



KATHERINE WEST HEALTH BOARD

ABORIGINAL CORPORATION

ANNUAL REPORT 2011-2012

WELCOME

WELCOME TO THE 2011-2012 KWHB ANNUAL REPORT, WHICH WAS PRESENTED FOR THE FIRST TIME AT THE KWHB ANNUAL GENERAL MEETING ON 27 NOVEMBER 2012 AT THE TIMBER CREEK COUNCIL OFFICES.

CAUTION

WE ENCOURAGE ABORIGINAL PEOPLE TO PLEASE TAKE CAUTION WHEN READING THIS DOCUMENT, AS IT MAY CONTAIN THE NAME OR IMAGE OF A DECEASED PERSON OR PERSONS.

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AT ALL TIMES, KWHB STAFF MEMBERS HAVE FOLLOWED KWHB'S PHOTO / IMAGE POLICY IN THE GATHERING AND COLLECTION OF PHOTOGRAPHS, A POLICY THAT WAS DEVELOPED AND ENDORSED BY OUR BOARD OF DIRECTORS IN MAY 2011.

IF YOU HAVE ANY CONCERNS ABOUT THIS REPORT, PLEASE CONTACT KWHB ON (08) 8971 9300.

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OUR LOGO

'Jirntangku Miyrtá' in English means 'One shield for all'.

Logo design - Rob Roy Japarta, Senior Aboriginal Health Worker (Kalkarindji)



OUR DREAM

- All people of the region have long, healthy and happy lives
- Excellent health services under community control
- All people working together to care for their health.

OUR MISSION

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

OUR VALUES

Katherine West Health Board is guided by the following values:

- Health and well being includes the physical, mental, emotional and spiritual well being of the person and the community
- We will work as a team, Aboriginal and non-Aboriginal together
- We are committed to our work and to doing the best we can
- We will always promote respect and trust
- We have respect for ourselves and for others
- We respect the autonomy of our communities
- We will always promote and maintain culture
- We are committed to good and open communications, to talking and listening
- We will move forward carefully one step at a time
- We will look after the head, heart, body and soul of our organisation and our members
- We will demonstrate strong leadership.

OUR REGION

Katherine West provides services to nine major Aboriginal communities plus outstations, cattle stations, ranger stations and roadhouses, spread across 162,000 square kilometres of the Northern Territory.

TIMBER CREEK REGION

Health Centres

Timber Creek HC
Bulla HC
Mialuni HC

Bamboo Springs,
Bubble Bubble,
Gilwi,
Liku,
Marralum,
Murringung, Myatt,
Bob's Yard, Barrac Barrac,
Bucket Springs,
Policemans Hole, Doojum,
Fitzroy Station, Auvergne,
Coolibah, Bradshaw,
Kidman Springs, Legune,
Rosewood, Waterloo.

LAJAMANU REGION

Health Centre

Lajamanu HC

Parrulyu,
Picininy Bore,
Lul-Tju,
Duck Ponds,
Pamta,
Jiwaranpa,
Mungurrupe,
Tanami Downs,
Mungurrupe,
Mirridi,
Mount Winnecke,
Pinja,
Ngarnka.

KALKARINDJI REGION

Health Centre

Kalkarindji HC
Daguragu

Limbunya,
Riveren, Inverway,
Bunda, Birrindudu,
Inverway, Burda Wirda,
Cattle Creek, Liku,
Mistake Creek, Mamadi,
Mount Maiyo,
McDonalds Yard,
Puturang, Wave Hill,
Camfield, Montijinni,
Top Springs,
Dungowan,
Mount Sanford.

YARRALIN REGION

Health Centres

Yarralin HC
Nitjpirru HC
Lingara HC

Yinguwunarri
Vic River Downs.

10 YEAR ANNIVERSARIES

BETTY LAURIE & DEE HAMPTON

This year, two of our Aboriginal Health Workers celebrated their ten year anniversary of working with Katherine West Health Board.

Dee Hampton of Kalkarindji and **Betty Laurie** of Bulla both notched their ten years of service in November 2011.

The occasion was celebrated in the KWHB Boardroom, with both ladies presented with gifts and photoboard of their contribution to KWHB communities and patients.

Both ladies bring great professionalism to the organisation, and are a credit to themselves and wonderful role models for their communities.

Congratulations and thankyou for the work you have done and continue to do with KWHB.



Betty Laurie



Dee Hampton





KWHB Chairperson Geoffrey Barnes leads the way in the Lajamanu “Give it up Now” Hip Hop Health Promotion music video.

HEALTH PROMOTION HIP HOP VIDEOS

KALKARINDJI, LAJAMANU, TIMBER CREEK \ GILWI

During May 2012, staff members from KWHB worked with Indigenous Hip Hop Projects (IHHP), a unique team of talented artists in all elements of hip hop, media, entertainment and performing arts, to create three health promotion music videos in our region.

The three videos we produced were:

Kalkarindji “Clean Face, Strong Eyes”

Trachoma Prevention & Awareness, Gurindji People

Lajamanu “Harder to Live”

Tobacco Prevention & Awareness, Warlpiri People

Timber Creek / Myatt “All my People”

Tobacco Prevention & Awareness

IHHP have been working extensively in Aboriginal communities around Australia since 2004, and celebrates the fusion of traditional Indigenous culture and hip hop, facilitating workshops that provide performance skills, leading up to events with

performance, community strengthening, and community educational and health outcomes.

While working in the Katherine West region, IHHP were guided in the right direction by KWHB staff and by KWHB Board Directors, who played a central role in developing the message and tone that is unique to each community and group of people.

Remarkably, IHHP shot and edited the videos in their entirety while visiting our communities, with each video shot, edited and provided for community viewing within the week. This was an amazing opportunity for our community members to see the final product of their work, and to really take ownership of the health message.

All the videos are available for viewing on our public website. During 2013, IHHP will be returning to KWHB to shoot additional videos in communities that were not visited in the first time around.



JACK LITTLE

PATRON OF THE YEAR OF THE ABORIGINAL HEALTH WORKER 2011 / 2012



Jack Little's Speech

September 1, 2011: Launch of AMSANT's Year of the Aboriginal Health Worker

“I'm so proud of the young Health Workers coming up, they are part of us, they belong to us.
 I started out as a ringer from Limbunya, Waterloo and Kildurk stations.
 In 1959 I went up to the East Arm Leprosarium with old Dr Hargreaves and he asked me, 'd'you wanna be a health worker?'
 I said 'I didn't go to school, I'm only a ringer'.
 So I became a health worker anyway.
 In 1970 I was at Katherine Hospital and I was boss for Aboriginal Health Workers across the Territory. It's a hard road we were travelling, it was so hard. It wasn't easy for us to learn about health and medications, but I got there.
 I'm happy with who I am, what I am. It's good to see young Health Workers following in our footsteps.”

NEW ACCREDITATION

KWHB ACHIEVES NEW STANDARDS FOR ACCREDITATION

GPA PLUS ACCREDITATION AGAINST RACGP STANDARDS

KWHB successfully achieved accreditation to the RACGP Standards for General Practices 3rd Edition in October 2011, after endorsement by the GPA ACCREDITATION plus Independent Accreditation Committee.

Kalkarindji Health Centre
Lajamanu Health Centre
Timber Creek Health Centre
Yarralin Health Centre

Attaining this level of accreditations shows that KWHB continues to pursue a high level of achievement in meeting the required standards for a modern health service.

This achievement for our four main health centres acknowledges the commitment of all our staff members to practice development and quality of patient care.

ISO ACCREDITATION

The International Standards Organisation (ISO) is a world federation of national standards agencies, which promotes standardisation in quality management systems.

ISO 9001 certification is recognised internationally, and signifies an agency has good management practices in place directed at realising the client's quality expectations and outcomes.





STRATEGIC PLAN

2010-2014

PRIORITY 1 – STANDING UP FOR OUR HEALTH

Katherine West supports our people to have long, healthy and happy lives. We deliver effective health services, and will speak up for all people in our region on issues affecting health. Through a community development approach, we will support our people to improve the health of their families and communities. We will involve young people in the future of our organisation, and help them grow up to be productive members of their communities.

Our strategies for standing up for our health will be:

<u>Strategy 1.1</u>	Being the voice for people in our region on all matters that affect their health.
<u>Strategy 1.2</u>	Using community development to build a pathway to better health.
<u>Strategy 1.3</u>	Involving young people in the future of the community and of our service.

PRIORITY 2 – ALL OF US WORKING TOGETHER For Katherine West, there are ‘two roads’ to better health, the Aboriginal road and the non-Aboriginal road. Traveling along these two roads, we will work together to provide high quality and appropriate services to all people in the region. We will maintain respectful relationships with our Board members and with our communities, as the foundation for culturally safe health care. We will work with other organisations to improve the health of our region.

Our strategies for working together will be:

<u>Strategy 2.1</u>	Building strong relationships with our communities, so we can deliver culturally safe care.
<u>Strategy 2.2</u>	Respecting the role of our Board members.
<u>Strategy 2.3</u>	Promoting effective communication and team work across our organisation.
<u>Strategy 2.4</u>	Building our partnerships with government and other organisations.

PRIORITY 3 – DELIVERING HIGH QUALITY, APPROPRIATE COMPREHENSIVE PRIMARY HEALTH CARE

Katherine West has brought about a big increase in health services across the region. However, we are still moving towards our long-term goal of integrated, multidisciplinary comprehensive primary health care. Working at the community level, we will treat sick people as well as working to prevent people getting sick in the first place. We will continue to identify gaps in health services and work to fill them.

Our strategies for delivering high quality, appropriate comprehensive primary health care will be:

<u>Strategy 3.1</u>	Working towards local, community based primary health care teams.
<u>Strategy 3.2</u>	Balancing the need to provide sick care with the need to prevent illness.
<u>Strategy 3.3</u>	Filling gaps in service provision.

PRIORITY 4 – GETTING AND KEEPING WELL – TRAINED STAFF

Our staff are our strength. We need qualified staff to stay with us and work with our people, and we will support them with further training. We will employ and encourage Aboriginal people to work in all roles throughout our organisation, including in senior positions. We will ensure that our communities have appropriate access to doctor services.

Our strategies for delivering high quality, appropriate comprehensive primary health care will be:

<u>Strategy 4.1</u>	Improving retention of staff in our health centres.
<u>Strategy 4.2</u>	Employing more Aboriginal people at all levels in the organisation.
<u>Strategy 4.3</u>	Ensuring all communities have an appropriate level of access to general practitioner services.
<u>Strategy 4.4</u>	Making sure that all of our staff are well-qualified and well trained.

PRIORITY 5 – BETTER BUILDINGS AND EQUIPMENT

We need appropriate, well maintained infrastructure to deliver high quality services. We will work to ensure that all clinic buildings are maintained, upgraded or replaced to meet the needs of our staff and our communities. Suitable and well-maintained accommodation will encourage our remote staff to stay with us. High quality and reliable Information Technology (with training and support) underpins effective health care in our region.

