



ANNUAL REPORT 2015 2016

**KATHERINE WEST
HEALTH BOARD
ABORIGINAL CORPORATION**

**KATHERINE WEST HEALTH BOARD
ANNUAL REPORT 2015-2016**

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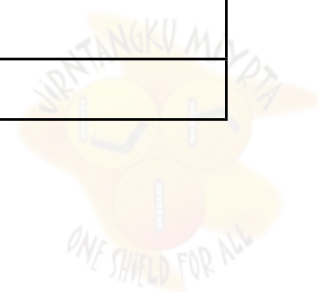


We encourage Aboriginal people to please take caution when reading this document, as it does contain images of people who have passed away. All photos in this document have been taken and used in line with KWHB's Photo and Image Policy. If you have any concerns about a photo in this document, please contact our office on (08) 8971 9300.



COMMONLY USED ACRONYMS

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



OUT AND ABOUT AT KATHERINE WEST HEALTH BOARD
Around the region, 2015/16



**OUT AND ABOUT AT KATHERINE WEST HEALTH BOARD
Annual General Meeting, 2015**



OUT AND ABOUT AT KATHERINE WEST HEALTH BOARD
Board Elections in Kalkaringi and Lajamanu, 2016



OUT AND ABOUT AT KATHERINE WEST HEALTH BOARD
Gurindji Festival 2015



Freedom Day Festival

OUT AND ABOUT AT KATHERINE WEST HEALTH BOARD
Gurindji Festival and Timber Creek Festival, 2015



OUT AND ABOUT AT KATHERINE WEST HEALTH BOARD
Gurindji Festival and Timber Creek Festival, 2015



OUT AND ABOUT AT KATHERINE WEST HEALTH BOARD
International Women's Day and Christmas in Lajamanu



OUT AND ABOUT AT KATHERINE WEST HEALTH BOARD
iPad Health Promotion Photo Gallery



REMOTE HEALTH PRACTITIONER OF THE YEAR 2015

Dianne Hampton, Kalkaringi & Daguragu



REMOTE HEALTH PRACTITIONER OF THE YEAR 2015

Dianne Hampton, Kalkaringi & Daguragu

In October 2015, Dianne “Dee” Hampton (Kalkaringi & Daguragu communities) was awarded the 2015 Remote Practitioner of the Year award, which was announced by Health Minister John Elferink at Parliament House. Dee was named the winner after being short listed from a stellar field of applicants from across the Northern Territory. Her award is well deserved for her dedication and capability, standing up for the health of people in our region.

Dee’s knowledge and understanding of the local community significantly enhances our ability to provide targeted health programs for individuals and families in the region.

Dee is renowned for her skill in managing large volumes of people in rapidly changing situations, such as emergency situations, where her skill in interpreting complex health issues is highly valued.

In 2015, Dee held our Rheumatic Heart Disease portfolio in the Health Centre, along with managing a large percentage of our sexual health contacts and follow up treatments. Over the years, Dee has had direct involvement in a number of initiatives, including cultural orientation, tackling smoking, trachoma and ear health treatment, child and maternal health and various specific areas of chronic disease treatment.

Dee has also been very involved in health and safety issues in her local communities over the years. In 2015, these activities have included;

- Teaching sessions for young mums about iron rich foods to address recent health service data indicating a rise in Anaemia rates in our region (including provision of cheap blenders for parents)
- Public advocacy against domestic violence, including the banning of people from attending the local club if they have been engaging in violent acts.
- Teaching sessions with high risk clients around medication adherence and treatment protocols for chronic diseases such as diabetes, STIs, heart diseases etc

The quality of Dee’s work is reflected by her standing in the community, where clients frequently request Dee as their primary health care provider, emphasising their personal regard for her, alongside their faith in her clinical abilities.

Well done and congratulations Dee.

(Left: Sinon Cooney, Minister Elferink, Dianne Hampton and Lynn Archer at Parliament House, Darwin, October 2016)



CONGRATULATIONS ON 10 YEARS OF SERVICE
Brian Pedwell, Aboriginal Health Practitioner, Yarralin



CONGRATULATIONS ON 10 YEARS OF SERVICE

Brian Pedwell, Aboriginal Health Practitioner, Yarralin

On 12 September 2015, Brian Pedwell (Aboriginal Health Practitioner, Yarralin) celebrated his 10 years of service with Katherine West Health Board.

Brian is acknowledged as a strong leader and role model by his fellow Aboriginal Health Practitioners (AHPs), registered nurses, doctors, consultants, allied health practitioners, visiting community specialists, police and Victoria Daly Shire staff.

Within his home community of Yarralin, Brian is actively sought by individuals and families of all ages, being recognised as someone who is positive, competent, skilled, and knowledgeable, understanding of the multilayered cultural/family issues/needs impacting on each health experience.

Brian has assisted KWHB with the development of our AHP in-services and provides guidance and leadership to KWHB town-based staff in relation to cultural best practice and effectiveness in service delivery.

Brian provides outstanding service to all clients, but is particularly important for KWHB in engaging with male clients, as our only male Aboriginal Health Practitioner in the region.

Brian has the ability to engage with our male clients to a high level, and this is evidenced by being the driving force behind men's health camps and engaging with men in the Health Centre environment, as well as at a community level.

Well done and thank you for 10 years of service with KWHB.



CONGRATULATIONS ON 10 YEARS OF SERVICE

David Lines, Deputy CEO



On 13 June 2016, KWHB's Deputy CEO David Lines celebrated his tenth anniversary with KWHB. David has been a stalwart at KWHB, with his knowledge, passion and guidance proving a great asset as KWHB has developed over the last decade.

David has mentored countless staff at KWHB on cultural safety at community level, and done more than anyone to ensure our service delivery is safe, accessible and of excellent quality for Aboriginal people. David has had many achievements at KWHB, and has been a dedicated asset to the corporation throughout his journey. We look forward to David continuing to develop and grow at KWHB into the future.



CHAIRPERSON'S REPORT

Willie Johnson, Chairperson



Board of Directors

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

The Directors are happy to see KWHB in a healthy financial position. As Directors, we constantly monitor our budget and finances at every meeting to ensure KWHB is in a strong financial position.

In 2015-2016, we held Director Meetings on the following dates:

- 23 March 2016 - Full Board Meeting
- 16 February 2016 - Executive Board Meeting
- 8 December 2015 – Executive Board Meeting
- 10 November 2015 - Full Board Meeting
- 20 October 2015 - Executive Board Meeting
- 8 September 2015 - Executive Board Meeting
- 21 July 2015 - Executive Board Meeting

In these Board meetings, we review our reporting to the government, our financial and budget positions, our health statistics and any emerging health trends, our incoming and outgoing correspondence, our staffing appointments and the progress of the organisation against our Strategic Plan. We also review new membership applications made to the organisation, as outlined in our KWHB Rule Book.

In September 2015, our Executive Directors did governance training with Graeme Hooper of Horizons Education and Development. These sessions are important, as KWHB's Directors learn more about and better understand the roles and responsibilities of being a Director of a large organisation like KWHB.

This year, our Senior Management and myself attended the ORIC examination of Katherine West Health Board in November 2015 in Katherine. It was good to meet with the examiners and review KWHB's obligations under the CATSI Act and to gain greater understanding of our Rule Book and its operations.

We were very pleased with the outcome of the examination, and the validation of the excellent processes we have in place at KWHB amongst Board and management.



CHAIRPERSON'S REPORT

Willie Johnson, Chairperson

This year Directors also attended the Yarralin land hand-back ceremony in June 2016. This was a special moment for Ngarinman people, 44 years since Aboriginal people in the area started the fight for land rights. It was a great honour to attend with KWHB staff and our Vice Chair, Jocelyn Victor.

Health services in our region

This year, our Board has continued to discuss health issues in our region during meetings. A number of our Directors also provide advice as part of KWHB's Cultural Leadership Advisory Group to help ensure our service delivery is culturally safe for our clients.

Our Directors value our continued focus on the KWHB health promotion strategy and we were pleased to approve the new health promotion strategy in our March 2016 Board meeting. In recent years our Directors have been involved in HealthFest events and appeared in health promotion video clips, and we are happy that there are more such events planned for the future.

KWHB Directors continue to work hard on signature issues for our organisation, including morgue management and development in our region, patient travel and development in our communities. These important matters require consistent and sustained advocacy.

10 Year Anniversary – David Lines (Deputy CEO)

On behalf of our Directors, I congratulate David Lines on his 10 year anniversary with KWHB. David has developed into a great Aboriginal leader for KWHB, and a trusted advisor and friend to the Board.

Board elections 2016

This year we have held Board Director elections across all communities in our region. This year, the Directors resolved to conduct our Board elections via secret ballot, to ensure that Aboriginal people would feel comfortable having their say while voting. We will confirm the appointment of the new Directors at our AGM for 2016.

The secret ballot process has been a great success, with a big increase in the number of members voting in our elections for their community representatives.

It has also been pleasing to see a large increase in KWHB's membership this year, with approximately 500 new members signed up to KWHB, many of these signups being younger people below 30. It is important that people become members of KWHB and have a say in the future of our organisation at community level.

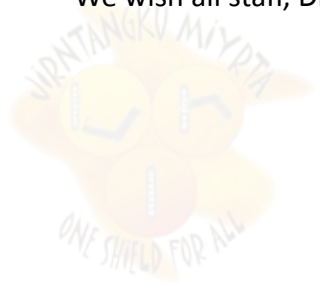
Thank You

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

As community elected representatives, it is important that Directors represent not just their community, but represent the KWHB region to the best of their abilities.

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

- Willie Johnson (Japanangka)
Chairperson



CHAIRPERSON'S REPORT

Willie Johnson, Chairperson

Board of Directors 2015-2016



Willie Johnson
Chairperson



Jocelyn Victor
Pigeon Hole (E)



Norbert Patrick
Lajamanu (E)



Wilson Rose
Kalkaringi (E)



Josie Jones
Myatt (E)



Regina Teddy (E)
Daguragu



Joyce Herbert
Lajamanu



Betty Smiler
Gilwi



Charlie Newry
Yarralin



Maxine Campbell
Yarralin



Joseph Archie
Bulla



Rosie Saddler
Kildurk



Debra Victor
Kalkaringi



Tracey Patrick
Lajamanu

Below: Board Governance Training with Graeme Hooper (Horizon's Education), September 2015



CEO'S REPORT

Sean Heffernan, Chief Executive Officer

2015-2016 has been another busy year for all of the team at Katherine West Health Board Aboriginal Corporation.

Attached to this report is our Financial Audit for 2015-2016, completed by our appointed external auditor, Merit Partners. The financial audit reflects Katherine West as a healthy organisation that manages its' finances and resources effectively and well.

Katherine West Health Board has continued to grow as a strong, well-managed Aboriginal community controlled health organisation during 2015-2016. This growth has continued to the benefit of our clients in all of our remote communities in the Katherine West Region.

KWHB's growth and development is demonstrated by our Quality Management System. KWHB attained re-accreditation against the ISO 9001:2008 Quality Management Standards, and against the National Safety and Quality in Health Service (NSQHS) standards. That we achieved this reaccreditation with nil non-conformances is a credit to our team especially considering the national recognition

Having quality management systems in place means that we are able to review and monitor the quality of our health service, and to provide better frontline services for our clients. This is all supported by an organisational focus on teamwork through our collaborative meeting structures and the facilitation of consistent cross flows of information across all areas of our operations.

We look forward to once again evaluating our progress in 2017 against the RACGP standards, which we continue to be accredited against in our four main Health Centres, Kalkaringi, Lajamanu, Timber Creek and Yarralin.

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

There are areas for improvement, and KWHB Directors and staff remain focussed on achieving the goals outlined in our Strategic Plan.

This year, it has been a privilege to travel to our communities to conduct Board Director elections for the 2016-2019 period. The turnout for our elections has been excellent, and the feedback on the secret ballot approach this year has been overwhelmingly positive.

This year we have further strengthened our organisation by adding approximately 500 new members of Katherine West Health Board. Approximately one third of all people living in our region are members of our organisation, which shows that people essentially want to engage with KWHB because it is an Aboriginal community controlled health service



CEO'S REPORT

Sean Heffernan, Chief Executive Officer

This year, KWHB have continued to develop our staff, with a focus on developing remote staff into key roles in our organisation. 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. In our Katherine office, we have welcomed new staff to our organisation to add value to the important support work being completed.

We have continued to have good development in other key roles, especially with our Aboriginal staff members working well within our remote health service teams. Over recent years, KWHB have had a focus on reducing where possible the number of administrative roles across our organisation, to focus our resources on frontline service delivery in our remote communities.

Our Health Promotion team continues to grow, with our Health Promotion Strategy being redeveloped in 2016 to take us into the years ahead, with a focus on consistent and quality messaging at community level.

This year we said goodbye to some people who have made solid contributions to KWHB over a long period of time. I'd like to thank those staff for their contributions to KWHB, and wish them well for the future.

Some highlights this year have included;

- Delivering our first Substance Use / Social and Emotional Wellbeing program and welcoming a Mental Health Nurse to the team for the first time. This team saw over 220 clients this year, with over 500 occasions of service.
- An increase in our Chronic Disease case conferencing, up to over 200 case conferences in 2015-2016, which helps ensure our sickest clients get the best coordinated care possible.
- A successful examination of our corporate and financial governance by the Office of the Registrar of Indigenous Corporations (ORIC), in November 2015. In April 2016, KWHB were formally advised by ORIC that we are operating in full compliance with the CATSI Act, an excellent achievement for KWHB.



