



TEAMWORK



IMPROVING FACILITIES



QUALITY CARE



TWO ROADS



COMMUNITY



GUIDANCE



LEARNING



HEALTH PROMOTION



INVOLVING KIDS IN FUTURE



COMMUNICATION



HEALTHY LIFESTYLES



STANDING UP FOR HEALTH



**KATHERINE WEST HEALTH BOARD
ABORIGINAL CORPORATION**

2013-2014 ANNUAL REPORT

CONTENTS



KATHERINE WEST HEALTH BOARD ANNUAL REPORT 2013-2014

PAGE	TOPIC
4	New Lajamanu Health Centre
5-9	Tribute to Director - Mr Joseph Cox
10- 11	Chairperson's Report
12	Board Directors 2013-2014
13- 14	CEO's Report
15- 17	Community Development Manager's Report
18	Business Services
19	Accreditation
20-22	Health Programs <ul style="list-style-type: none"> - AOD Program - Child Health - Chronic Disease Program - Food Supply and Nutrition
23-24	Health Promotion
25-33	KWHB Primary Health Care Report
34-49	Key Performance Indicators Health Report 2013-2014
50-65	KWHB Financial Audit 2013/2014 (Extract) - KPMG
66	KWHB Health Service Delivery Area
67	Healthcare Associated Infections (HAI)
68-69	KWHB Staff 2013-2014

ACRONYMS

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

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

NEW LAJAMANU HEALTH CENTRE



NEW LAJAMANU HEALTH CENTRE OPENED - AUGUST 2013

After many years of hard work, community consultation and planning, we finally opened the new Health Centre and staffing accommodation in Lajamanu during August of 2013.

The new Health Centre was designed by local Warlpiri people in Lajamanu to provide a culturally secure place for health care.

The \$7 Million dollar building project involved a great deal of work with our Board and senior staff members over a number of years, so we sincerely thank all people who have worked on the project.

The new Health Centre and staffing accommodation provides more appropriate working and living conditions for visiting staff and allied health specialists, while the fit out of the new Health Centre allows us to fully utilise better technology to provide care for our people in Lajamanu.

PASSING OF DIRECTOR - MR COX



In May 2014, Katherine West Health Board Aboriginal Corporation (KWHB) lost one of our longest standing Directors, Mr Joseph Cox, to illness.

Joseph hailed from Beagle Bay, Western Australia, and was a well-known and much-revered figure, mentor and friend throughout the history of Katherine West.

Mr Cox played a pivotal role in the Co-ordinated Health Care Trials (1995-97) for the Katherine West region which led to the establishment of the Katherine West Health Board. Joseph and his wife Rita Boombi both became Board members in 1997, with Joseph also being employed in the role of Liaison Officer, then becoming an Executive Board Director, before serving as our Chairperson for many years.

Joseph was very committed and passionate about KWHB and was heard many a time reciting how in the early days he would leave home (Doojum) on a Sunday and return on a Friday.

Jojo spent a lot of years of his life working and speaking up for his people and better health - He drove up and down the highway, talking up. We used to joke that our wives might divorce us one day we were away from home so long!

Over the years KWHB, through pooled funding from the Commonwealth and NT Governments, has led to a concentration of health service delivery to our communities with an increased focus on chronic disease, child health, maternal health and nutrition.

In his leadership of KWHB Joseph was patient, understanding, accepting of others; he supported senior staff and set a high standard for other Board Directors to follow when it came to good governance and commitment to the role.

Joseph's extensive knowledge of working in our health system came from his many years as a Senior Aboriginal Health Worker and Board Director.

We will always remember Joseph as being a hero for Katherine West.

Katherine West Health Board expresses its condolences and sincerely thanks Rita Boombi and family for supporting Joseph in his important journey with KWHB.

TRAVEL WELL JOJO - WE HAD A GOOD RUN, MATE!









CHAIRPERSON'S REPORT



Introduction

This year has again been a very big year for the Katherine West Health Board. Our Directors want to thank all our staff for their hard work and dedication during the last 12 months.

Financial Audit and Result

We are happy to see that KWHB have again received an unqualified financial audit, which reflects on the strong governance arrangements that have been in place at KWHB over a long period of time.

New Directors for 2013-2016

We welcomed a new Board of Directors at our last Annual General Meeting in November 2013 following our Open Community Elections.

The Board has worked hard as a group this year, with attendance at meetings being very consistent (above 90% - see table attached).

We also want to thank our outgoing Directors for their commitment to KWHB and to community health in our region;

- Roslyn Frith
- Steven Jones
- Doris Lewis
- Jeremy Frith
- Clara Paddy

Special General Meeting 2013

This time last year, KWHB held a Special General Meeting to change parts of our operating rule book to better reflect the needs of our Board. Our organisational Rule Book is available for people to view upon request.

The biggest change we made was in the appointment of Specialist Directors, whereby:

Up to 2 member directors who may reside anywhere in Australia, can be appointed by the directors and are selected for their special expertise related to the corporation's objects and are to represent the interests of the whole region."

Information at Board Meetings

As our Management standards have improved over time, our Board meetings have also improved, with more information sharing amongst staff and Directors.

The Board now speaks about specific organisational details, like our incident register, governance compliance calendars, health indicators and statistics, financials and operating budgets, staffing appointments and funding applications.

The more knowledge about operations the Board has, the more we can share that knowledge with community to develop the next generation of leaders in our region.

Governance Training

This year KWHB have continued Governance Training in the use of our Rule Book and Director roles and responsibilities. In the coming year, more Governance Training is scheduled around financial and compliance areas.

Open Community Meetings

This year we had a good set of elections in our remote communities, with new Directors joining our team.

We also had a change of direction in our Open Community Meetings, with a stronger focus on

CHAIRPERSON'S REPORT 2013-2014

Health Promotion during the day, with Directors and staff present to discuss issues with community members as they arise.

KWHB have also updated the way we get patient feedback, so it is a more ongoing feedback approach, instead of just once per year. Directors will get feedback more often and report it back to staff continuously, instead of just at scheduled meetings.

Visiting staff

As a Director, it is good to be working with staff when they come out to our communities, and helping in orientation as staff learn about our region.

It is also good to see many familiar faces as nurses and GPs return to our region on short contracts.

Ngumbin and Yapa Staff

It is pleasing to see so many Ngumbin and Yapa people doing so well in our organisation.

Aboriginal staff development, especially in the Alcohol and other Drugs area, AHP education, Admin staff, local staff, right up to management level, has also been a welcome development.

Currently 27 out of our 67 staff members identify as Aboriginal.

Advocacy

As a Board, one of our key roles is to speak up for our people to ensure better services in the bush.

We've been strong this year by speaking up for our region on the following topics;

- Funding for important Programs (Tackling Tobacco, AOD)
- Staffing levels in Pigeon Hole and Kildurk
- Services in communities
Including the Mistake Creek consult room, OVAHS servicing remote areas on the western edge, Pigeon Hole vehicle, funding for maintenance of airstrips in the Timber Creek region
- Level of amenities in communities
Mobile towers for Pigeon Hole and Yarralin,

better food in local stores, response to floods.

- Local Morgues
KWHB have been strong about getting local Morgues properly funded and managed, without a satisfactory result to date.
- Patient Safety
KWHB have spoken about police giving medications while people are in lock up, ongoing patient travel advocacy.
- Community safety
KWHB advocated for liquor restrictions in Top Springs, which was recently made law, to try and stop big amounts of grog hurting people in the bush.

Focus on Kids and Health Promotion

It has been good to see a strong focus on including children in the future of our Health Service, as our Strategic Plan shows.

This year there were four video clips made with Indigenous Hip Hop projects in Kildurk, Bulla, Pigeon Hole and Yarralin, with all the clips starring and written by local kids. including important health messages.

Strategic Plan

Next year, the Board will be adopting a new Strategic Plan to take KWHB forward for the next three years.

The current Strategic Plan has served us well, and been important for keeping KWHB staff and Directors focussed on our key roles.

Next Year 2014-2015

Another big year ahead for KWHB, I look forward to leading KWHB as Chairperson and working with our Directors.

I also want to pay tribute to all Board Directors past and present for the important role they have played in the story of Katherine West.

- Willie Japanangka Johnson
Chairperson, KWHB

BOARD OF DIRECTORS 2013-2014



Willie Johnson
Chairperson



Jocelyn Victor
Pigeon Hole (E)



Norbert Patrick
Lajamanu (E)



Wilson Rose
Kalkaringi (E)



Josie Jones
Myatt (E)



Rosie Sadler
Kildurk



Joyce Herbert
Lajamanu



Betty Smiler
Gilwi



Charlie Newry
Yarralin



Maxine Campbell
Yarralin



Joseph Archie
Bulla



Regina Teddy
Daguragu



Debra Victor
Kalkaringi



Zac Patterson
Lajamanu



Tracey Patrick
Lajamanu

	DIRECTOR	COMMUNITY / ROLE	MEETINGS ATTENDED	PROXY FOR DIRECTOR	NOTES
1	Willie Johnson (E)	Specialist - Chairperson	9	No proxy req'd	
2	Mr Cox (E)	Specialist - Vice Chairperson	6	No proxy req'd	Passed away - May 2014
3	Jocelyn Victor (E)	Pigeon Hole - Vice Chairperson	9	Raymond Hector (P)	Re-elected 2013
4	Norbert Patrick (E)	Lajamanu - Executive Director	6	Andrew Johnson (P)	Elected 2013
5	Wilson Rose (E)	Kalkaringi - Executive Director	8	Kerry Smiler (P)	Elected 2013
6	Josie Jones (E)	Myatt - Executive Director	7	Sheratine Jones (P)	Elected 2013
7	Joseph Archie	Bulla	5	Stan Retchford (P)	Re-elected 2013
8	Regina Teddy	Daguragu	5	Mesach Paddy (P)	Re-elected 2013
9	Betty Smiler	Gilwi	5	Clara Paddy (P)	Elected 2013
10	Debra Victor	Kalkaringi	5	Roslyn Frith (P)	Elected 2013
11	Rosie Saddler	Kildurk	3	n/a	Re-elected 2013 - No proxy elected
12	Joyce Herbert	Lajamanu	4	Lynette Tasman (P)	Re-elected 2013
13	Tracey Patrick	Lajamanu	3	Jenny Johnson (P)	Elected 2013
14	Zac Patterson	Lajamanu	2	Josias Dixon (P)	Elected 2013
15	Charlie Newry	Yarralin	5	Troy Campbell (P)	Re-elected 2013
16	Maxine Campbell	Yarralin	2	Jenny Newry (P)	Re-elected 2013
17	Riley Young	Lingara	2	Aileen Daly (P)	No election held in Lingara
18	Doris Lewis (E)	Lajamanu	1	Tracie Patrick (P)	Directorship ceased - 25/6/2013
19	Steven Jones (E)	Myatt	0	Caroline Jones (P)	Directorship ceased - 17/7/2013
20	Roslyn Frith	Kalkaringi	0	Jimmy Wavehill (P)	Directorship ceased - 16/7/2013
21	Jeremy Frith (E)	Kalkaringi	0	Gus George (P)	Directorship ceased - 16/7/2013
22	Clara Paddy	Gilwi	0	Betty Smiler (P)	Directorship ceased - 17/7/2013

CHIEF EXECUTIVE OFFICER'S REPORT



Chairperson, CEO and Community Development Manager during the Lajamanu Health Promotion event in May 2014



Heading towards the Duncan Hwy during our community consultation trip in Aug 2013.

2013-2014 has been another year of consolidating the good internal processes that have been in place over an extended period of time at Katherine West Health Board.

Financial Audit

Attached to this report is our Financial Audit for 2013-2014, performed by our appointed external auditor KPMG. The financial audit was unqualified, which means no issues were identified with our accounting processes.

Our Board of Directors

To follow on from the comments of our Chairperson Japanangka, this year has seen a transition in our Board's development and a renewed focus on keeping our governance at Board level strong. It is important that our Board provides strong leadership, and this year our Chairperson and Directors have been exemplary in their leadership, hard work and dedication to their roles.

It is also great to see our Board Directors having a bigger role at community level, assisting new staff in orientation when they come to our communities and providing feedback on a consistent basis to management regarding any specific community issues that may affect health service delivery.

Consolidation of our Primary Health Care Model

2013-2014 has been a year of consolidation and improvement for our Primary Health Care Collaborative model, evidenced by KWHB's successful re-accreditation against RACGP healthcare standards in our four main Health Centres for another three year period (2014-2017). This accreditation is proof of the high standards of professionalism and care we provide for our clients in our Health Centres.

In addition to this KWHB has also been successfully re-accredited against ISO Management Standards, and National Safety and Quality in HealthCare Standards (NSQHS). for the first time. Our work in this area has been bulwarked by the strength and support of our cultural security framework, which protects our clients and helps to provide care that is accessible and safe.

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

Improvement of Capital Infrastructure

Much work has occurred over the last few years in relation to the new Lajamanu Health Centre and staffing accommodation. Our thanks to all staff, Directors, community members and important

CHIEF EXECUTIVE OFFICER'S REPORT

funding partners for their help, hard work and guidance in getting this project to completion this year. It is a contemporary Health Centre suitable for the needs of a large community population with a high burden of disease.

Our Team

KWHB is fortunate to have an excellent team of hard working staff with a diverse range of skills. In our Health Centres, our backbone continues to be our Registered Nurses, Aboriginal Health Practitioners and GPs who are all doing a brilliant job supported by hard working administrative staff. We have also worked with external bodies such as NTML, RAHC and others to ensure we have consistent and quality coverage of Clinicians in our Health Centres.

We also have a high quality administrative support team based in Katherine.

New Strategic Plan, 2014-2017

In the next year, KWHB will be renewing our Strategic Plan after our current Strategic Plan (2010-2014) expires. This Strategic Plan has served us well, and allowed Management and Directors to focus on important issues in our service and our region. Big areas we have improved upon since 2010 are in the areas of capital infrastructure, improving patient safety during travel, continuity of care and community development, especially the engagement of young people in our health service.

KWHB have Edward Tilton to lead the engagement with Board and senior staff on the makeup of the new Strategic Plan, which will be constructed around the effective priorities of the 2010-2014 version.

Focus over coming years

Measurement against our Key Performance Indicators have been positive for a number of years now, so our focus will be to continue to provide comprehensive primary health care services while strengthening some supporting systems at KWHB, especially in the areas of specialist services, with a strong focus on mental health and social and emotional wellbeing.

Advocating for increased specialist services and continuing our good dialogue with local hospitals in Katherine and Darwin will also continue to be a focus.

I'd like to take this opportunity to thank and acknowledge the hard work so any people put in each year to keep KWHB ticking along. Special thanks to our Chairperson Willie Johnson, all our other Directors and all of our staff, both frontline and the back up support. You all do important work vital to our successful delivery of services.

Also, a special mention to our much loved colleague Jojo Cox who passed away this year. Thank you Jojo, we miss your personal support and humour.



- Sean Heffernan
Chief Executive Officer

COMMUNITY DEVELOPMENT MANAGER'S REPORT



This year, KWHB have continued to have a strong focus on respectfulness and building relationships, communicating with care and working with people to guide us, like our Directors, our Aboriginal Health Practitioners and other Aboriginal staff. Building relationships is a big part of Katherine West Health Board, both internally with staff and also building relationships with communities and our patients.

This year, we have continued to excel in the technical areas of health service delivery, as well as ensuring our services are delivered in ways that take our patient's culture into account, that are respectful, and that result in more effective engagement with Aboriginal people.

Feedback on KWHB from our Clients

The Community Development Manager (CDM) remains the main point of contact for issues with health service delivery, complaints about staff and bigger issues within our communities.

This year, with support from our Directors, KWHB have made a change to how we receive feedback. Every year, instead of having formal Open Community Meetings, we will hold Health Promotion events in each of our communities instead, with Board Director elections to be held in the same way every three years (next election due in 2016).

The reason for this change is because KWHB now have good feedback mechanisms in place for receiving and dealing with feedback or complaints on a regular basis. The CDM is in regular contact with Board Directors, who are our eyes and ears on the ground at community level.

Every year we have 10 Board meetings (full and executive) where Directors give community feedback and issues are always discussed at Board level, with any actions required being resolved quickly by our management team. This is what we refer to as a continual feedback cycle.

Community members are encouraged to raise any issues with health service, or issues in the community, with local Board Director first, or to contact CDM or the CEO to discuss it further.

Cultural Security Framework

We have kept embedding our Cultural Security Framework into our systems at KWHB. It is part of our education and training schedule, and a hard copy of our Cultural Security Framework is given to all new staff during cultural orientation as a guide, especially when many new people who come to our region may not know what cultural security is.

Our Framework explains cultural security well, why it is important, as well as the benefits of culturally

COMMUNITY DEVELOPMENT MANAGER'S REPORT

secure care for both staff and patients. It represents a good opportunity for self reflection for our new staff.

Community Development through Health Promotion

This year KWHB had a strong focus on promoting health messages for our specific region, with our people driving the messages. We had Hip Hop health promotion workshops and videos made in Kildurk, Yarralin, Pigeon Hole and Bulla - raising awareness about common chronic conditions, breaking information down through Hip Hop.

It was great to see so many kids and people of all ages enjoying the videos and embracing positive health messages. We are very proud of these clips being owned by our local communities.

It is important to get that message across effectively for young people, who are our target audience, to try and instil generational change towards good health, and to support health services we provide through our health centres and health programs.

We know from recent years that if we can get local people involved in creating the message, and being a part of the message, we are more likely to provide an environment where community members can better understand and manage their health.

Ngumbin Reference Group (NRG)

It has been a very big year for NRG meetings. A main focus has been the review and approval of a large suite of health promotion resources, onto, what we call, our Health Promotion Register. We developed this register as a way of ensuring all the posters, booklets, videos and other material we use to promote health with our people has been looked at by Ngumbin and Yapa people and reviewed to ensure it will be effective, safe and understandable for our clients.