Our strategies for better buildings and equipment will be:

<u>Strategy 5.1</u>	Providing clinic buildings that meet the needs of our staff and the communities we serve.
<u>Strategy 5.2</u>	Working towards Aboriginal and non-Aboriginal staff having suitable and well-maintained accommodation.
<u>Strategy 5.3</u>	Continuing to improve our computer systems, especially in our remote health centres.

PRIORITY 6 – SAFE TRAVEL AND BETTER TRANSPORT

All people in the Katherine West region should be able to travel reliably and safely to access the health care they need. In the case of accidents or emergencies, timely and well-organised evacuations are critical. We need a safe, well-coordinated and efficient system for our people travelling away from their communities for health care. We will work to ensure people have more reliable access to their local community health centre, including during the Wet season.

Our strategies for safe travel and better transport will be:

<u>Strategy 6.1</u>	Working to ensure timely and well-organised evacuations.
<u>Strategy 6.2</u>	Ensuring that patient travel is safe and appropriate for those who need to leave their home communities for health care.
<u>Strategy 6.3</u>	Establishing reliable access to our health centres.

OUR REMOTE HEALTH CENTRES

2011-2012

At the end of another big year for the Katherine West Health Board Aboriginal Corporation, we give a special thankyou to all our staff members who work in our remote health centres. Without dedicated health professionals like you, KWHB would not exist.

So to every staff member who works and has worked in our communities, treating our sick and vulnerable, and working to prevent disease and illness among our people, thankyou.

- Geoffrey Wangapa Barnes, KWHB Chairperson

**ABORIGINAL HEALTH WORKERS
REMOTE AREA NURSES
GENERAL PRACTITIONERS
PUBLIC HEALTH PROFESSIONALS
HEALTH CENTRE CLEANERS
ADMIN STAFF
COMMUNITY SUPPORT WORKERS
DRIVERS**



KWHB's BOARD

2011-2012

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 in full four times per year, and has a six-member Executive that meets another five times throughout the year.

Board Members attended meetings on;

27 July 2011
Full Board Meeting

5 October 2011
Executive Board Meeting

2 November 2011
Annual General Meeting

23 November 2011
Full Board Meeting

22 February 2012
Full Board Meeting

28 March 2012
Executive Board Meeting

9 May 2012
Executive Board Meeting

20 June 2012
Full Board Meeting

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

- Participating in governance training (provided by an external consultant) about roles and responsibilities
- Attending open meetings in each community.
- Providing cultural safety by partnering the CEO at a wide range of other meetings.
- Working with KWHB staff in our communities to assist in health promotion activities
- Helping to advocate for improved health services with relevant external bodies

We thank all Board Members for their commitment and dedication throughout the year, as well as proxy board members who represented full board members at meetings in Katherine during the year.

The contributions, wisdom and guidance of all board meeting attendees are greatly appreciated by all Katherine West Health Board staff and community members.

FAREWELL

In addition, we would also like to give a special thank you to the following Board Members who have worked as a part of our Board, but moved on during the year. We wish them all the best for their future.



Geoffrey Matthews

Lajamanu
February 2012



Alicia King

Yarralin
May 2012



Cecilia Edwards

Daguragu
February 2012

EXECUTIVE BOARD MEMBERS



Geoffrey Barnes
Chairperson, Lajamanu
Proxy: Richard Tasman



Jeremy Frith
Co-Chair, Kalkarindji
Proxy: Gus George



Jocelyn Victor
Vice Co-Chair, Pigeon Hole
Proxy: Sheila Hector



Steven Jones
Treasurer, Myatt
Proxy: Caroline Jones



Rosie Saddler
Secretary, Kildurk
Proxy: Veronica Leering



Doris Lewis
Executive Board, Lajamanu
Proxy: Tracie Patrick



Jack Little
Bulla
Honorary Board Member



Joseph Cox
Doojum
Honorary Board Member

FULL BOARD MEMBERS



Charlie Newry
Yarralin
Proxy: Charlie James



Clara Paddy
Gilwi
Proxy: Betty Smiler



Joyce Herbert
Lajamanu
Proxy: Laura Doolan



Roslyn Frith
Kalkarindji
Proxy: Jimmy Wavehill



Maxine Campbell
Yarralin
Proxy: Sandra Campbell*



Joseph Archie
Bulla
Proxy: Zachariah Hector



Robert George
Lajamanu
Proxy: TBC*



Riley Young
Lingara
Proxy: Aileen King*

* Denotes Proxy yet to be endorsed



Thumbs Up: Opening the gate on the first visit to Kildurk.

CHAIRPERSON'S MESSAGE

A BIG YEAR FOR KATHERINE WEST

This is my second full year as Chairperson of the Katherine West Health Board. This year has been a very busy and challenging year for the Board and for the staff of KWHB.

HARD DECISIONS

This year the Board have had to make really hard decisions about our funding due to changes of the rules and guidelines imposed by our funding bodies.

We have worked closely with staff leadership to figure out how to protect Katherine West and to ensure we can continue to operate in a correct way.

The board is confident that we have made good decisions that will ensure the future of KWHB in the coming years.

ADVOCACY

This year we have continued to advocate for better services for our patients.

We continue to work with the NT Government around better travel options for our patients, especially when travelling long distances for treatment away from their family and land.

This year we have also been talking more to hospitals about treating our community members. It is important that our people feel safe when they go to hospital for serious treatment.

OPEN COMMUNITY MEETINGS

This year it was good to travel for the first time to Mialuni, Bulla and Myatt for Open Community Meetings.

It is important that Board Members get out and involved in open community meetings in our communities, and that we listen and respond with our staff to any challenges.

NEW LAJAMANU HEALTH CENTRE

This year the building began on the new Health Centre in Lajamanu.

I want to specifically thank the KWHB staff and the board who were involved in the planning and direction for getting this project to happen.

This is a good development for the people of Lajamanu, and hopefully a more culturally appropriate health centre, along with better facilities for our staff and our patients, can lead to some better health outcomes for our people.

HIP HOP VIDEOS

I want to thank Dion and the team from Indigenous Hip Hop Projects for their work in our communities in Kalkarindji, Daguragu, Lajamanu, Myatt and Timber Creek.

It was great to have our young people involved in the project, and I was glad to see some of our Board Directors directly involved in the filming.

THANKYOU

Finally, after a big year, I want to say thankyou to all the staff members of KWHB for their efforts in a challenging year.

I also want to thank all past and current board members for their commitment to KWHB.

Specifically I thank Joseph Cox for being my mentor as Chairperson. I also specifically thank Japarte (David) and Janama (Sean) for their help this year.





CEO REPORT

RENEWAL, CHANGE & LOOKING TO THE FUTURE

“2011-2012 has been a big year for Katherine West Health Board. We have faced numerous challenges across all areas of the organisation; however we end the year in a strong position for renewal and growth. What stands out again is the dedication and professionalism of all our staff members, working as a team in the face of considerable challenge.”

TURNOVER OF LONGER TERM STAFF

This year KWHB had a substantial turnover of senior GPs leaving our region along with our former Medical Director, Dr Louise Harwood.

Some of these GPs had worked for KWHB over many years, and we thank them for their efforts in our communities and wish them all the best in their future endeavours.

LOCUM GPs WORKING WITH OUR PHC TEAM

As a result of losing some longer term GPs from our region, this year we adopted a new approach to integrating Locum GPs into our health centre environment.

These Locum GPs, along with the introduction of a telephone based Remote Medical Practitioner Support Program with the NT Government and Royal Darwin Hospital, has delivered excellent results in our health centres.

Also, look out for our impending announcement of a new Senior Medical Officer to be appointed at KWHB.

SOLID PHC TEAM

This year KWHB has continued to be well serviced by an outstanding professional team of remote health specialists, including long term RANs, AHWs and GPs.

We thank every person who has worked in our communities for their work throughout the year.

KWHB BOARD & LEADERSHIP GROUP

This year I have worked closely with KWHB's board members, with special thanks going to Geoffrey Barnes, Joseph Cox and Jocelyn Victor for their tireless efforts.

I also want to pay tribute to the strength of our leadership team and their personal support to me.

Liz Yates, General Manager

David Lines, Community Development Manager

Rebecca Gooley, Senior PHC Advisor

Sinon Cooney, Manager PHC.

Also thanks to Dr Tanya Davies who has been providing Consulting Senior Medical services to KWHB towards the end of this financial year.

KWHB FINANCIAL PERFORMANCE

This year KWHB needed to restructure how we operate in relation to the funds we receive, and our discretion to spend those funds as an organisation.

A big challenge for KWHB was the transformation in our funding model to a project by project model and away from the historical Commonwealth/NT Government pooled funds.

This has meant less flexibility in how we spend our funding.

This required a restructure of the way we allocate funds to our respective core services and programs and a reassessment of how we operate from year to year.

RESTRUCTURING OF WORKFORCE

In 2011/2012 we needed to restructure the KWHB work force in line with funding variations. It meant we needed to make substantial savings in IT, vehicles, travel and a general tightening of the belt so to speak.

Throughout this difficult time there was a strong element of everyone working as a team through a challenging time of renewal and change.

CLEAN AUDIT

KWHB, as we do every year, underwent a full financial audit by auditors KPMG. KWHB received a clean audit with no qualifications.

RESTRUCTURE OF COMMUNITY DEVELOPMENT MANAGER ROLE

This year there was a substantial restructure of our Community Development Manager's role.

The CDM role is now a more global one across the whole organisation, ensuring cultural safety is embedded amongst all staff, rather than just focussing on a single staff grouping. This is an important change, and a sign that numerous areas of KWHB are "growing up" as an organisation.

GRASSROOTS HEALTH PROMOTION

KWHB continues its ongoing Health Promotion vision – a grassroots focus on community members and young people. This is illustrated in the Health Promotion Officer's report.

INDIGENOUS HIP HOP PROJECTS

It was wonderful to have the talented members of Indigenous Hip Hop Projects working in our communities during April and May.

There's no doubt their presence energised our staff and our Board Directors. The results of the videos have been excellent, with well over 25,000 video views on youtube at year's end.

STABLE LEADERSHIP WITH HEALTH CENTRE COORDINATORS IN REMOTE CLINICS

KWHB have been fortunate in the last year to have longer term health centre coordinators in our four main health centres of Kalkarindji, Lajamanu, Timber Creek and Yarralin.

We will continue to do everything we can to ensure staff recruitment and retention.

LAJAMANU HEALTH CENTRE & STAFF ACCOMMODATION

This year we signed off on the financial arrangements for building a new multi-million dollar health centre in Lajamanu, along with new staffing accommodation duplexes.

This is a great step forward for Lajamanu and for KWHB, and we have great hope that these new facilities will provide improved health outcomes for Lajamanu and help us to attract and maintain longer term staff.