CEO'S REPORT

Sean Heffernan, Chief Executive Officer



- An increase in staff members accessing our online training, up by one third in each of our 12 training portals.
- 48 new full-time staff members to our region received cultural orientation training this period, delivered by our Cultural Leadership team.
- Continuing to employ a high number of Aboriginal staff across our organisation, with 26 Aboriginal people employed in various roles across our team.
- Improving the security of nine NTG owned properties in Kalkaringi, including alarm systems, fencing, security doors and lighting
- Securing funding to improve 10 KWHB owned properties across our region (Lajamanu, Pigeon Hole, Yarralin, Timber Creek and Mialuni) under the service maintenance program, including security lighting, alarm systems, carports, fencing, floor repair, air conditioning and other minor improvements.
- Improving our vehicle fleet throughout the year to ensure we are providing the safest possible working conditions for our staff members.
- Continuing to fund the three day per week service delivery for clients in Pigeon Hole.
- Continuing to work well with our funding partners, in particular the Commonwealth Department of Health, the NT Department of Health, NT Primary Health Network and the Commonwealth Department of Prime Minister and Cabinet.

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

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

- Sean Heffernan
Chief Executive Officer



DEPUTY CEO REPORT
David Lines, Deputy Chief Executive Officer



In 2015-2016, KWHB have continued to build upon our organisational systems for ensuring cultural safety with our clients, to ensure we continue to have strong relationships in our region, with the aim of overall better health outcomes for all of our clients.

The Deputy CEO role continues to provide important cultural security leadership & support to our team, to ensure our service is safe and accessible for our community members.

Membership drive

This year, it was great to be involved with staff and Directors in our membership drive in our communities. More information about numbers of new members we signed up are available in our Chairperson's Report.

Cultural Orientation program

48 new full-time and agency staff members received cultural orientation training this year at Katherine West Health Board. Our training involves viewing our Cultural Orientation DVD and other videos and literature about the KWHB region and the history of Ngumbin and Yapa people. Our orientation package also includes historical books about KWHB and specific literature about providing health services with Aboriginal people, and to support staff to practice in a culturally safe way.

It is important that new staff to our organisation receive this training, to ensure they understand our cultural context, and the importance of cultural safety and care in our health service delivery.



DEPUTY CEO REPORT

David Lines, Deputy Chief Executive Officer

Cultural Leadership Advisory Group (CLAG)

This year we had three CLAG meetings, on 10 September 2015, 22 October 2015 and 24 March 2016. These meetings were attended by Directors and Ngumbin staff, who provide cultural guidance feedback on health service delivery, with a focus on health promotion and preventative health in our region. CLAG reviewed and approved over 40 new resources for use by our organisation on our Health Promotion Register, with resources added to our iPads and in use with our staff and clients. A main priority of CLAG is health literacy for clients in our region.

CLAG also provided guidance and support for our new sexual health strategy, and advice on the presence of KWHB staff at community events such as Gurindji Freedom Day and the Timber Creek festival.

HealthFest Planning

This year, KWHB staff did extensive planning, community consultation and preparation for the 2016 HealthFest, which occurred in September 2016. KWHB staff met with directors and local stakeholders to ensure the event could proceed later in 2016.

Patient Travel and Cultural Support

This year, KWHB's Cultural Leadership Officer had 154 client contacts, assisting in matters such as patient travel, patient accommodation, dealing with hospital, dealing with travel organising, supporting the patient travel journey, and assistance with specialists. The Cultural Leadership Officer documents challenges in this system via our action register to ensure issues can be tracked and addressed. This is an important outreach role in our organisation.

Community Consultation Strategy

This is now the third year of KWHB's Community Consultation Strategy, and any issues, incidents or complaints are being well captured in our systems, reviewed and acted upon by management and directors.

2015 Remote Health Practitioner of the Year, Dianne Hampton (Kalkaringi & Daguragu)

This year, Diane (Dee) Hampton (Aboriginal Health Practitioner from Kalkaringi and Daguragu) was awarded the 2015 Remote Practitioner of the Year award, which was announced by Health Minister John Elferink at Parliament House. Dee is one of KWHB's longest serving staff members, having been with KWHB since our formative days in 2001. Dee's role is very important in ensuring the cultural security of our service at a local level.



DEPUTY CEO REPORT
David Lines, Deputy Chief Executive Officer

10 Year Anniversary, Brian Pedwell (Yarralin)

Congratulations to our Aboriginal Health Practitioner in Yarralin, Brian (BP) Pedwell, on his 10 year anniversary as a staff member with Katherine West, which was celebrated on 12 September 2015. Brian is an important member of our PHC team across the region, providing guidance and support for our staff and excellent care for our clients.

Thank you – my 10 Year Anniversary

Finally, I want to take this opportunity to thank all staff and Directors, past and present, as I reflect upon my 10 year anniversary with KWHB on 13 June 2016. KWHB is a special place to work, where people from our region work together with people from all over Australia to try and make a difference for Aboriginal people, and I look forward to continuing this journey with everyone in our region in the years to come.

- David Lines
Deputy CEO



PRIMARY HEALTH CARE REPORT

Health Centre Staffing

2015-2016 has seen the KWHB PHC model further mature, with an ongoing focus on quality improvement and an increased and targeted focus on health promotion in our remote region. The Health Centre teams and Katherine based staff have worked exceptionally well together to deliver comprehensive primary health care to our clients. The environment in which our staff work throws up many challenges however working in a collaborative well organised model of service delivery has enabled our staff to achieve great results throughout the year to benefit our clients.

Aboriginal Health Practitioners (AHPs)

KWHB continues to have a core workforce of well-trained and experienced Aboriginal Health Practitioners (AHPs) working across our communities. Our six AHP's reside and work in Timber Creek, Yarralin, Kalkaringi and Bulla Health Centres. The AHPs are a vital part of the PHC team in our region, providing in depth local knowledge, cultural safety and guidance and strong clinical skills which complement our PHC teams.

To enable ongoing professional education our AHPs attended two intensive targeted workshops with the AHP Educator, to further develop skills and knowledge. Ongoing participation in core training as part of our mandatory training schedule, and undertaking professional development in areas of interest and need, helps to further develop and reinforce core skills required for working in the remote PHC context.

Remote Area Nurses (RANs)

Our remote health centres have also been consistently well staffed by our permanent Remote Area Nurses (RAN) and our returning relief RANs, who practice within the PHC model and work collaboratively with our GPs, AHPs, Health Program Coordinators and Health Centre support staff as part of our multi-disciplinary team.

The permanent nursing staff offer stability for our clients who attend regularly but sometimes need a break, and we have been lucky enough to have a strong contingent of highly experienced RANs who come both directly and from agencies to enable our permanent staff to access their holidays and professional development opportunities throughout the year. We are very thankful to both our permanent and relief staff for helping to maintain quality services in the remote region.

There has been a continued focus and strong commitment to the professional development of all our staff, with external training options through core training and professional development. We have further consolidated organisational and PHC specific learning with ongoing development of our online training via our Moodle training packages as part of our Mandatory Training Schedule.



PRIMARY HEALTH CARE REPORT

Health Centre Staffing / New Health Promotion Strategy

General Practitioners (GPs)

This year, KWHB have enjoyed good GP coverage across our four main health centres, with a GP also present one day each week in Pigeon Hole, Bulla and Mialuni.

With the increased continuity of GPs, this has been beneficial for KWHB staff and clients. Our GPs have regular face to face meetings (bi-monthly) with each other to improve and expand areas of knowledge in remote practice.

GPs are taking an active part in chronic disease case conferencing, pertinent to their location, and are working closely with our Substance Use, Mental Health, Chronic Disease, Obstetric and Hepatitis B clients.

New Health Promotion Strategy 2016

There has been an increased focus on delivery of well-planned and organised health promotion across the region which has been supported by the new Health Promotion Strategy developed this year, which will be well utilised in the coming years. The KWHB Health Promotion Strategy (2016) has been in development for a number of years and has had valuable input from KWHB Board Directors, CLAG and NRG members and many KWHB Health staff.

The goal of the strategy is to address health and wellbeing issues within the region – and to improve the control our community members have over the determinants of their own health and their community's health.

There are 5 focus areas designed to achieve this:

1. Reducing smoking
2. Improving nutrition and food security
3. Increasing physical activity
4. Reducing rates of harmful and hazardous alcohol consumption and
5. Improving social and emotional wellbeing.

Within the KWHB Health Promotion Strategy are a number of sub-strategies that will help to achieve our health promotion goals and focus areas. These include:

Monthly health promotion

Monthly topics will help us to highlight key areas of health that need particular attention in our region. This has involved the construction and implementation of health promotion walls that includes a display of information about that month's topic in health centre waiting rooms, changed regularly to maintain interest from our clients.



PRIMARY HEALTH CARE REPORT

New Health Promotion Strategy / Health Programs

Community Based Education

Health program staff in collaboration with health centre teams will also conduct community based education sessions to help improve the health literacy of community members in relation to these health messages. This education has taken place in a number of different ways including community groups, one on one interviews, small workshops and through targeted training for community members. Community education has been a core focus of our Board Directors' advice and direction and this is seen as the cornerstone of our Health Promotion Strategy.

Health promotion on iPads

Health promotion staff will continue the good work being done to provide staff and clients with interactive tools to discuss and learn about relevant health messages using iPads. This enables us to deliver health messages via a new and innovative way that utilises current technology and creates a fun and interactive learning medium for our clients.

Health promotion on waiting room TVs

The health promotion team have provided photos, video, and audio which are played on health centre waiting room TVs. These include community photos from recent events, key health messages, approved health promotion videos, community health stories, and landscape shots from that community.

Social Media

KWHB are developing a social media plan for 2016-2017, which will focus on the use of Facebook and other media opportunities to communicate health promotion messages for people in our region.

Health Promotion

This year, the main focus of our Health Promotion staff (Health Promotion Coordinator, Health Promotion Officer and Health Promotion Program Support) has been in developing and implementing our new Health Promotion Strategy across the KWHB region.

The Health Promotion team continue to support the Health Program and PHC teams to develop health resources and provide community based education for our clients.

Key Focus' include;

- iPad rollout across all our Health Centres, with iPads available for use at all our work sites. Content on our iPads is controlled by our Health Promotion Officer via a centrally maintained App, which manages content, enabling KWHB to add or remove new content centrally, to ensure quality and measurement of our resources.



PRIMARY HEALTH CARE REPORT

Health Programs

- Development and adaptation of new health promotion resources for use with our clients. These resources have been reviewed and approved by our Cultural Leadership Advisory Group, and include video clips, booklets, posters, information sheets and language interpretation tools that can be used by our staff with our clients.
- Support for our Health Promotion officer to complete Cert IV in Alcohol and other Drugs through the NTG.
- Attendance at the Gurindji Freedom Festival in August 2015, and the Timber Creek festival in July 2015.
- Priority focus on creating a new Tobacco Action Plan, with the National Best Practice Unit (NBPU), including multiple meetings with the NBPU during the year to develop the plan in line with national requirements.

Women's and Maternal Health

KWHB's model for supporting the Women's and Maternal Health program has continued to utilise expert support from our Women's and Maternal Health Coordinator based in Kalkaringi. This role is important in ensuring that our antenatal clients are well managed and have the support they require throughout their pregnancy.

The Women's and Maternal Health Coordinator manages and coordinates fortnightly case conferencing for our antenatal clients in collaboration with our local GP/SMO, PHC health centre teams and the Katherine hospital including an Obstetrician. This role also continues to provide education and support to our PHC teams via specific women's health training, to support RANs across our region to provide quality antenatal care.

Chronic Disease

This year we have continued to build upon our chronic disease care processes, with four staff in the chronic disease team supporting the great work being done by GPs, AHPs and RANs in our health centres;

- Chronic Disease Coordinator
- Diabetes Educator
- Chronic Disease Care Coordinator – based in Kalkaringi
- Chronic Disease Care Coordinator, AHP – based in Yarralin

This increased focus on delivering chronic disease care for clients with complex needs in our remote regions can be seen in the improvements in our NT AHKPI results, as detailed later in this report. Chronic disease case conferencing has been a vital part of this success, with 255 case conferences occurring in 2015-2016. This is important, as it enables KWHB to coordinate detailed care management plans for our clients to help manage their chronic disease.



PRIMARY HEALTH CARE REPORT

Health Programs

Our chronic disease staff have also been engaged in providing community education, alongside our health promotion team, to ensure key messages around chronic diseases are being understood by our clients. Diabetes education sessions on 'Caring for your feet' and 'A healthy cook-up' have been successfully delivered to community members in Lajamanu, Kalkaringi and Yarralin.

Sexual Health

The Sexual Health program continues to be supported by the Sexual Health Coordinator through surveillance, screening, treatment and education of clients in our region who have sexually transmitted infections. This year, there has been an increased focus on screening for Syphilis and HIV, with a region-wide Syphilis outbreak a particular challenge. Our Sexual Health Coordinator communicates regularly with the NT Centre for Disease control to monitor areas of concern.

Our Sexual Health Coordinator has also worked on various health promotion initiatives, including condom trees and community based education sessions. The Cultural Leadership Advisory Group provides detailed feedback on appropriate gender specific methods of communication for sensitive sexual health issues, and this is reflected in the location of various resources for use by our clients, such as safe sex posters, wallets, tins, condom dispensers and condom trees.

Our Sexual Health Coordinator has focussed on providing training and upskilling for remote staff in the identification of STI symptoms and treatment. This is done via one-on-one training, and via presentations in our weekly Collaboratives meetings.

