melita Liddy

Health Operations Administrators/ Health Operations Coordinators
Kate King
Jonathan Polke
Lynn Luttig

Health Programs Administration Support
Patricia Trowbridge
Christine Kop
Robyn Lawton
Carmel Phelan

Primary Health Care Project Manager
Sonia Boyd

Administration Assistant
Tamarah King

Staffing

Governance, Cultural Leadership and Service

Bush staff

GOVERNANCE

CEO
Sean Heffernan

General Manager
Liz Yates

PA/Executive Assistants
Carol Manfong
Tamarah King
Barbara Cummings

COMMUNITY DEVELOPMENT AND CULTURAL SAFETY

Community Development Manager
David Lines

Ngumpin Liaison Officer
Roslyn Frith

AHW Educator Project Officer
Maree Dunn

HUMAN RESOURCES AND RECEPTION

Human Resource Managers
Liz Yates
Kerry Quilkey

Health Centre Staffing Officer
Eric Thomas
Lynette Johns

HR Admin Support
Carol Manfong

HR Database Project Officer
Christine Evans

Receptionists
Debra Ogilvie
Quitaysha Frith
Nikita Lines
Annemarie Walker
Nardine Fergusson

BUSINESS, FINANCE AND ASSETS

Finance Officer
Lisa Kelly

Business Operations Administrator
Janice Hill

Assets Administration Coordinator
Rod Freeman

Drivers/Handymen
Neil Pickett
Robert Fewtrell

POLICY, PLANNING AND INFORMATION

Policy and Planning Coordinator
Ceinwen Grose

Information and Communications Officers
Nigel Burch
Reece O'Brien

Name	Position	Community
Amanda Dixon	Community Liaison Officer	Katherine
Amber Wright	Remote Area Nurse	Timber Creek
Andrea Cameron	Administration Officer	Timber Creek
Andrew Barrow	Remote Area Nurse	Lajamanu
Andrew Bell	Primary Health Care Director	Katherine
Andrew Geale	Remote Area Nurse	Lajamanu
Anna Davidson	Health Promotion Officer	Katherine
Anna Frieling	Maternal Health Project Officer	Katherine
Annemarie Walker	Relief Receptionist	Katherine
Annie Godwin	Health Centre Coordinator	Kalkaringi
Anthea Anthony	Administration Officer	Timber Creek
Ashley Freeman	Dentist	
Barbara Cummings	Executive Assistant to the CEO	Katherine
Baydon Clarke	Cleaner	Kalkaringi
Betty Laurie	AWH	Bulla
Brian Pedwell	AHW	Yarralin
Bruce Roggiero	Health Centre Coordinator	Yarralin
Carmel Phelan	Health Programs Admin Support	Katherine
Carol Manfong	HR Admin Support	Katherine
Carol Wynne	Nutritionist and Food Supply	Katherine
Carolyn Cooper	Remote Area Nurse	Kalkaringi
Catherine Goulliart	Remote Area Nurse	Lajamanu
Catherine Roe	Nutritionist and Food Supply	Katherine
Catherine Wilson	Relief Remote Area Nurse	
Ceinwen Grose	Policy and Planning Coordinator	Katherine
Christine Hopkins	Remote Area Nurse	Timber Creek
Christine Evans	HR Database Project Officer	Katherine

Name	Position	Community
Christine Kopp	Health Programs Admin Support	Katherine
Claire Nixon	Remote Area Nurse	Timber Creek
Coral Chan	Remote Area Nurse	Yarralin
Crystella Roberts	Cleaner	Timber Creek
Cynthia Roberts	Remote Area Nurse	Kalkaringi
Damien Staunton	Relief Remote Area Nurse	
Dana Smith	Dental Assistant	
Daphne Rose	Cleaner	Lajamanu
David Iser	Locum General Practitioner	
David Lines	Community Development Manager	Katherine
Deane Martin	Remote Area Nurse	Lajamanu
Deb Liu	Remote Area Nurse	Timber Creek
Deborah Jones	AHW Trainee	Timber Creek
Deborah Steele	Clinical Quality Manager	Katherine
Debra Ogilvie	Receptionist	Katherine
Diane Hampton	AWH Senior	Kalkaringi
Emma Barritt	Remote Area Nurse	Lajamanu
Eric Thomas	Health Centre Staffing Officer	Katherine
Erin Toner	Remote Area Nurse	Lajamanu
Eunice Hector	AHW Trainee	Yarralin
Frances Poliniak	Senior Medical Officer	
Gabrielle Kingston	Cleaner	Kalkaringi
Gabrielle Tanami	Cleaner	Kalkaringi
Gayle Greaves	Dental Nurse	
George King Jnr	Trainee AHW	Kalkaringi
Graeme Anderson	Remote Area Nurse	Lajamanu
Gwyn Scott	Acting Health Centre Coordinator	Yarralin

Name	Position	Community
Helen Naughtin	Mobile Remote Area Nurse	
Helen Wetherall	Dental Assistant	
Iain Spiers	General Practitioner	Kalkaringi
Janet Fraser	Remote Area Nurse	Lajamanu
Janice Hill	Business Operations Administrator	Katherine
Jasmine Patrick	Community Support Worker	Lajamanu
Jayne Kollner	Remote Area Nurse	Yarralin
Jenny Johnson	Administration Officer	Kalkaringi
Jermaine Nelson	Community Support Worker	Lajamanu
Jo Oldham-Moir	Health Centre Coordinator	Timber Creek
Joan Tibballs	Remote Area Nurse	Kalkaringi
Jodie Humphries	Remote Area Nurse	Lajamanu
John Wetherall	Dentist	
Jonathan Polke	Health Operations Coordinator	Katherine
Joseph Archie	Community Support Worker	Timber Creek
Josette O'Donnell	Health Promotion Officer	Katherine
Judy Burke	Mothers and Babies Coordinator	Timber Creek
Judy Marchant	Community Support Worker	Timber Creek
Karen Bellenger	Remote Area Nurse	Lajamanu
Kate King	Health Operations Coordinator	Katherine
Katharine Walker	Health Centre Coordinator	Timber Creek
Kathleen Desmyth	Health Centre Coordinator	Lajamanu
Kathleen Naughton	Relief Remote Area Nurse	
Kathryn Drummond	Mobile Remote Area Nurse	
Kathryn Morozak-Smith	Cleaner	Timber Creek
Kaye Aston	Relief Remote Area Nurse	
Kenny Ricky	AHW Trainee	Kalkaringi