RESTRUCTURE OF ENVIRONMENTAL HEALTH SERVICES

This year KWHB were forced to restructure the way we provide environmental health services due to a cut in our allowable environmental health funding.

This means we are no longer able to employ an environmental health officer as part of our core service.

KWHB will continue to work with government to ensure appropriate services, and will help where possible in our communities.

The NT Government will now provide this service as they were unable to provide KWHB with the adequate amount of funds to ensure we could run the full service across the region.



COMMUNITY DEVELOPMENT MANAGER'S REPORT

CHANGE IN ROLE

In February 2012, after long consultation with board members and KWHB leadership group, the main focus of the role of Community Development Manager was changed.

The role involved letting go of direct day-to-day Ngumbin staffing management, and focussing more on wider issues within KWHB.

Our Primary Health Care Manager now supervises our Ngumbin staff in the health centres, which is a sign that KWHB is maturing as an organisation, and that cultural safety is now ingrained enough in our staff to trust all our systems to work together.

CULTURAL SAFETY

The Community Development Manager is still the key leader of cultural safety within KWHB, however the role now is more intergrated with our leadership group.

WORKING WITH LEADERSHIP GROUP

This year we have continued to be more involved with the KWHB leadership group, attending weekly meetings and teleconferences to talk about issues affecting the day to day operation of the health service.

This has been positive, as more regular leadership group meetings has led to issues being covered more comprehensively across all disciplines.

OPEN COMMUNITY MEETINGS

This year I have taken a leading role in directing open community meetings across all communities.

Open Community Meetings in each of our seven main communities continue to be a vitally important part of maintaining KWHB as a grassroots organisation. It is very important that we listen and respond to the wishes of our community members at all times.



WORKING WITH BOARD MEMBERS

This year I have worked closely with KWHB's Board Directors, attending all full and executive meetings and providing a full update about community development and cultural safety matters at all meetings.

It has been excellent this year to see so many Board Members involved in our health services, especially on the ground, helping to find people in the community and assisting in the day-to-day activities of our remote health centres.

It was also great to see so many Directors involved in our health promotion activities, particularly starring in our health promotion Hip Hop videos.

ABORIGINAL HEALTH WORKERS / ABORIGINAL HEALTH PRACTITIONERS

Our Aboriginal Health Workers continue to go through a period of change, with new registration guidelines meaning all of our AHWs are required to undergo new levels of national registration, depending on their current professional levels.

Our AHWs have responded well to these changes, and there are excellent results in training which are positive for KWHB.

Next year our Health Workers will be known as Aboriginal Health Practitioners, in line with required national standards.

YEAR OF THE ABORIGINAL HEALTH WORKER

This year was the AMSANT "Year of the Aboriginal Health Worker" throughout the NT.

KWHB's Board Member Jack Little was a patron of the Year of the AHW, and attended the launch at the Katherine Showgrounds in September 2011. It is great that AMSANT led the way in this project during 2011-2012.

CULTURAL ORIENTATION MATERIAL

This year the CDM role will continue to create and evaluate the various cultural orientation material we have on our Intranet for staff members to access.

This is an important part of our organisation, and an integral part of the orientation process for new staff members when they join Katherine West.

ENVIRONMENTAL HEALTH DUTIES

The responsibility for the management and advocacy around environmental health will now be the responsibility of the Community Development Manager.

This means that if community members have a problem with an environmental health issue, such as plumbing, sewers, housing etc, you can contact David Lines at KWHB on (08) 8971 9300. and David can take up the issue with the relevant NT Government authority.

CULTURAL SAFETY FRAMEWORK

This year KWHB has funds allocated to work on the development of a Cultural Safety Framework.

We will do that with consultant Edward Tilton, who has worked with KWHB before on numerous projects at board and community level.

As always, there will be input into this from community and board level.

10 YEAR ANNIVERSARIES

This year two of our valued Aboriginal Health Workers, Dee Hampton (Kalkarindji) and Betty Laurie (Bulla) celebrated their tenth anniversaries with KWHB.

With all the pressure and stress of working in a community, these ladies have done a remarkable job. Congratulations.



NGUMBIN LIAISON OFFICER'S REPORT

NGUMBIN LIAISON ROLE

The role as the Ngumbin Liaison Officer (NLO) is to provide cultural support to our Clients in the Katherine West region.

The NLO also supports and works closely with antenates, young mums and children.

Advocacy

Advocate on behalf of patients regarding their cultural safety needs within the health care system (Patient's Journey)

Advocate for Escort(s) for patients outside the Patient Travel Guidelines to meet cultural requirements.

Networking

Within the health system, networking to find Patients that have absconded or missed medical appointments is an important role. The NLO also arranges follow-up health care/treatment(s)

Support

The KWHB NLO also supports and helps to break down information for patients in hospital and also educating patients about hospital systems.

Working with other providers

Started attending Katherine Remote Urban Midwifery Services (KRUMS) meetings, which are held once a month at the Katherine Hospital.

Representative from NT Government Dept's, Dept of Health and Families, Katherine West Health Board, Sunrise Health Service and Wurli Wurlinjang Aboriginal Medical Service are all involved with the delivery of quality primary health care obstetric and maternity services within the Katherine region through the collaboration of all the Katherine health service providers to improve health outcomes for women and their families.

ACHIEVEMENTS IN 2011/2012

Improvement with Ngumbin Reference Group

This year we made a huge improvement with planning and running Ngumbin Reference Group Meetings (NRG).

Documentation of NRG meetings improved markedly and there is greater awareness in our communities about the role of NLO.

Community Awareness

As part of this role, it is important that our patients know that they can contact me at Katherine West Health Board and speak directly with me if they are experiencing any problems.

The role of NLO is broadly advertised in the Katherine District Hospital, our remote health centres and our Katherine Offices.

CHALLENGES FOR THE COMING YEAR

Patient Escorts for First Time Pregnant Women

A specific challenge of this role is liaising and advocating for women having their first baby to be allowed an escort when the need is identified by health centre staff or the Maternal Health Coordinator of KWHB.

Escorts outside PATS Guidelines

Getting escorts approved for patients that are outside of PATS guidelines is an ongoing issue to face in the coming year.

Patient travel guidelines and hospital systems often becomes a barrier and does not cater well for remote community people and their cultural safety needs.

The NLO role spends a great deal of time advocating for the cultural safety of our patients, to achieve the planned medical outcomes required.



Support Ngumbin/Yapa patients with patient travel problems

Organise interpreter if needed in hospital

Support Ngumbin/Yapa patients in hospitals

Support mothers and babies attending Katherine/Darwin Hospitals

I am the contact person for KWHB for complaints about Health Centres or Hospitals



Katherine West Health Board

Phone Lynette on 0437 624 227



KWHB's new HR and Management office on Third St, Katherine.

GENERAL MANAGER'S REPORT

GENERAL MANAGER ROLE

This year, the General Manager (GM) role has continued to oversee KWHB's general operations and business functions.

Staff in the GM team cover general operations and logistics as well as HR, Finance, Assets and Medicare.

The General Manager continues to do a lot of the background work, ensuring compliance with various funding agreements, liaison with the Commonwealth and NT Governments, not only to ensure we comply with the agreements that are in place, but to ensure we are getting the most out of the funding opportunities available.

RISK ASSESSMENT

This year KWHB went through a comprehensive Risk Assessment with our principal funding body, OATSIH (Office of Aboriginal and Torres Strait Islander Health).

OATSIH's risk assessment went through KWHB in detail, focussing on our management, finances, administration and reporting capability.

KWHB received an overall medium rating, with two minor areas we needed to rectify. We look at this as an excellent result.

See OATSIH Risk Assessment Results tabled below

Number of Assigned Low, Medium, High and Extreme Risk Levels by Section

Risk Assessment Section	Number of Low risk ratings	Number of Medium risk ratings	Number of High risk ratings	Number of Extreme risk ratings	Total
Management Structure	10	0	0	0	10
Management Standards	7	1	0	0	8
Control, Monitoring and Reporting	11	0	0	0	11
Accountability and Financial Management	11	0	1	0	12
Total	39	1	1	0	41

SAFETY TEAM

KWHB's Occupational Health and Safety Team (OH&S Consultative committee), initially set up in June 2011 the safety team as a consultative committee to provide a forum for staff consultation and input into the Health Board's workplace safety systems.

The team consists of:

- 1x Chairman
- 2x Management Reps
- 2x Remote Reps
- 1x Cultural Safety Rep
- 1x Admin Rep
- 1x Primary Health Care Rep.

Meetings were initially held monthly and then bi-monthly throughout 2011/12.

OH&S BASELINE AUDIT

This was undertaken by external OH&S firm *The Safety People* with a follow up visit in September 2011 inclusive of further site visits and training for the safety team.

This audit assisted KWHB in developing a plan and priorities for 2011/12, including working towards requirements of the new Workplace safety legislation which came into effect in July 2012.

ISO CERTIFICATION

As a tool to support quality improvement within the health service, KWHB engaged in a process of review against the ISO 9001 standards for quality management.

ISO standards are quality improvement standards for business based around auditing processes, management review and improvement processes based on collected data. Following a visit by an external auditor, KWHB was certified for three years. Annual visits by external auditors will assist KWHB in monitoring its quality improvement programme.

ENTERPRISE BARGAINING NEGOTIATIONS

KWHB Enterprise bargaining committee continued to meet during 2011/12.

The committee is made up of both employee and management representatives as well as representatives from the Australian Nurses Federation and United Voice.

A draft agreement was close to finalisation as of June 2012, with a final Enterprise Bargaining Agreement to be finalised in October 2012.

NEW OFFICE SPACE

This year there was a relocation of our HR and Finance sections to a new office on Third Street in Katherine.

This has freed up some much needed space in our main offices on First Street, which were becoming quite cramped.

We also have a dedicated training/meeting room in Third Street where we have already held some in-services and meetings.

The space is inclusive of teleconference facilities and a new smart board. This is a great improvement on the smaller space we had been using for meetings in First Street.

ADDITIONAL FUNDING KWHB HAS NEGOTIATED IN 2011-2012

Additional funding we have been successful in securing in 2011/12 includes:

Child Health Dental Services
(OATSIH)

Trachoma Elimination Programme
(NT Department of Health, commencing Jan 2012)

Coordinated Care and Supplementary Services
(GPNNT – focus on Chronic Disease Care and Allied health services, commenced Dec 2011).

NEW COMPUTER SERVICES PROVIDER AND IMPROVED COMMUNICATIONS

In June 2012, KWHB awarded our IT services contract to Immense Data, based in Katherine. We are continuing to improve our IT and communications for our staff, especially web and data centre access in our remote communities, both in our health centres as well as our staff accommodation facilities.

This is a very important step for the organisation in the next couple of years.