Substance Use (Alcohol and other Drugs)

KWHB's AOD Coordinator and AOD Support Worker travelled extensively through the region, providing support for clients with substance use concerns. Our Substance Use team continue to address referrals for clients identifying need for support, as well as accepting referrals from external stakeholders.

The Substance Use team have been involved in case conferencing women who drink alcohol in pregnancy. This process was set up to help with early identification of Foetal Alcohol Spectrum Disorder and to provide support for these women and their families. Also involved in the case conferences were our Senior Medical Officer, Women's and Maternal Health Coordinator and Mental Health Coordinator.

Community based education has also been provided by the Substance Use team for clients regarding the effects of alcohol, sniffing aerosols, smoking ganja and tobacco use, working with external stakeholders such as schools, shires, CDEP and the Katherine Harm Minimisation Unit to further the reach of this education.

Support and best practice guidance is also provided to our staff from the NT remote AOD workforce forum. There will be a continued focus on maintaining and improving our systems for identifying and managing at risk clients into the future.



PRIMARY HEALTH CARE REPORT

Health Programs

Mental Health

February 2016 saw KWHB's first Mental Health Coordinator position filled. The role has focussed on identifying the gaps in existing mental health service delivery in our region, and advocating for support from agencies such as Top End Health Service and Katherine Mental Health.

The early stages of the program have been about establishing the scope of our service. Our mental health nurse has had involvement in case conferencing for clients requiring mental health support, and supports our PHC teams with expert mental health knowledge and guidance.

We look forward to our mental health program continuing to provide benefits for our clients into the future.

Child Health

Throughout this year we have had three experienced staff members rotate through the Child Health Coordinator role, providing support to our PHC teams in delivering quality child health services to our region. Late in the year we finalised recruitment to our Child Health Coordinator role, with an experienced nurse from our region taking over the program.

The Child Health Coordinator role supports specialist care delivered from outreach paediatricians delivering services to our region. The position also works with remote PHC teams to enable appropriate follow up of children at risk.

Child and adolescent health continues to be a major focus for KWHB, with many of our health promotion initiatives aimed at delivering quality health messages to children in schools across our region.

Trachoma Screening and Treatment

KWHB continue to deliver the Trachoma program, based on the World Health Organisation guidelines for trachoma elimination. We continue to work with the Centre for Disease Control to develop a comprehensive plan to screen clients in the region for trachoma and treat where the prevalence meets the criteria for community wide treatment.

Areas in our region that have endemic trachoma have received mass drug administration with good coverage., Where community wide treatment has been undertaken over a number of years, follow up screening has been completed. We rely on staff who have knowledge of our region, and agency staff to deliver this program. We have also provided education to our teams on Trachoma symptom identification and treatment via Collaboratives as well as community members during screening and treatment.



PRIMARY HEALTH CARE REPORT

Health Programs



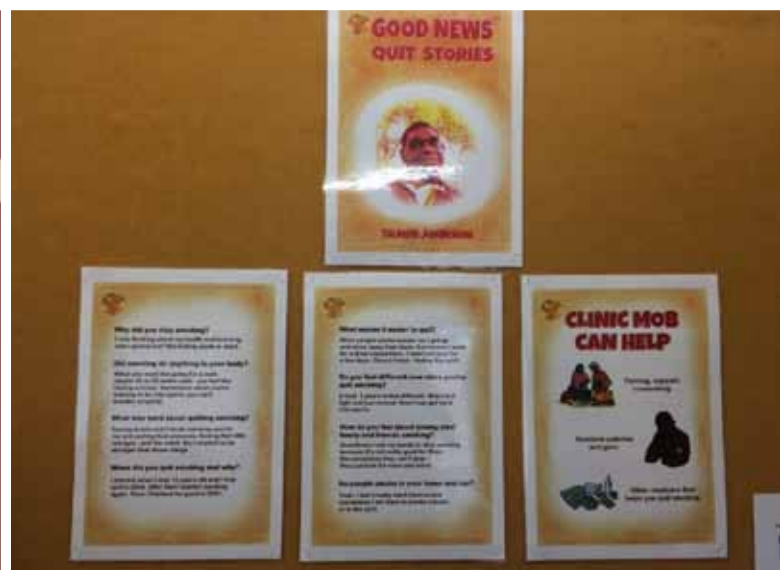
Above L to R: Heidi Falkner, Kathryn Drummond, Suzanne Tewake and Jenny Lindsay (from the NTG AOD team) in Katherine, Feb 2016.

- Below L to R: 1) Kalkaringi staff taking the chopper on their weekly Pigeon Hole trip, March 2016
2) Tammy (ENT), Megan Green and Carolyn Keegan in the plane to Mialuni, Feb 2016
3) Manager PHC Sinon Cooney reviewing KPIs with members at the AGM, November 2015*



PRIMARY HEALTH CARE REPORT

Health Programs



Above (L to R) - KWHB Health Walls, displayed each month in our Health Centres featuring different topics

Below (clockwise from top) - 1) KWHB's Mental Health Nurse Megan Green receives cultural orientation advice from Doris Roberts in Timber Creek. 2) KWHB Health Promotion display focussing on tobacco education and hydration at the Gurindji Freedom Festival 2015. 3) KWHB provide nutritional food at the Gurindji Festival, 2015.



PRIMARY HEALTH CARE REPORT

Health Programs



Above - KWHB staff meet with Sarah Dyer of the National Best Practice Unit (NBPU) to develop our new Tackling Indigenous Smoking Action Plan, April 2016.

Below - Vimal Vincent (AOD Coordinator) doing community education on substance use with clients in Yarralin, Mialuni, Kalkaringi and Lajamanu during April and May 2016.



PRIMARY HEALTH CARE REPORT

Health Programs / Governance and Training

Nutrition Program

The nutrition program continues to support our PHC teams, and to work with external agencies in order to improve food security for the clients in our region. We welcomed a new Nutritionist in June 2016.

The Nutrition program continues to focus on health messages for children in our schools via community education, and works as part of the health promotion team to deliver quality health promotion activities to our clients

Mobile Health Team

The Mobile Health team has delivered services to isolated clients in the remote region cattle stations and community outstations. Our team have been with KWHB for three years now, and have developed good relationships with clients across the region.

This outreach program provides health services to each community or station at least two to three times per calendar year. Health services have an emphasis on providing well person health screening checks, opportunistic health education appropriate to circumstance and individual, referrals to diagnostic and specialist services, pathology, medication and treatment review, acute care and group education sessions, with a particular emphasis on smoking education and brief interventions.

Primary Health Care Governance (PHCG) Meetings

KWHB continues to hold bi-monthly PHCG meetings, focussing on PHC decision making, service delivery standards, system effectiveness, health alerts, legislative review, policy and procedure development, key performance indicator review and any other issues relating to our health service delivery.

All decisions and actions made at PHCG meetings are communicated back to KWHB's Management Review Committee (MRC).

Meetings were held this year on;

- 12 August 2015
- 29 October 2015
- 4 November 2015
- 18 February 2016
- 04 May 2016
- 22 June 2016



PRIMARY HEALTH CARE REPORT

Training

Training

KWHB continues to have a comprehensive mandatory training and professional development schedule in place to ensure our staff are well trained in appropriate topics to provide the best care possible for our clients.

This year, our online Moodle training portal has continued to grow and develop, with more KWHB staff completing the modules to improve knowledge in identified skill development areas.

Training Program	Number of staff completing training Jul 2014 – Jun 2015	Number of staff completing training Jul 2015 – Jun 2016
Anaemia	9	40
ARF/RHD	New Module	31
Basic Life Support Plus	24	38
Brief Intervention	8	38
Clinical Handover	27	35
Deteriorating Client, Pressure area care, Falls prevention, Client identification	11	38
Fire and emergency procedures	25	33
Growth faltering	New module	21
Infection control and hand hygiene	27	35
Manual Handling	28	36
Medication Calculations	21	32
Pathology and Point-of-Care Testing (POCT)	23	34
Safety and Quality in Primary Health Care	28	34



PRIMARY HEALTH CARE REPORT Accreditation



International Organization for Standardization, ISO

In 2015, KWHB were again reviewed against our current accreditation for the ISO 9001:2008 Quality Management System Standards, with nil non-conformances identified. We will undertake a re-certification review in 2017.

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

Our accreditation in this area is supported by our internal audit schedule, which allows us to review our operations at scheduled times throughout the year to ensure we are operating to a high level, and that any issues are addressed comprehensively.

National Safety and Quality Health Service standards (NSQHS)

In 2015, KWHB were again reviewed against the NSQHS standards, with nil non-conformances identified. NSQHS accreditation provides our clients with a nationally consistent statement about the level of care that they can expect from health service organisations like KWHB. We will undertake a full review and new accreditation process against NSQHS standards in 2017.

Accreditation against these standards is important for KWHB, to ensure that our health service delivery is contemporary and providing the best possible quality for our clients. This accreditation is a reflection on the effectiveness of our continual quality improvement program.

A key support in our internal auditing of health service standards has been the Health Centre Staffing Manager position, which has led our internal auditing across our required PHC audits.

Royal Australian College of General Practitioner Accreditation (2014-2017)

KWHB's four main Health Centres (Kalkaringi, Lajamanu, Timber Creek and Yarralin) will remain RACGP accredited until late 2017. KWHB will undertake the full re-accreditation process for this standard in 2017.



PRIMARY HEALTH CARE REPORT

Visiting Specialists 2015-16

Specialists

This year, KWHB engaged the following allied health specialists to work in our region. Below are the statistics on the number of client contacts made by Specialists during the full year 2015-2016.

Access to secondary (Specialist) health care services										
	Timber Ck		Yarralin		Kalkarindji		Lajamanu		Total	
	Days	No. Seen	Days	No. Seen	Days	No. Seen	Days	No. Seen	Days	No. Seen
Audiologist	2	7	3	22	22	200	19	141	46	370
Cardiologist	0	0	0	0	1	9	1	13	2	22
Dentist/ Dental Therapist	5	36	14	101	16	114	23	122	58	431
Diabetes Educator	52	147	30	144	36	182	81	608	199	1081
Exercise physiologist	21	93	0	0	0	0	29	177	50	270
Nephrologist/ Physician	0	0	1	7	1	1	2	9	4	17
Obstetrician/ Gynecologist	1	15	0	0	1	12	0	0	2	27
Optometrist	14	79	9	63	14	125	18	119	55	386
Pediatrician	9	64	3	27	5	44	3	34	47	169
Physician	9	32	1	6	6	66	7	45	23	149
Podiatrist	4	18	4	26	7	40	12	87	27	171
Psychologist/Mental Health Nurse	8	12	2	3	5	10	5	15	20	40
Ultrasound	0	0	3	8	8	53	8	47	19	108
TOTALS	125	503	70	407	122	856	208	1417	552	3241



PRIMARY HEALTH CARE REPORT
Collaboratives 2015-16

Date	Presentation Topic
24-Jun-16	STI Testing and Management (Julie Skudder) and Communicare Health Checkup 10987 (Cat Timcke)
17-Jun-16	Rheumatic Heart Disease and Rheumatic Fever in the Top End, Josh Francis (NTG)
10-Jun-16	PIP Incentive overview (Lorraine Johns) and Health Promotion Update (Kayne Jensen / Jess Hagley)
3-Jun-16	Recognising and responding to clinical deterioration (using MEWS and PEWS scores)
27-May-16	Gout presentation, Dr David Hunt
20-May-16	Diagnosing Dementia in Aboriginal People
13-May-16	i-Stat Machines, common issues and troubleshooting for remote clinicians
6-May-16	Volatile Substance Abuse (Simon Stafford, guest)
22-Apr-16	Foetal Alcohol Spectrum Disorder, Keshan Satharasinghe (Paediatrician, guest)
15-Apr-16	Iron as Therapy (Dr Rodney Jones)
8-Apr-16	AMSANT, My E-Health Record (Nicolle Marchant)
1-Apr-16	Review of favourite Health Promotion Resources used in Health Centres - Human Body App (Timber Crk) and Eat Healthy, Live Healthy, Stay Strong (Water Poster)
11-Mar-16	Contraception Implanon NXT, Angela Del Monte-Lee, Merck Australia (11 March 2016)
4-Mar-16	Hand-Foot-Mouth Disease Presentation, Dee Hampton & Lynn Archer
26-Feb-16	Pharmacy best practice (Colleen Niland from Northpharm)
19-Feb-16	Lajamanu Case Study (Trevor Meyle) and Sexual Health Resources (Julie Skudder)
12-Feb-16	Yarning about Alcohol Health Promotion Resource (Vimal Vincent)
29-Jan-16	Communicare ins & outs and Medicare claiming (John Humphries) and Looking after your feet (Holi Catton)
22-Jan-16	Timber Creek Case Study - Management of a Snake Bite / Food and Sugar Content (Lauren Jeffs, Health Promotion Resource of the week)
15-Jan-16	Documentation and correct entering of data into Communicare (Keith Burgraaf, Kalkarindji) and CommDoc application (Jess Hagley, Health Promotion Resource of the week)