This register covers health topics from Alcohol and other Drugs, chronic diseases like Diabetes and Rheumatic Fever, eye and ear health, dental health, hygiene and sexually transmitted infections.

In the coming year we will be reviewing the structure of the NRG to see if there are ways to improve how it functions in the future. A big thanks to all our Program Staff for all their work with the NRG, and to all the members of the NRG for their commitment to the group and to KWHB's organisational goals.



COMMUNITY DEVELOPMENT MANAGER'S REPORT

Management Training / Role Development

This year, as Community Development Manager, I was encouraged by the Board to undertake specific management training, to increase my skills in management. This training has been challenging but rewarding so far. Thanks to our Directors and CEO for encouraging this professional development.

I hope that other people in our organisation will take up opportunities for development in their work like this in the future.

Duncan Highway Engagement

Katherine West Health Board directors, along with leadership team and administrative staff members, visited all Duncan Road and Keep River region communities for a week during August 2013. Because these communities are right on the NT/WA border, KWHB have been engaging Ord Valley Aboriginal Health Service (OVAHS) in Kununurra to provide mobile health service to these outstations and pastoral properties that are inside our NT area, but very far away from our main service delivery areas.

The purpose of the visit was to learn more about the health service requirements for all the residents and visiting workers out in the region, and to evaluate the level of the service provided by OVAHS.

As a result of the visit, KWHB continues to work well with OVAHS to ensure good health service coverage in these very remote areas, and we thank OVAHS for their work.

- David Japarte Lines
Community Development Manager



BUSINESS SERVICES REPORT

This year KWHB have had strong support from our Administrative staff based in Katherine, with new staff joining our team and providing excellent support to our existing staff to ensure our health service delivery in our remote communities can operate smoothly.

Assets

This year KWHB have had good support from our Assets team, working hard to maintain our vehicles, accommodation and equipment in working and safe condition.

Our Assets team also do a large amount of work maintaining an accurate database of all our Assets to ensure we get the most out of our organisational equipment.

Health Operations

Our Health Operations team continues to support our health service delivery in our remote centres, ensuring safe travel and support for our bush staff.

This area will work more closely in the coming year with our Manager of Primary Health Care to ensure closer support with remote staff and requirements.

Human Resources

This year we had a new Human Resources Manager join our team, Trudi Hartley, and our HR team has continued to provide professional and contemporary recruitment, contracts, performance reviews and other staff services.

Information and Communication Technology

We continue to provide a quality Intranet (internal website) for our staff members. This year we have included the Electronic Therapeutic Guidelines (eTG) for senior clinicians to refer to, as well as providing updated electronic versions of the new Primary Health Care (PHC) manuals for staff reference.

Our Intranet continues to be our main source for orientation resources, multimedia, document management, policies and procedures, forms and accessing our HR database (Employee Connect).

Finance

This year we have had a new Finance Manager, Helen Bretten, join our team, which has led to

KWHB having less reliance on our external financial advisor.

Our Finance Officer has fitted in well with the team and is working well in a challenging and busy area.

General Manager

This year our General Manager, Liz Yates, covered a number of important areas for KWHB, specifically around accreditation and liaison with external bodies such as government funding bodies and our technology partners (Immense Data).

Liz's work with Immense Data has led to a measurable improvement in our IT network, with better connectivity and less outages across our wide network.

Our General Manager also does a large amount of work covering our Organisation's Workplace Health and Safety requirements, chairing our Safety team, and providing general support across a number of areas, specifically Assets, Human Resources, Health Operations and Administrative support.

Information and Communications Officer

This year the ICO role has continued to expand into areas of governance and compliance, with Reece O'Brien working closely with Board and Leadership Group.

We also re-developed our public website to make it more contemporary as our main recruiting and information tool.

This year we also continued to review our general, workplace health and safety (WHS) and PHC policies and procedures at management level, with most of our policies now having been reviewed during the last two years, ensuring our internal processes are safe and current.

KWHB ACCREDITATION

NSQHS



ISO



RACGP



Reaccreditation against RACGP Standards

KWHB were once again successful in meeting all essential criterion of the RACGP Standards for General Practices Current Edition, which means our four main Health Centres (Kalkaringi, Lajamanu, Timber Creek and Yarralin) are RACGP accredited. This is an excellent result for KWHB.

Thanks to all staff in the Health Centres for their hard work in achieving this re-accreditation, and to the support team in Katherine.

Reaccreditation against ISO Standards 9001-2008

KWHB were once again successful in attaining accreditation against ISO Standards 9001-2008 during this financial year.

This accreditation is important for KWHB, as it measures our ability to have good management systems to provide Comprehensive Primary Health Care, which incorporates the core standards for safety and quality in Healthcare. KWHB will continue to work towards achieving these standards.

Accreditation against NSQHS

This year KWHB attained full accreditation for the first time against the ten National Safety and Quality Health Service (NSQHS) Standards, which provide a nationally consistent statement about the level of care consumers can expect from health service organisations.

This was a big undertaking for Katherine West Health Board, and we were one of the first health service providers in the Northern Territory to achieve certification against all 10 of the NSQHS standards, which is a positive achievement for KWHB and a reflection on the effectiveness of our Continual Quality Improvement program.

HEALTH PROGRAMS



Alcohol and other Drugs Program

There are currently two employees in this program, AOD Coordinator (Peter Clottu) and AOD Support Worker (Sonny Victor). Sonny is a Gurindji man from Kalkaringi who has relocated to work from Katherine and travels around to all of our communities. During 2013-2014, we also had excellent support from Leah Leaman as our female AOD Support Worker.

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

The major drugs of concern that we come across are alcohol, cannabis (gunja), tobacco and some occasional outbreaks of volatile substance abuse (sniffing). We still have very high rates of tobacco use in our region and this is a major cause of death and disease.

Alcohol is a problem for some people in all of our communities but it appears that the restrictions on take away alcohol sales from Top Springs Roadhouse are starting to have effect on communities in that area, with reports coming in that there is less extreme binge drinking occurring - it is early days but this is very encouraging.

Gunja seems to be around for most of the time in most communities and is a concern particularly when used by young people as it has the potential to cause most harm particularly affecting well-being and mental health.

We are very lucky in having Opal fuel at several fuel outlets in our region and have little in the way of chronic sniffing of petrol - we get occasional episodes of sniffing of aerosols, but with our early intervention and community support we seem to be able to get on top of these fairly quickly.

It is almost unknown to come across abuse of amphetamine type drugs or opiate type drugs in our region.

Apart from clinical/client work, Sonny and Peter spend a lot of time on health promotion in the region and have been involved in the recent KWHB hip hop videos and the recent "Healthfests". We are also involved in establishing and equipping gyms in some of our communities and work in this area continues.

KWHB has ongoing involvement in obtaining and developing AOD resources for use in our communities and liaise closely with our internal Ngumbin Reference Group that vets and critiques these resources to ensure that they are culturally appropriate and effective.

HEALTH PROGRAMS



Sonny and Peter are also members of the NT Remote AOD Workforce and have the benefit of the support unit associated with this group and also attend the twice yearly forums and fortnightly teleconferences.

We are well supported in accessing ongoing professional development activities and attend regular training within the AOD sphere. Sonny is also undertaking study in the "Certificate III in Community Service Work" as provided by the Batchelor Institute of Indigenous Tertiary Education.

- Peter Clottu
AOD Coordinator

Child Health Program

This year KWHB delivered a Child Health Program, with a specific focus of the program on addressing Childhood Anaemia and Growth Faltering. More information about this program can be found in our Key Performance Indicator results.

Chronic Disease Program

This year KWHB delivered a Chronic Disease program, with a Chronic Disease Nurse Practitioner, Care Coordinator and Diabetes Educator.

Case conferencing for complex chronic disease continues throughout the region on a fortnightly basis – involving multidisciplinary teams of health staff in order to get the best outcomes for our clients.

This program continues to provide good support for Ophthalmology, Optometry, Physicians, Cardiology and Podiatry services when they visit.

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

Nutrition and Food Supply

This year we have had a full time Food Supply Nutritionist working in our region, focussing on the following projects;

Shop@RIC

Menzies research project SHOP@RIC finished in Pigeon Hole at the end of 2013. The project in Pigeon Hole involved six months of nutrition education and a price discount on water, diet soft drink, fruit and vegetables. The project finished with store prizes including fridges, rice cookers and slow cookers. Store Managers Sarah and Jose helped announce the winners in the final week.

HEALTH PROGRAMS

Communities Kalkaringi and Yarralin started the discount phase in early 2014 for six months. Sales data is currently being analysed by Menzies.

Lajamanu Store Project – Better Choices Healthy Lifestyle

The Lajamanu Store Project was developed in early 2014. Following consultation the Lajamanu Food and Nutrition committee voted that the store project would focus on soft drinks. Store data showed that the store was selling high amounts of soft drinks (mostly Coca Cola and Sprite).

The committee was presented with some research on various strategies undertaken in other regions, plus discussion on new ideas. The Store Board voted and six strategies were chosen, including a store incentive program. The project was titled *Lajamanu Store: Better Choices, Healthier Lifestyle*. Initial data from the first three months of the project showed water litres sold increased dramatically by 67% (compared to the same three months in 2013), diet soft drink increased slightly, sugar soft drinks also slightly increased, except for Passiona. The Store Board voted to extend the program and review at the end of 2014. Additionally a sugar in drinks poster and store logo have been developed for community education.

Early Childhood and School Nutrition

Visits were made with Families as First Teachers (FAFT) program in Lajamanu and Kalkarindji to undertake nutrition and cooking education. Both groups have made big changes to incorporate iron sources into meals. The Lajamanu store now stock kangaroo mince so the FAFT program can have easy access.

Kalkarindji FAFT group took part in the making of the Hip Hop video on Anemia. The mothers and their children had the opportunity to help write the song and perform in the video. Child Care menus were evaluated this year. A focus was to cut back on low iron food such as two-minute noodles and tinned spaghetti and increase fresh meats and vegetables.

All schools have had a menu assessment of school provided meals. Some schools have engaged in improving the menu to increase iron and calcium intake and limit sugar. As a result some schools have invited health staff to assist with education and health days.

Aged Care

All Aged Care centres in the region had their menus evaluated and advice provided on how to meet nutritional requirements for older people. Aged Care teams have started to reduce the amount of sugar and sodium and increase protein, calcium and fibre, by making changes such as using wholemeal bread, using more eggs, swapping from sugar to sweetener, removing juice and increasing milk. Some Aged Care centres have regular visits by Lauren Jeffs (KWHB Nutritionist) for nutrition and food related games and activities.

Women's Health

There has been a focus on Women's health and fitness in Timber Creek, Bulla and Lajamanu. Lauren has been working alongside Exercise Physiologists Chris & Lauren and Youth Worker Leslie in providing women's cooking sessions. These sessions have allowed women to exercise and cook in a group environment and to provide support and advice to each other.

- Lauren Jeffs
Food Supply Nutritionist

HEALTH PROMOTION REPORT



This was a very big year in the Health Promotion at KWHB, with the position filled for all of 2013-2014.

Quitskills training

Training sessions in Quitskills have been completed in Timber Creek and Kalkaringi with 13 staff trained in delivering tobacco cessation brief intervention and motivational interviewing.

Health Promotion Register

The health promotion register ensures that health messages are consistent and are culturally appropriate. Work on the health promotion register continues through presenting resources at the NRG meetings and updating the register regularly. This year we have approved roughly 60 new resources for use with our clients.

Health Centre Resource Audits.

All Health Centres have had a health promotion resource audit conducted to ensure all resources used have been passed by the NRG. Stock take of resources also occurs to ensure Health Centres have a sufficient stock of resources.

Development of health promotion resources

The following Health Promotion resources have been developed through consultation with Primary Health Care staff and the NRG. These include;

- Hand washing & hand rub stickers & posters
- Looking after your diabetes booklet
- Low blood sugar information
- Ready to move physical activity action plan
- Ready to quit tobacco cessation action plan
- Medication reminder stickers
- Acute Post Strep Glomerular nephritis outbreak posters

There also has been extensive consultation with Primary Health Care staff, NRG and community members during the planning of the following resources due for be completed in next reporting period.

- Smokecheck booklet redevelopment
- Physical activity resources

Health Promotion Orientation

All new staff are orientated to the KWHB Health Promotion program during their orientation week.

Hip Hop Videos

In 2013-2014, KWHB had our second round of Hip Hop Health promotion video clips developed,

HEALTH PROMOTION REPORT

focussing on healthy lifestyle messages in Kildurk, Bulla, Yarralin and Pigeon Hole. The Health Promotion Coordinator was a big contributor to the planning and development of these clips, alongside other program staff.

Kidney Health Sessions

Organ Donation nurse visited Kalkaringi and ran a health promotion session about kidney transplantation and how healthy lifestyles can keep kidney disease away.

Tackling Tobacco Initiative

Tobacco health promotion plan was developed with plan to be actioned in 2014.

Lajamanu World No Tobacco Day event

A community health promotion event was run in Lajamanu for World No Tobacco Day. We discussed smoking cessation, healthy lifestyle and kidney disease.

Open Community Meetings - Health Promotion Focus

Approximately 200 people attended the Lajamanu Health Promotion Event, with support from local shire and local service providers on the day.

At this event, there was a thorough discussion about healthy lifestyle indicators, physical activity, drinking water and eating fresh fruit and vegetables to keep strong and healthy, as well as attending the clinic for check-ups. There was also discussion held with Directors about local issues in Lajamanu which were reported and acted upon by KWHB management at the next Board Meeting.



Health Promotion Coordinator, Chairperson and AOD Coordinator do a presentation about sugar in drinks during the Lajamanu Health Promotion Day - May 2014

KWHB PRIMARY HEALTH CARE REPORT

GP Services in our region

As has been the case in recent years, KWHB has been served well by a consistent flow of returning Locum General Practitioners, with Full Time Equivalent (FTE) hours covered by these Locums. During the first half of 2013-2014, we had a full time GP based in Lajamanu which also added to the full complement of GPs in our region.

The majority of our Locums have returned to work with KWHB, are experienced working within our system and participate well in our CQI and collaborative meeting system. Medicare income continues to be consistent (see Medicare Report).

Senior GP and GP Support Program

Dr Odette Phillips continued as KWHB's Senior GP, providing largely off-site support under our GP Support Program. Dr Odette answers enquiries from staff regarding client care, reviews pathology, letters and PATs requests, as well as providing GP support for RANs, AHPs and Locum GPs where required.

Health Centre Reports 2013-2014

Bulla Health Centre

Bulla continues to benefit from stable staffing, it is a huge benefit to have the permanent Aboriginal Health Practitioners in the community. Good support from Timber Creek with regular visits, with GP visits once per fortnight. This year our Chronic Disease team spent more time in Bulla focussed on men's health. Also focus on AOD in Bulla and volatile substance abuse was continued.

Kalkaringi Health Centre

Four permanent staff members in Kalkaringi provide excellent coverage to this region, and this year Kalkaringi had its first full year providing coverage to Pigeon Hole for three days per week (Tuesday to Thursday). Kalkaringi had a good number of visiting specialists, and a general focus on providing good chronic care for older people.

Kildurk (Mialuni) Health Centre

Mialuni continues to get weekly visits from Timber Creek staff, and fortnightly GP visits. KWHB have continued to advocate to the Government for two permanent staff to be based in Kildurk, however it is difficult due to the small population and lack of specific funding for these roles. We were very pleased to include Kildurk in our Hip Hop Health promotion schedule of visits this year.

Lajamanu Health Centre

The new Health Centre and staffing accommodation opened in August 2014, which has enabled greater compatibility of workspace for visiting specialists and staff. There is real community ownership of the Health Centre as it encompasses a culturally safe space, designed by the community leadership.

Staffing in Lajamanu has remained reasonably stable, we have had good returning Locum staff, regular GP, outreach workers and support workers in Lajamanu. We had an excellent Health Promotion event in Lajamanu during June 2014 which was well attended.

KWHB PRIMARY HEALTH CARE REPORT

Pigeon Hole

In Pigeon Hole we have seen a continued increase in the number of clients seen in Health Centre. Pigeon Hole has also had an increase in the number of visiting specialists in the community this year. Clients from Pigeon Hole also travel to Kalkaringi for some outreach services. There is a visiting GP in the community one day per week, every week, which is a good result for Pigeon Hole and a big increase in GP services to this community over recent years.

Timber Creek Health Centre

Staff at Timber Creek continue to work hard, with the transition to a new Health Centre Coordinator progressing well. Timber Creek continues to provide an excellent level of emergency services along the highway. GP services are shared with Yarralin (one week on, one week off)

Yarralin Health Centre

Female Aboriginal Senior Practitioner Lorraine Johns has moved over to Yarralin from Pigeon Hole, which has been good for the Health Centre. The long term Health Centre Coordinator moved on in April 2014, however the transition has been well managed. It has been good to see that the previous Health Centre Coordinator has come back to our region, and KWHB, in another role this year.

General Overview of Health Centre Activities

Our Health Centres were reaccredited against RACGP, ISO and NSQHS, which is a sign that everything is going well and our processes are working. There was a big focus on Continual Quality Improvement in our Health Centres, and staff have participated well in our Collaboratives sessions, providing presentations and case studies each Friday.

The level of work undertaken by Health Centre teams and town based staff to maintain our high level of accreditation is valuable and very much appreciated.

Working with external partners

Royal Darwin Hospital

KWHB work with RDH to engage specialist services, medical specialists and other allied health services, as well as NTML who fund us for some outreach specialist services, and chronic disease services. We have had an Increased number of specialist outreach visits. Good relationship with DoH and RDH.