MANAGER OF PRIMARY HEALTHCARE REPORT



MANAGER – PRIMARY HEALTH CARE ROLE

The role of MPHC oversees, in collaboration with the Senior Medical Officer, the Primary Health care services delivered by KWHB.

The role has a strong emphasis on working collaboratively with staff in both remote health centres as well as town based PHC staff.

The main areas the role has focused on this year has been developing the Chronic Disease Coordinator role, Child Health, Maternal and Women's health and Clinical Quality.

Staffing of our Health Centres

Ensuring adequate staffing and skills mix in the clinic, and working with the leadership group to ensure needs are met thoroughly.

Identifying any gaps in our service

This involved strategically reviewing our KPI data and addressing identified gaps where appropriate.

Accreditation - Health Centres

This year we worked towards and received RACGP accreditation through GPA Plus for the four main KWHB Health Centres.

Met all Reporting Requirements

This year for the first time we reported Key Performance Indicators and Audit data back to KWHB's Board Directors.

Collaboratives

This year, after extensive consultation, we renewed our Friday Collaboratives process to become a more useful continuous quality improvement exercise with participation from all PHC staff.

Collaboratives continues to involve all PHC Staff in Katherine and bush based staff in a Friday morning teleconference.

The weekly focus is on key risk areas identified through audit, data analysis and feedback. These are mainly child health, maternal and women's health, chronic disease and preventative health.

Staffing

This year we have been fortunate to have permanent coordinators in all four Health Centres.

Having stability in these roles, alongside the high level of professionalism displayed by all coordinators, makes an enormous difference to the effective running of our health service.

Primary Health Care Meetings

This year we held two PHC meetings, covering various topics related to population health and clinical care.

These meeting give staff an opportunity to discuss any relevant issues amongst a broader team, while also being able to learn from expert speakers about key areas of the primary health care system.

Aboriginal Health Worker In-Service

AHW in-service was held in May for Aboriginal Health Workers.

The meeting focussed on a variety of topics, including neonatal resuscitation, assessment of the unwell child, Intermediate life support, documentation and wound management.

This is a great opportunity for our AHWs to update clinical knowledge around best practice care.

PHC Governance Committee established

As part of the collaborative approach to decision making at KWHB, this year a new PHC Governance Committee was established.

This group is made up of key members of our

PHC team, and meets monthly to discuss matters that are important to the overall quality and responsiveness of our service delivery.

The group reviews KPI data, incidents, approves changes to the core clinical systems like pharmacy and Communicare issues, and makes recommendations for improvement for broader PHC systems.

Recommendations from the group are then taken to the KWHB Leadership Group for approval.





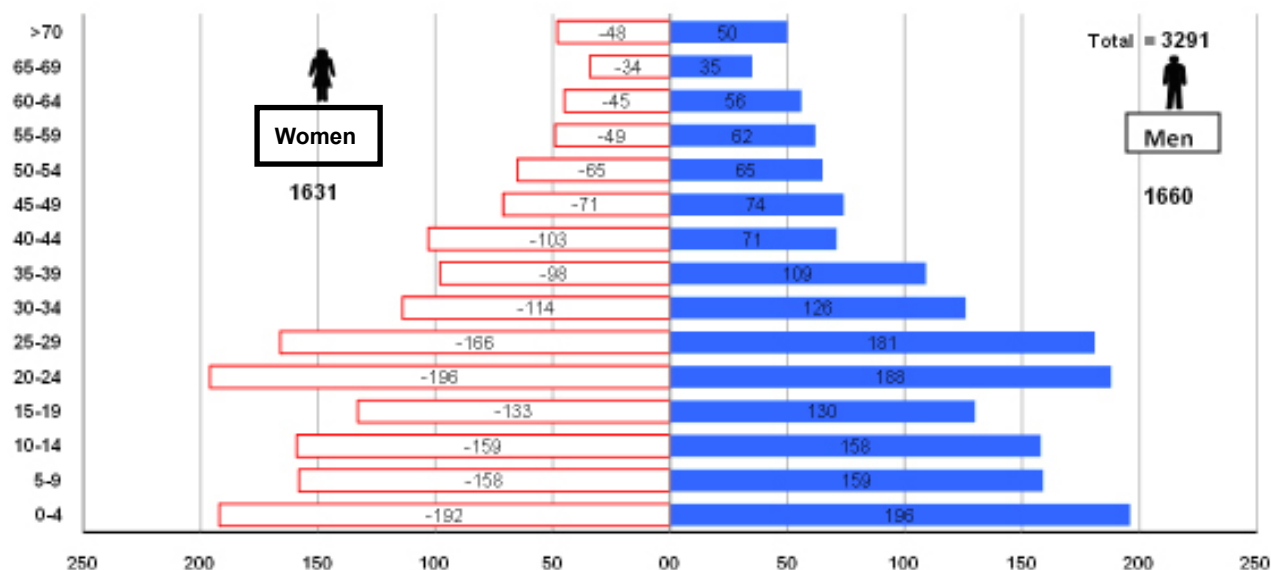
HEALTH OVERVIEW

KWHB REGION 2011 – 2012

KWHB POPULATION

KWHB population distribution x gender and 5yr age group, 2012

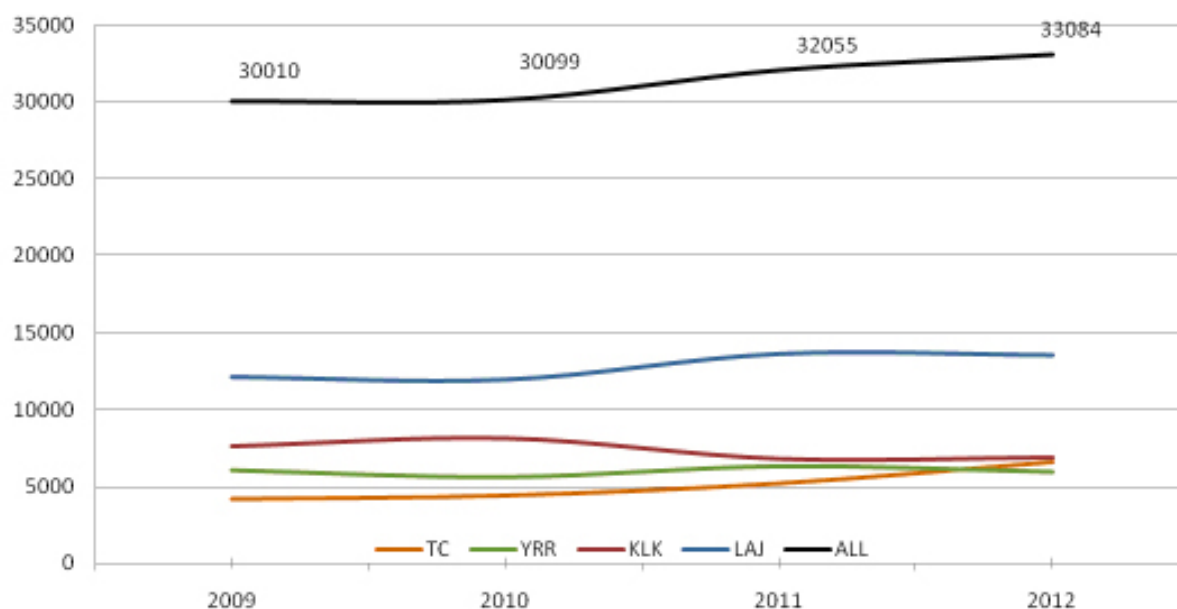
This shows who lives in our region. How many men and women and what age they. This is good to know for health program planning and resource allocation. Our region has a young population, most people (70%) living in our region are less than 40 years of age. The men and women numbers are very similar in the age groups and there are lots of kids.



EPISODES OF CARE

KWHB Episodes of Care in Timber Creek, Yarralin, Kalkaringi and Lajamanu, 2012

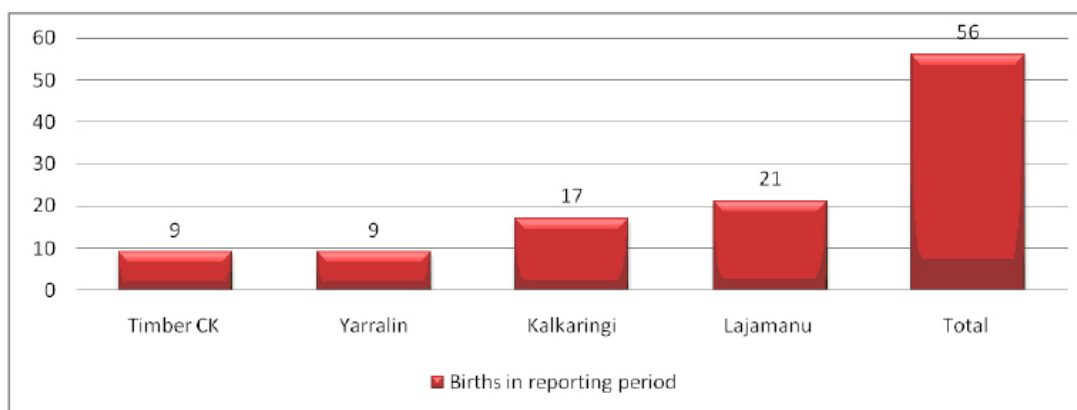
This shows how many people have been seen in the KWHB health centres. There has been a gradual increase in people getting care since 2009. Bulla and Kildurk are included in Timber Creek numbers and Nitjpurru and Lingara are included in Yarralin numbers. Looking at these numbers helps KWHB understand how many people are being seen for care and who is coming in and who is not coming into the health centre.



EARLY YEARS DATA

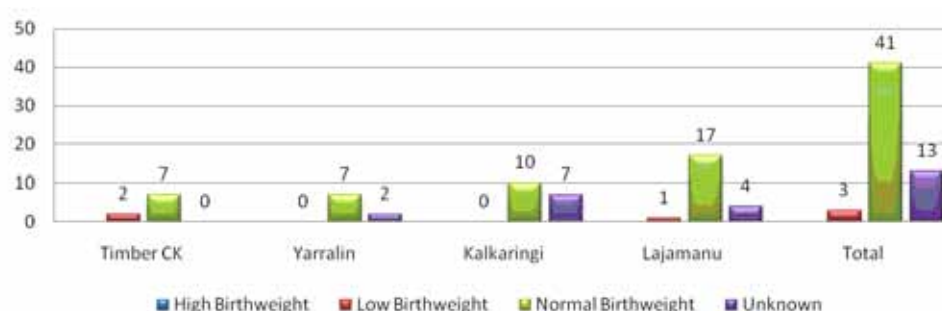
Number of births in the reporting period x community

Over the year there were 56 babies born. This is less babies than in previous years.