Staffing

Name	Position	Community
Kerry Cummings	Remote Area Nurse	Yarralin
Kerry Quilkey	Human Resource Manager	Katherine
Kirsten Jimmy	Cleaner	Kalkaringi
Kristy Landry	AOD Coordinator	
Kylie Joyce	Remote Area Nurse	Timber Creek
Larry King	Remote Area Nurse	Kalkaringi
Leanne Crough	Child Health Coordinator	Katherine
Lisa Kelly	Finance Officer	Katherine
Liz Yates	General Manager	Katherine
Lorraine Johns	AHW	Pigeon Hole
Lorraine Robertson	Cleaner	Lajamanu
Lousie Harwood	Senior Medical Officer	Katherine
Lucinda Nesbitt	Remote Area Nurse	Lajamanu
Lynette Johns	Health Centre Staffing Officer	Katherine
Lynette Pearson	Remote Area Nurse	Lajamanu
Lynn Luttig	Health Operations Coordinator	Katherine
Lynne Watson	Health Leadership Assistant	Katherine
Maree Dunn	AHW Educator	
Marie Campbell	Cleaner	Yarralin
Marilyn Hake	Remote Area Nurse	Kalkaringi
Marion Smith	Relief Remote Area Nurse	
Meaghan McAllister	Remote Area Nurse	Lajamanu
Melanie Bohl	Cleaner	Timber Creek
Melita Liddy	Health Leadership Assistant	Katherine
Mellisa Motlap	Cleaner	Bulla
Nardine Fergusson	Receptionist	
Neil Pickett	Handyman and Driver	Katherine

Name	Position	Community
Nickita Kelly	Office Assistant	Lajamanu
Nicole Caton	Remote Area Nurse	Lajamanu
Nicolette Glasson	Remote Area Nurse	Timber Creek
Nigel Burch	Information and Communications Officer	Katherine
Nikita Lines	Relief Administration Assistant	Katherine
Noleen Campbell	AHW	Yarralin
Owen Harris	Locum General Practitioner	
Patricia Ryan	Remote Area Nurse	Kalkaringi
Patricia Trowbridge	Health Programs Admin Support	Katherine
Patsy Herbert	Relief Cleaner	Lajamanu
Phillippa Baldie	Remote Area Nurse	
Quitaysha Frith	Receptionist	Katherine
Rebecca Cooney	Remote Area Nurse	Timber Creek
Rebecca Gooley	Primary Health Care Manager	Katherine
Reece O'Brien	Information and Communications Officer	Katherine
Rhonda Henry	AHW	Bulla
Rhonda Samuels-Rex	Administration Officer	Lajamanu
Richard Moore	Remote Area Nurse	Lajamanu
Rob Moir	Cleaner	Timber Creek
Robert Fewtrell	Handyman and Driver	Katherine
Robyn Barnard	Dental Nurse	
Robyn Lawton	Relief Administration Assistant	Katherine
Rod Freeman	Assets and Fleet Manager	Katherine
Rosaleen Farquarson	Administration Officer	Kalkaringi
Roslyn Frith	Ngumpin Liaison Officer	Katherine
Russell Banks	Remote Area Nurse	Lajamanu

Name	Position	Community
Sabrina Lewis	Community Support Worker	Lajamanu
Sally Hector	Cleaner	Yarralin
Sam Ramsay	Remote Area Nurse	Timber Creek
Sandra Joy Christiansen	Remote Area Nurse	Lajamanu
Sarah Koh	Locum General Practitioner	
Sarah Lord	Healthy Young Families Coordinator	Katherine
Sarah Pratt nee Smith	Remote Area Nurse	Lajamanu
Satera Stefanopoulos	Dentist	
Sean Heffernan	CEO	Katherine
Sherrie Novley	Health Centre Coordinator	Kalkaringi
Simon Stafford	Health Centre Coordinator	Kalkaringi
Sinon Cooney	Remote Area Nurse	Timber Creek
Sonia Boyd	Primary Health Care Project Manager	Katherine
Stella Bambra	AHW Trainee	Lajamanu
Stewart Innes	Environmental Health Officer	Katherine
Susan Todd	Relief Remote Area Nurse	
Tamara Jenkins	Remote Area Nurse	Lajamanu
Tamarah King	Relief Administration Assistant	Katherine
Teresa Matthews	Community Support Worker	
Thomas Millen	Remote Area Nurse	Lajamanu
Trevor Meyle	Mobile Remote Area Nurse	
Widaryati Roggiero	Administration Officer	Yarralin

Financials

merit partners
CHARTERED ACCOUNTANTS

Tel 61 8 8982 1666
Fax 61 8 8982 1600

Level 2
9-11 Cavenagh Street
Darwin NT 0800

GPO Box 3470
Darwin NT 0801

www.meritpartners.com.au

Auditor's Independence Declaration to the Directors of Katherine West Health Board Aboriginal Corporation

In relation to our audit of the financial report of Katherine West Health Board Aboriginal Corporation for the financial year ended 30 June 2009, to the best of my knowledge and belief, there have been no contraventions of the auditor independence requirements of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 or any applicable code of professional conduct.

Merit Partners

Matthew Kennon
Director

DARWIN
Date: 3/11/2009

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ABN 16 107 266 883
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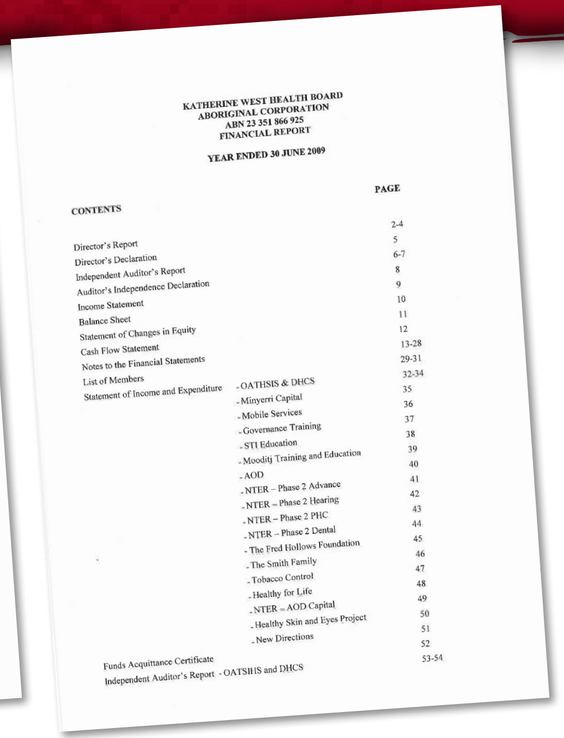

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION ABN 23 351 866 925 FINANCIAL REPORT

YEAR ENDED 30 JUNE 2009

CONTENTS

Financials

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

DIRECTORS' REPORT

Your directors present this report on Katherine West Health Board Aboriginal Corporation for the financial year ended 30 June 2009.