Katherine District Hospital

KWHB has regular meetings with management at KDH (3-monthly) and have developed a good relationship in recent years. Any issues that arise, we've been able to have that direct line and conversation, getting issues resolved straight away for our patients. PATS related incidents are much less now, which is testament to the good relationship KWHB have now with KDH. We have a robust system in place for resolving incidents before they become an incident and the open flow of communication between organisations continues to flourish.

CareFlight

We have a direct dialogue with CareFlight, issues are resolved effectively when they arise.

KWHB PRIMARY HEALTH CARE REPORT

Specialists

See stats (below) on specialist visits to the KWHB region - This year KWHB have had more visits from numerous specialists, especially Physicians, podiatry and renal specialists.

Access to secondary (Specialist) health care services (January-June 2014)										
	Timber Creek		Yarralin		Kalkarindji		Lajamanu		Total	
	No. Hours	No. seen	No. Hours	No. seen	No. Hours	No. seen	No. Hours	No. seen	No. Hours	No. seen
Audiologist	5	3	100	115	84	68	30	27	219	213
Cardiologist	0	0	0	0	5	5	10	9	15	14
Dentist/ dental therapist	35	17	210	260	115	74	85	95	445	446
ENT Specialist	0	0	0	0	0	0	0	0	0	0
Obstetrician/ Gynaecologist	12	16	0	0	6	6	10	6	28	28
Nephrologist	25	27	12	12	12	15	15	20	64	74
Ophthalmologist	12	16	0	0	18	25	12	25	42	66
Optometrist	95	99	80	129	40	69	100	109	315	406
Orthopaedic surgeon	0	0	0	0	0	0	0	0	0	0
Paediatrician	35	59	45	61	25	15	20	33	125	168
Physician	25	27	12	12	12	15	15	20	64	74
Podiatrist	120	103	80	81	85	118	70	101	355	403
General Surgeon	0	0	0	0	0	0	0	0	0	0
Ultrasound	0	0	12	4	0	0	20	12	32	16
Psychologist/ Mental health nurse	20	4	35	16	55	18	20	11	130	49
Diabetes Educator	70	58	30	25	30	22	35	22	165	127
Occupational therapist	0	0	0	0	0	0	0	0	0	0
Exercise physiologist	130	174	0	0	0	0	0	0	130	174

KWHB PRIMARY HEALTH CARE REPORT

Specialists

See below stats (cont'd)

Access to secondary (Specialist) health care services (June-December 2013)										
	Timber Creek		Yarralin		Kalkarindji		Lajamanu		Total	
	No. Hours	No. seen	No. Hours	No. seen	No. Hours	No. seen	No. Hours	No. seen	No. Hours	No. seen
Audiologist	0	0	52.5	52	105	25	52.5	9	210	86
Cardiologist	0	0	0	0	7.5	5	7.5	2	15	7
Dentist/ dental therapist	150	17	150	135	187.5	28	157.5	37	645	217
ENT Specialist	0	0	0	0	0	0	0	0	0	0
Obstetrician/ Gynaecologist	3.5	8	0	0	4	8	0	0	7.5	16
Nephrologist	0	0	0	0	0	0	0	0	0	0
Ophthalmologist	0	0	0	0	0	0	0	0	0	0
Optometrist	37.5	28	18.75	56	0	0	37.5	46	93.75	130
Orthopaedic surgeon	0	0	0	0	0	0	0	0	0	0
Paediatrician	30	18	15	43	15	15	15	32	75	108
Physician	15	24	15	6	37.5	12	30	21	97.5	63
Podiatrist	37.5	49	37.5	28	37.5	54	37.5	33	150	164
General Surgeon	0	0	0	0	0	0	0	0	0	0
Ultrasound	0	0	0	0	0	0	0	0	0	0
Psychologist/ Mental health nurse	1	1	0	0	0	0	1	1	2	2
Diabetes Educator	97.5	73	37.5	25	37.5	22	37.5	12	210	132
Occupational therapist	0	0	0	0	0	0	0	0	0	0
Exercise physiologist	120	84	0	0	0	0	0	0	120	84

KWHB PRIMARY HEALTH CARE REPORT



Eye Intensive

This year KWHB provided support for an eye intensive held in Katherine by a visiting Brisbane surgeon. Over 100 patients from our region travelled to Katherine District Hospital for eye surgery. Many of these people may not have had the opportunity otherwise.

Communicare

KWHB continue to have a positive relationship with Communicare, and we are working towards implementation of client controlled health records. We get good IT support in Communicare issues from Immense Data, and there has been a noticeable decrease in network outages this year.

NTML / RAHC / CQ / CRANA Plus

KWHB works with these organisations to fill professional clinician roles in our Health Centres and has a good working relationship with these agencies.

KWHB continues to work with other service providers such as Department of Children and Families, Victoria Daly and Central Desert Shires, local councils, specialist providers and others throughout the year also.

Key Staff

Senior Primary Health Care Advisor

The Senior PHC Advisor works with the CEO and the KWHB PHC Leadership Group to ensure the KWHB PHC system is strong, safe, effective and based upon a best practice, evidence based approach to health service delivery.

This is an important position, providing leadership for the functions and safety of the KWHB PHC system.

Manager: Primary Health Care

This role has the responsibility for the day to day functioning of most aspects of our Primary Health

KWHB PRIMARY HEALTH CARE REPORT

Care Service. This includes the remote health centre workforce, and the roles listed below.

PHC Quality Coordinator

Position has been filled, with focus on auditing against infection control, quality compliance and One21Seventy suite of audits, and implementing actions from these audits. Participating in PHCGC and managing Collaboratives meetings, this role has also had a big role in reviewing our policies in Primary Health Care to ensure currency.

Child Health Coordinator

Strong focus on Anaemia over last 12 months, which is a major public health issue. Focus on growth faltering and failure to thrive. We have had two staff members in this role during 2013-2014.

Women's and Maternal Health Nurse Practitioner

Based in Kalkaringi, this role travels throughout region delivering antenatal and postnatal care – we have good results related to women presenting earlier in pregnancy. Everything travelling well with this program.

Chronic Disease Program (Nurse Practitioner, Care Coordinator, Diabetes Educator)

Case conferencing for complex chronic disease continues throughout the region on a fortnightly basis – it includes a multidisciplinary team of health staff in order to get the best outcomes for the clients. This program provides good support for Ophthalmology, Optometry, Physicians, Cardiology and Podiatry specialists when they visit our Health Centres.

KWHB's Care Coordinator provides a high level of support to specialists to try and maximise the time spent with clients and ensure follow up is completed.

Our Diabetes Educator has continued her work throughout the region, working approximately 375 hours in our region this year and meeting with 259 clients.

Aboriginal Health Practitioners

KWHB continues to have a good coverage of Aboriginal Health Practitioners. This year we held two AHP In-Services, which focus on professional development and core AHP skills training. AHPs also attended other external professional development (attended Medicines Workshop, Indigenous Leadership Training, Remote Emergency course) and continue to work to a high standard.



KWHB PRIMARY HEALTH CARE REPORT

AHP Trainees

We continue to have two AHP trainee positions open at KWHB, and we will continue to support these roles when filled and improve our internal support mechanisms.

Mobile Health Team

This year we had full staffing of our Mobile Health Team, with a male and female nurse. The previous Mobile Team left us in June 2013, but we have been able to recruit another team, with a nurse practitioner boosting the capacity of the team for 2014-2015.

The Mobile Team continues to provide PHC services to cattle and outstations, seeing 611 people in the last 12 months. It has been beneficial to have male and female gender balance in this team.

OVAHS providing support for KWHB in the far Western region

KWHB have been contracting the Ord Valley Aboriginal Health Service (OVAHS) in Kununurra over a number of years to provide health services to communities, outstations and pastoral properties on the Duncan Highway and Keep River areas on our far western edge.

During this reporting period, OVAHS saw approximately 120 people, with most sessions involving Aboriginal health checks, Asthma education and management, Diabetes education and management, counselling and some minor health promotion.

Ngumbin Liaison Officer

Our Ngumbin Liaison Officer (NLO), Lynette Johns, covers most of our day-to-day contact work with patients in our region who are travelling for healthcare.

This year our NLO had over 150 client (patient) contacts, focussing on issues such as patient travel, patient accommodation, dealing with hospital, dealing with travel organising, setting and managing appointments with specialists, assistance with Medicare claiming and other important issues that patients might require help with.

The NLO also does most of our Cultural Orientation now, overseen by the CDM. All new staff, both short and long term, go through Cultural Orientation. This year over 40 staff have had Cultural



KWHB PRIMARY HEALTH CARE REPORT

Orientation as part of their introduction to working at KWHB.

Roles undertaken by the NLO include:

Monthly meetings between NLO and Katherine District Hospital.

Specific work organising patient travel for specialist treatment in Katherine – Eye surgery x 2 weeks during reporting period, breast screening x 1 week. (100+ patients)

Involvement in liaising and advocacy for patients with complex medical cases.

Supporting and breaking down of information for patients in hospital, also educating patients about hospital systems

Networking to find patients that have missed medical appointments

Arranging of follow-up health care/treatment(s).

Liaises and advocates 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.

Advocacy for Escort(s) for Patients outside the Patient Travel Guidelines to meet cultural requirements.

Advocacy on behalf of Patients regarding their cultural safety needs within the health care system (Patients Journey)

Primary Health Care Governance Committee Meetings

This year, our PHCGC has continued to meet monthly, as our key decision making group in PHC/clinical domain. No decisions or systems changes get made without the approval and direction of this committee.

One of the biggest focus areas this year has been the review of our audit data and decisions about actions based on that data. PHCGC addresses communicate changes, policy changes, review of PHC policies for currency and discusses contemporary issues in healthcare service delivery. Membership of the PHCGC continues to include senior clinicians from our region including our senior GP, Health Centre Coordinators and Senior AHPs.

Collaboratives Meetings

This year we continued with our Friday morning teleconferences, entitled *Collaboratives*, with staff in Katherine meeting via Telephone with all our Health Centres to discuss continual quality improvement, share case studies, and to both deliver and receive presentations on relevant Aboriginal health topics.

This year in Collaboratives we have had the following topics and discussions;

- Case studies delivered by all Health Centres, using cases from our region and sharing the specifics of the case with the group to discuss future treatment in our region
- Anaemia presentation and discussion of data

KWHB PRIMARY HEALTH CARE REPORT

- Intraosseous Infusion
- Cardiac Health (NT Government ACS Network)
- STRIVE teview of sexual health stats in Katherine region
- Pregnancy presentation

Development of Online Training System (AHP Educator Leanne MacGill)

In recent years, during our accreditation processes, it has been suggested that KWHB work towards implementing our own education and training programs. This year, in addition to developing our Core Education and Training Checklist, KWHB enlisted Leanne MacGill to develop an online training portal for KWHB staff to use to improve clinical literacy around compulsory topics.

Developed and owned by KWHB, our online training system is based around managing staff member's individual professional development plans and educating staff on the way KWHB provide our services.

The topics we have developed online training for include;

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

Our Online Training Portal can be located on our Staff Intranet, or directly via our private link on the application *Moodle*.

Importance of NSQHS, ISO and RACGP Accreditation

These accreditation processes provide KWHB with a safe framework for staff to work within, taking a risk management approach, identifying where our highest risks are, and systematically addressing them for our staff and our clients.

KWHB being accredited against these standards should give people piece of mind that we are measured against a high standard to ensure they receive a quality health service.



KEY PERFORMANCE INDICATORS HEALTH REPORT

AHKPI 1.1 - Episodes of Health Care and Client Contacts

Katherine West HSDA - for period 01 July 2013 to 30 June 2014

1.1a Number of health care episodes	37,125
Episodes of care shows the number of episodes of care for one person (generally coded in one day as an episodic event) using the health service	
1.1b Number of clients contacts	51,708
Client contact shows the workload of the health service staff. For example: in one day a child attends for a health review and is seen by the Aboriginal health worker (1 contact) then the GP (1 contact). This is one episode of care but two client contacts.	

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

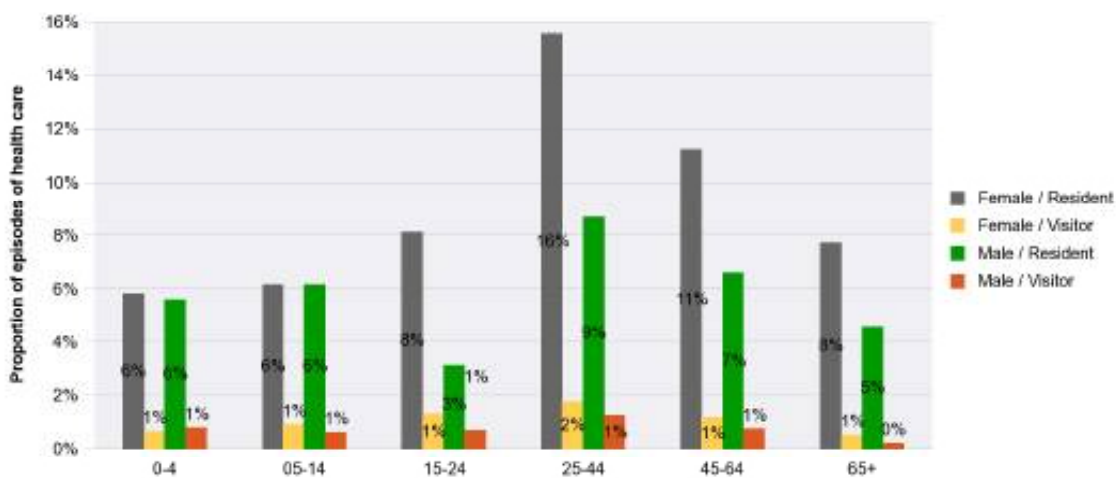
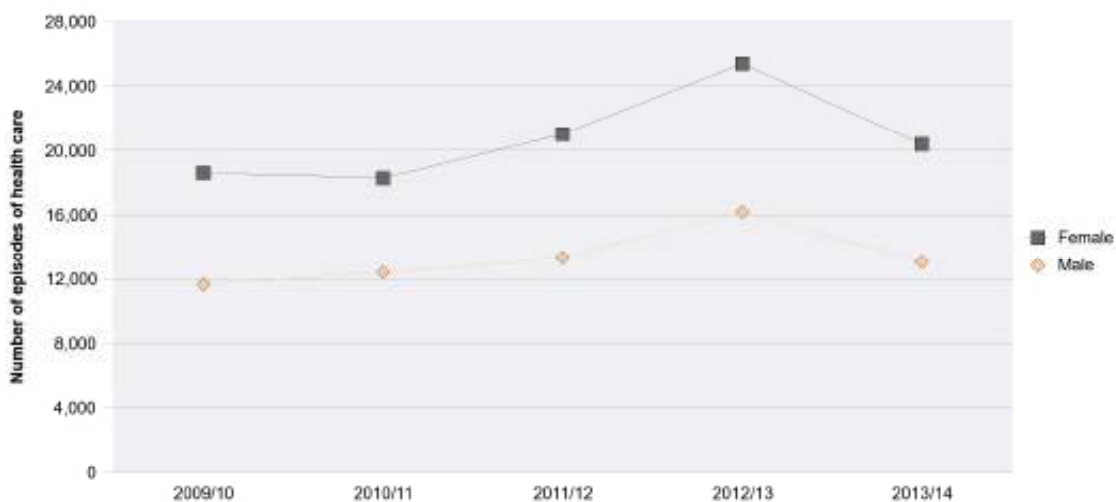


Figure 1.1b Trend of episodes of health care for Aboriginal clients by sex and reporting year



Reporting Year(s)	2009/10	2010/11	2011/12	2012/13	2013/14
Female	18,608	18,298	21,037	25,416	20,392
Male	11,665	12,443	13,350	16,180	13,066

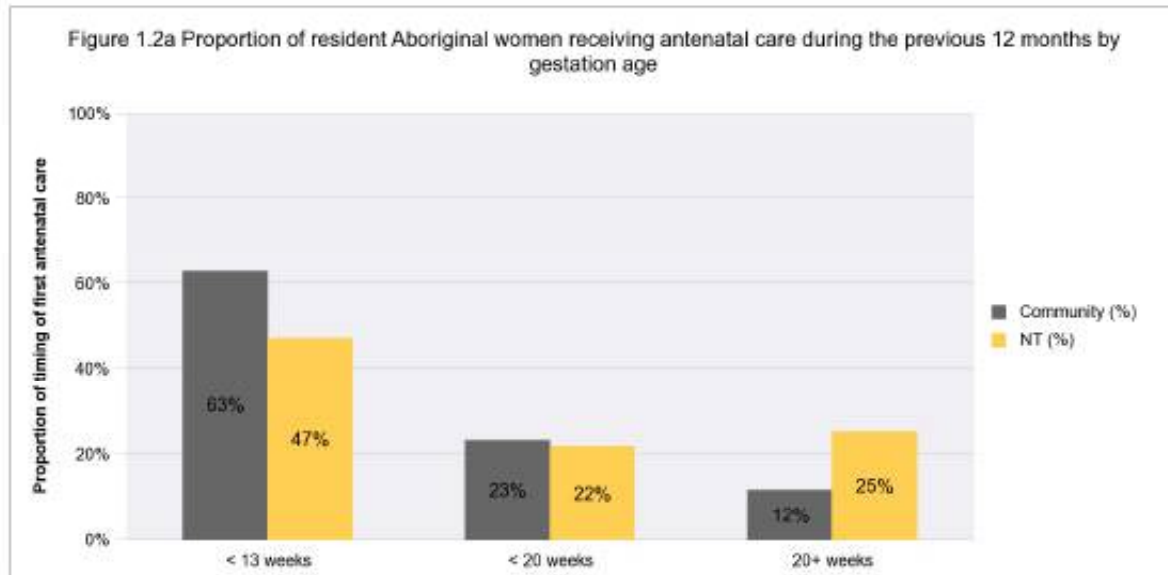
PHC Manager's Note:

KWHB continues to provide good access to our health service by the number of client contacts we have.