PRIMARY HEALTH CARE REPORT

Collaboratives 2015-16

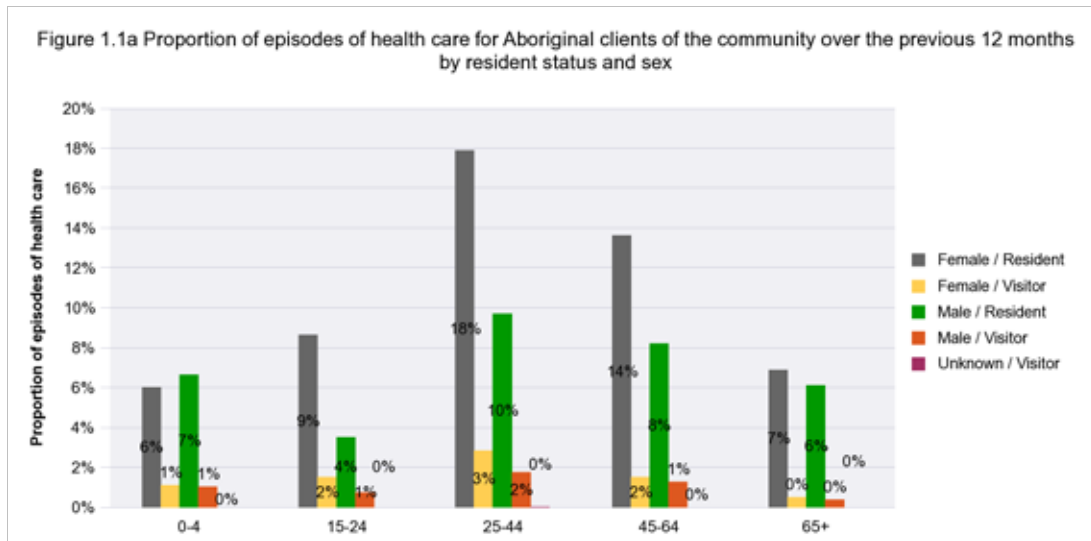
Date	Presentation Topic
11-Dec-15	STI Case Study - Timber Creek Health Centre
4-Dec-15	Nutrition Program Update, Lauren Jeffs (KWHB)
27-Nov-15	Burden of Heart Disease , Anaemia treatment info, GP involvement in evacuations, clinic referrals (Dr Odette Phillips, KWHB)
20-Nov-15	Alcohol and other drugs program in the Katherine West region (Vimal Vincent, AOD Coordinator, KWHB)
13-Nov-15	Case Study Lajamanu - Melioidosis
6-Nov-15	Child Health update in KWHB region (Myles Sutherland, Child Health Coordinator)
30-Oct-15	Case Study - Management of suicidal people (Dr Bruce Hocking, KWHB)
23-Oct-15	Working with people with Disabilities (Office of Disability, Katherine) - Nerida Pike and Elaine Jaescke
16-Oct-15	Yarralin Case Study - Patient in Yarralin with Hypertension and negotiating evacuation and treatment with RMP (Incl. Info about Snake Bites and Bush Hydration)
9-Oct-15	Syphilis - Women's Business in Community presentation, Julie Skudder, KWHB.
2-Oct-15	Sore Leg Aunty - Inflammatory Myopathy Case Study, Kalkarindji Health Centre
25-Sep-15	HEPATITIS B: Fundamentals for AMS staff - Presented by Professor Robert Batey Professorial Fellow, Flinders University at Department of Medicine, Alice Springs Hospital, NT
18-Sep-15	Case Study Lajamanu - Lyssavirus (Dr David Hunt, KWHB)
11-Sep-15	Ice and the Brain - Dr Adam Pastor, Director of Addiction Medicine NT
4-Sep-15	Case Study Timber Creek - Treatment of facial swelling and domestic violence
28-Aug-15	Eye Care in the Katherine West Region - Anna Morse, Brien Holden Institute
21-Aug-15	Ice usage in remote KWHB communities - Lynette Johns
14-Aug-15	Palliative Care in remote communities - Wendy Salmon - Territory Palliative Care Top End
7-Aug-15	Bleeding in early pregnancy Presentation (Maree David, KWHB)
31-Jul-15	Acute Rheumatic Fever - Marea Fittock & Desley Williams (CDC)
24-Jul-15	Acute Post-Streptococcal Glomerulonephritis (Sarah Kennedy, KWHB)
3-Jul-15	A Nurses Journey - Failure to Thrive (Darryl Rhodes, KWHB)

PRIMARY HEALTH CARE REPORT

NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.1 - Episodes of Health Care and Client Contacts

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



AHKPI 1.1 Resident population and episodes of health care provided ratio											
Aboriginal		Age Group									
		0-4		15-24		25-44		45-64		65+	
Female	Resident Population	125	8%	196	13%	277	18%	132	9%	53	4%
	Episode Ratio	14		13		18		29		37	
Male	Resident Population	124	8%	195	13%	249	17%	107	7%	45	3%
	Episode Ratio	15		5		11		22		39	
Total Aboriginal resident population		249	17%	391	26%	526	35%	239	16%	98	7%
Total episodes of health care ratio		14		9		15		26		38	
non-Aboriginal		Age Group									
		0-4		15-24		25-44		45-64		65+	
Female	Resident Population	9	2%	66	11%	114	19%	69	12%	12	2%
	Episode Ratio	8		3		4		5		8	
Male	Resident Population	9	2%	83	14%	121	20%	89	15%	20	3%
	Episode Ratio	7		1		3		7		5	
Total non-Aboriginal resident population		18	3%	149	25%	235	40%	158	27%	32	5%
Total episodes of health care ratio		7		2		3		6		7	
ALL clients		Age Group									
		0-4		15-24		25-44		45-64		65+	
Female	Resident Population	136	6%	282	13%	411	19%	209	9%	65	3%
	Episode Ratio	13		9		14		20		32	
Male	Resident Population	136	6%	303	14%	395	18%	213	10%	67	3%
	Episode Ratio	14		4		8		14		28	
Total clients resident population		272	12%	585	26%	806	36%	422	19%	132	6%
Total episodes of health care ratio		14		6		11		17		30	

NTAHKPI 1.1 - Episodes of Care and Client Contacts

Figures are consistent with previous years, good evidence across all age groups that clients are accessing our service consistently.

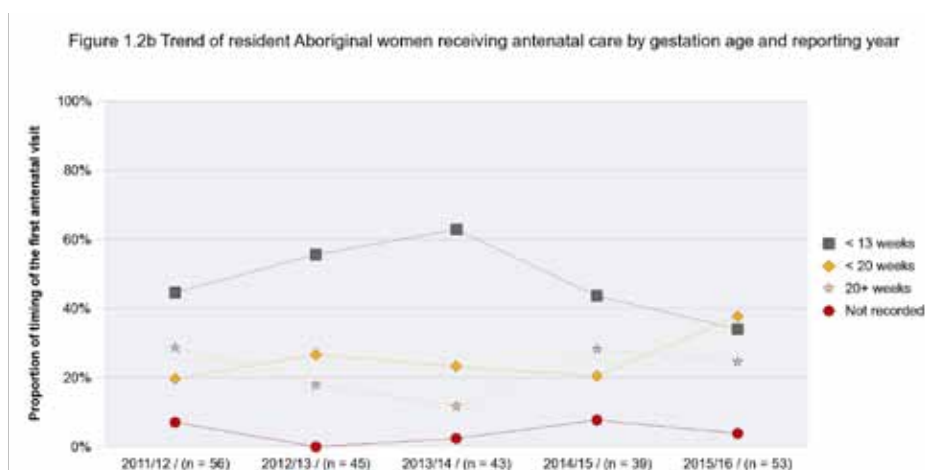
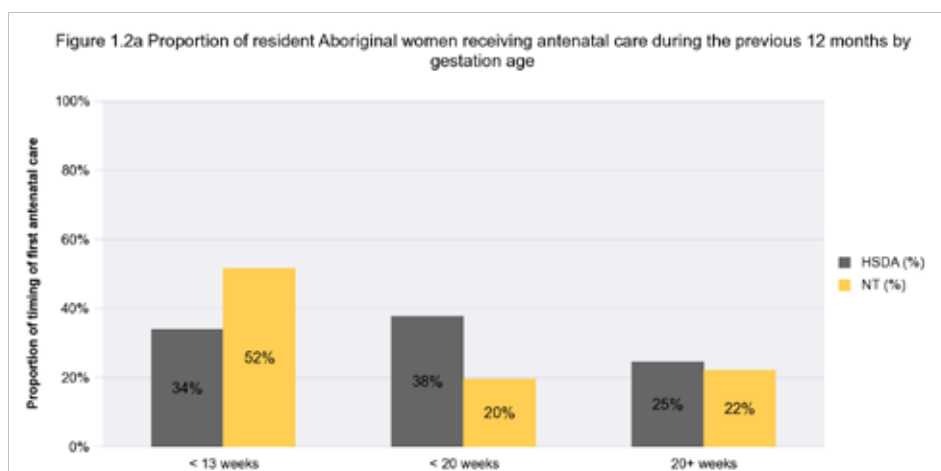


PRIMARY HEALTH CARE REPORT

NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.2 - First Antenatal Visit

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



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)	2011/12	2012/13	2013/14	2014/15	2015/16
Population (Denominator)	56	45	43	39	53
< 13 weeks	45%	56%	63%	44%	34%
< 20 weeks	20%	27%	23%	21%	38%
20+ weeks	29%	18%	12%	28%	25%
Not recorded	7%	0%	2%	8%	4%

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.

NTAHKPI 1.2 - First Antenatal Visit

The timing of first antenatal visit will be an increased focus in next 12 months and ongoing, to ensure clients receive timely antenatal care to support their pregnancy.

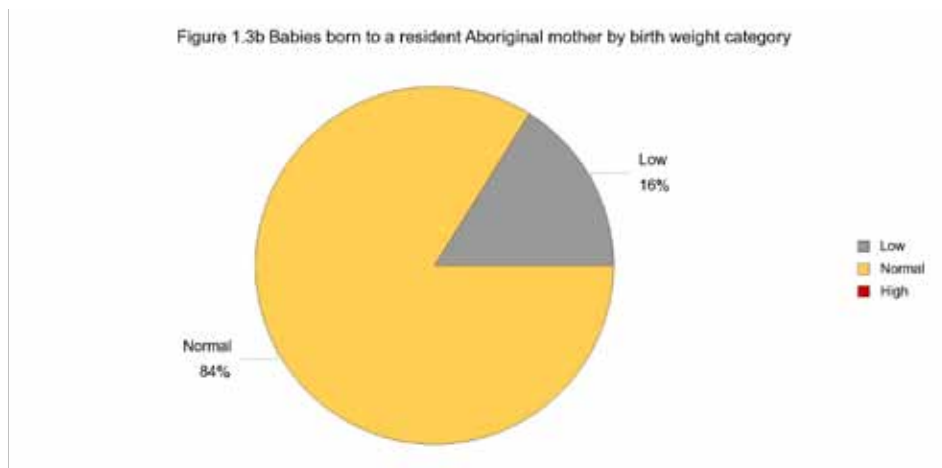
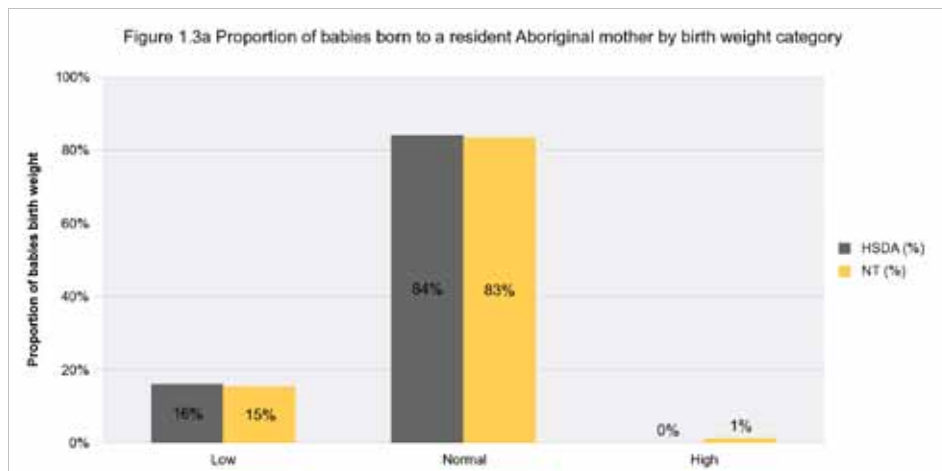


PRIMARY HEALTH CARE REPORT

NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.3 - Birth Weight

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



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

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

Reference: Australia's mothers and babies 2012 AIHW.

NTAHKPI 1.3 - Birth Weight

Slight decrease in low birth weight babies this year, down to 16% from 19% last year. KWHB have an ongoing focus on health promotion around antenatal care, and supporting pregnant women to quit smoking during pregnancy, as part of our new Tobacco Action Plan. Next year our nutritionist will have a focus on pregnancy nutrition with antenatal clients.