Directors

The names of the directors throughout the year and at the date of this report are:

Name	Community	Qualifications / Experience	Name	Community	Qualifications / Experience
Jack Little	Bulla	*g	Veronica Leering (proxy)	Mialuni	*
Charlie Newry	Timber Creek	*	Sheila Hector	Pigeon Hole	*
Justin Paddy	Kalkarindji	*	Judith Donald (proxy)	Kalkarindji	*
Riley Young	Yarralin	*	Sandra Campbell (Resigned 12 May 2009)	Yarralin	*
Largut Smiler (proxy)	Gilwi	*	Claude Lewis (Resigned 23 June 2009)	Lajamanu	*
Peter Anzac (proxy) (Resigned 12 August 2009)	Pigeon Hole	*	Phillip Jimmy (proxy)	Kalkarindji	*
Joseph Cox	Doolum	*	Nina Hector (proxy)	Timber Creek	*
Sonny Victor	Bulla	*	Rosie Saddler	Amanbigdi	*
Brian Darby (proxy)	Yarralin	*	Josie Jones (Resigned 15 October 2008)	Myatt	*
Estelle Long (resigned 15 October 2008) (proxy thereafter)	Bulla	*	Jeremy Frith (Resigned 9 September 2009)	Kalkarindji	*
Clara Paddy (Appointed 15 October 2008, previously proxy)	Gilwi	*	Nellie Barbara (Resigned 15 October 2008)	Bulla	*
Robert George (proxy)	Lajamanu	*	Willie Johnson	Lajamanu	*
Geoffery Barnes (proxy)	Lajamanu	*	John Shaw (Resigned 15 October 2008)	Timber Creek	*
Norbert Patrick	Lajamanu	*	Steven Lewis (Resigned 15 October 2008)	Timber Creek	*
Tracie Patrick (proxy)	Lajamanu	*	Peter Chabb (Resigned 15 October 2008)	Yarralin	*

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

DIRECTORS' REPORT – Contd.

Joyce Herbert	Lajamanu	*	Jonathon Mick (Resigned 15 October 2008)	Kalkarindji	*
Laura Doolan	Lajamanu	*	Doris Lewis (Resigned 15 October (proxy 2008) thereafter)	Lajamanu	*
Steven Jones	Timber Creek	*	Sabrina Lewis (Resigned 23 June 2009)	Lajamanu	*
Alicia King (Appointed 12 May 2009, previously proxy)	Yarralin	*	Roslyn Frith (Resigned 12 May 2009, Re-appointed 6 October 2009)	Kalkarindji	*

* Community Member
\# Honorary Member

Secretary

The following persons held the position of the Corporation's secretary at the end of the financial year:
Sandra Campbell - 1 July 2008 to 12 May 2009
Jeremy Frith - 12 May 2009 to 9 September 2009
Steven Jones - from 9 September 2009

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' state of affairs occurred during the financial year.

Operating Result

The surplus of the corporation amounted to $72,558.

Distribution to Members

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

Review of Operations

Health programs that were yet to commence or partially commenced in the prior year were completed this financial year. This can be attributed to the decline in the surplus when compared to the prior year.

After Balance Date Events

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.

Future Developments

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

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

DIRECTORS' REPORT – Contd.

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

Name	No. of Meetings	Name	No. of Meetings
Joseph Cox	7	Jeremy Frith	3
Jack Little	7	Riley Young	5
Charlie Newry	6	Justin Paddy	4
Brian Darby – Proxy	1	Largut Smiler – Proxy	2
Peter Anzac – Proxy	3	Sonny Victor	3
Estelle Long – Proxy	1	Nina Hector – Proxy	1
Robert George – Proxy	2	Geoffery Barnes – Proxy	3
Norbert Patrick	2	Tracie Patrick – Proxy	2
Joyce Herbert	3	Laura Doolan	3
Steven Jones	3	Alicia King – Proxy	3*
Sandra Campbell	1	Rosie Saddler	2
Sabrina Lewis	3	Veronica Leering – Proxy	2
Sheila Hector	7	Judith Donald - Proxy	2
Clara Paddy – Proxy	3	Claude Lewis	0
Willie Johnson	4	Roslyn Frith	2
Phillip Jimmy – Proxy	1	John Shaw	0
Nellie Barbara – Proxy	0	Josie Jones	0
Doris Lewis	1	Rosemary Johnson	1

* 1 meeting as proxy, 1 meeting as Board member

Indemnifying Officers of the Corporation

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the corporation.

Proceedings on Behalf of the Corporation

No person has applied for leave of Court to bring proceedings on behalf of the corporation or 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.

Auditors 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
Dated this 3 day of November 2009

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 28, are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and regulations:

(a) comply with Australian Accounting Standards; and
(b) give a true and fair view of the financial position as at 30 June 2009 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 November 2009.

Director

Dated this 3 day of November 2009

Financials

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2009

	2009 $	2008 $
Revenue and other income	10,933,606	11,036,144
Employee benefits expenses	6,431,240	5,493,816
Depreciation	415,396	383,623
Motor vehicle expenses	302,951	270,369
Travel and accommodation	701,624	700,541
Other expenses	3,009,837	2,737,248
CHANGE IN NET ASSETS RESULTING FROM OPERATIONS	72,558	1,450,547

The accompanying notes form part of these financial statements

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

BALANCE SHEET
AS AT 30 JUNE 2009

	Notes	2009 $	2008 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	4,069,824	4,948,850
Trade and other receivables	6	164,346	118,967
Other current assets	7	122,370	160,314
TOTAL CURRENT ASSETS		4,356,540	5,228,131
NON-CURRENT ASSETS			
Property, plant and equipment	8	1,883,457	805,708
TOTAL NON-CURRENT ASSETS		1,883,457	805,708
TOTAL ASSETS		6,239,997	6,033,839
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	1,393,403	1,396,398
Provisions	10	370,348	363,220
TOTAL CURRENT LIABILITIES		1,763,751	1,759,618
NON CURRENT LIABILITIES			
Provisions	11	129,467	0
		129,467	0
TOTAL CURRENT LIABILITIES		1,893,218	1,759,618
TOTAL LIABILITIES		4,346,779	4,274,221
NET ASSETS			
ACCUMULATED FUNDS			
Accumulated funds		4,346,779	4,274,221
TOTAL ACCUMULATED FUNDS		4,346,779	4,274,221

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 2009

	Accumulated Surplus $	Total $
ACCUMULATED FUNDS		
Original balance at 1 July 2007	2,,068,371	2,068,371
Effect of adoption of AASB1	755,303	755,303
Revised balance at 1 July 2007	2,823,674	2,823,674
Change in net assets resulting from operations	1,450,547	1,450,547
Balance at 30 June 2008	4,274,221	4,274,221
Change in net assets resulting from operations	72,558	72,558
Balance 30 June 2009	4,346,779	4,346,779

The accompanying notes form part of these financial statements

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

CASH FLOW STATEMENT
FOR THE YEAR ENDED 30 JUNE 2009

	Notes	2009 $	2008 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		944,044	1,210,781
Grants received		9,673,900	10,026,626
Payments to suppliers and employees		(10,308,410)	(9,342,273)
Interest received		199,725	193,707
NET CASH FLOWS FROM OPERATING ACTIVITIES	12(b)	509,259	2,088,841
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition of property, plant and equipment		(1,510,284)	(194,635)
Proceeds on sale of plant and equipment		121,999	0
NET CASH FLOWS USED IN INVESTING ACTIVITIES		(1,388,285)	(194,635)
NET INCREASE/(DECREASE)IN CASH HELD		(879,026)	1,894,206
Cash at the beginning of the financial year		4,948,850	3,054,644
Cash at the end of the financial year	12(a)	4,069,824	4,948,850

The accompanying notes form part of these financial statements

Financials

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This financial report covers Katherine West Health Board Aboriginal Corporation as an individual entity. Katherine West Health Board Aboriginal Corporation is a corporation incorporated in the Northern Territory under the Corporations (Aboriginal and Torres Strait Islander) Act (CATSI Act).