KEY PERFORMANCE INDICATORS HEALTH REPORT

AHKPI 1.2 – First Antenatal Visit

Katherine West HSDA – for period 01 July 2013 to 30 June 2014



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

Reporting Year(s)	2009/10	2010/11	2011/12	2012/13	2013/14
Population (Denominator)	59	51	56	45	43
< 13 weeks	47%	41%	45%	56%	63%
< 20 weeks	20%	37%	20%	27%	23%
20+ weeks	27%	22%	29%	18%	12%
Not recorded	2%	0%	7%	0%	2%

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

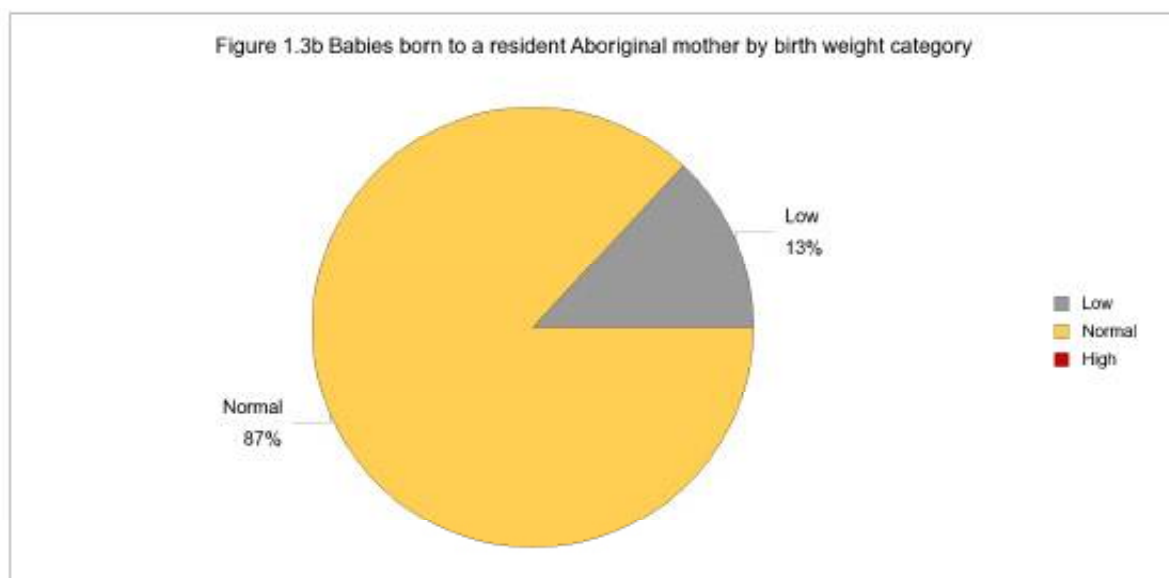
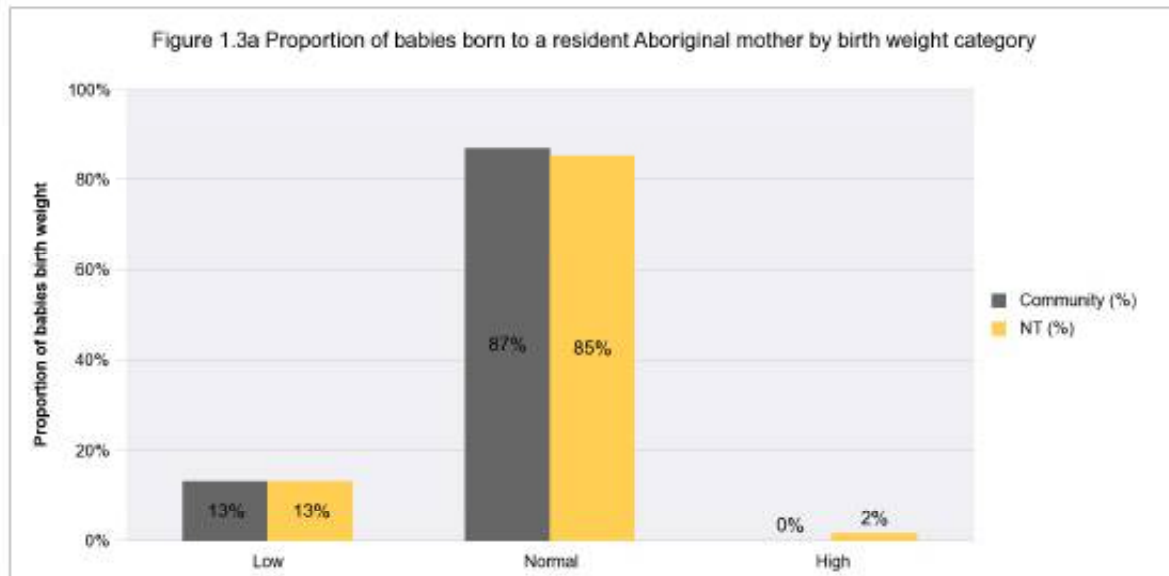
PHC Manager's Note:

Reasonably positive story, shows our Women's and Maternal Health Program is working with good, continuity of care.

KEY PERFORMANCE INDICATORS HEALTH REPORT

AHKPI 1.3 - Birth Weight

Katherine West HSDA - for period 01 July 2013 to 30 June 2014



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

PHC Manager's Note:

Low numbers of low birthweight babies, no high birthweight babies, which is good. Consistent with previous years, with exception of Yarralin.

KEY PERFORMANCE INDICATORS HEALTH REPORT

AHKPI 1.4.1 - Fully Immunised Children

Katherine West HSDA – for period 01 July 2013 to 30 June 2014

Figure 1.4.1a Proportion of resident Aboriginal children 6 to 71 months of age recorded as fully immunised during reporting period by age group

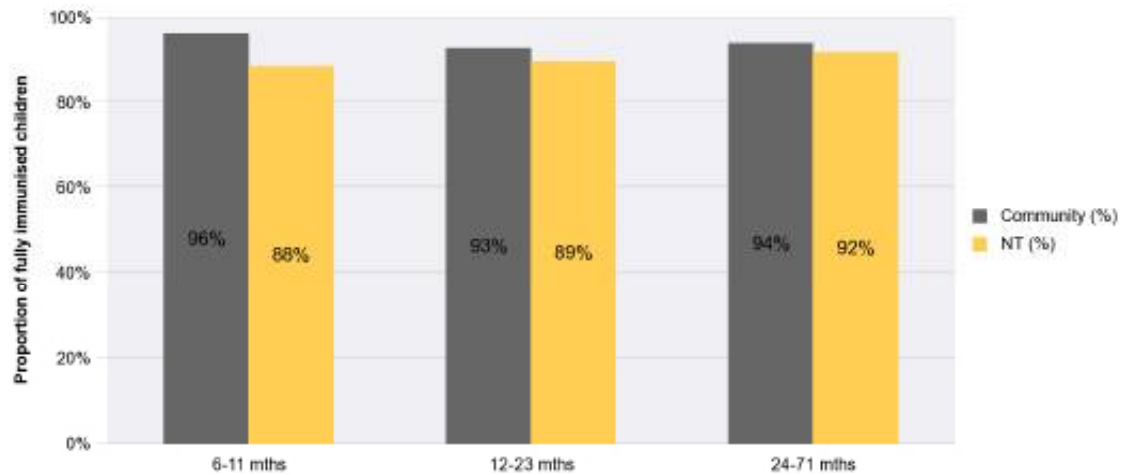
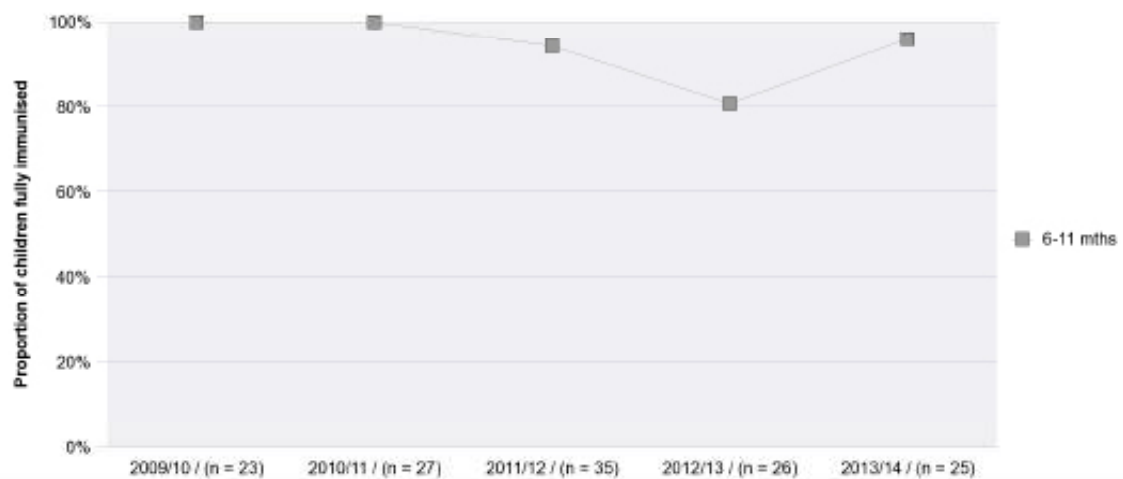


Figure 1.4.1b Trend of resident Aboriginal children 6 to 11 months of age fully immunised by reporting year



Reporting Year(s)	2009/10	2010/11	2011/12	2012/13	2013/14	n = Population (denominator) is the number of resident Aboriginal children aged between 6 months to 11 months.
Population (Denominator)	23	27	35	26	25	
Fully immunised children at age : 6-11 mths	100%	100%	94%	81%	96%	

PHC Manager's Note:

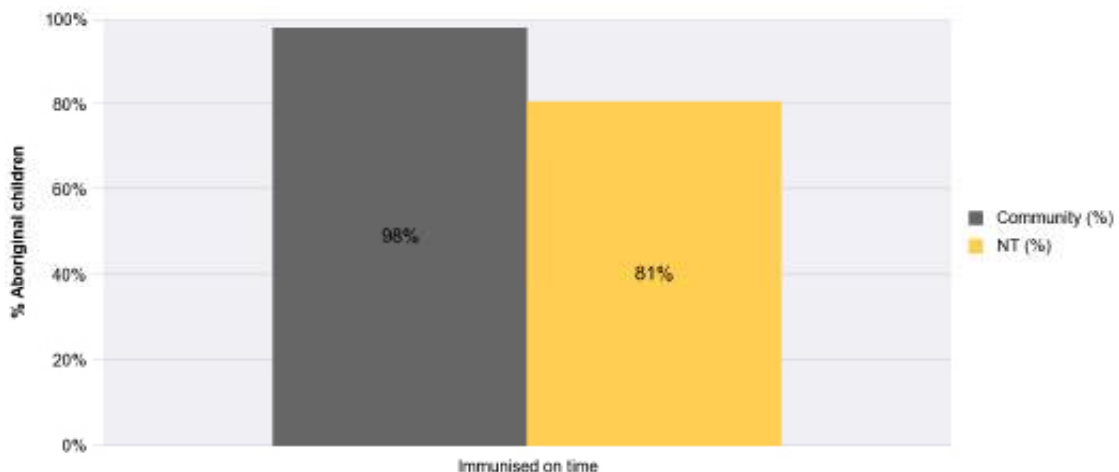
Good coverage of fully immunised children in our region – program always runs strictly to time frames as part of our core service delivery routine.

KEY PERFORMANCE INDICATORS HEALTH REPORT

AHKPI 1.4.2 - Timeliness of Immunisations

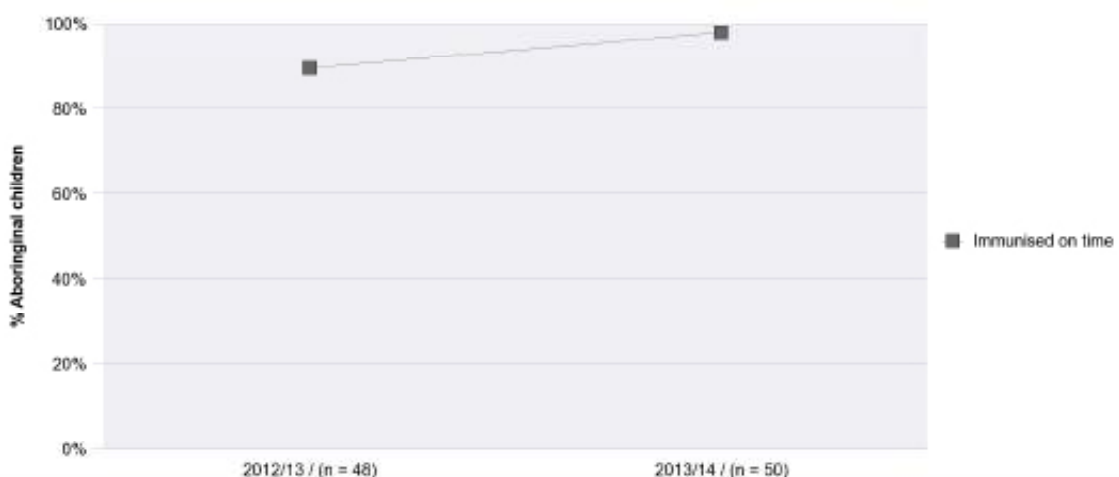
Katherine West HSDA - for period 01 July 2013 to 30 June 2014

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



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

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



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

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

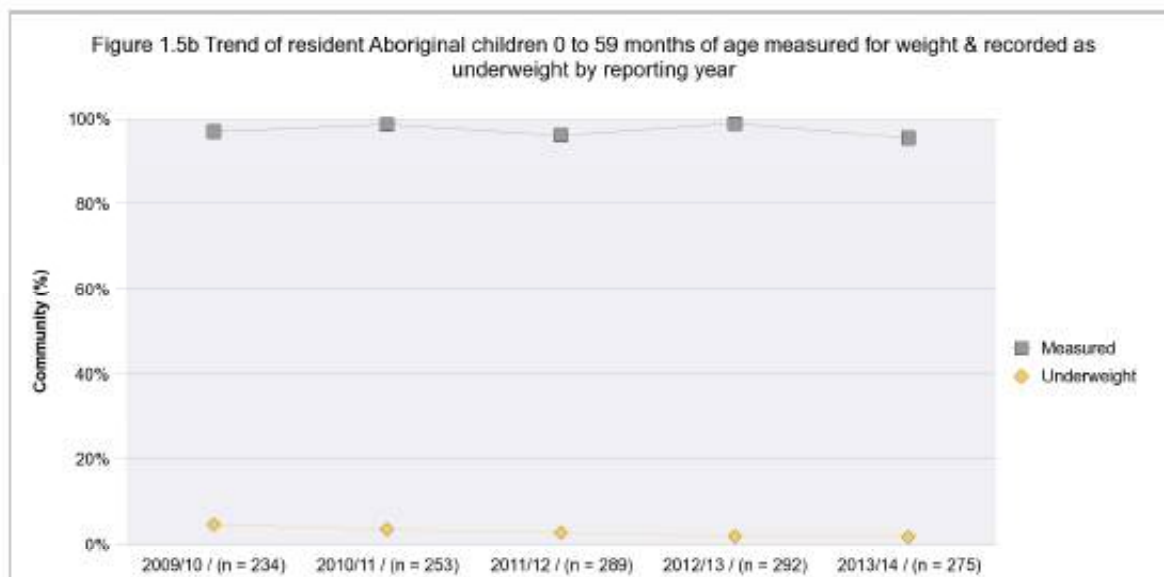
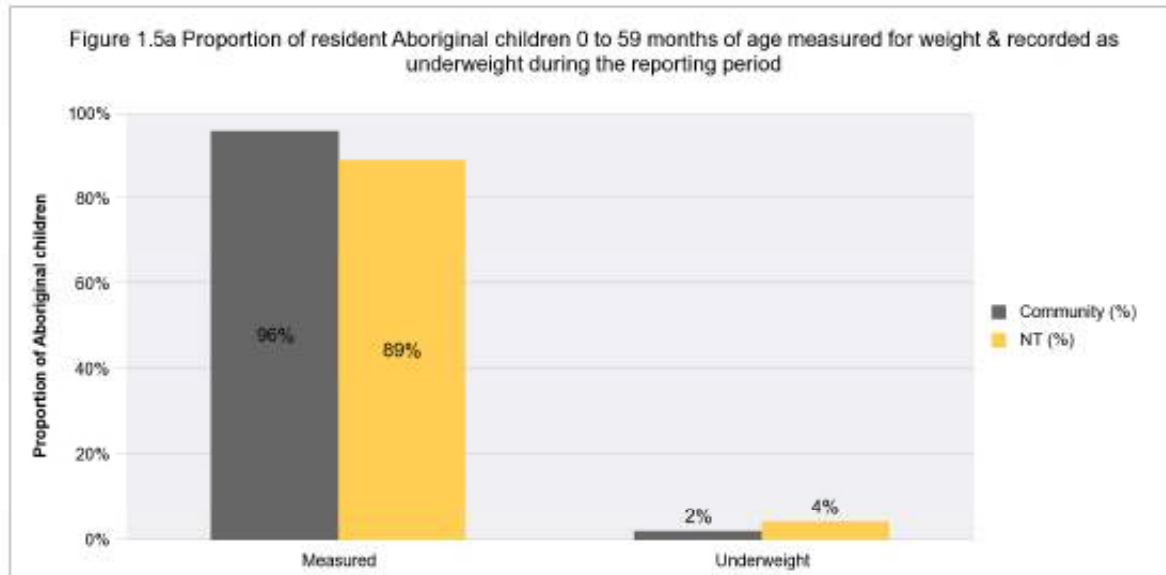
AHKPI 1.4.2 Proportion of children who have received immunisations on time aged 1 to 12 months		
Aboriginal children	Immunised on time	TOTAL
Immunised on time	49	49
% Immunised on time children	98%	98%
Number of resident Aboriginal children	50	50

PHC Manager's Note:
See note for 1.4.1

KEY PERFORMANCE INDICATORS HEALTH REPORT

AHKPI 1.5 - Underweight Children

Katherine West HSDA - for period 01 July 2013 to 30 June 2014



Reporting Year(s)	2009/10	2010/11	2011/12	2012/13	2013/14	<i>n</i> = Population (denominator) is the number of resident Aboriginal children who are less than 5 years of age during the reporting period. Coverage is the number of resident Aboriginal children who have been measured for weight at least once during the reporting period.
Population (Denominator)	234	253	289	292	275	
Coverage	227	250	278	289	263	
Measured	97%	98%	96%	99%	96%	
Underweight	5%	4%	3%	2%	2%	

PHC Manager's Note:

Low numbers of severely underweight children, however we do have a few who require intervention for growth faltering - a continued focus of our Child Health program.