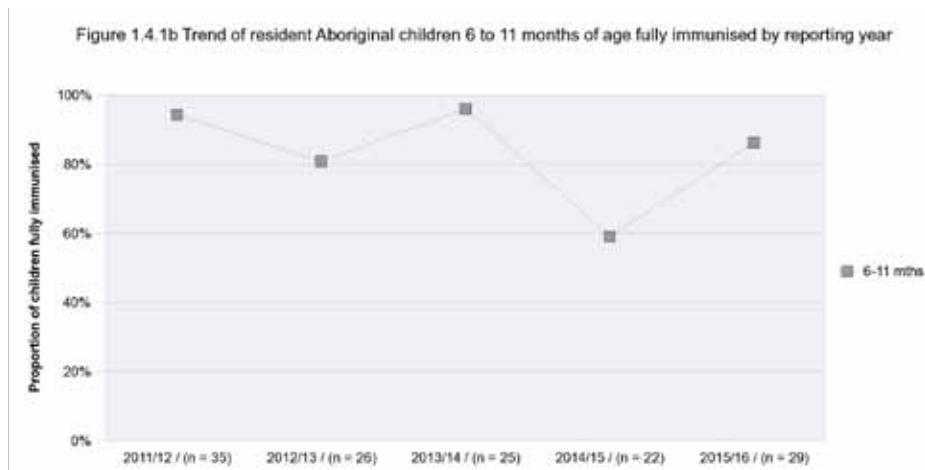
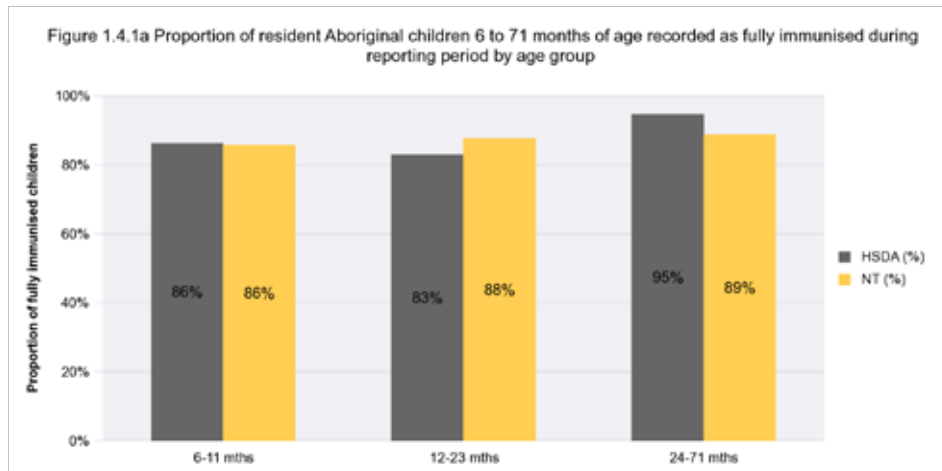


PRIMARY HEALTH CARE REPORT

NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.4.1 - Fully Immunised Children

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



Reporting Year(s)	2011/12	2012/13	2013/14	2014/15	2015/16	n = Population (denominator) is the number of resident Aboriginal children aged between 6 months to 11 months.
Population (Denominator)	35	26	25	22	29	
Fully immunised children at age : 6-11 mth	94%	81%	96%	59%	86%	

NTAHKPI 1.4.1 - Fully Immunised Children

This year we have seen a good increase in our immunisation numbers, back to their previous levels of 2013-2014 following last year's changes to the schedule.

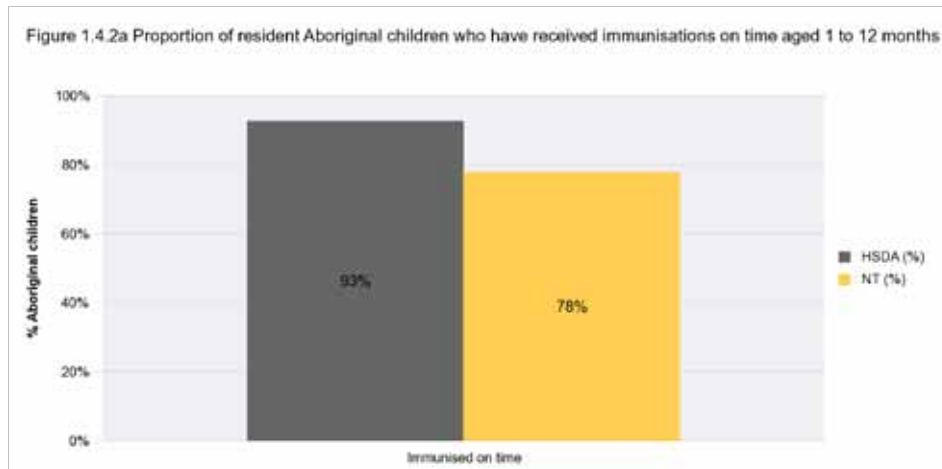


PRIMARY HEALTH CARE REPORT

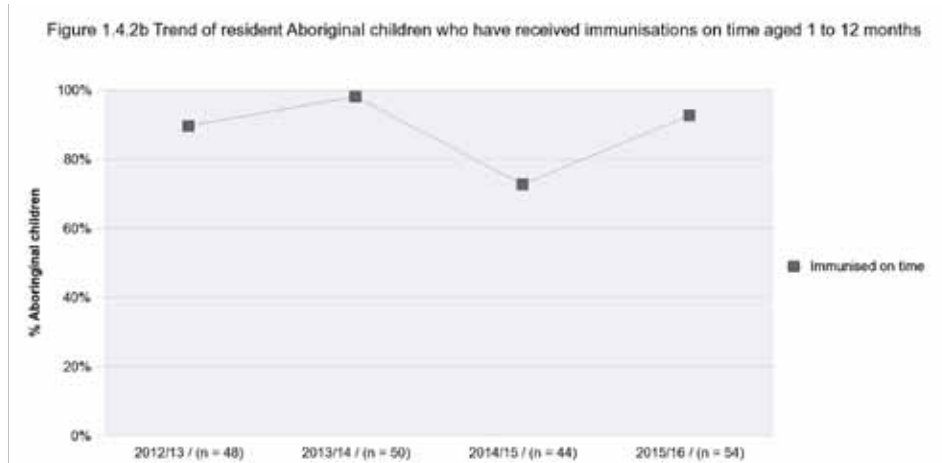
NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.4.2 - Timeliness of Immunisations

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



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



Reporting Year(s)	2012/13	2013/14	2014/15	2015/16
Population (Denominator)	48	50	44	54
Immunised on time	90%	98%	73%	93%

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	50	50
% Immunised on time children	93%	93%
Number of resident Aboriginal children	54	54

NTAHKPI 1.4.2 - Timeliness of Immunisations

This year we have seen a good increase in the timeliness of our immunisations, back to their previous levels of 2013-2014. This remains a very important focus of PHC system.

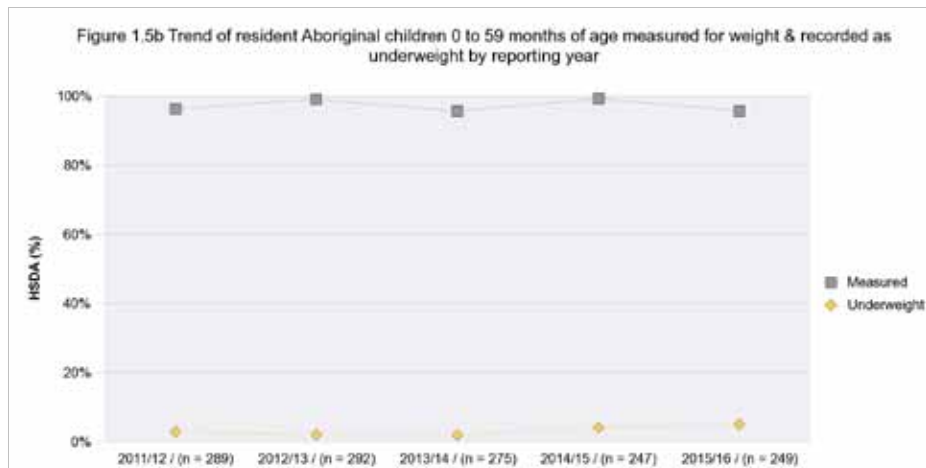
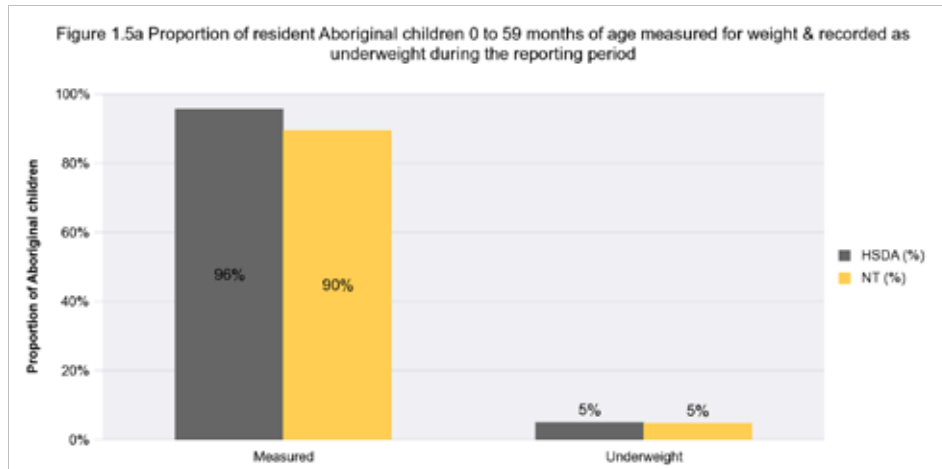


PRIMARY HEALTH CARE REPORT

NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.5 - Underweight Children

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



Reporting Year(s)	2011/12	2012/13	2013/14	2014/15	2015/16	<i>n = Population (denominator) is the number of resident Aboriginal children who are less than 5 years of age during the reporting period.</i>
Population (Denominator)	289	292	275	247	249	
Coverage	278	289	263	245	238	
Measured	96%	99%	96%	99%	96%	<i>Coverage is the number of resident Aboriginal children who have been measured for weight at least once during the reporting period.</i>
Underweight	3%	2%	2%	4%	5%	

NTAHKPI 1.5 - Underweight Children

We are screening 96% of kids in our region, which is an excellent result, with only 5% at the severely malnourished level. Whilst the low numbers of severely malnourished children are good, child nutrition remains a strong focus to assist children who are growth faltering or Failing to thrive.

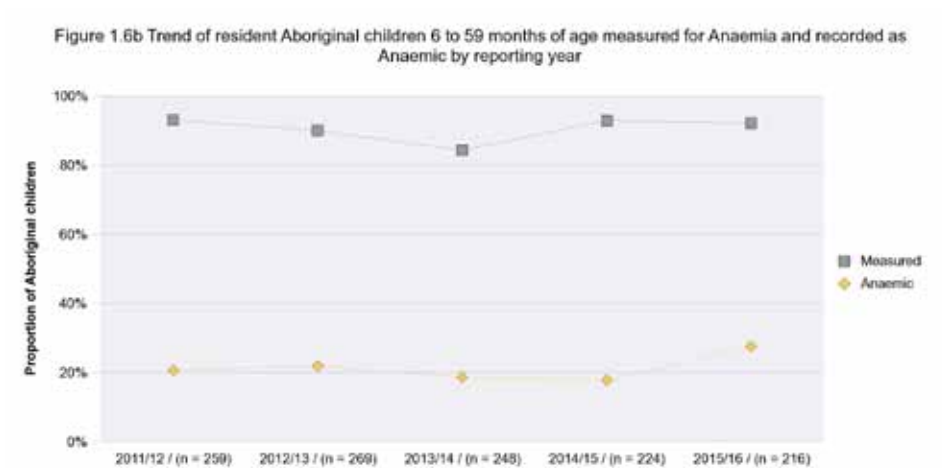
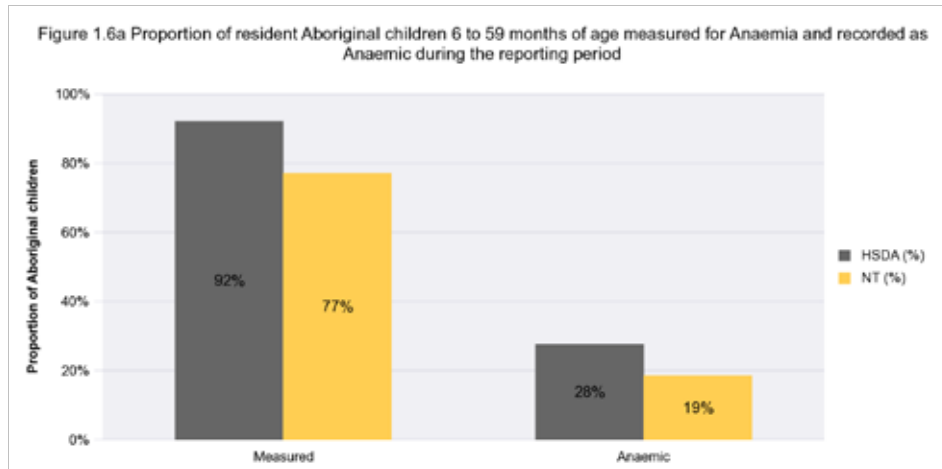


PRIMARY HEALTH CARE REPORT

NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.6 - Anaemic Children

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



Reporting Year(s)	2011/12	2012/13	2013/14	2014/15	2015/16
Population (Denominator)	259	269	248	224	216
Coverage	241	242	209	208	199
Measured	93%	90%	84%	93%	92%
Anaemic	21%	22%	19%	18%	28%

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.

NTAHKPI 1.6 - Anaemic Children

KWHB are doing well at measuring the Anaemia rates amongst our children. 28% overall is a small increase from the last reporting period, and we continue to be over the NT average at 19%. This will continue to be a focus for our Child Health Coordinator working with Health Centre teams to improve this.