Basis of Preparation

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations and the CATSI Act.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in a financial report containing relevant reliable information about transactions, events and conditions to which they apply. Material accounting policies adopted in the preparation of this financial report are presented below and have been consistently applied unless otherwise stated.

The financial report has been prepared on an accruals basis and is based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

First time adoption of Australian Equivalents to International Financial Reporting Standards (AASB 1)

The corporation has prepared these financial statements where all relevant accounting standard disclosures are in accordance with Australian Equivalents to International Financial Reporting Standards (AEIFRS) effective from 1 July 2008.

In accordance with the requirements of AASB 1, any adjustments to the accounts resulting from the introduction of AEIFRS have been applied retrospectively to the 2008 comparative figures. These financial statements are the first financial statements of the corporation to be prepared in accordance AEIFRS. The accounting policies below have been consistently applied to all years presented. There are no differences between the audited financial statements under the previous Australian Accounting Standards to that under AEIFRS for the year ended 30 June 2008, other than the reclassification of the annual leave accrual, unexpended grant treatment and long service leave. The adjustments have lead to an increase in retained earnings at 1 July 2007 of $755,303 and an increase in the operating surplus for the year ended 30 June 2008 of $1,359,944.

Property, plant and equipment

Property, plant and equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of plant and equipment is reviewed annually to ensure it is not in excess of the recoverable amounts of these assets.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the income statement. When revalued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained earnings.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES - contd

Depreciation
The depreciable amount of all property, plant and equipment are depreciated on a straight-line basis over the asset's useful lives commencing from the time the assets are held ready to use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

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

Class of Non- Current Asset	*Depreciation Rate*
Furniture and equipment	20%
Computer and software	20%
Motor Vehicles	33.33%
Buildings	5%

The asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Leases
Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses over the lease term.

Employee Entitlements
Provision is made for the corporation's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits, where such benefits are material.

Short Term and Long Term Provisions
Provisions are recognised when the corporation has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefit will result and that the outflow can be measured reliably. Provisions are measured at the best estimate of the amounts to settle the obligation at reporting date.

Other Income
Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed.

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

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

All non-reciprocal recurrent and capital grants received from the government are brought to account through the income statement when received.

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

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES - contd

Goods and Services Tax (GST)
Revenues, expenses and assets are recognised net of the amount of GST. Receivables and payables in the balance sheet are shown inclusive of GST. Cash flows are presented in the cash flow statement on a net basis.

Financial Instruments

Initial recognition and measurement
Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the corporation commits itself to either purchase or sell the asset.

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

Classification and subsequent measurement
Finance instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method or cost. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties.

(i) Financial assets at fair value through profit or loss
This is not significant or relevant to the corporation.

(ii) Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

(iii) Held-to maturity investments
The corporation is not involved in complex investments other than term deposits.

(iv) Available-for-sale financial assets
The corporation is not involved with available-for-sale assets.

Impairment
At each reporting date, the corporation assesses whether there is objective evidence that a financial instrument has been impaired. Impairment losses are recognised in the income statement.

Derecogation
Financial assets are derecognised where the contractual right to receipt of cash flows expires or the asset is transferred to another party where the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expire. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in the profit or loss.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES - contd

Impairment of Assets
At each reporting date, the corporation reviews the carrying values of its assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value-in-use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

Where it is not possible to estimate the recoverable amount of an individual asset, the corporation estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Taxation
The corporation is recognised as a public benevolent institution and is therefore recognised as being exempt from paying income tax. The corporation is also a deductible gift recipient.

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

Cash and Cash Equivalents
Cash and cash equivalents in the balance sheet comprise of cash at bank, cash on hand and short term deposit with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value. Where bank accounts are overdrawn, balances are shown in current liabilities on the balance sheet.

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

Key Estimates
Impairment
The corporation assesses impairment at each reporting date by the evaluation of conditions and events specific to the corporation that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

Key Judgements
The corporation evaluates key estimates and key judgements incorporated into the financial report based on historical knowledge and best available current information. Estimates and judgements assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and internally.

New Accounting Standards for Application in Future Periods
The AASB has issued new, revised and amended Standards and Interpretations that have mandatory application dates for future reporting periods and which the corporation has decided not to apply.

The corporation does not anticipate early adoption of any new accounting standards reporting requirements and the corporation does not expect them to have any material effect on its financial statements.

Financials

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2009

	2009 $	2008 $
NOTE 2. REVENUE AND OTHER INCOME		
Grants	5,223,684	4,311,259
Dept. of Health and Ageing - Operational	0	129,095
- PIRS	35,000	117,000
- Capital	0	1,681,182
- NTER	3,312,162	3,092,905
Department of Health and Community Services	414,826	439,479
Health Strategies	80,000	0
Fahcsia	463,910	0
Dept. of Local Government & Housing	1,818	4,545
The Rural Womens GP	62,500	0
Christian Blind Mission	80,000	80,000
General Practice & Primary Care	10,044	3,000
NT General Practice Education	89,500	110,000
The Smith Family	121,636	60,000
Fred Hollows Foundation	141,167	0
AMSANT	0	1,320
HIC – Health Commission	33,964	0
Insurance recoveries	199,725	193,707
Interest	178,563	246,522
Administration Fee	379,415	563,823
Bulk Billing	788	1,905
Rent	104,860	0
Profit on the sale of assets	44	42
Book commission	0	360
Registration		
TOTAL REVENUE	10,933,606	11,036,144
NOTE 3. EXPENDITURE		
Employee benefits expenses	5,535,763	4,688,706
Wages and salaries	458,915	414,669
Superannuation	74,274	79,457
FBT	34,435	25,209
Professional development	265,460	226,641
Recruitment and relocation	7,109	10,150
Recreation leave and fares	53,910	38,940
FOIL	1,374	10,104
Other	6,431,240	5,493,816
Number of employees	84	76