KEY PERFORMANCE INDICATORS HEALTH REPORT

AHKPI 1.6 - Anaemic Children

Katherine West HSDA – for period 01 July 2013 to 30 June 2014

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

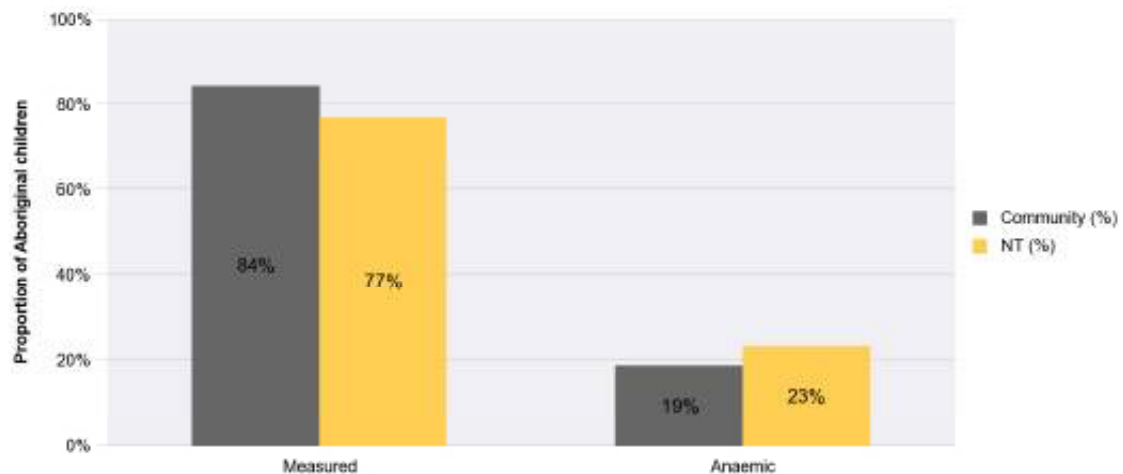
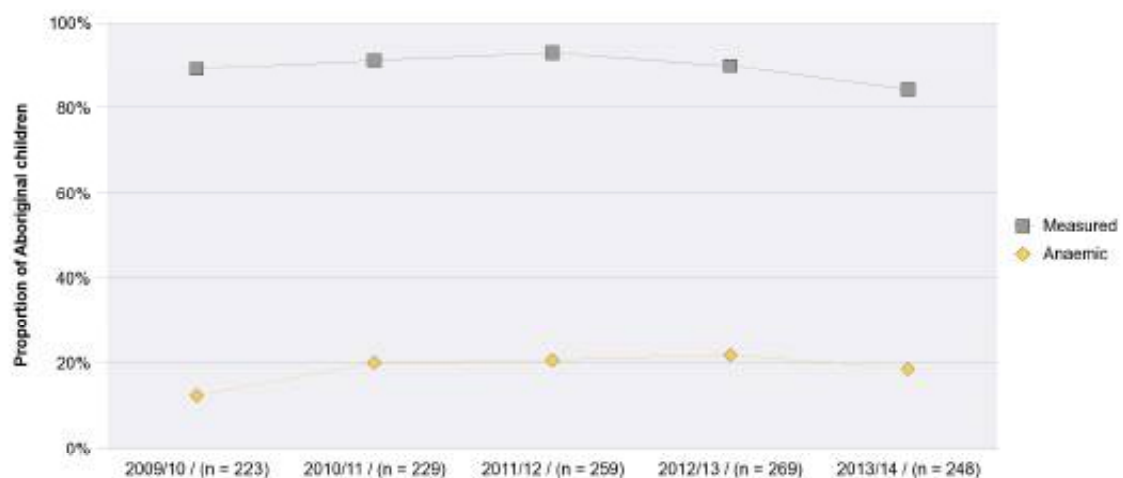


Figure 1.6b Trend of resident Aboriginal children 6 to 59 months of age measured for Anaemia and recorded as Anaemic by reporting year



Reporting Year(s)	2009/10	2010/11	2011/12	2012/13	2013/14
Population (Denominator)	223	229	259	269	248
Coverage	199	209	241	242	209
Measured	89%	91%	93%	90%	84%
Anaemic	13%	20%	21%	22%	19%

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

PHC Manager's Note:

Really good story – we went from 22% last year down to 19% this year. Lower than NT average of 23%. Important indicator of health in kids, continuing focus of upcoming health promotion activities. .

KEY PERFORMANCE INDICATORS HEALTH REPORT

AHKPI 1.7 - Chronic Disease Management Plan

Katherine West HSDA - for period 01 July 2013 to 30 June 2014

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

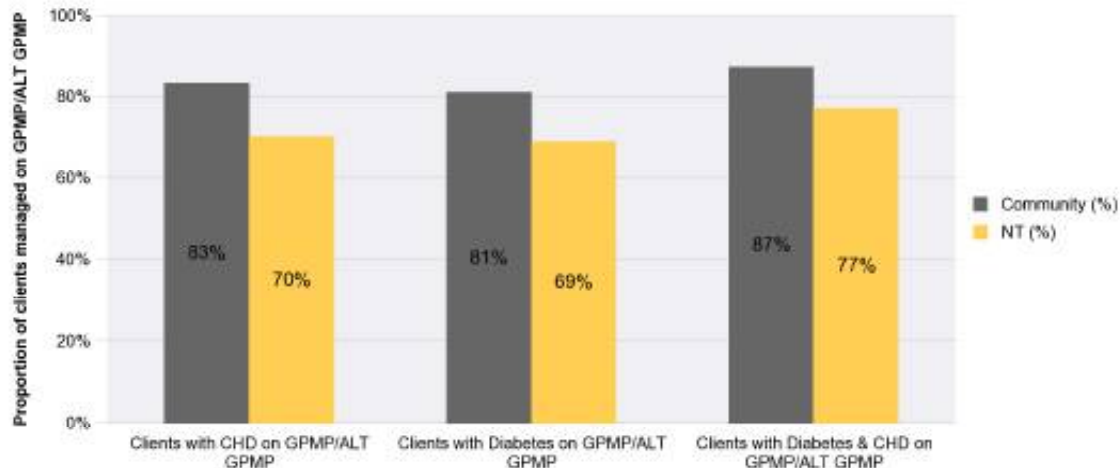
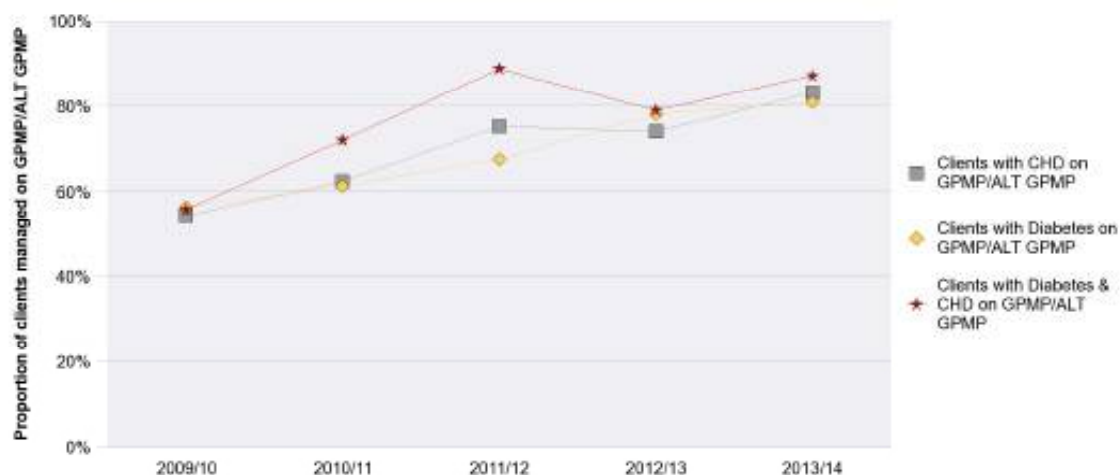


Figure 1.7b Trend of resident Aboriginal clients managed on chronic disease management plan by disease group by reporting period (24 months) by reporting year



Reporting Years(s)	2009/10	2010/11	2011/12	2012/13	2013/14
Population (Coronary Heart Disease)	57	56	61	58	66
Population (Type II Diabetes)	282	256	281	299	305
Population (Type II Diabetes & Coronary Heart Disease)	43	43	45	43	47
Clients with CHD on GPMP/ALT GPMP	54%	63%	75%	74%	83%
Clients with Diabetes on GPMP/ALT GPMP	56%	61%	68%	78%	81%
Clients with Diabetes & CHD on GPMP/ALT GPMP	56%	72%	80%	79%	87%

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

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

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

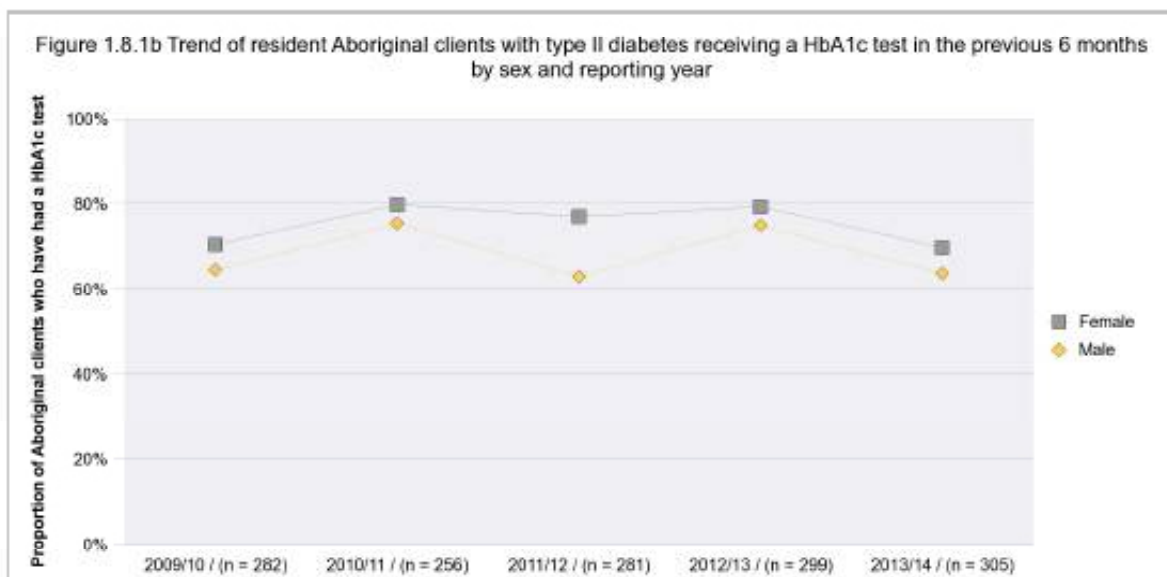
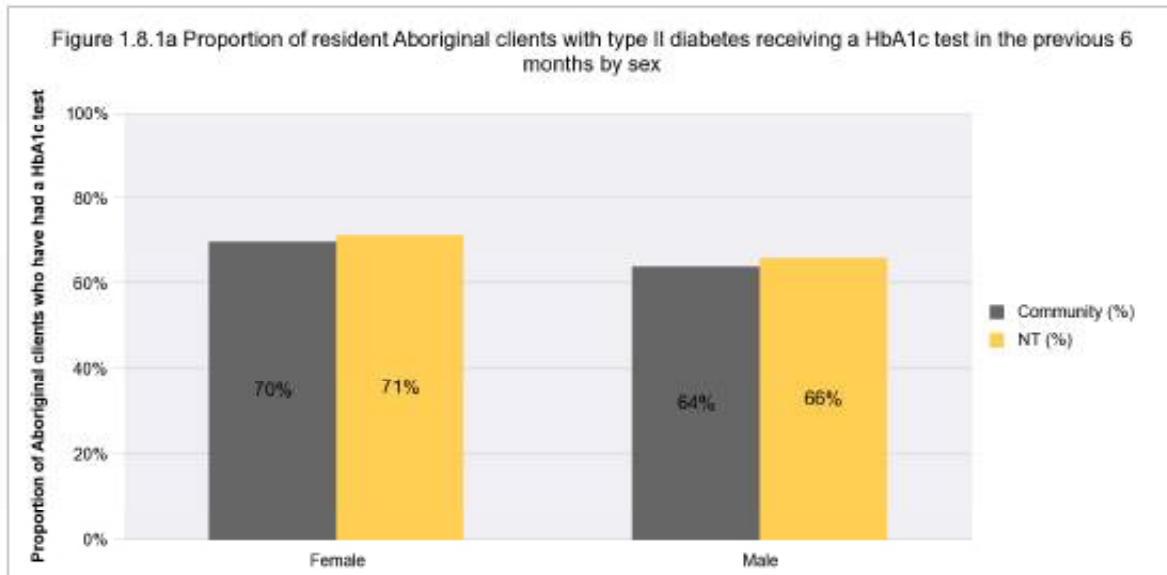
PHC Manager's Note:

Good coverage for clients with Diabetes and Coronary Heart Disease. Continual focus for GP workforce.

KEY PERFORMANCE INDICATORS HEALTH REPORT

AHKPI 1.8.1 - HbA1c Tests

Katherine West HSDA - for period 01 July 2013 to 30 June 2014



Reporting Year(s)	2009/10	2010/11	2011/12	2012/13	2013/14	n = Population (denominator) is the number of Aboriginal clients who have been diagnosed with Type II diabetes.
Population (Denominator)	282	256	281	299	305	
Female	70%	80%	77%	79%	70%	
Male	65%	75%	63%	75%	64%	

PHC Manager's Note:

Continues to be a focus to ensure clients with diabetes have their 6-monthly screening..

KEY PERFORMANCE INDICATORS HEALTH REPORT

AHKPI 1.8.2 - HbA1c Measurements

Katherine West HSDA - for period 01 July 2013 to 30 June 2014

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

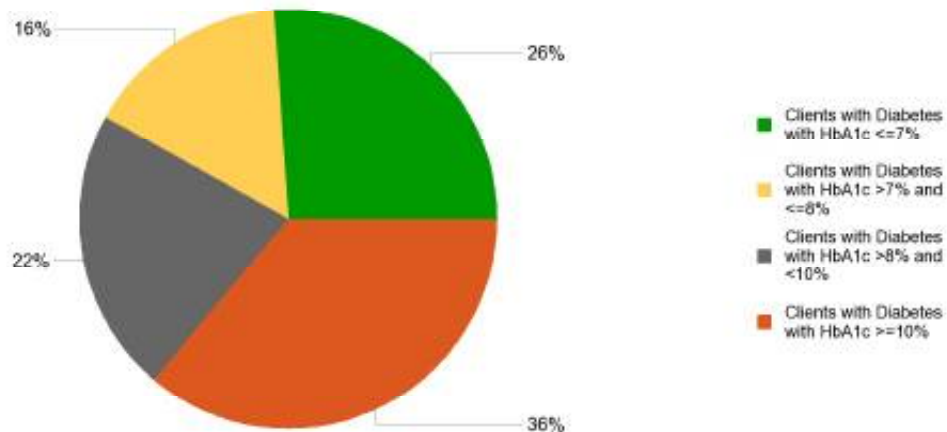
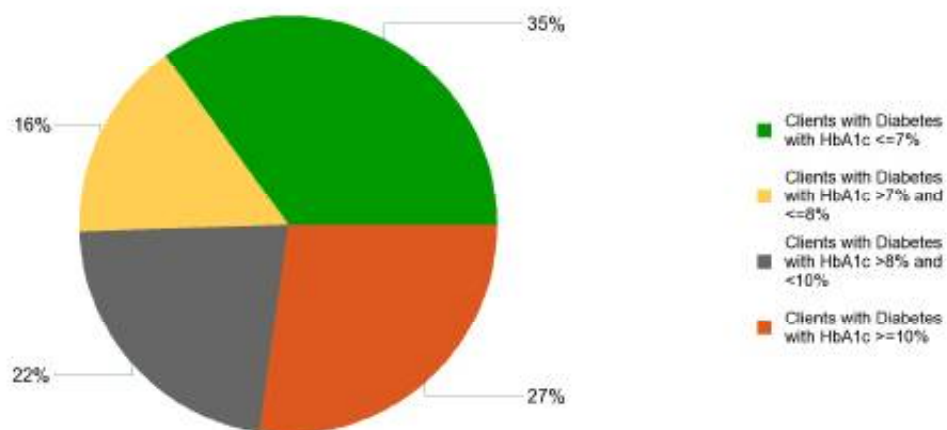


Figure 1.8.2b Proportion of resident Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels by NT (%)



PHC Manager's Note:

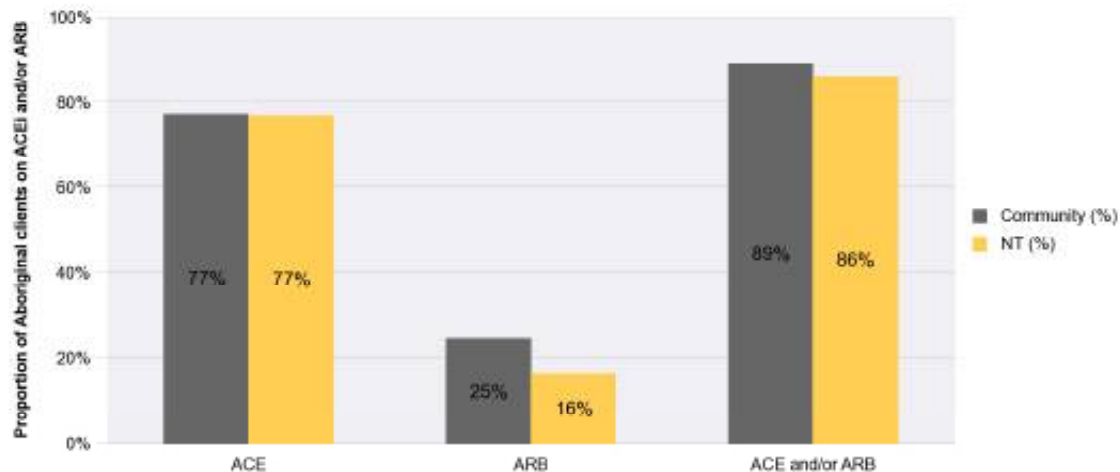
This year we have seen a good increase in clients with effective diabetic control with HB under 7, increase in clients with good HB control. Diabetes continues to be main focus of chronic disease program.