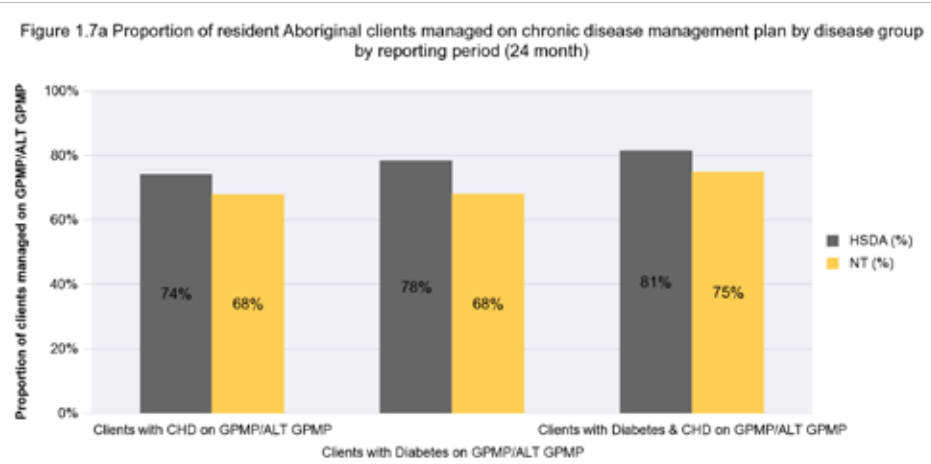


PRIMARY HEALTH CARE REPORT

NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.7 - Chronic Disease Management Plan

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



Reporting Years(s)	2011/12	2012/13	2013/14	2014/15	2015/16
Population (Coronary Heart Disease)	61	58	66	79	81
Population (Type II Diabetes)	281	299	305	305	281
Population (Type II Diabetes & Coronary Heart Disease)	45	43	47	54	54
Clients with CHD on GPMP/ALT GPMP	75%	74%	83%	70%	74%
Clients with Diabetes on GPMP/ALT GPMP	68%	78%	81%	72%	78%
Clients with Diabetes & CHD on GPMP/ALT GPMP	89%	79%	87%	78%	81%

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.

NTAHKPI 1.7 - Chronic Disease Management Plan

Excellent results here for KWHB, we're above the NT average. Good increase across the board from last year.

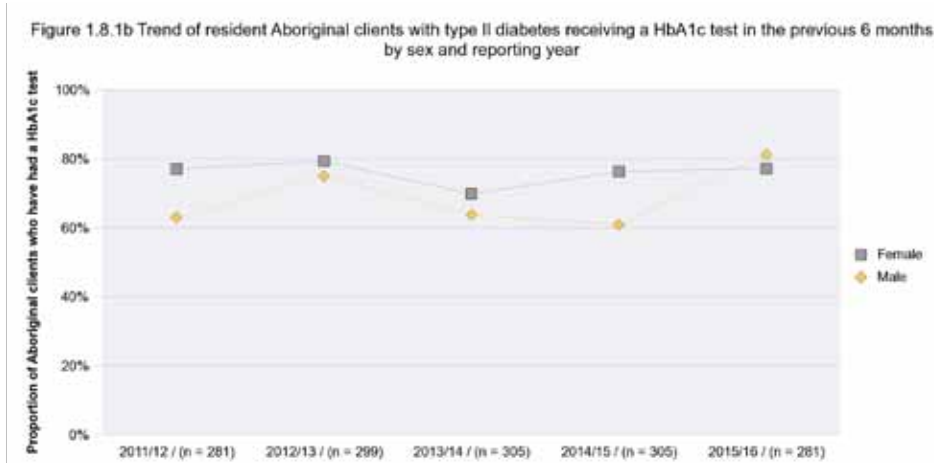
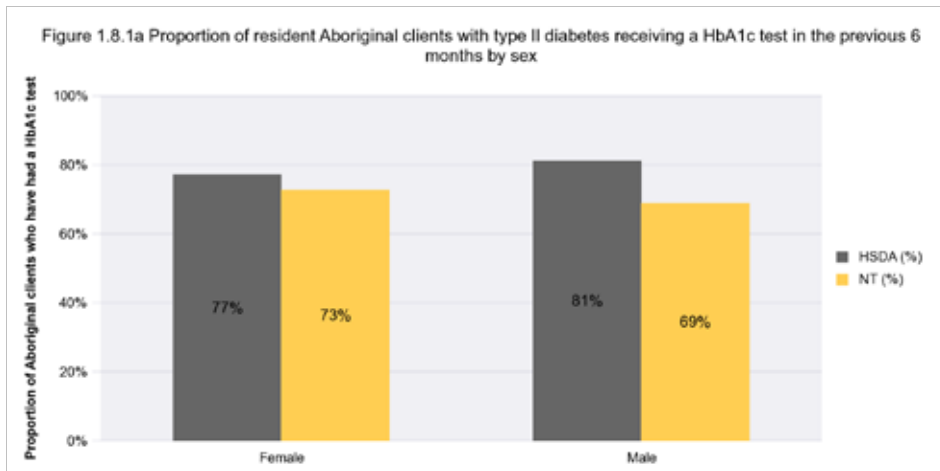


PRIMARY HEALTH CARE REPORT

NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.8.1 - HbA1c Tests

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



Reporting Year(s)	2011/12	2012/13	2013/14	2014/15	2015/16	n = Population (denominator) is the number of Aboriginal clients who have been diagnosed with Type II diabetes.
Population (Denominator)	281	299	305	305	281	
Female	77%	79%	70%	76%	77%	
Male	63%	75%	64%	61%	81%	

NTAHKPI 1.8.1 - HbA1c Tests

Good rates of HBA1c tests, doing well in comparison to the NT. This is consistent with our care plan data. Good Improvement in this area with the increased chronic disease focus.



PRIMARY HEALTH CARE REPORT

NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.8.2 - HbA1c Measurements

Katherine West HSDA - for period 01 July 2015 to 30 June 2016

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

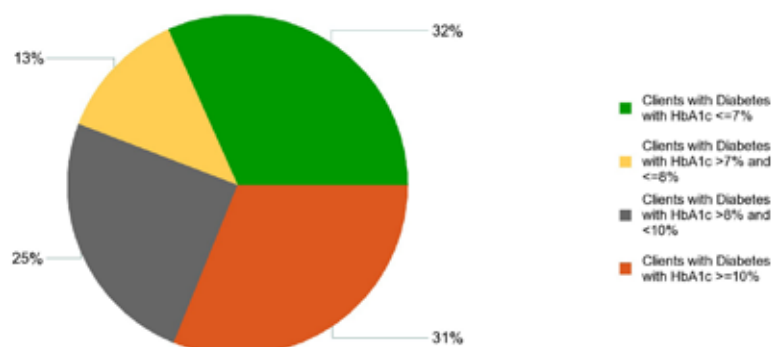
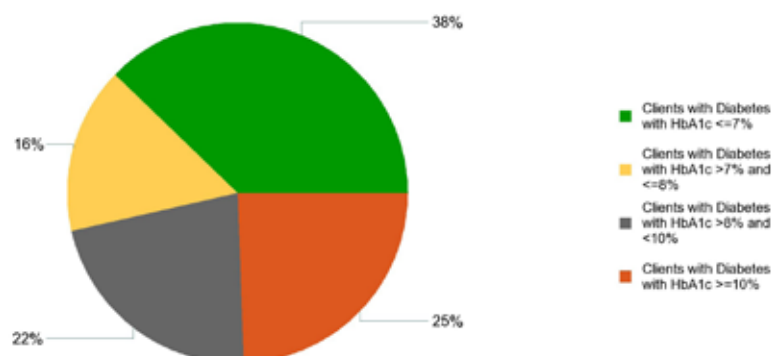


Figure 1.8.2b Proportion of resident Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels by NT (%)



NTAHKPI 1.8.2 - HbA1c Measurements

Good news story, much improved rates over recent years – significant improvements in clients with HBA1C levels less than 7 in recent years.

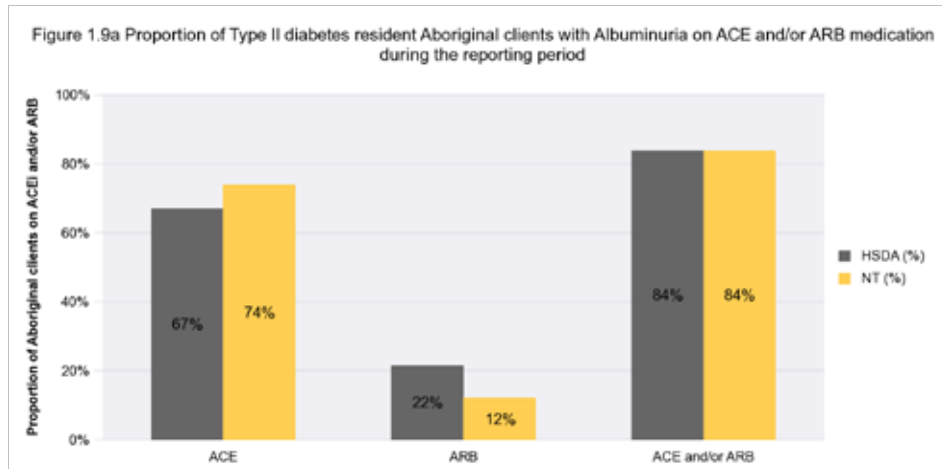


PRIMARY HEALTH CARE REPORT

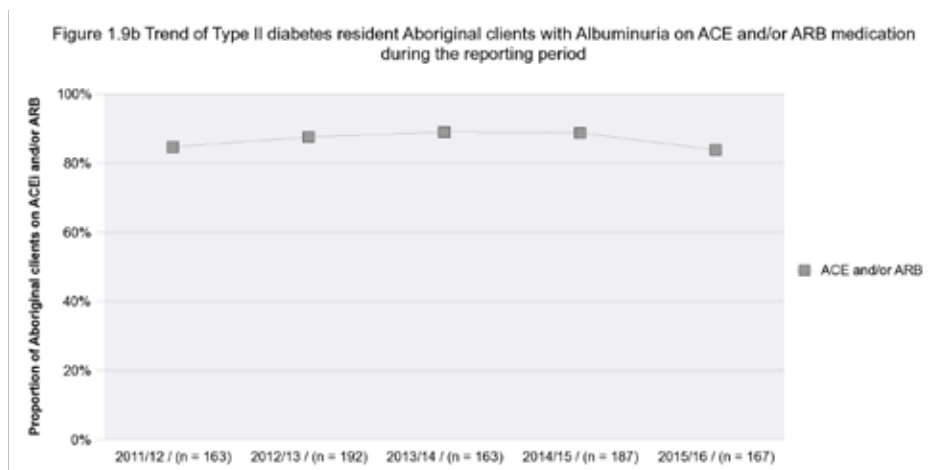
NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.9 - ACE Inhibitor and/or ARB

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



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).



Reporting Year(s)	2011/12	2012/13	2013/14	2014/15	2015/16
Population (Denominator)	163	192	163	187	167
ACE and/or ARB	85%	88%	89%	89%	84%

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.

NTAHKPI 1.9 - ACE Inhibitor and/or ARB

Results consistent with NT averages, continues to be a focus for our GPs. This data is subject to ongoing review by GPs to ensure clients are on appropriate medications for their condition.

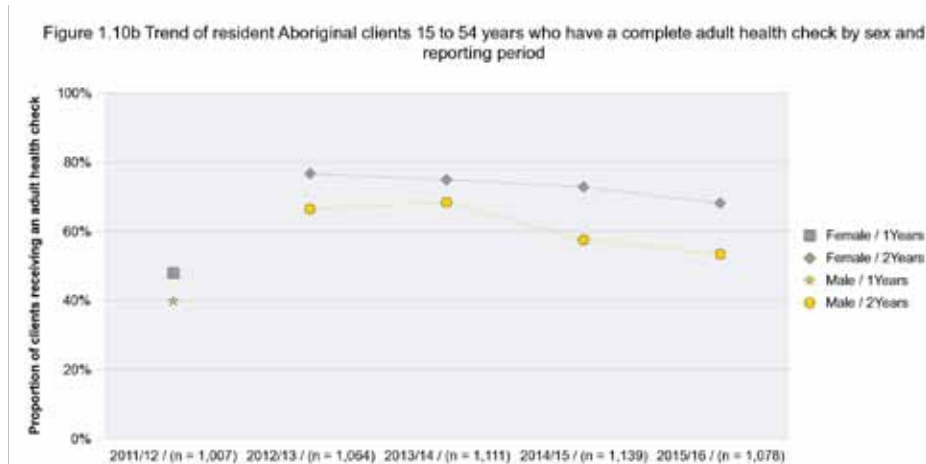
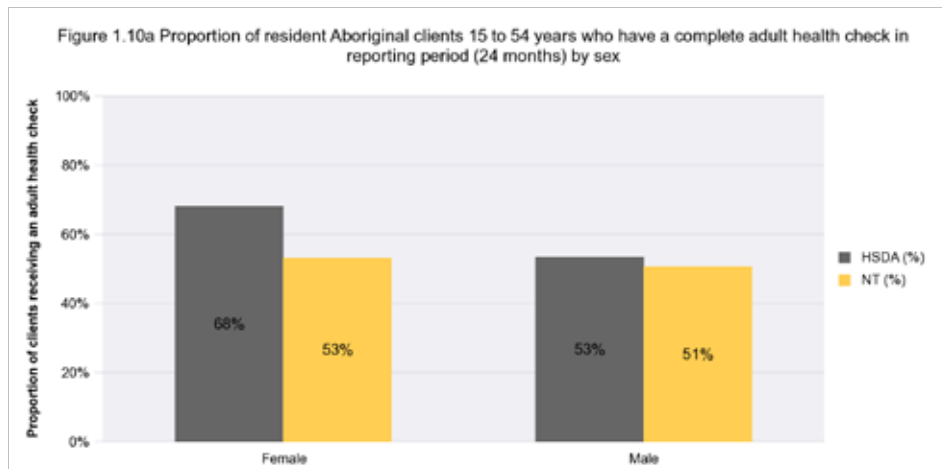


PRIMARY HEALTH CARE REPORT

NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.10 - Adult Aged 15 ~ 54 Health Check

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



Reporting Year(s)	2011/12	2012/13	2013/14	2014/15	2015/16	n = Population (denominator) is the number of resident Aboriginal clients aged 15 to 54 years.
Population (Denominator)	1,007	1,064	1,111	1,139	1,078	
Female completed AHC in previous 1 Year	48%	N/A	N/A	N/A	N/A	
Male completed AHC in previous 1 Year	40%	N/A	N/A	N/A	N/A	
Female completed AHC in previous 2 Years	N/A	77%	75%	73%	68%	
Male completed AHC in previous 2 Years	N/A	66%	68%	58%	53%	

NTAHKPI 1.10 - Adult Aged 15-54 Health Check

We provide good coverage for our clients via Health Checks. This is an ongoing focus of our PHC teams to ensure good coverage rates.