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2009

	2009 $	2008 $
NOTE 3. EXPENDITURE- Contd.		
Motor vehicle expenses	146,142	125,160
Fuel and oil	0	12,850
Leasing costs	78,480	104,852
Repairs and maintenance	17,482	16,269
Registration	60,847	11,238
Hire	302,951	270,369
Travel	501,238	503,890
Travel and accommodation – staff	169,820	154,881
Travel and accommodation – board	1,097	6,393
Travel and accommodation – patients	29,469	35,377
Travel and accommodation – specialists	701,624	700,541
Other expenses	49,163	45,438
Accounting fees	2,145	3,137
Advertising	168,723	235,230
Admin Fee	11,767	11,792
Annual Report	16,018	12,323
Audit fees	2,940	3,449
Bank charges	28,889	31,071
Cleaning	232,612	261,853
Consultants	57,175	76,342
Communications	14,830	2,381
Consumables	0	1,005
Donation	134,313	109,673
Electricity, water and sewerage	45,746	48,588
Freight	895	0
Fines	5,839	7,001
Ground maintenance	15,691	33,373
Hire of equipment	239,542	83,277
Insurance	133,143	114,838
IT Hosting / support	5,000	8,199
IT Computer equipment	2,883	4,059
Postage	6,399	0
Penalty interest	22,447	16,425
Professional Indemnity Insurance	2,358	3,273
Library	7,011	34,515
Legal expenses	0	1,840
Loss on sale of assets	21,713	16,848
Meeting costs	1,622	4,856
Rates	389,782	365,076
Rent	67,752	1,171
Resource Development	4,483	2,540
Subscriptions and membership		

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2009

	2009 $	2008 $
NOTE 3. EXPENDITURE- contd.		
Telephone and facsimile	163,776	131,766
Training	12,612	32,862
Uniforms	10,765	2,281
Security	2,752	4,618
Repairs and Maintenance- Plant & Equipment	14,255	38,211
- Computer/office equip	2,644	26,320
- Furniture & Fittings	33,716	37,886
- Buildings	37,954	42,524
- Medical equipment	3,056	0
Supplies	93,581	129,705
Pharmacy	199,981	163,795
Medical and dental supplies	166,221	0
RAHC	47,764	42,661
Office supplies	0	100,696
Workers compensation	3,642	2,000
Doubtful debts expense	0	657
Bad debts	0	(1,456)
Writeback stale cheques	60,219	23,185
Repay unspent grant	274,813	153,736
Health and Other Program	2,782	4,170
Doctors Locum	248,423	262,058
Health Promotions	3,009,837	2,737,248
THS services purchased		
NOTE 4. AUDITORS REMUNERATION		
Remuneration of the auditors of the corporation for	11,000	10,000
- Auditing or reviewing the financial report		
NOTE 5. CASH AND CASH EQUIVALENTS	782,501	3,631,394
Operating account	813,345	421,083
Medicare Bulk Bill	2,473,478	895,873
TIO Investment Account	500	500
Cash on hand	4,069,824	4,948,850

The effective interest rate on the TIO Investment account was 3.99% as at 30 June 2009 (30 June 2008: 7.97%) the investment has no specified term of maturity.

Reconciliation of cash

Cash at the end of the financial year as shown in the cash flow statement is reconciled to items in the balance sheet as follows:

Cash and cash equivalents	4,069,824	4,948,850

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2009

	2009 $	2008 $
NOTE 6. TRADE AND OTHER RECEIVABLES		
CURRENT		
Trade Debtors	169,988	120,967
Less Provision for doubtful debts	(5,642)	(2,000)
	164,346	118,967

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 dure 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.

past due but not impaired

2009	Gross Amount	Past due & Impaired	<30	31-60	61-90	>90	Within initial trade terms
	$	$	$	$	$	$	$
Other receivables	169,988	5,642	23,478	6,036	0	134,832	

past due but not impaired

2008	Gross Amount	Past due & Impaired	<30	31-60	61-90	>90	Within initial trade terms
	$	$	$	$	$	$	$
Other receivables	120,967	2,000	81,916	250	0	36,801	

Financials

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

	2009 $	2008 $
NOTE 6. TRADE AND OTHER RECEIVABLES - contd		
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.		
Financial assets classified as loans and receivables		
Trade and other receivables	164,346	118,967
No collateral has been pledged for any of the trade and receivable balances.		
NOTE 7. OTHER CURRENT ASSETS		
GST paid	122,370	160,314
NOTE 8. PROPERTY, PLANT AND EQUIPMENT		
Furniture and equipment – at cost	953,095	818,203
Accumulated depreciation	(718,481)	(643,483)
	234,614	174,720
Land – at valuation	8,000	8,000
Accumulated depreciation	(0)	(0)
	8,000	8,000
Building – at cost	1,084,405	244,765
Accumulated depreciation	(126,753)	(96,884)
	957,652	147,881
Computers and software – at cost	611,783	532,362
Accumulated depreciation	(456,528)	(379,694)
	155,255	152,668
Motor vehicles – at cost	1,196,418	1,282,867
Accumulated depreciation	(668,482)	(960,428)
	527,936	322,439
	1,883,457	805,708

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

NOTE 8. PROPERTY, PLANT AND EQUIPMENT – contd.

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

	Furnt. / Equip $	Land At Cost $	Building At Cost. $	Computer/ Software $	Motor Vehicles $	Total $
Balance 1 July 2007	241,949	8,000	160,119	182,741	403,727	996,536
Additions	39,929		0	47,698	107,008	194,635
Disposals/ Writeback	0	0	0	(1,840)	0	(1,840)
Depn. Expense	(107,158)	0	(12,238)	(75,931)	(188,296)	(383,623)
Balance at the beginning of year	174,720	8,000	147,881	152,668	322,439	805,708
Additions	134,892	0	839,640	79,421	456,331	1,510,284
Disposals/ Writeback	0	0	0	0	(17,139)	(17,139)
Depn. Expense	(74,998)	0	(29,869)	(76,834)	(233,695)	(415,396)
Carrying amount at the end of the year	234,614	8,000	957,652	155,255	527,936	1,883,457

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

	2009 $	2008 $
NOTE 9. TRADE AND OTHER PAYABLES		
Trade creditors	622,353	723,312
Accruals	408,508	123,077
GST Collected	362,542	550,009
	1,393,403	1,396,398
(a) Financial liabilities at amortised cost classified as trade and other payables		
Trade and other payables	1,393,403	1,396,398
- Total current	0	0
- Total non-currcnt	1,393,403	1,396,398
	362,542	550,009
Less taxation liabilities		
Financial liabilities as trade and other payables	1,030,861	846,389

Trade creditors and other payables represent liabilities for goods and services provided to the corporation prior to the end of the financial year that are unpaid. These amounts are usually settled in 30 days. The notional amount of the creditors and payables is deemed to reflect fair value.