KEY PERFORMANCE INDICATORS HEALTH REPORT

AHKPI 1.9 - ACE Inhibitor and/or ARB

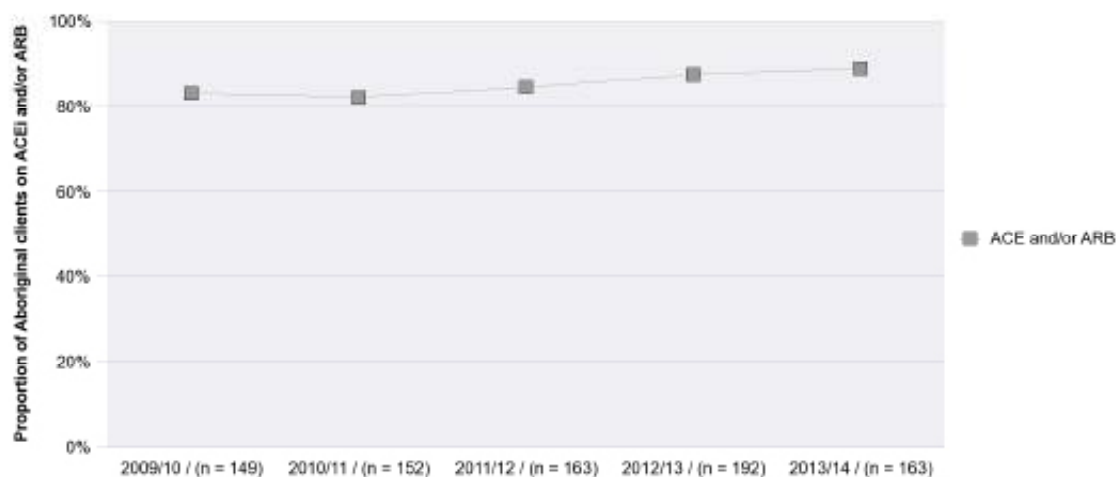
Katherine West HSDA - for period 01 July 2013 to 30 June 2014

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



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

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



Reporting Year(s)	2009/10	2010/11	2011/12	2012/13	2013/14
Population (Denominator)	149	152	163	192	163
ACE and/or ARB	83%	82%	85%	88%	89%

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

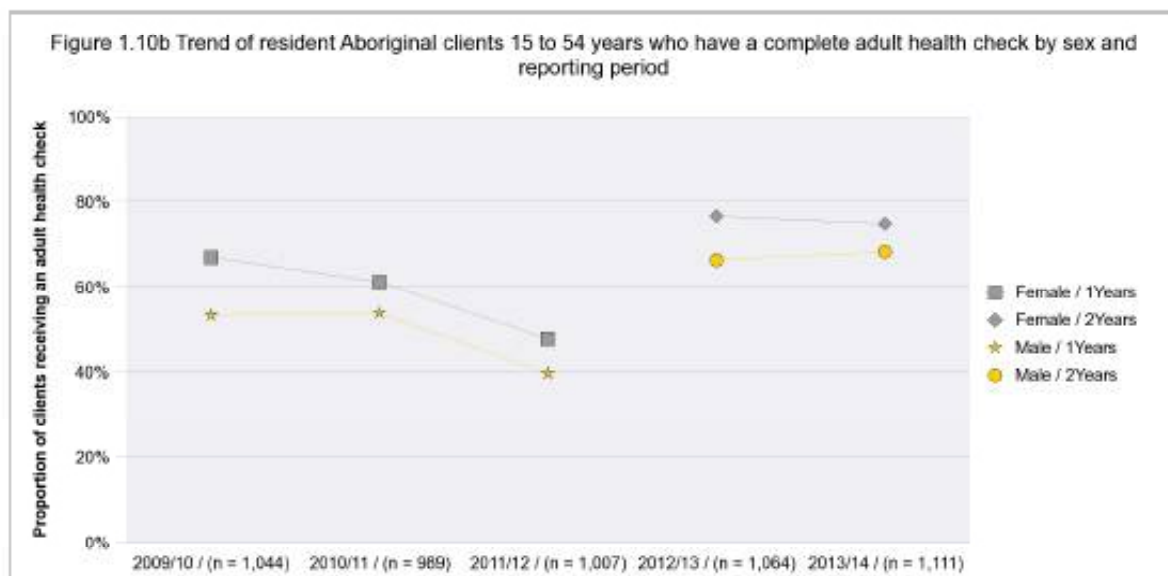
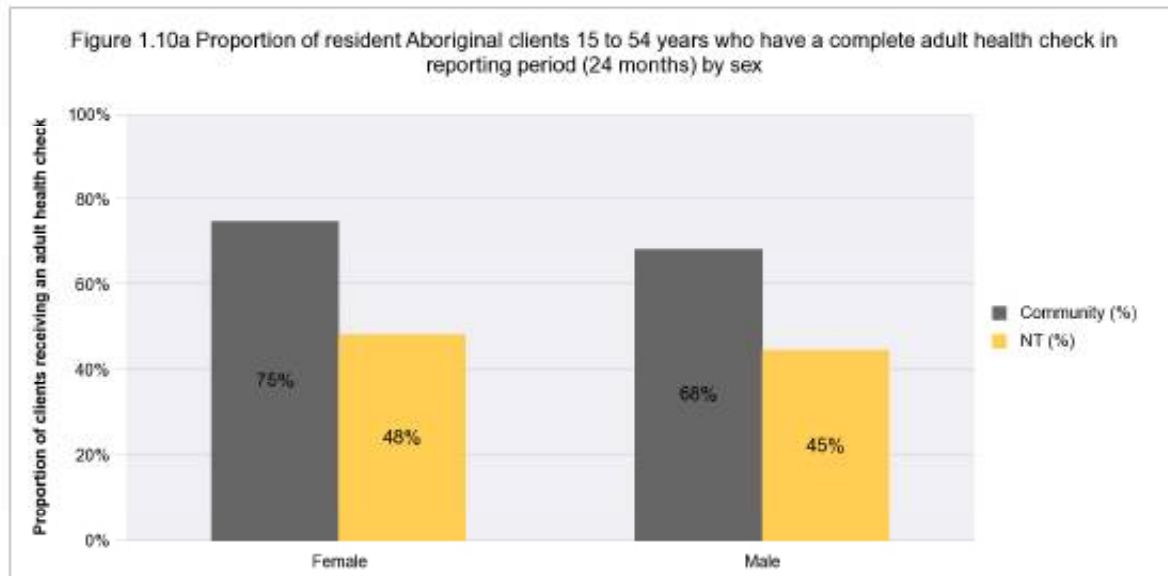
PHC Manager's Note:

We review clients on these medications frequently as part of their care.

KEY PERFORMANCE INDICATORS HEALTH REPORT

AHKPI 1.10 - Adult Aged 15 ~ 54 Health Check

Katherine West HSDA - for period 01 July 2013 to 30 June 2014



Reporting Year(s)	2009/10	2010/11	2011/12	2012/13	2013/14
Population (Denominator)	1,044	989	1,007	1,064	1,111
Female completed AHC in previous 1 Year	87%	61%	48%	N/A	N/A
Male completed AHC in previous 1 Year	53%	54%	40%	N/A	N/A
Female completed AHC in previous 2 Years	N/A	N/A	N/A	77%	75%
Male completed AHC in previous 2 Years	N/A	N/A	N/A	66%	68%

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

PHC Manager's Note:

Data is skewed this year, as checks were done two yearly. Good coverage of adult health assessments, but an area for improvement – focus of our preventative health program.

KEY PERFORMANCE INDICATORS HEALTH REPORT

AHKPI 1.11 - Adult Aged 55 and over Health Check

Katherine West HSDA - for period 01 July 2013 to 30 June 2014

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

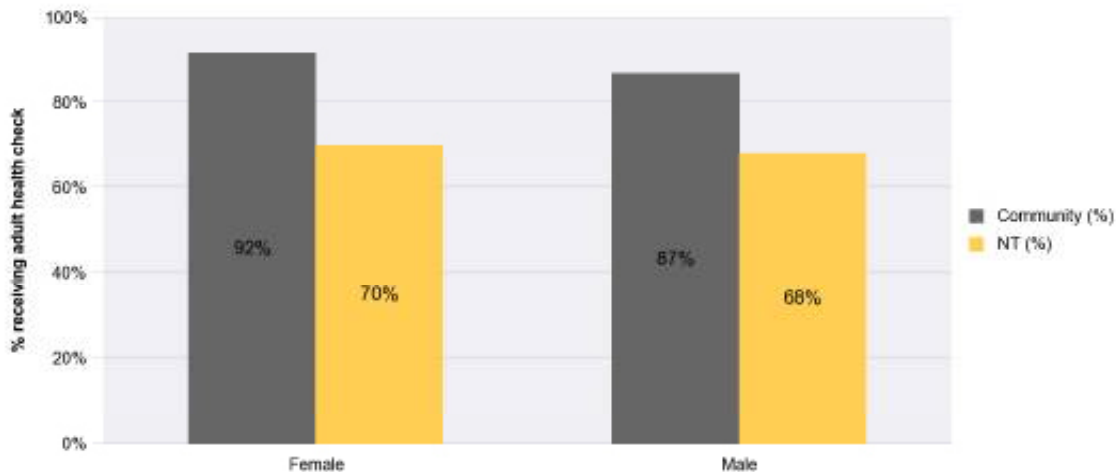


Figure 1.11b Trend of resident Aboriginal clients 55 years old and over who have a complete adult health check by sex and reporting period



Reporting Year(s)	2009/10	2010/11	2011/12	2012/13	2013/14
Population (Denominator)	169	171	175	179	182
Female completed AHC in previous 1 Year	73%	78%	50%	N/A	N/A
Male completed AHC in previous 1 Year	80%	78%	37%	N/A	N/A
Female completed AHC in previous 2 Years	N/A	N/A	N/A	92%	92%
Male completed AHC in previous 2 Years	N/A	N/A	N/A	88%	87%

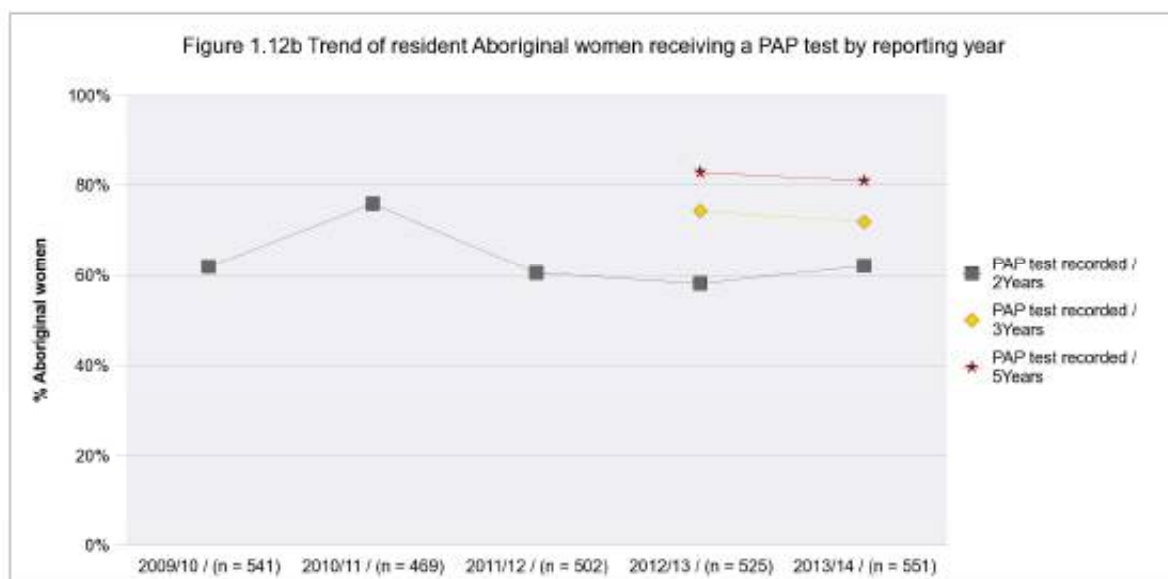
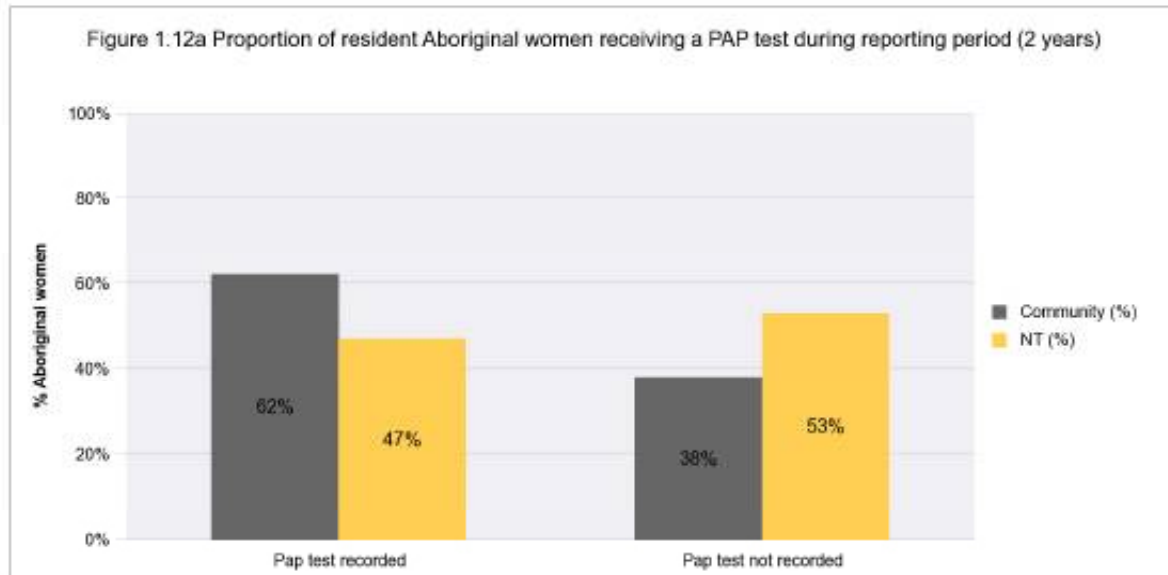
n = Population (denominator) is the number of resident Aboriginal clients who are 55 years old and over.

PHC Manager's Note:
KWHB have very good coverage with older clients.

KEY PERFORMANCE INDICATORS HEALTH REPORT

AHKPI 1.12 - Pap Smear Tests

Katherine West HSDA - for period 01 July 2013 to 30 June 2014



Reporting Year(s)	2009/10	2010/11	2011/12	2012/13	2013/14
Population (Denominator)	541	469	502	525	551
PAP test recorded 2 Years	62%	76%	61%	58%	62%
PAP test recorded 3 Years	N/A	N/A	N/A	74%	72%
PAP test recorded 5 Years	N/A	N/A	N/A	83%	81%

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

PHC Manager's Note:

Reasonable improvement across the board except for Kalkaringi, population has increased in Kalkaringi. Continued focus.