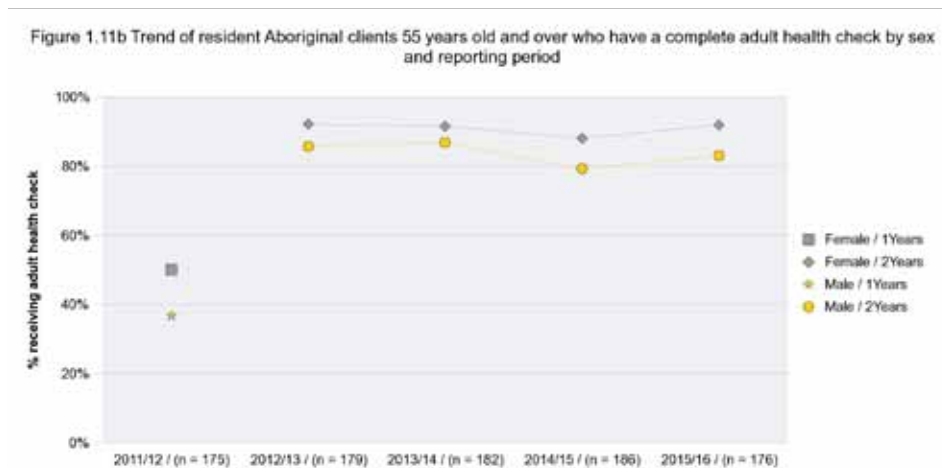
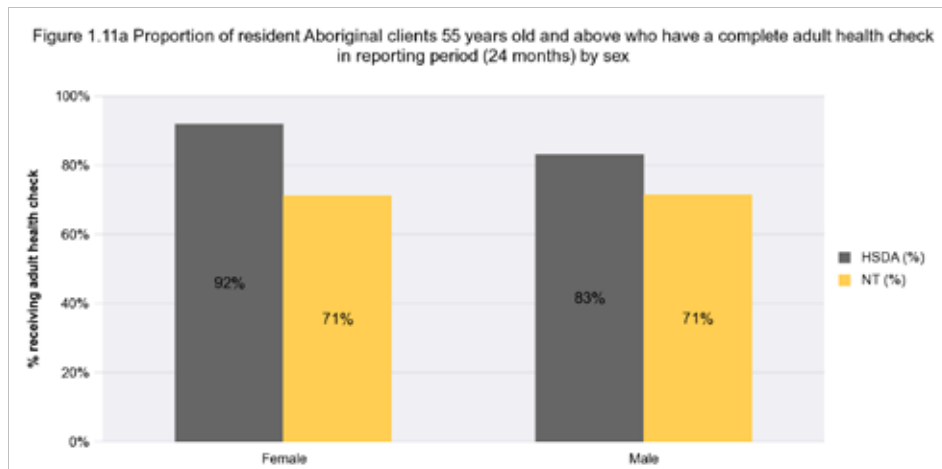


PRIMARY HEALTH CARE REPORT

NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.11 - Adult Aged 55 and over Health Check

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



Reporting Year(s)	2011/12	2012/13	2013/14	2014/15	2015/16
Population (Denominator)	175	179	182	186	176
Female completed AHC in previous 1 Year	50%	N/A	N/A	N/A	N/A
Male completed AHC in previous 1 Year	37%	N/A	N/A	N/A	N/A
Female completed AHC in previous 2 Years	N/A	92%	92%	88%	92%
Male completed AHC in previous 2 Years	N/A	86%	87%	79%	83%

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

NTAHKPI 1.11 - Adult Aged 55 and over Health Check

These results are excellent in relation to the NT averages. We do well in this area with our older clients.

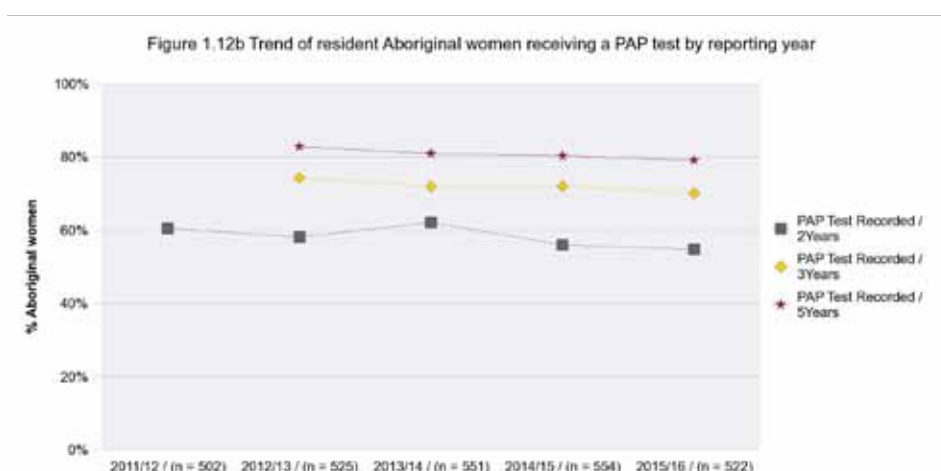
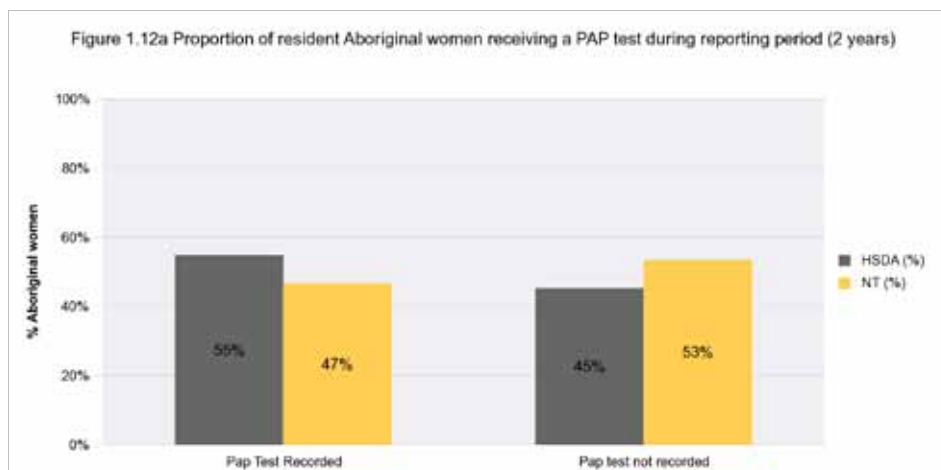


PRIMARY HEALTH CARE REPORT

NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.12 - Pap Smear Tests

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



Reporting Year(s)	2011/12	2012/13	2013/14	2014/15	2015/16
Population (Denominator)	502	525	551	554	522
PAP Test Recorded 2 Years	61%	58%	62%	56%	55%
PAP Test Recorded 3 Years	N/A	74%	72%	72%	70%
PAP Test Recorded 5 Years	N/A	83%	81%	80%	79%

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

NTAHKPI 1.12 - Pap Smear Tests

We are doing well in this indicator, 8% above the NT average and consistent with the rest of the country.

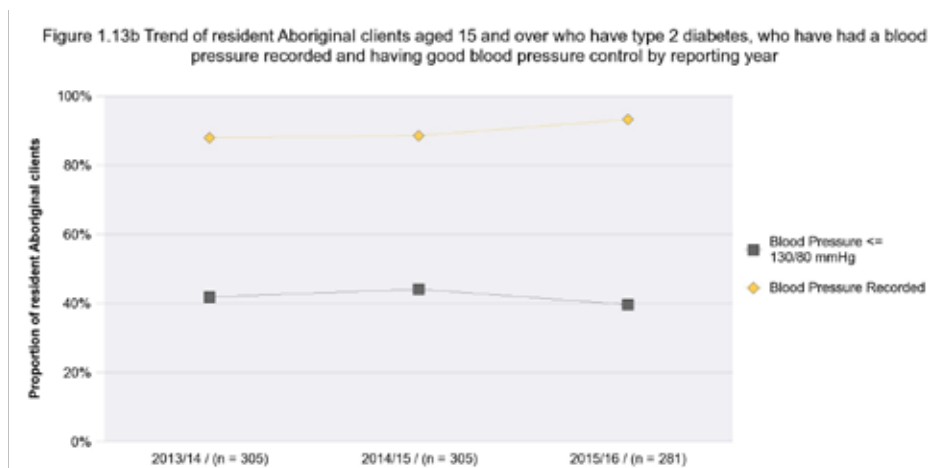
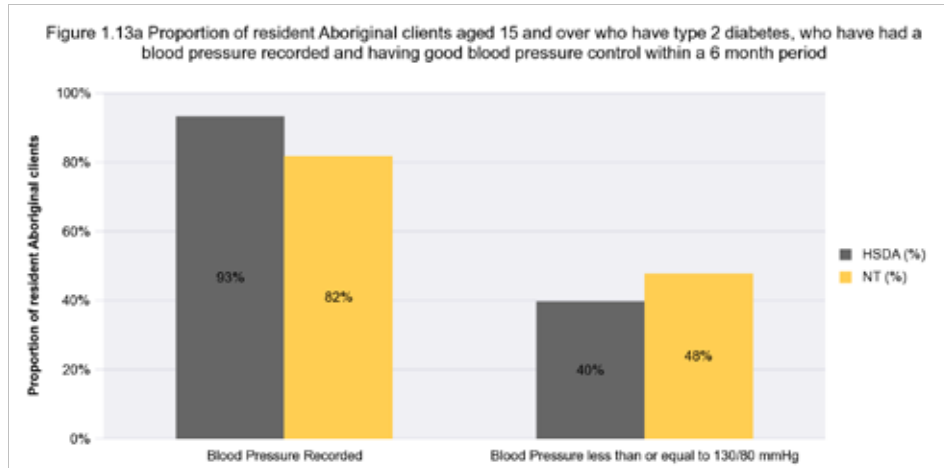


PRIMARY HEALTH CARE REPORT

NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.13 - Blood Pressure Control

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



Reporting Year(s)	2013/14	2014/15	2015/16	<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	305	281	
Coverage	268	270	262	
Blood Pressure less than or equal to 130/80	42%	44%	40%	
Blood Pressure Recorded	88%	89%	93%	

NTAHKPI 1.13 - Blood Pressure Control

KWHB are doing a great job of measuring blood pressure compared to the NT average. However, the control of blood pressure is slightly below the NT average. This will be an ongoing focus for GP staff in supporting clients to gain control of their blood pressure.



PRIMARY HEALTH CARE REPORT

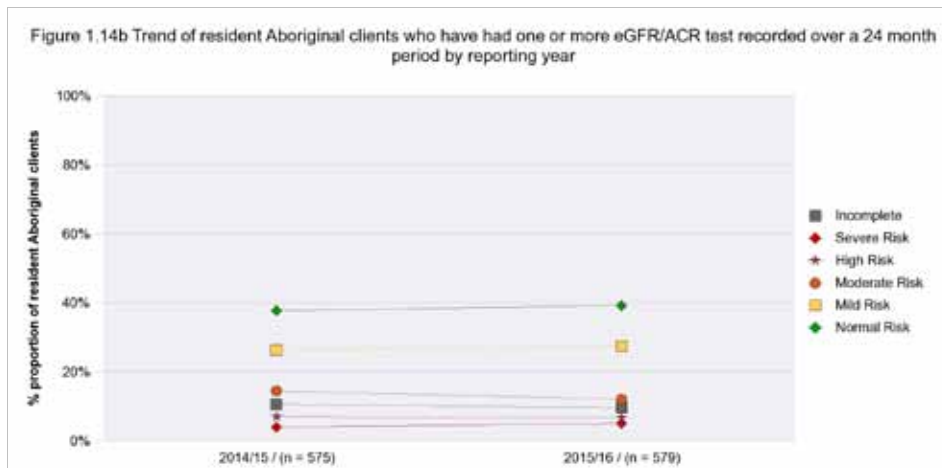
NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.14 - eGFR/ACR test recorded

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



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



Reporting Year(s)	2014/15	2015/16
Population (Denominator)	575	579
Incomplete	11%	10%
Severe Risk	4%	5%
High Risk	7%	7%
Moderate Risk	14%	12%
Mild Risk	26%	27%
Normal Risk	38%	39%

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

NTAHKPI 1.14 - eGFR/ACR test recorded

Our results are consistent with NT data, two-thirds of our population is in the minor risk category. This is a useful indicator that is reviewed every six months in our PHCG committee.