NOTE 10. PROVISIONS

Current		
Long Service	23,532	55,444
Annual Leave	346,816	307,776
	370,348	363,220

NOTE 11. PROVISIONS

Non Current		
Long Service Leave	129,467	0

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

	2009 $	2008 $
NOTE 12. CASH FLOW INFORMATION		
a) Reconciliation of cash		
Cash balance comprises:		
- Cash (Note 5)	4,069,824	4,948,850
b) Reconciliation of operating surplus to the net cash flows used in operating activities		
Operating surplus	72,558	1,450,547
Depreciation	415,396	383,623
Profit on disposal of assets	(104,860)	1,840
Change in assets and liabilities		
Trade receivables	(45,379)	(48,291)
Other	37,944	(55,587)
Creditors and accruals	(2,995)	426,107
Provision for employee entitlements	136,595	(69,398)
Net Cash Flows from operating activities	509,259	2,088,841

c) The Association has no credit or stand - by or financing facilities in place.

d) There were no non-cash financing or investing activities during the period.

NOTE 13. FINANCIAL RISK MANAGEMENT

The corporations financial instruments consist mainly of deposits with banks, short term investments, accounts receivables and payables.

The total for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows.

	2009 $	2008 $
Financial Assets		
Cash and cash equivalents	4,069,824	4,948,850
Trade and other receivables	164,346	118,967
	4,234,170	5,067,817
Financial Liabilities		
Trade and other payables	1,030,861	846,389
	1,031,861	846,389

Financials

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

NOTE 13. FINANCIAL RISK MANAGEMENT – contd.

Financial Risk Management Policies
The corporations directors are responsible for, among other issues, monitoring and managing financial risk exposures of the corporation. The directors monitor the corporations transactions and reviews the effectiveness of controls relating to credit risk, financial risk and interest rate risk. Discussions on monitoring and managing financial risk exposures are held quarterly and are minuted.

The corporations directors overall risk management strategy seeks to ensure that the corporation meets its financial targets, whilst minimising potential adverse effects of cash flow shortfalls.

Specific Financial Risk Exposures and Management
The main risk the corporation is exposed to through its financial instruments are interest rate and liquidity risk.

Interest Rate Risk
The corporation is not exposed to material interest rate risk.

Liquidity Risk
Liquidity risk arises from the possibility that the corporation might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. The corporation manages this risk through the following mechanisms.

- preparing forward looking reports in relation to its operational, investing and financing activities
- only investing surplus cash with major financial institutions; and
- proactively monitoring the recovery of unpaid trade and other receivables.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

NOTE 13. FINANCIAL RISK MANAGEMENT – contd.

The table below reflects an undiscounted contractual maturity analysis for financial liabilities.

Cash flows from financial assets reflect management's expectation as to the timing of realisation. Actual timing may therefore differ from that disclosed.

	Within 2009 $	1 Year 2008 $	1 to 5 2009 $	5 Years 2008 $	Over 5 2009 $	Years 2008 $	Total 2009 $	2008 $
Financial Liabilities due for payment								
Trade & other payables	1,030,861	846,389	0	0	0	0	1,030,861	846,389
Total contractual outflows	1,030,861	846,389	0	0	0	0	1,030,861	846,389
Financial Assets – cash flows realisable								
Cash & cash equivalents	4,069,824	4,948,850	0	0	0	0	4,069,824	4,948,850
Trade and other receivables	164,346	118,967	0	0	0	0	164,346	118,967
Total anticipated cash in flows	4,234,170	5,067,817	0	0	0	0	4,234,170	5,067,817

Financial assets pledged as collateral
No financial assets have been pledged as security for any financial liability.

Foreign exchange risk
The corporation is not exposed to fluctuations in foreign currencies.

Credit Risk
The corporations exposure to credit risk by class of recognised financial assets at balance date is equivalent to the carrying value and classification of those financial assets (net of any provisions)

Refer to Note 6 for credit risk disclosures.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

NOTE 13. FINANCIAL RISK MANAGEMENT – contd.

Net Fair Values
Due to their short term nature the net fair values of financial assets and financial liabilities are approximated by their net carrying values as presented in the balance sheet and the accompanying notes forming part of these financial statements.

NOTE 14. CORPORATIONS DETAILS

The principal place of business is Unit 10, River Bank Office Village, Katherine, NT 0850.

NOTE 15. SEGMENT INFORMATION

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

NOTE 16. LAND AND BUILDINGS

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

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

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

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

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

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

NOTE 17. LEASING COMMITMENTS

	2009 $	2008 $
Operating Lease commitments:		
Non cancellable operating leases contracted for:		
Being for rental of motor vehicles, office, housing		
Payable:		
- not later than 12 months	180,828	193,141
- between 12 months and 5 years	159,490	153,598
- greater than 5 years	167,940	142,507

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

NOTE 18. EVENTS AFTER BALANCE SHEET DATE
There were no events after balance sheet date.

NOTE 19. CONTINGENT LIABILITIES AND CONTINGENT ASSETS
There were no contingent liabilities or assets at 30 June 2009.

NOTE 20. RELATED PARTY DISCLOSURES

During the year ended 30 June 2009, the Corporation paid directors fees and travel allowances to its board of directors who attended meetings for and behalf of the corporation.

	2009 $	2008 $
Directors Fees	7,696	8,745
Travel Allowances	169,820	154,881
	177,516	163,626
Key Management Personnel Compensation		
Short Term Benefits	411,300	372,803
	0	6,753
Other Long Term Benefits	411,300	379,556
Total		

Financials

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
OATSIHS & DHCS
INCOME AND EXPENDITURE STATEMENT
YEAR ENDED 30 JUNE 2009

	2009 $
OPERATING REVENUE	
Grants	
Dept. of Health and Ageing - Operational	5,223,684
-PIRS	0
- Capital	35,000
Department of Health and Community Services	3,312,162
Bulk Billing	0
AMSANT	141,167
Proceeds from the sale of assets	39,224
KWHB Contribution	725,000
Unexpended grants B/F	1,959,983
Unexpended grants C/F	
- Healthy for life	0
- Cultural orientation	0
- Intranet CQI	0
- Tobacco control	0
- Capital -Pigeon Hole	0
- Yarralin	0
- Kalkaringi	0
- Lajamanu	0
TOTAL OPERATING REVENUE	11,436,220
OPERATING EXPENDITURE	
General operating costs	49,163
Accounting fees	107,907
Admin fee	2,145
Advertising	11,767
Annual Report	16,018
Audit fees	2,901
Bank charges	28,889
Cleaning	57,175
Communications	231,772
Consultants	14,830
Consumables	0
Donation	134,313
Electricity	45,746
Freight	5,839
Ground maintenance	15,691
Hire of equipment	239,542
Insurance	133,143
IT Hosting	5,000
IT Medisys	0
IT Computer equipment	2,883
Postage	

(The statement of income and expenditure has been prepared net of goods and services tax)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