KEY PERFORMANCE INDICATORS HEALTH REPORT

AHKPI 1.13 - Blood Pressure Control

Katherine West HSDA - for period 01 July 2013 to 30 June 2014

Figure 1.13a Proportion of resident Aboriginal clients aged 15 and over who have type 2 diabetes, who have had a blood pressure recorded and having good blood pressure control within a 6 month period

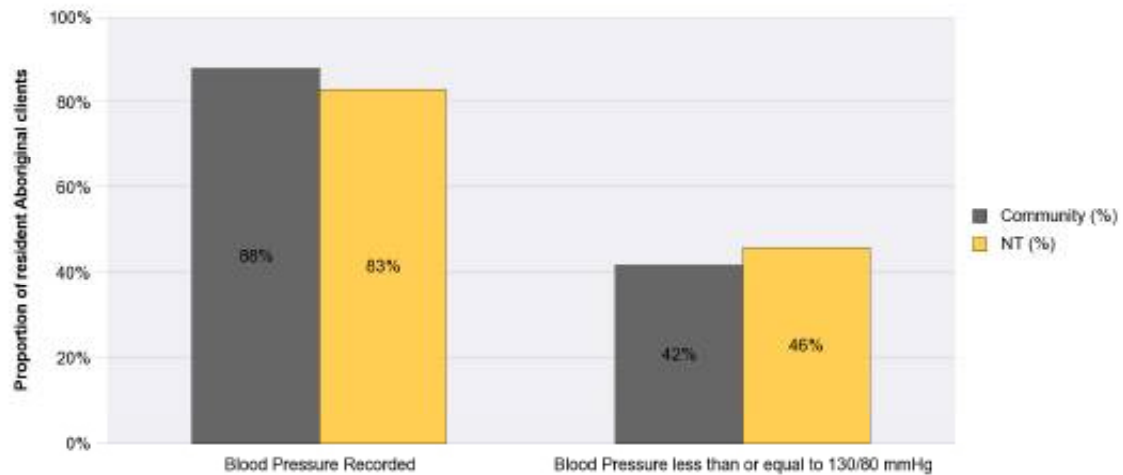


Figure 1.13b Trend of resident Aboriginal clients aged 15 and over who have type 2 diabetes, who have had a blood pressure recorded and having good blood pressure control by reporting year



Reporting Year(s)	2013/14	<i>n</i> = Population (denominator) is the number of resident Aboriginal clients who have type 2 diabetes. Coverage is the number of resident Aboriginal clients with type 2 diabetes who have had a blood pressure recorded within a 6 month period.
Population (Denominator)	305	
Coverage	268	
Blood Pressure Recorded	88%	
Blood Pressure less than or equal to 130/80	42%	

PHC Manager's Note:

New Indicator, first time we have reported on this as part of our KPIs.

KEY PERFORMANCE INDICATORS HEALTH REPORT

AHKPI 1.15 - Rheumatic Heart Disease

Katherine West HSDA - for period 01 July 2013 to 30 June 2014

Figure 1.15a Proportion of resident Aboriginal ARF/RHD clients who are prescribed to be requiring 2-4 weekly BPG Penicillin Prophylaxis and have received 80% of their injections over a 12 month period



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

Figure 1.15b Trend of resident Aboriginal ARF/RHD clients who are prescribed to be requiring 2-4 weekly BPG Penicillin Prophylaxis and have received 80% of their injections over a 12 month period by reporting year



Reporting Year(s)	2013/14	<i>n</i> = Population (denominator) is the number of Aboriginal ARF/RHD clients.
Population (Denominator)	33	
Clients with ARF/RHD receiving 80% prescribed BPG	9%	

PHC Manager's Note:

New Indicator, first time we have reported on this as part of our KPIs.



The following pages are an extract from our 2013-2014 Financial Audit Report, prepared by independent auditor KPMG.

A full copy of this document can be made available upon request to hr@kwhb.com.au

KWHB FINANCIAL AUDIT 2013-2014

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

DIRECTORS REPORT

The Directors present this report on Katherine West Health Board Aboriginal Corporation ("the Corporation") for the financial year ended 30 June 2014.

The names of the directors throughout 2013/2014 are as follows:

	Director Name	Community	Qualification / experience	Proxy for Director	Note
1	Willie Johnson (E)	Specialist	*	No proxy req'd	
2	Joseph Cox (E)	Specialist	*	No proxy req'd	<i>Passed away - 9 May 2014</i>
3	Jocelyn Victor (E)	Pigeon Hole	*	Raymond Hector (P)	Re-elected 2013
4	Norbert Patrick (E)	Lajamanu	*	Andrew Johnson (P)	Elected 2013
5	Wilson Rose (E)	Kalkaringi	*	Kerry Smiler (P)	Elected 2013
6	Josie Jones (E)	Myatt	*	Sheratine Jones (P)	Elected 2013
7	Joseph Archie	Bulla	*	Stan Retchford (P)	Re-elected 2013
8	Regina Teddy	Daguragu	*	Mesach Paddy (P)	Re-elected 2013
9	Betty Smiler	Gilwi	*	Clara Paddy (P)	Elected 2013
10	Debra Victor	Kalkaringi	*	Roslyn Frith (P)	Elected 2013
11	Rosie Saddler	Kildurk	*	n/a	Re-elected 2013 - No proxy elected
12	Joyce Herbert	Lajamanu	*	Lynette Tasman (P)	Re-elected 2013
13	Tracey Patrick	Lajamanu	*	Jenny Johnson (P)	Elected 2013
14	Zac Patterson	Lajamanu	*	Josias Dixon (P)	Elected 2013
15	Charlie Newry	Yarralin	*	Troy Campbell (P)	Re-elected 2013
16	Maxine Campbell	Yarralin	*	Jenny Newry (P)	Re-elected 2013
17	Riley Young	Lingara	*	Aileen Daly (P)	<i>No election held in Lingara</i>
18	Doris Lewis (E)	Lajamanu	*	Tracie Patrick (P)	Directorship ceased - 25/6/2013
19	Steven Jones (E)	Myatt	*	Caroline Jones (P)	Directorship ceased - 17/7/2013
20	Roslyn Frith	Kalkaringi	*	Jimmy Wavehill (P)	Directorship ceased - 16/7/2013
21	Jeremy Frith (E)	Kalkaringi	*	Gus George (P)	Directorship ceased - 16/7/2013
22	Clara Paddy	Gilwi	*	Betty Smiler (P)	Directorship ceased - 17/7/2013

(E) - denotes Executive Director during 2013/2014

(P) – denotes Proxy for Director during 2013/2014

Secretary

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

Principal Activity

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

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

Operating Result

The surplus of the Corporation amounted to \$927,478 (2013: surplus \$7,621,790)

Distribution to Members

No distributions were paid to members during the financial years. The Corporation is a public benevolent institution and is exempt from income tax. This status prevents any distribution 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 2013/2014 financial year.

KWHB FINANCIAL AUDIT 2013-2014

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

DIRECTORS REPORT – Contd.

Events Subsequent to Reporting Date

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

Likely Developments

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

Environmental Issues

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

Meetings of Directors 2013-2014 Financial Year

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

	Director Name	No of Meetings	Proxy for Director	No of Meetings (as Proxy)
1	Willie Johnson (E)	9	No proxy req'd	
2	Joseph Cox (E)	6	No proxy req'd	
3	Jocelyn Victor (E)	9	Raymond Hector (P)	0
4	Norbert Patrick (E)	6	Andrew Johnson (P)	0
5	Wilson Rose (E)	8	Kerry Smiler (P)	0
6	Josie Jones (E)	7	Sheratine Jones (P)	0
7	Joseph Archie	5	Stan Retchford (P)	0
8	Regina Teddy	5	Mesach Paddy (P)	0
9	Betty Smiler	5	Clara Paddy (P)	0
10	Debra Victor	5	Roslyn Frith (P)	0
11	Rosie Saddler	3	n/a	
12	Joyce Herbert	4	Lynette Tasman (P)	1
13	Tracey Patrick	3	Jenny Johnson (P)	0
14	Zac Patterson	2	Josias Dixon (P)	0
15	Charlie Newry	5	Troy Campbell (P)	0
16	Maxine Campbell	2	Jenny Newry (P)	0
17	Riley Young	2	Aileen Daly (P)	0
18	Doris Lewis (E)	1	Tracie Patrick (P)	0
19	Steven Jones (E)	0	Caroline Jones (P)	0
20	Roslyn Frith	0	Jimmy Wavehill (P)	0
21	Jeremy Frith (E)	0	Gus George (P)	0
22	Clara Paddy	0	Betty Smiler (P)	0

(E) - denotes Executive Director during 2013/2014

(P) – denotes Proxy for Director during 2013/2014

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.

KWHB FINANCIAL AUDIT 2013-2014

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

DIRECTOR'S REPORT – Contd.

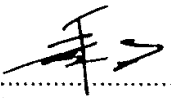
Proceedings on Behalf of the Corporation

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

The auditor's independence declaration is set out on page 6 and forms part of the directors report for the financial year ended 30 June 2014.

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


.....
Director

KWHB FINANCIAL AUDIT 2013-2014

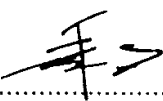
KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

DIRECTORS' DECLARATION

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

- (i) The financial statements and notes, as set out on pages 9 to 29, are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and regulations:
 - (a) comply with Australian Accounting Standards; and
 - (b) give a true and fair view of the financial position as at 30 June 2014 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 2014.


.....
Director

Dated this 16th day of October 2014

KWHB FINANCIAL AUDIT 2013-2014

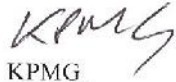


Lead Auditor's Independence Declaration

To: the directors of Katherine West Health Board Aboriginal Corporation

I declare that, to the best of my knowledge and belief, in relation to the audit for the financial year ended 30 June 2014 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/review.


KPMG


Clive Garland
Partner

Darwin

16 October 2014

KWHB FINANCIAL AUDIT 2013-2014



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 2014, and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, notes 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.

KWHB FINANCIAL AUDIT 2013-2014




Auditor's opinion

In our opinion 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 2014 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards.


KPMG


Clive Garland
Partner

Darwin

16 October 2014

KWHB FINANCIAL AUDIT 2013-2014

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2014

	Notes	2014 \$	2013 \$
Revenue and other income	2	16,781,344	21,432,706
Interest income	2a	78,571	84,953
Employee benefits expenses	3	(7,287,247)	(6,712,334)
Depreciation	8	(898,290)	(597,886)
Motor vehicle expenses	3	(231,635)	(230,190)
Travel and accommodation	3	(893,369)	(743,183)
Interest expense	2a	(3,227)	0
Other expenses	3	(6,618,669)	(5,612,276)
		-----	-----
Surplus for the year		927,478	7,621,790
Other Comprehensive Income		0	0
		-----	-----
Total Comprehensive Income		927,478	7,621,790
		-----	-----

The accompanying notes form part of these financial statements

KWHB FINANCIAL AUDIT 2013-2014

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2014

	Notes	2014 \$	2013 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	6,721,750	5,397,984
Trade and other receivables	6	77,313	519,344
Other current assets	7	163,146	671,689
TOTAL CURRENT ASSETS		6,962,209	6,589,017
NON-CURRENT ASSETS			
Property, plant and equipment	8	7,817,665	8,044,041
TOTAL NON-CURRENT ASSETS		7,817,665	8,044,041
TOTAL ASSETS		14,779,874	14,633,058
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	1,167,892	1,951,049
Provisions	10	320,933	391,385
TOTAL CURRENT LIABILITIES		1,488,825	2,342,434
NON CURRENT LIABILITIES			
Provisions	11	249,175	176,228
TOTAL NON-CURRENT LIABILITIES		249,175	176,228
TOTAL LIABILITIES		1,738,000	2,518,662
NET ASSETS		13,041,874	12,114,396
ACCUMULATED FUNDS			
Accumulated funds		13,041,874	12,114,396
TOTAL ACCUMULATED FUNDS		13,041,874	12,114,396

The accompanying notes form part of these financial statements

KWHB FINANCIAL AUDIT 2013-2014

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

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

	Accumulated Funds \$	Total \$
Balance 30 June 2011	5,388,969	5,388,969
(Deficit) 2012	(896,363)	(896,363)
Balance 30 June 2012	4,492,606	4,492,606
Surplus 2013	7,621,790	7,621,790
Balance 30 June 2013	12,114,396	12,114,396
Surplus 2014	927,478	927,478
Balance 30 June 2014	13,041,874	13,041,874

The accompanying notes form part of these financial statements

KWHB FINANCIAL AUDIT 2013-2014

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2014

	Notes	2014 \$	2013 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		5,384,824	1,811,145
Grants received		12,002,288	19,138,285
Payments to suppliers and employees		(15,573,958)	(14,081,744)
Interest received		78,571	84,953
Interest paid		(3,227)	
		-----	-----
NET CASH FLOWS FROM OPERATING ACTIVITIES	12(b)	1,888,498	6,952,639
		-----	-----
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition of property, plant and equipment		(671,914)	(6,030,737)
Proceeds on sale of plant and equipment		107,182	79,091
		-----	-----
NET CASH FLOWS USED IN INVESTING ACTIVITIES		(564,732)	(5,951,646)
		-----	-----
NET INCREASE IN CASH HELD		1,323,766	1,000,993
Cash at the beginning of the financial year		5,397,984	4,396,991
		-----	-----
Cash at the end of the financial year	12(a)	6,271,750	5,397,984
		=====	=====

The accompanying notes form part of these financial statements

KWHB FINANCIAL AUDIT 2013-2014

Katherine West Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2014

	2014 Budget \$	2014 Actual \$
Department of Health (Federal and Territory)		
Health and Other Programs		
Doctors - Locum	\$200,000.00	\$244,220.61
Services Purchased	\$20,000.00	\$15,020.46
Total Health and Other Programs	\$220,000.00	\$259,241.07
Capital Purchases		
Capital - Furniture & Fittings	\$30,000.00	\$54,201.00
Capital - Medical & Equipment	\$20,000.00	\$4,943.87
Capital - Plant & Machinery	\$5,000.00	\$0.00
Capital - Computers and Software	\$0.00	\$20,424.00
Capital - Buildings	\$0.00	\$29,988.00
Total Capital Purchases	\$55,000.00	\$109,556.87
Employment Costs		
Wages & Salaries	\$4,107,862.00	\$3,561,817.88
Overtime	\$560,000.00	\$623,258.19
Airfares	\$10,000.00	\$3,693.31
FOIL	\$39,000.00	\$36,630.00
Workers' Compensation	\$0.00	\$170.91
Employee Provisions	\$0.00	(\$1,950.05)
Staff Training	\$27,000.00	\$30,749.84
Fringe Benefits Tax	\$100,000.00	\$49,142.44
Superannuation	\$431,775.00	\$385,766.73
Staff Relocation	\$35,000.00	\$42,406.81
Staff Recruitment	\$40,000.00	\$199,346.42
Professional Development	\$27,000.00	\$15,840.79
Total Employment Costs	\$5,377,637.00	\$4,946,873.27
Motor Vehicle Expenses		
MV Fuel/Oil	\$79,686.00	\$73,384.44
MV Repairs & Maintenance	\$60,000.00	\$56,016.57
MV Registration	\$25,000.00	\$9,219.28
Total Motor Vehicle Expenses	\$164,686.00	\$138,620.29
Repairs and Maintenance		
R&M - Buildings	\$41,000.00	\$36,861.92
R&M - Plant & Equip	\$19,000.00	\$16,758.01
R&M Medical Equipment	\$50,000.00	\$41,586.12
Total Repairs and Maintenance	\$110,000.00	\$95,206.05
Travel		
Travel & Accommodation-Staff	\$437,125.00	\$578,573.94
Travel & Accommodation - Board	\$100,000.00	\$136,910.48
Travel & Accommodation - Patients	\$5,000.00	\$346.91
Total Travel	\$542,125.00	\$715,831.33

KWHB FINANCIAL AUDIT 2013-2014

Katherine West Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2014

	2014 Budget \$	2014 Actual \$
Department of Health (Federal and Territory)		
Health and Other Programs		
Doctors - Locum	\$200,000.00	\$244,220.61
Services Purchased	\$20,000.00	\$15,020.46
Total Health and Other Programs	\$220,000.00	\$259,241.07
Capital Purchases		
Capital - Furniture & Fittings	\$30,000.00	\$54,201.00
Capital - Medical & Equipment	\$20,000.00	\$4,943.87
Capital - Plant & Machinery	\$5,000.00	\$0.00
Capital - Computers and Software	\$0.00	\$20,424.00
Capital - Buildings	\$0.00	\$29,988.00
Total Capital Purchases	\$55,000.00	\$109,556.87
Employment Costs		
Wages & Salaries	\$4,107,862.00	\$3,561,817.88
Overtime	\$560,000.00	\$623,258.19
Airfares	\$10,000.00	\$3,693.31
FOIL	\$39,000.00	\$36,630.00
Workers' Compensation	\$0.00	\$170.91
Employee Provisions	\$0.00	(\$1,950.05)
Staff Training	\$27,000.00	\$30,749.84
Fringe Benefits Tax	\$100,000.00	\$49,142.44
Superannuation	\$431,775.00	\$385,766.73
Staff Relocation	\$35,000.00	\$42,406.81
Staff Recruitment	\$40,000.00	\$199,346.42
Professional Development	\$27,000.00	\$15,840.79
Total Employment Costs	\$5,377,637.00	\$4,946,873.27
Motor Vehicle Expenses		
MV Fuel/Oil	\$79,686.00	\$73,384.44
MV Repairs & Maintenance	\$60,000.00	\$56,016.57
MV Registration	\$25,000.00	\$9,219.28
Total Motor Vehicle Expenses	\$164,686.00	\$138,620.29
Repairs and Maintenance		
R&M - Buildings	\$41,000.00	\$36,861.92
R&M - Plant & Equip	\$19,000.00	\$16,758.01
R&M Medical Equipment	\$50,000.00	\$41,586.12
Total Repairs and Maintenance	\$110,000.00	\$95,206.05
Travel		
Travel & Accommodation-Staff	\$437,125.00	\$578,573.94
Travel & Accommodation - Board	\$100,000.00	\$136,910.48
Travel & Accommodation - Patients	\$5,000.00	\$346.91
Total Travel	\$542,125.00	\$715,831.33