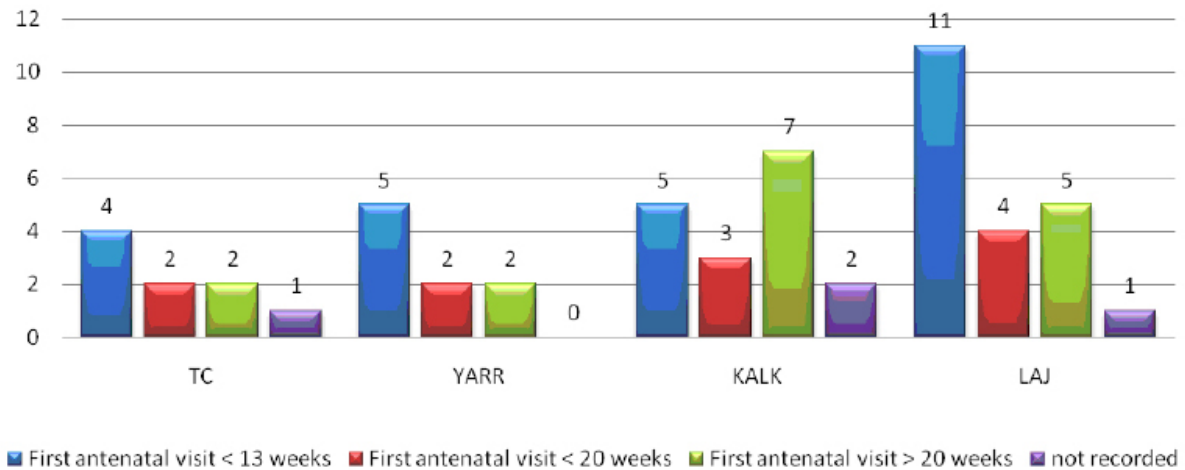
BIRTH WEIGHT OF CHILDREN BORN IN THE REGION

This chart looks at baby's birth weights. Most of the babies born in our region are born in the good birth weight range. This is important for a good start to a healthy life.



TIMING OF FIRST ANTENATAL VISIT FOR PREGNANT WOMEN

This chart shows what time during pregnancy that women are coming in for pregnancy care for the first time. It is better for women to come for care early, for her own health and the baby's health. This shows that the amount of women coming for care early (before 13 weeks gestation) has decreased and the amount of women coming for care after 20 weeks gestation is increasing. This is a worry for KWHB.

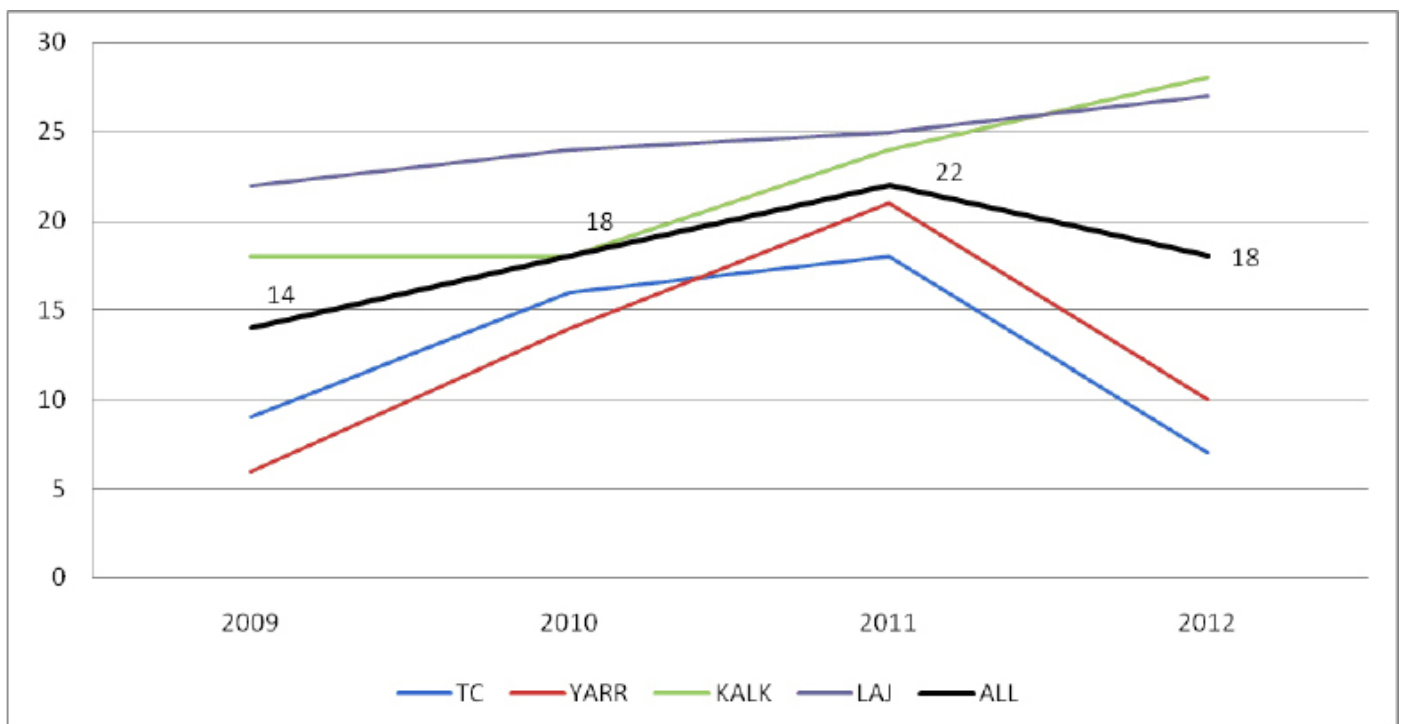


HEALTH OVERVIEW

KWHB REGION 2011 – 2012 (CON'T)

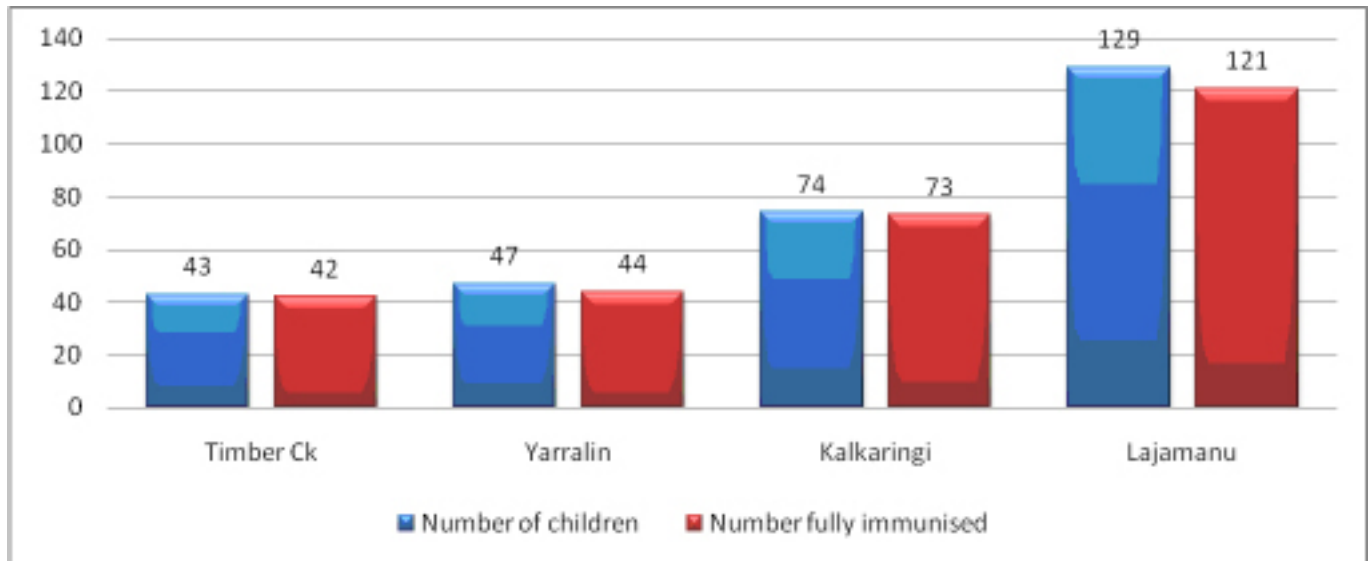
PERCENTAGE OF CHILDREN UNDER 5 YEARS OF AGE IN OUR REGION WHO HAVE ANAEMIA

This chart shows kids with anaemia in our region. Anaemia is a big problem in our region and kids under 5 are tested every 6 months. There has been a gradual increase in anaemia rates in this age since 2009. Big efforts to better prevent and treat anaemia has seen a slight improvement in the last 12 months. This is a good story for kids health in our region.



NUMBER OF FULLY IMMUNISED CHILDREN IN OUR REGION

This shows how many kids in our region are fully immunised at the right time. This is a really good story, most of the kids are being immunised when they need to be.





HEALTH PROMOTION REPORT

HEALTH PROMOTION OVERVIEW

The past year has seen a strong focus on grassroots health promotion

As well as the health promotion activity in the health centres, many small groups sessions were held at community level promoting a consistent and positive approach to health messaging

This approach helps to directly engage community members outside of the health centre and involve them with the planning and implementation of a health promotion activity in their community.

The next 12 months will see the continued consolidation of the KWHB Health Promotion model, embedding this practice within the KWHB strategic plan and policy.

HEALTH PROMOTION PROJECTS

Hip Hop Health Promotion tour

Katherine West Health Board worked with Dion and his crew from Indigenous Hip Hop Projects to develop Health Promotion video clips with young people in some of our communities.

The videos in Timber Creek & Lajamanu raised awareness of the negative health implications of tobacco.

The Katherine West Health Region's rates of tobacco usage are reflective of Indigenous rates of tobacco use in other parts of Australia.

Gurindji Freedom Day Festival, August 2011

The Gurindji Freedom Day Festival is a very important date for many people in our region.

The festival was a great opportunity for Katherine West Health Board to celebrate with the community and to role model the importance of eating fruit and drinking water by providing fresh fruit and cool water throughout the festival.

Young people also participated in flour drum cooking, used the trachoma eye goggles and looked at the dangers of tobacco display.

Lajamanu Sports Festival, May 2012

At the request of the Lajamanu elders, population health staff attended this highly important sporting festival having a health promotion stall and spending time with each of the football, softball and basketball teams. Fruit and cool water was sponsored by Katherine West to role model its importance alongside the importance of physical activity.

Yarlpu Yarlpu Karu Baby Posters

The baby poster project has been in development within the population health team for the past 18 months.

We had to develop a project that would not create extra work for clinic staff but engage with community members in a genuine way.

The aim of the project is to increase infant (0-2 year) attendance at the clinic during their first

two years of life, increase health literacy with the infants mother around what happens at the clinic and why she needs to attend regularly.

Consistent nutrition messages on the posters also guide the mother around the development of the baby.

Fish 4 Life

KWHB's Fish 4 Life posters continue to be very popular amongst community members. Like many health promotion initiatives, this has grown up out of educational groups we hold in communities.