OATSIHS & DHCS
INCOME AND EXPENDITURE STATEMENT (Contd)
YEAR ENDED 30 JUNE 2009

	2009 $
OPERATING EXPENDITURE (Contd)	
Professional Indemnity Insurance	22,447
Professional development	32,716
Legal expenses	5,900
Library	2,358
Meeting costs	17,216
Rates	1,248
Recruitment and relocation	249,579
Rent – office	146,221
Rent - storage	3,724
Rent – Housing	239,836
Resource development	888
Subscriptions and membership	4,483
Telephone and facsimile	163,776
Training	12,566
Uniforms	10,766
Security	2,752
	2,021,200
Motor vehicle expense	138,009
Fuel and oil	63,153
Repairs and maintenance	0
Lease repayments	14,907
Registration	60,848
Hire	276,917
Repairs and maintenance	0
Property maintenance	14,255
Repairs and Maintenance- Plant & Equipment	0
- Computer Equipment	33,718
- Furniture & Fittings	3,055
- Medical equipment	2,644
- Office equipment	29,757
- Buildings	83,429
Supplies	93,581
Pharmacy	191,924
Medical and dental supplies	47,764
Office supplies	333,269

(The statement of income and expenditure has been prepared net of goods and services tax)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
OATSIHS & DHCS
INCOME AND EXPENDITURE STATEMENT (Contd)
YEAR ENDED 30 JUNE 2009

	2009 $
OPERATING EXPENDITURE (Contd)	
Staff salaries, wages and related costs	4,866,382
Wages and salaries	375,769
Overtime	432,300
Superannuation	74,274
FBT	7,109
Recreation leave and fares	53,910
FOIL	1,374
Other	0
Workers compensation	5,811,118
Other	0
Writeback state cheques	3,642
Provision for doubtful debts	3,642
Travel	456,967
Travel and accommodation – staff	169,821
Travel and accommodation – board	1,097
Travel and accommodation – patients	29,469
Travel and accommodation – specialists	657,354
Health and Other Programs	274,813
SIIP	61,038
Doctors Locum	2,782
THS services purchased	106,222
Health Promotions	
RAHC	444,855
TOTAL OPERATING EXPENDITURE	9,631,784
CAPITAL PURCHASES	223,906
Motor Vehicles	79,421
Computers	124,629
Furniture & Fittings	416,481
Buildings	844,437
TOTAL CAPITAL PURCHASES	959,999
SURPLUS FOR THE YEAR	

(The statement of income and expenditure has been prepared net of goods and services tax)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

MINYERRI CAPITAL
YEAR ENDED 30 JUNE 2009

	2009 Actual $	2009 Budget $
INCOME	5,940	5,940
Carried forward 2008	5,940	5,940
EXPENDITURE	0	5,940
Repay unexpended grant	0	5,940
	5,940	0
Surplus carried forward		

(The statement of income and expenditure has been prepared net of goods and services tax.)

Financials

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE
MOBILE SERVICES
YEAR ENDED 30 JUNE 2009

	2009 Actual $	2009 Budget $
INCOME		
Health Strategies	414,826	412,568
2008 surplus brought forward	44,526	44,526
	459,352	457,352
EXPENDITURE		
Admin fee	8,250	11,000
Medical / Dental supplies	8,057	12,000
Services purchased	187,385	187,385
Travel and accommodation - staff	23,629	20,409
Superannuation	16,106	15,300
Wages and salaries	179,018	170,000
Professional development	0	5,000
Staff relocation	0	3,000
Staff recruitment	12,245	5,000
Motor Vehicle -Fuel/oil	7,448	5,000
Motor Vehicle - Repairs & maintenance	15,326	25,000
	457,464	457,352
Surplus carried forward	1,888	0

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE
GOVERNANCE TRAINING
YEAR ENDED 30 JUNE 2009

	2009 Actual $	2009 Budget $
INCOME		
Unexpended grant brought forward	18,491	18,491
	18,491	18,491
EXPENDITURE		
Consultants	16,869	18,491
	16,869	18,491
Surplus carried forward	1,622	0

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE
STI EDUCATION
YEAR ENDED 30 JUNE 2009

	2009 Actual $	2009 Budget $
INCOME		
Unexpended grant brought forward	6,127	6,127
	6,127	6,127
EXPENDITURE		
Repay unspent grant	0	6,127
	0	6,127
Surplus carried forward	6,127	0

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE
MOODITJ TRAINING AND EDUCATION
YEAR ENDED 30 JUNE 2009

	2009 Actual $	2009 Budget $
INCOME		
Unexpended grant brought forward	47,604	47,604
	47,604	47,604
EXPENDITURE		
Consultants	19,525	20,000
Travel and Accommodation – Staff	0	7,604
Travel and Accommodation – Other	0	20,000
	19,525	47,604
Surplus carried forward	28,079	0

(The statement of income and expenditure has been prepared net of goods and services tax.)

Financials

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

AOD

YEAR ENDED 30 JUNE 2009

	2009 Actual $	2009 Budget $
INCOME		
Dept. of Health and Ageing	288,000	288,000
Unexpended grant brought forward	40,270	40,270
	328,270	328,270
EXPENDITURE		
Admin Fee	43,500	58,000
Consultants	9,839	30,000
Wages and Salaries	59,830	182,000
Staff Training	4,568	10,000
Superannuation	4,997	19,500
Staff relocation	0	0
Motor vehicle hire	2,727	7,770
Motor vehicle – Fuel	2,653	5,000
Professional development	710	5,000
Travel and accommodation – Staff	1,400	11,000
	3,824	
	134,048	328,270
Surplus carried forward	194,222	0

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

NTER – PHASE 2 ADVANCE

YEAR ENDED 30 JUNE 2009

	2009 Actual $	2009 Budget $
INCOME		
Unexpended grant brought forward	601,736	601,736
	601,736	601,736
EXPENDITURE		
Hire of equipment	0	20,000
Consultants	12,051	0
Consumables	785	0
Freight	242	0
Health Promotions	541	0
Insurance	2,802	0
IT – Computer equip	14,972	0
Medical & dental supplies	289	0
Meeting costs	239	0
Office supplies	533	0
Resource development	680	0
Professional development	3,936	0
Services purchased	1,150	0
Telephone	325	0
Uniforms	614	0
Capital – Furniture	10,197	0
- medical equip	10,000	0
	6,990	0
	8,970	
Wages	0	30,000
FOIL	0	450,000
Pharmaceuticals	9,527	5,000
Capital – Buildings	8,623	15,000
Staff relocation	9,730	10,000
Staff recruitment	680	0
Motor vehicle – fuel	56,474	40,000
Motor vehicle – R&M	38,289	31,736
Motor vehicle – hire	1,168	0
Travel and accommodation – staff	676	0
Repairs & maint – buildings	416,480	0
Repairs & maint – Plant & Equip.		
Capital Buildings	616,963	601,736
	(15,227)	0
(Deficit)		

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

NTER – PHASE 2 HEARING

YEAR ENDED 30 JUNE 2009

	2009 Actual $	2009 Budget $
INCOME		
Unexpended grant brought forward	36,373	36,373
	36,373	36,373
EXPENDITURE		
Wages and Salaries	28,655	32,373
Superannuation	2,833	4,000
	31,488	36,373
Surplus	4,885	0

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

NTER – PHASE 2 PHC

YEAR ENDED 30 JUNE 2009

	2009 Actual $	2009 Budget $
INCOME		
Unexpended grant brought forward	647,745	647,745
	647,745	647,745
EXPENDITURE		
Wages and salaries	387,449	595,000
Capital – Computers & software	25,429	0
Superannuation	33,190	52,745
	446,068	647,745
Surplus carried forward	201,677	0

(The statement of income and expenditure has been prepared net of goods and services tax.)