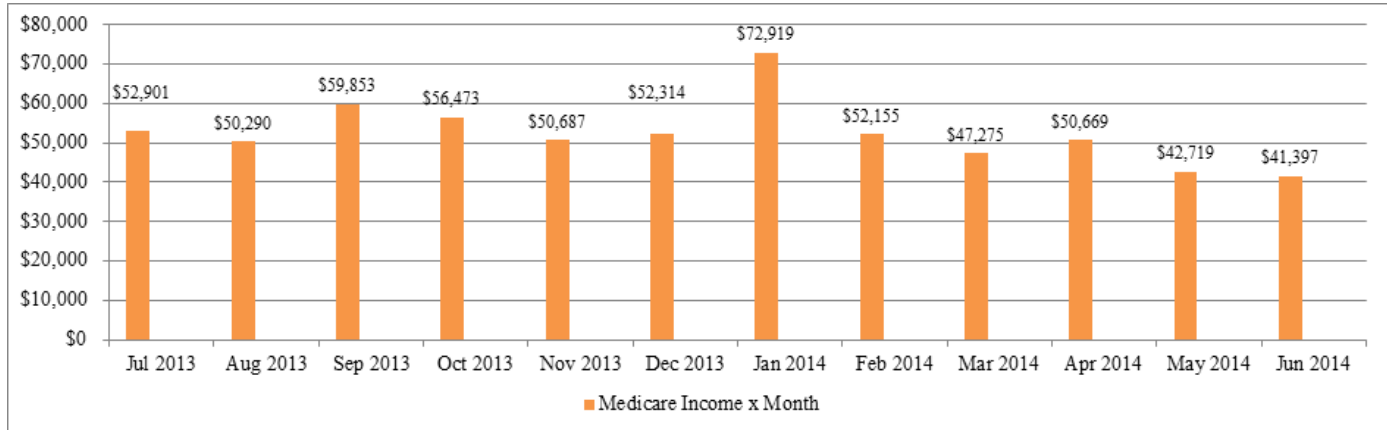
KWHB FINANCIAL AUDIT 2013-2014

Katherine West Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2014

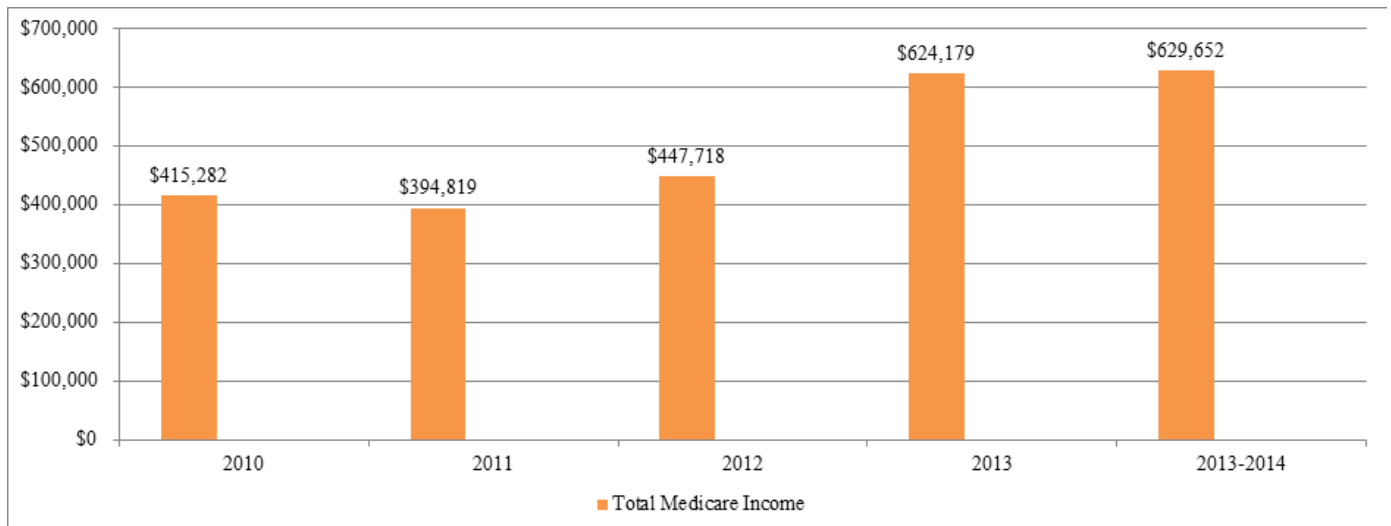
	2014 Budget \$	2014 Actual \$
Department of Health (Federal and Territory)		
Other Expenses		
Depreciation	\$600,000.00	\$898,290.00
Penalty Interest	\$0.00	\$3,227.34
Total Other Expenses	\$600,000.00	\$901,517.34
 Total Expense	 \$9,629,228.00	 \$9,913,487.07
 Net Profit (Loss)	 \$0.00	 \$0.00

KWHB FINANCIAL AUDIT 2013-2014

Medicare Income 2013-2014 (Month x Month)

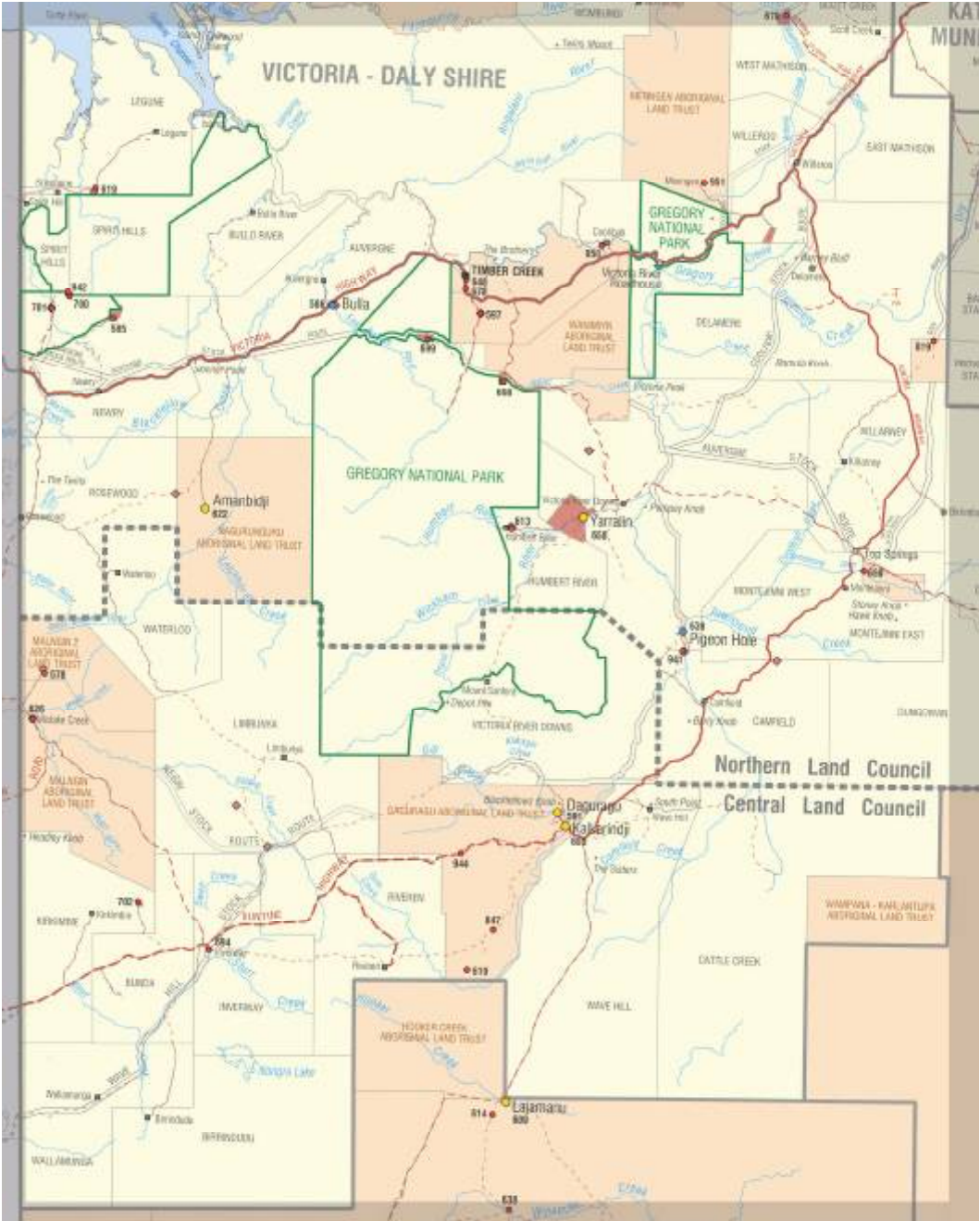


Medicare Income Comparison (2010-2014)





KWHB - SERVICE AREA



Timber Creek Region	Lajamanu Region	Kalkaringi - Region	Yarralin - Region
1.1 Timber Creek (Health Centre) 1.2 Bamboo Springs, 1.3 Bubble Bubble, 1.4 Bula (Health Centre) 1.5 Bullo River 1.6 Gilwi, 1.7 Liku, 1.8 Marralum, 1.9 Kildurk (Health Centre) 1.10 Murrungung, 1.11 Myatt, 1.12 Bob's Yard, 1.13 Barrac Barrac, 1.14 Bucket Springs, 1.15 Policemans Hole, 1.16 Doojum, 1.17 Fitzroy Station, 1.18 Auvergne, 1.19 Coolibah, 1.20 Bradshaw, 1.21 Kidman Springs, 1.22 Legune, 1.23 Rosewood, 1.24 Waterloo 1.25 Innesvale	1.26 Lajamanu (Health Centre) 1.27 Parrulyu, 1.28 Picininy Bore, 1.29 Lul-Tju, 1.30 Duck Ponds, 1.31 Pamta, 1.32 Jiwarampa, 1.33 Mungurrupa, 1.34 Tanami Downs, 1.35 Mungurrupa, 1.36 Mirridi, 1.37 Mount Winnecke, 1.38 Pinja, 1.39 Ngarnka	1.40 Kalkaringi (Health Centre) 1.41 Daguragu 1.42 Limbunya, 1.43 Riverin, 1.44 Inverway, 1.45 Bunda, 1.46 Birrindudu 1.47 Inverway, 1.48 Burda Wada, 1.49 Cattle Creek, 1.50 Liku, 1.51 Mistake Creek, 1.52 Mamadi, 1.53 Mount Maiyo, 1.54 Mcdonalds Yard, 1.55 Puturang, 1.56 Wave Hill, 1.57 Camfield, 1.58 Montjinni, 1.59 Top Springs, 1.60 Dungowan, 1.61 Mount Sanford	1.62 Yarralin (Health Centre) 1.63 Pigeon Hole/ Nijburru (Health Centre) 1.64 Lingara (Health Centre) 1.65 Victoria River Downs 1.66 Moolooloo Station 1.67 Pigeon Hole Station 1.68 Kidman Springs 1.69 Humbert River Station 1.70 Yinguwunari

NOTES ON HEALTHCARE ASSOCIATED INFECTIONS



Over the last 12 months KWHB has worked to strengthen systems for healthcare associated infections and antimicrobial stewardship to meet the National Safety and Quality in Health Care Standards.

Changes to policy and procedures were implemented across the organisation and upgrades to health hardware were made to support system changes.

A comprehensive training package reflecting the new system was developed and implemented and all new staff can now access this through an online Moodle learning package.

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

KWHB's policy suite for HealthCare Associated Infections;

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

KWHB STAFF 2013-2014

AS AT 30 JUNE 2014

A big thankyou to all our hard-working staff for their efforts during the 2013-2014 year.

LOCATION	NAME	POSITION
Lajamanu	Adam Brownhill	General Practitioner
Mobile Team	Adrienne Evans	RAN (Mobile)
Kalkaringi	Andrew Wilkinson	Remote Area Nurse
Locum GP	Anne Peterson	General Practitioner (Locum)
Katherine	Ashleigh Cavanagh	Health Operations Assistant
Yarralin	Barbara Burgraaf	Remote Administrative Officer
Bulla	Betty Laurie	Aboriginal Health Practitioner
Timber Crk	Brette McDonald	Cleaner - Relief
Timber Crk	Brian McNamara	Remote Area Nurse
Yarralin	Brian Pedwell	Aboriginal Health Practitioner
Yarralin	Cat Timke	Remote Area Nurse
Lajamanu	Christine Thompson	Remote Area Nurse
Katherine	Cindy Fahey	Medicare Officer
Yarralin	Corrina Sheleen	Remote Area Nurse
Kalkaringi	Cynthia Roberts	Remote Area Nurse
Kalkaringi	Daniel Palmer	Driver - On Call
Kalkaringi	Darryl Rhodes	Remote Area Nurse
Katherine	David Hunt	GP Program Support
Katherine	David Kimber	Assets Administration Officer
Katherine	David Lines	Community Development Manager
Kalkaringi	Dawn Rook	Admin Officer - AM
Timber Crk	Deb Jones	Aboriginal Health Practitioner
Katherine	Denise Smythe	Acting Clinical Quality Auditor
Kalkaringi	Diane Hampton	Aboriginal Health Practitioner
Katherine	Ebony Valler	Admin Assistant Trainee
Katherine	Emma Buanach	PHC Quality Coordinator
Lajamanu	Emmanuel Tilmouth	Labourer
Yarralin	Fiona Duncan	Health Centre Coordinator
Locum GP	Gillian Perriment	General Practitioner (Locum)
Locum GP	Heather Ferguson	General Practitioner (Locum)
Lajamanu	Heidi Falkner	Remote Area Nurse
Katherine	Helen Bretten	Finance Officer
Locum GP	Helen Hopkins	General Practitioner (Locum)
Locum GP	Jacques de Groote	General Practitioner (Locum)
Kalkaringi	James Rivers	Cleaner - Casual
Katherine	Janice Hill	Assets / Fleet Manager
Lajamanu	Janine Kereama	Remote Area Nurse
Yarralin	Jasmine Campbell	Cleaner
Yarralin	Jenny Campbell	Admin Officer - AM
Timber Crk	Joana Hartley	Remote Area Nurse
Locum GP	Karen Fuller	General Practitioner (Locum)
Kalkaringi	Karen Savage	Nurse Practitioner (Midwife)
Lajamanu	Kasey Vandermeer	Remote Area Nurse
Lajamanu	Kathryn Drummond	Remote Area Nurse
Lajamanu	Katrina Andrews	Cleaner/Driver Relief
Yarralin	Keith Burgraaf	Health Centre Coordinator
Locum GP	Kirsten Van Haaster	General Practitioner (Locum)
Lajamanu	Kylie Patrick	Admin Officer AM/PM
Locum GP	Laura Marshall	General Practitioner (Locum)
Katherine	Lauren Jeffs	Food Supply Nutritionist
Kalkaringi	Leah Leaman	Alcohol and other drugs Worker
Timber Crk	Leanne Moore	Remote Area Nurse
Timber Crk	Leigh Slater	Admin Officer
Katherine	Leila Kopp	Receptionist
Katherine	Lisa Kelly	Finance Officer
Katherine	Liz Yates	General Manager

KWHB STAFF 2013-2014

AS AT 30 JUNE 2014

LOCATION	NAME	POSITION
Lajamanu	Loretta Doolan	Admin Officer AM/PM
Lajamanu	Loretta Shanks	Remote Area Nurse
Yarralin	Lorraine Johns	Aboriginal Health Practitioner
Katherine	Lynette Johns	Ngumpin/Yapa Liaison Officer
Kalkaringi	Lynn Archer	Health Centre Coordinator
Timber Crk	Marcella Jones	Trainee Aboriginal Health Practitioner
Katherine	Melita Liddy	Health Leadership Assistant
Katherine	Michelle Barry	HR Administration Assistant
Bulla	Mishana Retchford	Cleaner/Grounds Person
Katherine	Nadia Menmuir	HR Admin Assistant
Katherine	Neil McIntyre	Chronic Disease - Nurse Practitioner
Locum GP	Neville Geary	General Practitioner (Locum)
Mobile	Nia Evans	Mobile (RAN)
Kalkaringi	Nicole Kanyilmaz	Cleaner - Relief
Katherine	Odette Phillips	GP Program Support/ Chronic Disease Leadership
Katherine	Peter Clottu	AOD Practitioner
Locum GP	Peter Morero	General Practitioner (Locum)
Locum GP	Peter Thompson	General Practitioner (Locum)
Katherine	Rebecca Cooney	Healthy Promotion Coordinator
Katherine	Rebecca Gooley	PHC Advisor
Katherine	Reece O'Brien	Information and Communications (Off-Site)
Bulla	Rhonda Henry	Aboriginal Health Practitioner
Kalkaringi	Rita Morris	Driver
Lajamanu	Robert George	Male Yapa Outreach Worker
Katherine	Rod Freeman	Health Operations Coordinator
Lajamanu	Ruth Phinn	Remote Area Nurse
Katherine	Sam Millican	Child Health Coordinator
Timber Crk	Sarah Philpot	Health Centre Coordinator
Katherine	Sean Heffernan	CEO
Katherine	Selina Kiernan	Health Centre Staffing Officer
Kalkaringi	Senelda Pyro	Admin Officer - PM
Lajamanu	Silas Ross	Cleaner
Lajamanu	Simon Gubicak	GP Registrar (Externally Funded)
Kalkaringi	Simone Gough	Remote Area Nurse
Katherine	Sinon Cooney	Manager: Primary Health Care
Katherine	Sonia Winther	Child Health Coordinator
Katherine	Sonny Victor	Alcohol and other drugs Worker
Timber Crk	Stephen Hennessy	Cleaner
Kalkaringi	Suzanne Tewake	Remote Area Nurse
Katherine	Tanya Davies	Senior Medical Officer
Lajamanu	Teresa Mathews	Community Support Worker
Kalkaringi	Toby Klopper	CD Remote Area Nurse
Lajamanu	Trevor Meyle	Remote Area Nurse
Katherine	Trudi Hartley	Human Resources Manager
Kalkaringi	Tyrone Burns	Trainee Aboriginal Health Practitioner
Katherine	Vicki Eastaway	Diabetes Educator
Locum GP	Zahid Iqbal	General Practitioner (Locum)
Lajamanu	Zoe Van-Halem	Remote Area Nurse



KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

38 First Street
KATHERINE NT 0851

PO Box 147
KATHERINE NT 0851

P: 08 8971 9300 | F: 08 8971 9340 | E: info@kwhb.com.au

www.kwhb.com.au