By sitting down by the river, telling stories, catching bush tucker, and having a laugh, we introduce a safe environment to speak directly about health issues.

RESOURCE DEVELOPMENT

Coordinators within the population health team meet regularly with the Ngumpin Reference Group to talk about new ideas of how to best share positive health messages.

Posters starring community members from their own community have been extremely well received, and make great health promotion resources within the health centre, the schools, council offices and community stores.

NGUMBIN HEALTH PROMOTION ROLE

This year KWHB further developed the Ngumpin Health Promotion Officer position description, and the role was filled for much of the year.

The role is currently vacant due to relocation, however we hope to fill this role during 2012-2013.





HEALTH PROMOTION REPORT YEAR IN IMAGES







HEALTH PROMOTION REPORT

YEAR IN IMAGES







FOOD SUPPLY AND NUTRITION

FOOD SUPPLY AND NUTRITION PROGRAM

The main aim of the nutrition program at KWHB is to improve food security in our region;

- Food availability
- Food affordability
- Food utilisation.

We collaborate with ALPA, and Outback Stores, Victoria Daly Shire, Schools, Community Store Licensing, NT Nutrition and Physical Activity Unit, FaFT to strengthen our approach to attaining food security in our region

WORKING WITH SHIRE ON FOOD POLICY

Vic Daly Shire and KWHB are working together to develop a nutrition and catering policy that will overarch all sport and recreation, aged care, child care, youth development and school nutrition programs to provide healthy food and deliver positive and consistent health messages.

RED DUST NUTRITION DVD IN LAJAMANU

This year we worked closely with RED DUST Indigenous health promotion group to develop a nutrition DVD using our own KWHB Tucker Buddies mascots with the Lajamanu school and store

SUGAR / FAT / SALT 3D POSTER

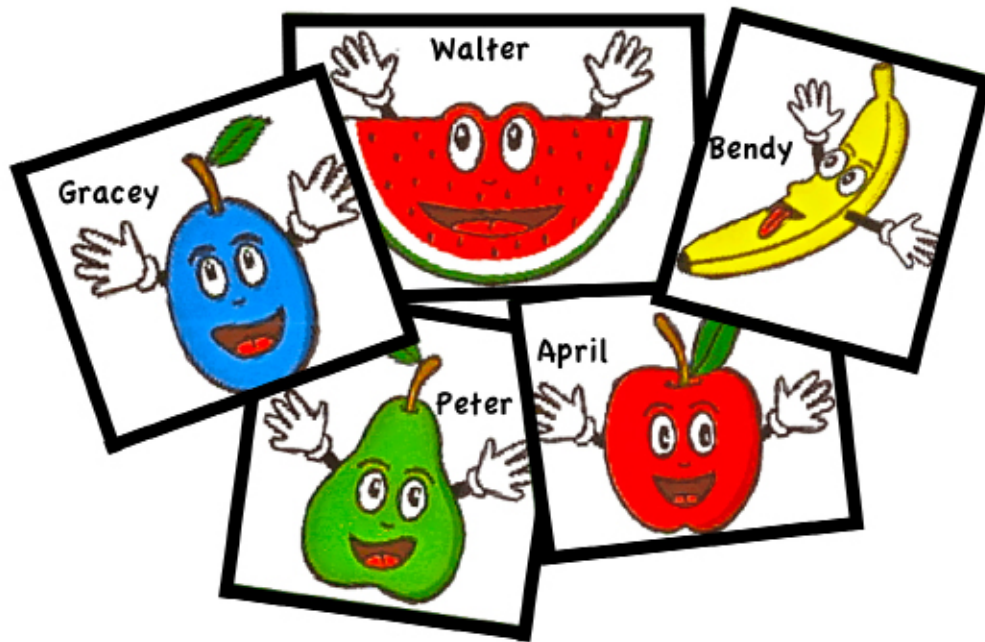
Development of the sugar/fat/salt 3D poster and delivery of nutrition focused lessons for our region's schools to help deliver more effective and interactive nutrition education.

HEART FOUNDATION AWARDS

Recognised by The Heart Foundation Awards for our great collaboration with Vic Daly Shire in our advocacy for healthier lifestyles (nutrition).







FOOD SUPPLY AND NUTRITION

EVALUATION OF TUCKER BUDDIES

BULLA COMMUNITY

PROGRAM FEEDBACK:

'My kid talk about Tucker Buddies when he come home from school. He wants to help me cook now. He says he like Banana man 'Bendy' the best!' - Parent

'The program went alright. I was here from the start. The kids get excited about food like fruit now and they know what it is and now buy it' - Parent

'Fantastic program; something different for the kids. Kids actually buy fruit themselves during lunch. We try to limit certain foods being sold at lunchtime. I have noticed less kids getting sick in community now.'

Store manager

'The kids gained a lot of knowledge from it. It's good teaching kids how to cook and eat healthy' - AHW

'I think the program was good. The kids talk about Tucker Buddies and ask when we doing it especially when we cook, I like learning about food too.' - Teacher aide

'Food awareness, cooking skills and eating choices with the kids improved. Resources were available and accessible. The kids had ownership of the program' - Teacher

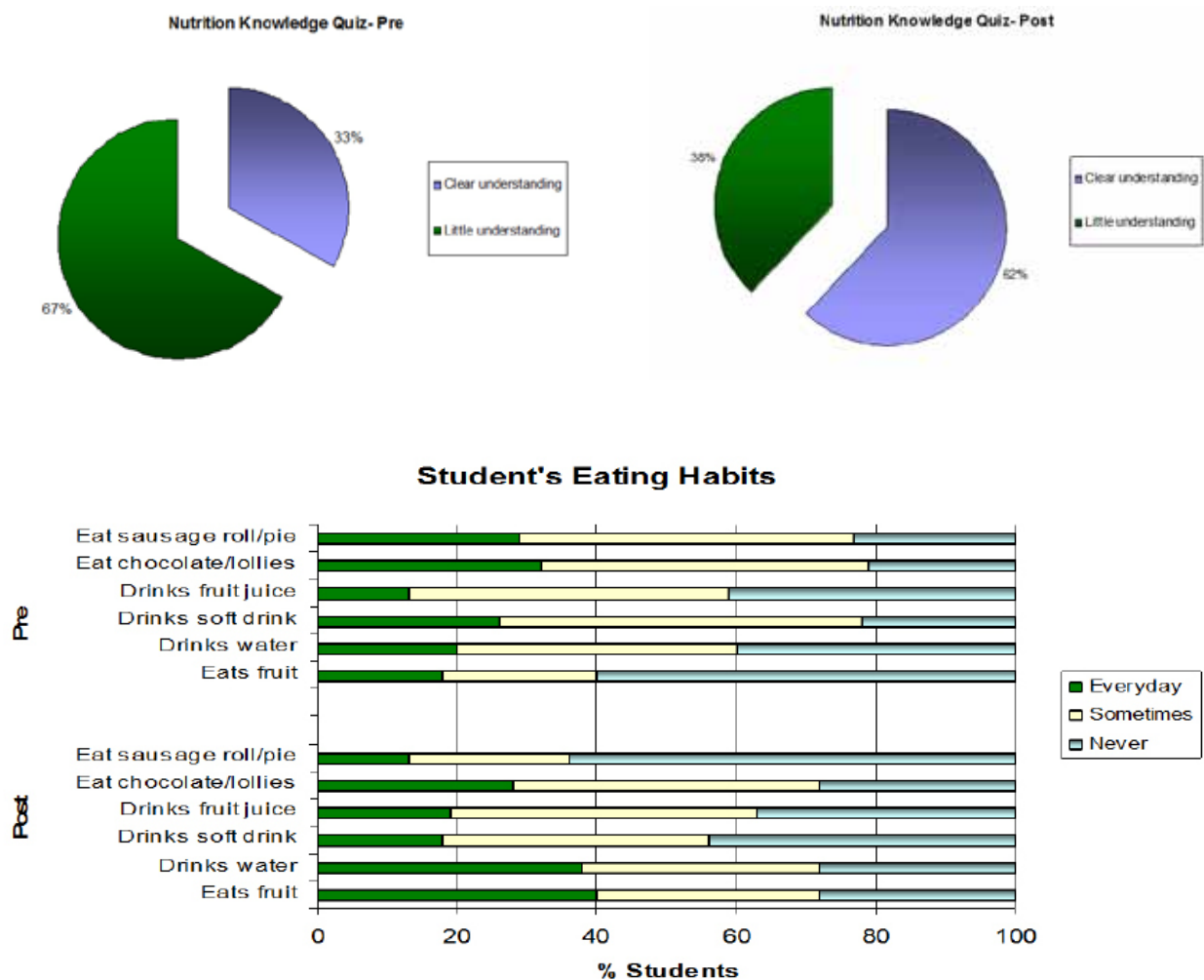
'Depending on the audience (Aboriginal communities), this is a great program and very appropriate for educating them on a healthier lifestyle' - Principal

TUCKER BUDDIES OUTCOMES

The main outcomes of the Tucker Buddies program at Bulla Community included:

- Healthy food and water availability and intake increased during recess and lunch
- Students and community felt empowered by the ownership of the program
- Accompanying initiatives in the community e.g. movie nights, football carnivals etc. with the support of the Tucker Buddies mascots helped the key messages of the program outside the school and into the wider community
- Community feedback stated that they want hygiene messages integrated into Phase II of the program
- Overall showed a marked improvement in nutrition choices, awareness and attitudes in the school, at the store and within the wider community

The below is a graphical representation of the pre and post Tucker Buddies program in Bulla. These graphs represent changes in nutrition knowledge and eating habits.





HEALTHY SKIN AND EYES REPORT

CLEAN FACE, STRONG EYES

HEALTHY SKIN AND EYES PROGRAM

The Healthy Skin and Eyes program strives to reduce trachoma and scabies in KWHB communities, as well as identifying adults that may be suffering from trichiasis (eyelashes rubbing on the eye) and to coordinate appropriate surgery in our communities.

Milpa, the trachoma goanna joined the Healthy Skin and Eyes team this year, helping to spread the word about “clean face, strong eyes”.

TRACHOMA BLITZ

The trachoma blitz happened once again in the region with only one community remaining to be screened.

This year we focused on school aged children as our primary target group.

Timber Creek and Bulla communities had no trachoma at all and all the children had clean faces.

Lajamanu trachoma rates stayed the same as last year but more children had clean faces.

In all communities more children had their eyes and skin checked than previous years.

Kalkarindji, Pigeon Hole and Yarralin. Trachoma were up from previous years and the number of children who had a clean face was lower than last year as well in these communities.

Staff at the health centres, particularly the Aboriginal Health Workers, Community Support Workers and receptionists helped a lot and we would not have been able to do such a great job without them.