Financials

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

NTER – PHASE 2 DENTAL

YEAR ENDED 30 JUNE 2009

	2009 Actual $	2009 Budget $
INCOME		
Dept. of Health and Ageing	169,055	169,055
	169,055	169,055
EXPENDITURE		
Wages and Salaries	27,218	82,463
Superannuation	2,590	12,227
Travel and accommodation other	7,119	46,540
Medical and dental supplies	13,306	0
Motor vehicle hire	0	16,052
	50,233	169,055
Surplus carried forward	118,822	0

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

THE FRED HOLLOWS FOUNDATION

YEAR ENDED 30 JUNE 2009

	2009 Actual $	2009 Budget $
INCOME		
Unexpended grant brought forward	9,378	9,378
The Fred Hollows Foundation	121,636	273,390
	131,014	282,768
EXPENDITURE		
Admin fee	25,113	24,852
Wages and salaries	37,544	166,072
Other allowances	0	15,600
Workers compensation	0	15,070
Staff training	45	18,000
Superannuation	3,987	14,102
Professional development	527	4,000
Motor vehicle hire	0	15,072
Repay unspent grant	60,219	0
Travel and accommodation – staff	3,579	10,000
	131,014	282,768
Surplus/(Deficit)	0	0

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

THE SMITH FAMILY

YEAR ENDED 30 JUNE 2009

	2009 Actual $	2009 Budget $
INCOME		
Unexpended grant brought forward	89,292	89,292
The Smith Family	89,500	139,000
	178,792	228,292
EXPENDITURE		
Consultants	841	12,000
Meeting costs	0	4,000
Resource development	57,935	70,000
Capital – computer equipment	0	4,000
Wages and salaries	76,574	102,065
Staff training	0	3,000
Superannuation	6,522	9,387
Professional development	1,191	2,000
Motor vehicle – fuel	543	5,000
Travel and accommodation – staff	12,645	16,840
	156,251	228,292
Surplus carried forward	22,541	0

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE

TOBACCO CONTROL

YEAR ENDED 30 JUNE 2009

	2009 Actual $	2009 Budget $
INCOME		
Unexpended grant brought forward	31,319	31,319
Dept. of Health and Ageing	62,000	124,000
	93,319	155,319
EXPENDITURE		
Audit	0	2,000
Consultants	9,889	25,000
Computer equipment	0	1,007
Resource development	209	2,765
Wages and salaries	43,605	95,000
Staff training	0	1,100
Superannuation	4,223	8,274
Staff relocation	0	1,500
Professional development	986	2,600
Motor vehicle – fuel	734	600
Motor vehicle – lease repayments	0	10,500
Travel & accommodation – Staff	7,025	5,000
	66,671	155,319
Surplus carried forward	26,648	0

(The statement of income and expenditure has been prepared net of goods and services tax.)

Financials

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE
HEALTHY FOR LIFE
YEAR ENDED 30 JUNE 2009

	2009 Actual $	2009 Budget $
INCOME		
Unexpended grant brought forward	369,913	369,913
Dept. of Health and Ageing	0	115,446
	369,913	485,359
EXPENDITURE		
Admin fee	34,838	46,451
Consumables	12,148	20,800
Wages & salaries	290,981	300,660
Other Allowances	0	15,600
Staff training	0	22,000
Superannuation	21,779	27,000
Staff recruitment	8,717	12,000
Motor vehicle – fuel	2,968	14,400
Repay unspent grant	0	10,448
Travel & accommodation – staff	14,412	16,000
	385,843	658,929
	15,930	0

Surplus carried forward

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE
NTER – AOD CAPITAL
YEAR ENDED 30 JUNE 2009

	2009 Actual $	2009 Budget $
INCOME		
Dept. of Local Government & Housing	463,910	421,772
	463,910	421,772
EXPENDITURE		
Legal expenses	1,111	0
Service charges	373	0
Equipment <$500	8,197	0
Capital - Buildings	423,159	421,772
Capital – Furniture & fittings	10,263	0
	443,103	421,772
	20,807	0

Surplus carried forward

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE
HEALTHY SKIN AND EYES PROJECT
YEAR ENDED 30 JUNE 2009

	2009 Actual $	2009 Budget $
INCOME		
Christian Blind Mission	62,500	125,697
	62,500	125,697
EXPENDITURE		
Admin fee	40,139	40,139
Health promotions	0	4,000
Wages	0	64,558
Staff training	3,637	4,000
Staff recruitment	0	6,000
Motor Vehicle Fuel & Oil	0	5,000
Travel & accommodation	0	2,000
	43,776	125,697
	18,724	0

Surplus carried forward

(The statement of income and expenditure has been prepared net of goods and services tax.)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF INCOME AND EXPENDITURE
NEW DIRECTIONS
YEAR ENDED 30 JUNE 2009

	2009 Actual $	2009 Budget $
INCOME		
OATSIHS	294,922	294,922
	294,922	294,922
EXPENDITURE		
Admin fee	29,569	29,569
Health promotions	0	5,000
IT – computer equipment	4,997	8,000
Medical equipment	34,211	52,488
Motor vehicles	46,485	57,020
Wages	106,272	99,535
Staff training	0	5,000
Superannuation	7,751	13,410
Staff relocation	0	6,000
Motor vehicle fuel & oil	1,427	4,500
Motor vehicle R&M & rego	515	4,500
Travel and accommodation	4,410	9,900
	235,637	125,697
	59,285	0

Surplus carried forward

(The statement of income and expenditure has been prepared net of goods and services tax.)

Financials

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

FUNDS ACQUITTANCE CERTIFICATE

We hereby certify that the project funds by the Office for Aboriginal and Torres Strait Islander Health and the Northern Territory Department of Health and Community Services have been used for the agreed purpose(s) and further certify the following:

That all terms and conditions of the Letter of Offer and Funding Agreement were complied with;

That all accounts represent a true and fair record;

The Health Board has discharged its statutory obligations in relation to taxation, insurance, employee entitlements and including the lodgement of statutory returns and accounts where applicable;

Funds have been used for the purpose for which hey were provided;

Assets or services acquired with the funding have been acquired in fair and open competition and in accordance with the approved procurement method as described in the funding agreement;

The income and expenditure statement for the financial year is attached;

The Health Board's statutory audited financial statements are included in this financial report.

Chief Executive Officer

Chairperson