ALCOHOL AND OTHER DRUGS REPORT

ALCOHOL AND OTHER DRUGS PROGRAM

KWHB's Alcohol and other Drugs Coordinator (AOD) provides a variety of services across our region, including;

- AOD education to community members and staff
- One on one counselling, education and referral
- Sourcing and development of AOD resources that are culturally appropriate
- Health promotion activities
- Maintenance of records and files
- Accumulating statistical data to support and direct service delivery.
- Applying for grants.

Peter Clottu, KWHB's AOD Coordinator is a member of the NT Remote AOD Workforce and as such the role liaises with other AOD workers across the NT, reporting back to the funding body, and taking part in professional development activities.

Peter also represents KWHB via attendance at various external AOD related working groups.

WORK IN 2011/2012

Funding for Support Workers in AOD

Obtained funding from the Commonwealth for two AOD support worker positions based in the Katherine West region (funded to June 2014, then to be reviewed).

Grant for Gym Equipment in Bulla

Obtained a grant from NT Health for \$2,500.00 for gymnasium equipment for Bulla community.

Yarralin Music CDs

Had 2,000 CD's produced of the Yarralin Healthy Living Concert of 2011. Approximately 1,500 of these have been distributed to Communities. The CD's contain embedded health messages in four languages as well as music tracks.

Low rates of Volatile Substance Abuse

KWHB has very little in the way of Volatile Substance Abuse. This is due in part to a continuous focus on this area by KWHB and success in convincing some fuel retailers to stock opal fuel. This process is ongoing.

Focus on One-on-One Counselling

The biggest part of the job in recent times has been providing AOD services to individual community members by referral. Given that there is only one person for a huge area this is very demanding and difficult to do.



MATERNAL AND WOMEN'S HEALTH REPORT

MATERNAL AND WOMEN'S HEALTH PROGRAM IN 2011/2012

The focus of KWHB's Women's and Maternal Health program this year has been on increasing access to quality care for pregnant women and their families.

ACCESSING CARE DURING PREGNANCY

Recently we identified that less women were accessing care before 13 weeks of their pregnancy than before.

Some work has been done with the Board Directors and communities to try and understand why women aren't presenting early.

Outreach midwife services provided from the hospital to our communities one day a fortnight has been an excellent initiative, along with collaboration aimed at increasing access to Midwife services for women in our communities.

WOMEN SCREENING

Another big focus this year has been on women screening. Each year KWHB resource community women to travel to town for breast screening which may otherwise be inaccessible for women living in remote communities.

Women's and Maternal health remains a big focus for the quality improvement activities at KWHB.



DIABETES EDUCATOR REPORT

CHRONIC DISEASE

There has been lots of investment into managing chronic disease over the last couple of years.

KWHB has been able to use these extra resources to better coordinate and support the delivery of chronic care in the region.

This includes the establishment of a Chronic Disease Coordinator position to coordinate the overall program, care coordinator positions to do chronic disease checks, community support positions, improved access to allied health specialists, employment of a Diabetes Educator and advocating for improved medical specialist services.

DIABETES EDUCATOR

This important role works closely with KWHB clients, families and health centre staff to help manage diabetes and encourage best practice in diabetes care.

This role provides support for staff and patient education with focus on prevention.

Prevention and education helps to delay the chronic complications of diabetes by empowering people to try and manage their own health, not letting disease processes manage them, through constant education and trust.

CASE CONFERENCING

KWHB commenced Case Conferencing for chronic disease this year. These sessions involve Health Centre staff, Chronic Disease staff, Remote Medical Practitioners from the Department of Health and sometimes clients and their families.

During Case Conferencing, there is a specific focus on:

- Client's medications,
- Insulin and lifestyle reviews
- Medication adjustment,
- Insulin technique
- Specialist referrals
- Any determining factor on a patient's overall health outcomes.

Decisions and changes around client care are made on the spot during Case Conferences and are reviewed on that day, so there is no delay in waiting for the doctor to change.



CHILD HEALTH REPORT

FOCUS ON ANAEMIA

Along with all the usual growth and development activity in the child health program, this year the Child Health Program has focused on addressing increasing anaemia rates in the region.

LEARNING TOOLS FOR STAFF

An Anaemia Self Directed Learning package has been developed for all PHC staff to complete upon commencing employment.

This package contains education on weak blood as well as nutritional education for families. We have participated in some quality improvement strategies by conducting ongoing education about child health issues during collaboratives.

A similar self directed learning package has been developed for growth faltering children. Although our rates have significantly reduced over the past few years, it is still an important issue.

Our immunisation rates of children fully immunised less than six years of age remains high and the under five child health check rates continues at about 75% of children receiving a check up within the year.

The introduction of the Baby Poster project at Kalkarindji has been a fun and positive collaboration between KWHB staff and has been well received by families in Kalkarindji.



INFORMATION & COMMUNICATIONS

BIG YEAR IN ICT

This year was another big one for the information and communications role at Katherine West Health Board.

The ICO also worked in the KWHB Risk Assessment, helping to ensure our compliance by displaying the required information materials required by OATSIH.

UPGRADE OF INTRANET

This year we upgraded our Intranet content management system, allowing us to have more options in the display of content and multimedia.

The biggest improvement has been the addition of videos to our Intranet site, which has opened up our cultural orientation and news sections.

WORK WITH ANYINGINYI

This year we were approached by Anyinginyi Health Aboriginal Corporation in Tennant Creek to help with their Intranet project.

The ICO helped to construct the new Anyinginyi Intranet.

RE-FOCUS OF INFORMATION ROLE

This year the ICO role moved into the area of governance, with a greater focus on full, executive and annual general meetings.

The ICO has worked on providing materials and display of information at Board meetings, as well as working on the development of policies and procedures.



Anyinginyi visit KWHB office in September 2011.



KATHERINE WEST HEALTH BOARD

EMPLOYEE INTRANET 2012

KWHB TV AND VIDEOS



[Home](#)
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[Health Teams](#)
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[Orientation](#)
[Policy & Procedures](#)
[Governance](#)
[People](#)
[History](#)
[Education](#)
[Weather & Roads](#)
[Maps](#)
[Safety](#)

[kwhbTV](#)
[Comments](#)

Thursday, 08 December
Welcome, [Keece O'Brien](#)
[Logout](#)

Cultural Orientation

- Our Story Pt 1
- Our Story Pt 2
- Working Together Pt 1
- Working Together Pt 2
- Working Together Pt 3
- One Mile Walk-Off
- From Little Things
- South Coast - Legacies

KWHB Health Promotion

- Bulls - Traphena Program Overview
- Bulls - KWHB's Tucker-Bullies Program
- Kalbarriids - "Ocean Food, Strong Rivers" Trachoma Resource
- Lupinus - Eat Good Tucker all the Time, Nutrition Resources

KWHB TV

KWHB TV: Katherine West Health Board has a TV section on our Intranet which features numerous videos that will be of both educational and orientational interest for our staff members. If you are aware of any new videos, please contact our Intranet Administrator at reece.o'brien@kwhb.com.au

RECENTLY ADDED CLIPS

23-Nov-2012: Alcohol access in the North Tazewell



16-Nov-2012: Tragedy of Georg in MT



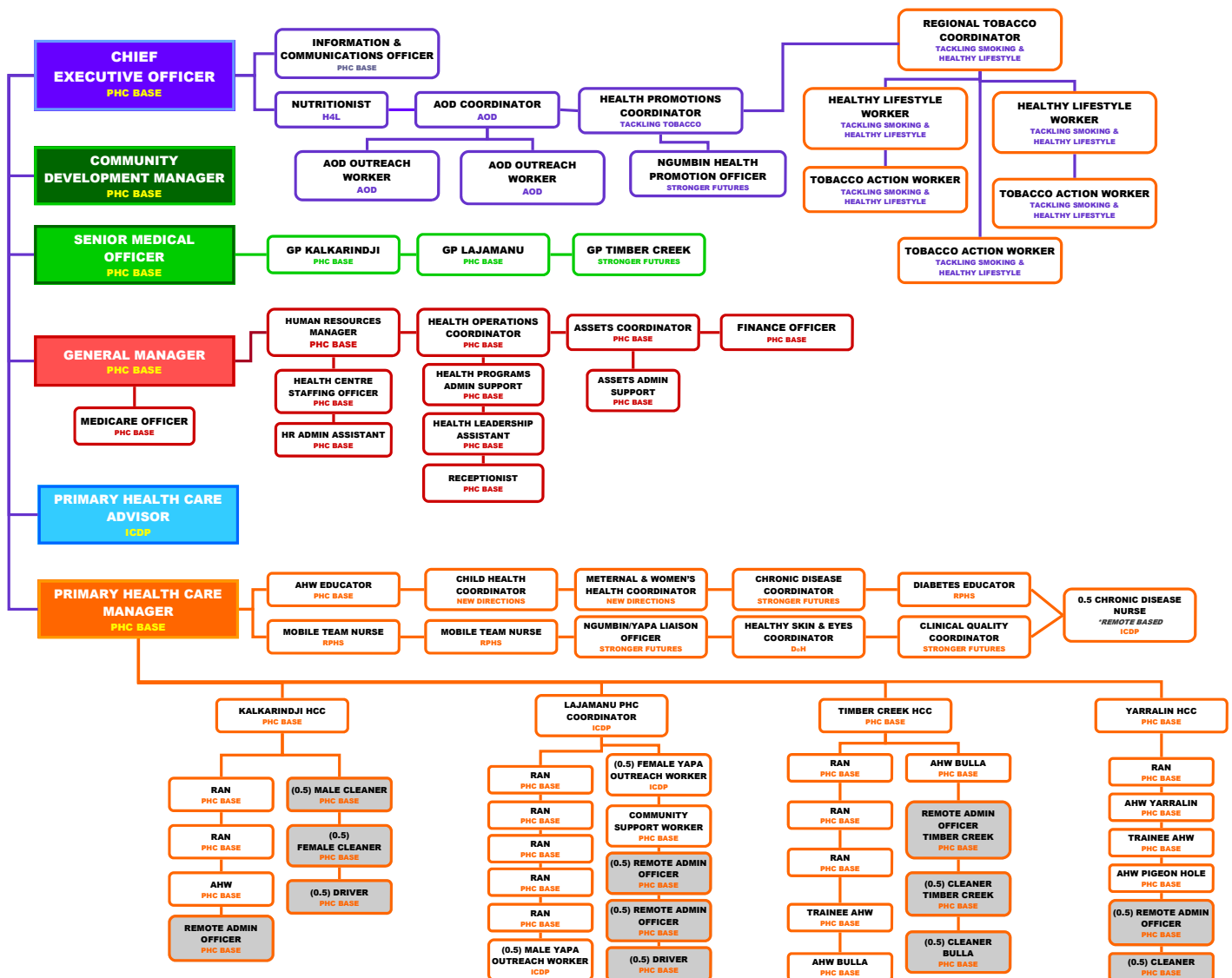
General Videos

- Many G visits KWHB
- Alcohol abuse in the NT
- Stemmeners to Continue
- Katherine - "Struggle with Drug and Narcotics"

Video News

- "All my People" - Timber Creek & Pyatt
- VIDEO - "Order to Live"
- Seamans' Mob
- HEALTH PROMOTION VIDEO - "HFF" "Seven Faces, Strong Eyes" with Kalbarriids Mob
- VIDEO - Paetal Alcohol Spectrum Disorder
- VIDEO - Don't be Riana Rama
- Video Archive
- Submit Article

KWHB ORGANISATION CHART



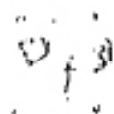
FINANCIAL STATEMENTS

2011-2012 FINANCIAL YEAR



Contained in this report is an extract of our audited financial statements for the 2011-2012 financial year.

To view the full version of the KWHB Financial Statements 2011-2012, please visit our website at www.kwhb.com.au



KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
 ABN 23 351 866 928
 FINANCIAL REPORT
 YEAR ENDED 30 JUNE 2012

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DIRECTORS REPORT

The Directors present this report on Katherine West Health Board Aboriginal Corporation for the financial year ended 30 June 2012

The names of the directors throughout 2011/2012 are as follows

Name	Community	Qualification / experience	Name	Community	Qualification / experience
Alicia King Resigned 9 May 12	Yarralin	*	Robert George	Lajamanu	*
Cecilia Edwards Resigned 22 Feb 12	Kalkarindji	*	Caroline Jones (P)	Myatt	*
Charlie Newry	Yarralin	*	Joseph Archie	Bulla	*
Clara Paddy	Gilwi	*	Laura Doolan (P)	Lajamanu	*
Doris Lewis	Lajamanu	*	Richard Tasman	Lajamanu	*
Geoffrey Baraes	Lajamanu	*	Rosemary Johnson (P)	Kalkarindji	*
Jack Little	Bulla	*	Sheila Hector (P)	Pigeon Hole	*
Geoffrey Matthews Resigned 22 Feb 12	Lajamanu	*	Sandra Campbell (P)	Yarralin	*
Jeremy Frith	Kalkarindji	*	Betty Smiler (P)	Gilwi	*
Jocelyn Victor	Pigeon Hole	*	Charlie James (P)	Yarralin	*
Joseph Cox	Doonum	*	Veronica Leering (P)	Kildurk	*
Joyce Herbert	Lajamanu	*	Jimmy Wavehill (P)	Kalkarindji	*
Nickolas Laurie	Bulla	*	Kaylene Hector (P)	Bulla	*
Riley Young	Lingarra	*	Aileen Daly (P)	Lingarra	*
Rosie Saddler	Kildurk	*	Maxine Campbell	Yarralin	*
Roslyn Frith	Kalkarindji	*	Tracie Patrick (P)	Lajamanu	*
Steven Jones	Myatt	*	Gus George (P)	Lajamanu	*
Tracie Patrick (P)	Lajamanu	*			

Secretary

The following person held the position of Corporation's Secretary at the end of the financial year Rosie Saddler from 23rd March 2011.

Principal Activity

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

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

DIRECTORS REPORT – Contd.**Operating Result**

The deficit of the Corporation amounted to \$(896,363) (2011: surplus \$471,193)

Distribution to Members

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

Review of Operations

The Corporation performed well financially and with respect to health service delivery to all communities in the Katherine West region during the 2011/2012 financial year.

Events Subsequent to Reporting Date

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

Likely Developments

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

Environmental Issues

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

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

DIRECTORS REPORT – Contd.

Meetings of Directors

Name	No of Meetings	Name	No of Meetings
Alicia King	3	Laura Doolan (P)	2
Charlie Newry	4	Jimmy Wavehill	1
Clara Paddy	6	Sheila Hester (P)	2
Doris Lewis	6	Charlie James	2
Geoffrey Barnes	7	Gus George	1
Jack Little	3	Joseph Archie	2
Geoffrey Matthews	2	Maxine Campbell	3
Jeremy Frith	5	Robert George	1
Yocelyn Victor	6	Tracie Patrick	1
Joseph Cox	7		
Joyce Herbert	2		
Riley Young	1		
Rosie Saddler	7		
Roslyn Frith	1		
Steven Jones	5		

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

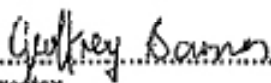
Proceedings on Behalf of the Corporation

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

Auditor's Independence Declaration

A copy of the auditor's independence declaration is set out on page 9.

Signed in accordance with a resolution of the Board of Directors



Director

Dated this 22 day of October 2012

DIRECTORS' DECLARATION

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

- (i) The financial statements and notes, as set out on pages 10 to 29, 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 2012 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 22 October 2012.


Director

Dated this 22 day of October 2012



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

Report on the financial report

We have audited the accompanying financial report of Katherine West Health Board Aboriginal Corporation (the Corporation), which comprises the statement of financial position as at 30 June 2012, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, notes comprising a summary of significant accounting policies and other explanatory information and the directors' declaration.

Directors' responsibility for the financial report

The directors of the Corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (the "CATSI Act") and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

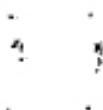
Auditor's responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

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

*Independence*

In conducting our audit, we have complied with the independence requirements of the Australian Professional Accounting Bodies.

Auditor's opinion

In our opinion:

(a) the financial report of Katherine West Health Board Aboriginal Corporation is in accordance with the CATSI Act, including:

(i) giving a true and fair view of the Corporation's financial position as at 30 June 2012 and of its performance for the year ended on that date; and

(ii) complying with Australian Accounting Standards.

KPMG

Clive Garland
Partner

Darwin

22 October 2012



To: the directors of Katherine West Health Board Aboriginal Corporation

I declare that, to the best of my knowledge and belief, in relation to the audit for the financial year ended 30 June 2012 there have been:

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

KPMG

KPMG

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

Clive Garland
Partner

Darwin

22 October 2012

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2012

	Notes	2012 \$	2011 \$
Revenue and other income	2	14,777,248	12,528,404
Interest	2a	119,237	163,371
Employee benefits expenses	3	7,662,590	6,826,290
Depreciation	8	665,946	580,648
Motor vehicle expenses	3	256,698	218,211
Travel and accommodation	3	952,358	822,442
Interest expense	2a	1,679	0
Other expenses	3	6,253,577	3,772,991
		<hr/>	<hr/>
(Deficit)/Surplus for the year		(896,363)	471,193
Other Comprehensive Income		0	0
		<hr/>	<hr/>
Total Comprehensive Income		(896,363)	471,193
		<hr/>	<hr/>

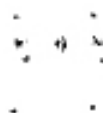
The accompanying notes form part of these financial statements

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2012

	Notes	2012 \$	2011 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	4,396,991	4,716,236
Trade and other receivables	6	77,968	164,705
Other current assets	7	575,268	755,729
TOTAL CURRENT ASSETS		<u>5,050,227</u>	<u>5,636,670</u>
NON-CURRENT ASSETS			
Property, plant and equipment	8	2,648,381	2,152,994
TOTAL NON-CURRENT ASSETS		<u>2,648,381</u>	<u>2,152,994</u>
TOTAL ASSETS		<u>7,698,608</u>	<u>7,789,664</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	2,703,724	1,892,417
Provisions	10	370,550	377,074
TOTAL CURRENT LIABILITIES		<u>3,074,274</u>	<u>2,269,491</u>
NON CURRENT LIABILITIES			
Provisions	11	131,728	131,204
TOTAL NON-CURRENT LIABILITIES		<u>131,728</u>	<u>131,204</u>
TOTAL LIABILITIES		<u>3,206,002</u>	<u>2,400,695</u>
NET ASSETS		<u>4,492,606</u>	<u>5,388,969</u>
ACCUMULATED FUNDS			
Accumulated funds		4,492,606	5,388,969
TOTAL ACCUMULATED FUNDS		<u>4,492,606</u>	<u>5,388,969</u>

The accompanying notes form part of these financial statements



KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

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Fax +61 8 8971 9340

www.kwhb.com.au

ABN 23 351 866 925 | ICN 3068

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 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 Administration expenses and overhead costs of the Health Board were reasonably apportioned across all sources of funds;

The Health Board's financial statements are presented fairly and are based on proper books and accounts prepared in accordance with Accounting Standards and other authoritative pronouncements and audited in accordance with Auditing Standards and other authoritative pronouncements;

The financial controls in place within the Health Board are adequate;

Adequate provision has been made for legitimate present statutory and other obligations of the Health Board including, but not limited to taxation liabilities, employee leave and other entitlements, liabilities incurred under the Superannuation Guarantee Charge Act 1992 and Depreciation of Assets;

The Health Board is able to meet its liabilities as and when they fall due.

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 they 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

Date: 22/10/2012

Chairperson

Date: 22/10/2012

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Logo Design: Rob Roy Japarta – Senior Aboriginal Health Worker (Kalkaringi)

The name of Jirntangku Myrta "One Shield for All" symbolises the Katherine West Health Board charter to reflect that the one shield is representative of all people and language groups in the Katherine West region. The Katherine West Health Board membership is drawn from the Lajamanu, Daguragu, Kalkaringi, Yarralin, Nijburru, Timber Creek, Bula and Mialini communities and their respective outstations.



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

We have audited the attached Statements of Income and Expenditure (the "Statements") of Katherine West Health Board Aboriginal Corporation ("the Corporation") for the year ended 30 June 2012 as set out on pages 37 to 76.

Board of Director's responsibility for the Statements

The directors of the Corporation are responsible for the preparation and fair presentation of the Statements in accordance with Australian Accounting Standards and have determined that the accounting policies used are appropriate to meet the requirements of the Office for Aboriginal and Torres Strait Islander Health (the "OATSIH") and the Department of Health (the "DOH"). This responsibility also includes establishing and maintaining such internal control as the directors determine is necessary to enable the preparation of the Statements that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

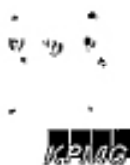
Our responsibility is to express an opinion on the statement based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the statement, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the statement that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

Independence

In conducting our audit, we have complied with the independence requirements of the Australian Professional Accounting Bodies.



Auditor's opinion

In our opinion:

- (a) the attached statements as set out on pages 37 to 76 for the OATSIH and DOH grants to the Corporation for the grant projects:
- (i) presents fairly, in all material aspects, the financial transactions for the year ended 30 June 2012; and
- (ii) are based on proper accounts and records and are prepared in accordance with applicable accounting standards

Restriction on Distribution

The Statements have been prepared for distribution to the OATSIH and DOH for the purpose of fulfilling the grant terms and conditions. We disclaim any assumption of responsibility for any reliance on this report or on the additional information to which it relates to any person other than the OATSIH and DOH or for any purpose other than that for which it was prepared.

KPMG

KPMG

Clive Garian
Partner

Darwin

22 October 2012



KATHERINE WEST HEALTH BOARD
ABORIGINAL CORPORATION

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