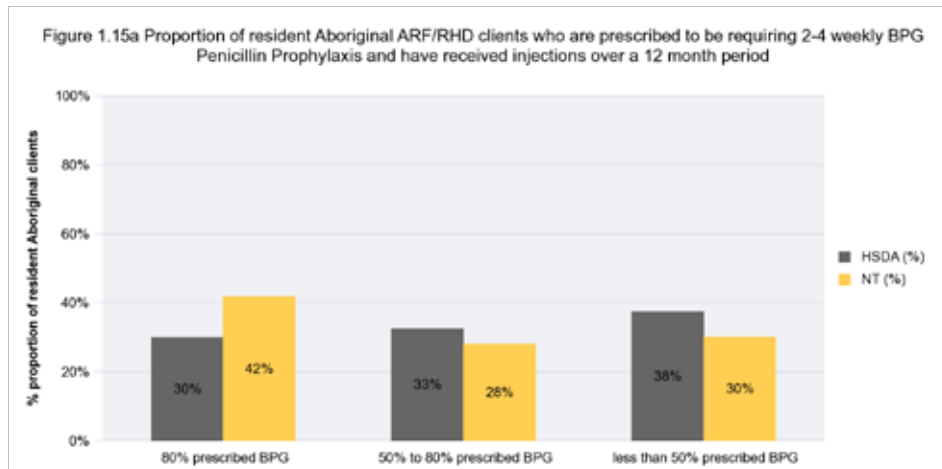


PRIMARY HEALTH CARE REPORT

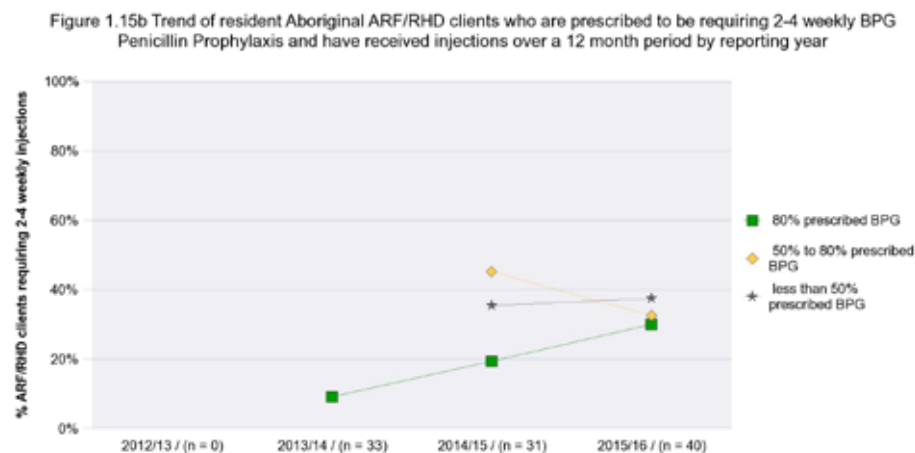
NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.15 - Rheumatic Heart Disease

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



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



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

Reporting Year(s)	2013/14	2014/15	2015/16
Population (Denominator)	33	31	40
Clients with ARF/RHD receiving 80% prescribed BPG	9%	19%	30%
Clients with ARF/RHD receiving 50% to 80% prescribed BPG	N/A	45%	33%
Clients with ARF/RHD receiving less than 50% prescribed BP	N/A	35%	38%

NTAHKPI 1.15 - Rheumatic Heart Disease

This indicator relates to heart disease, and we have seen a steady increase in clients receiving injections above the 80% level. KWHB continue to work with CDC and the Rheumatic Heart Disease nurse to improve compliance and follow up of clients with RHD requiring prophylaxis.

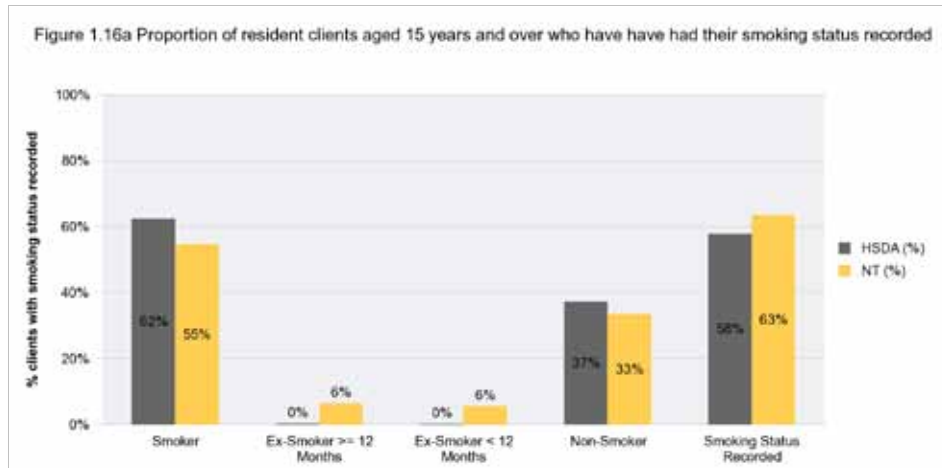


PRIMARY HEALTH CARE REPORT

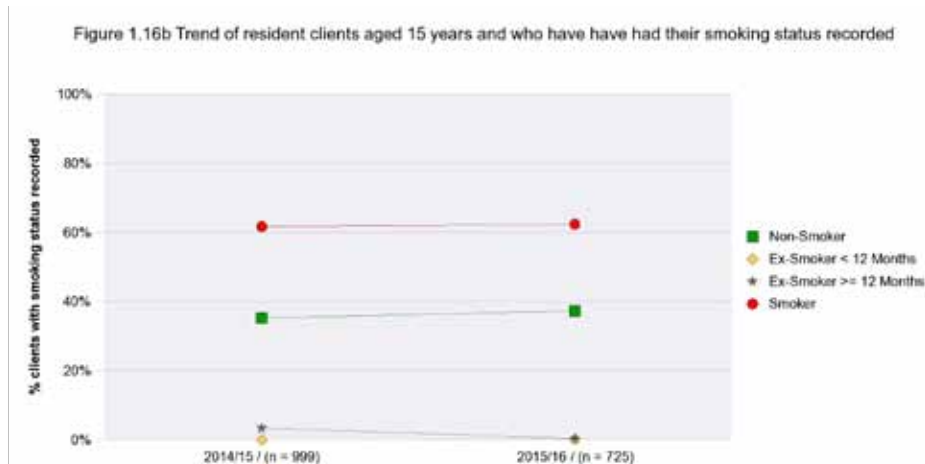
NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.16 - Smoking status recorded

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



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



Reporting Year(s)	2014/15	2015/16
Population (Denominator)	999	725
Smoker	62%	62%
Ex-Smoker >= 12 Months	3%	0%
Ex-Smoker < 12 Months	0%	0%
Non-Smoker	35%	37%
Smoking Status Recorded	0%	58%

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

NTAHKPI 1.16 - Smoking status recorded

As in previous years, we are slightly above the NT average for smoking. We have developed a comprehensive Action Plan to address smoking, developed in 2016 with the National Best Practice Unit. This remains a tough issue to tackle in our region.

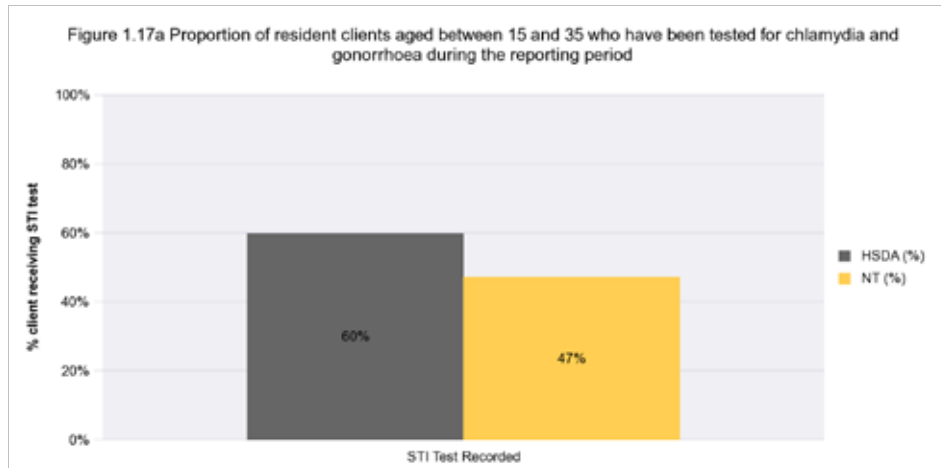


PRIMARY HEALTH CARE REPORT

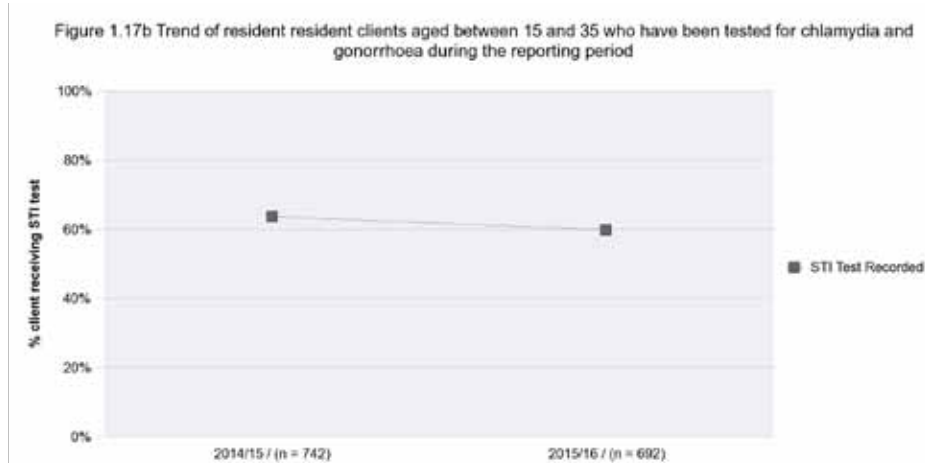
NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.17 - STI test recorded

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



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



Reporting Year(s)	2014/15	2015/16
Population (Denominator)	742	692
STI Test Recorded	64%	60%

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

NTAHKPI 1.17 - STI test recorded

KWHB are 13% above the NT screening average, which is excellent. This demonstrates good work being done by our Sexual Health Coordinator and PHC team to improve screening rates.

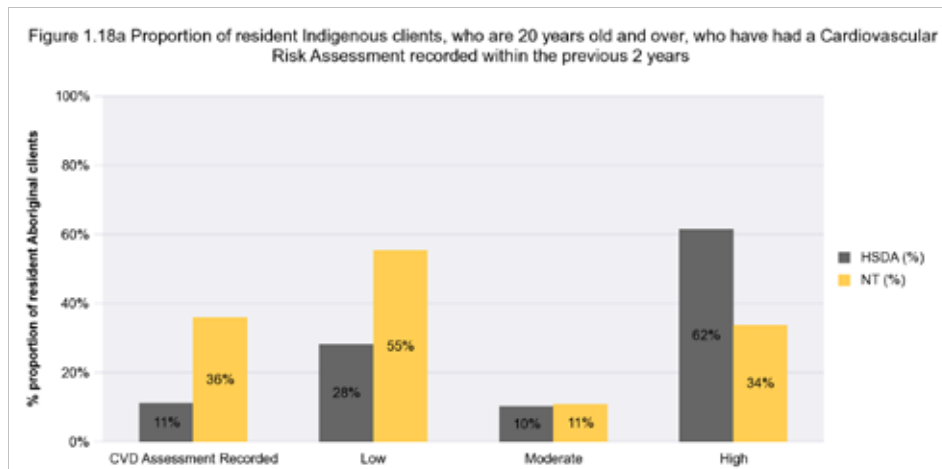


PRIMARY HEALTH CARE REPORT

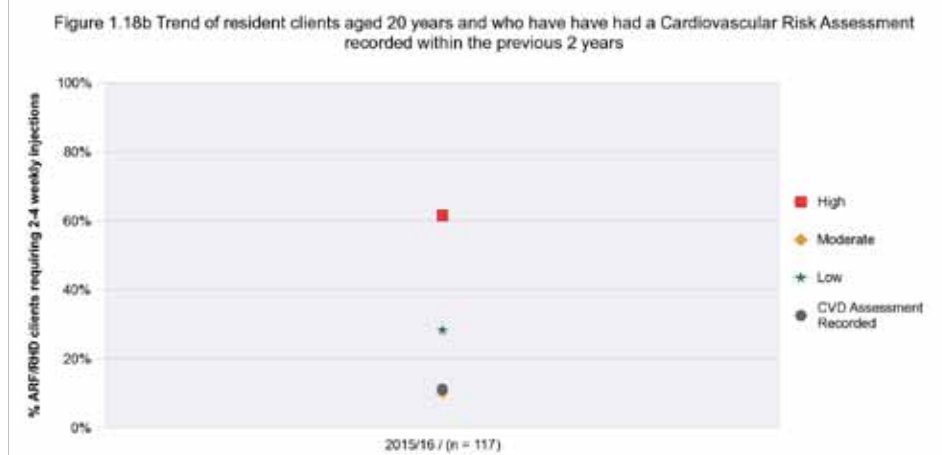
NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.18 - Cardiovascular risk assessment

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



n = Population (denominator) is the number of Aboriginal clients aged 20 and over whose CVD status has been recorded



Reporting Year(s)	2015/16	<i>n</i> = Population (denominator) is the number of resident Aboriginal clients who are aged 20 years and over during the reporting period. Coverage is the number of resident Aboriginal clients aged 20 and over whose CVD status has been recorded during the reporting period.
Population (Denominator)	1,049	
Coverage	117	
CVD Assessment Recorded	11%	
Low	28%	
Moderate	10%	
High	62%	

NTAHKPI 1.18 - Cardiovascular risk assessment

This is a new indicator, we will continue to review our systems around Absolute CVD assessment.

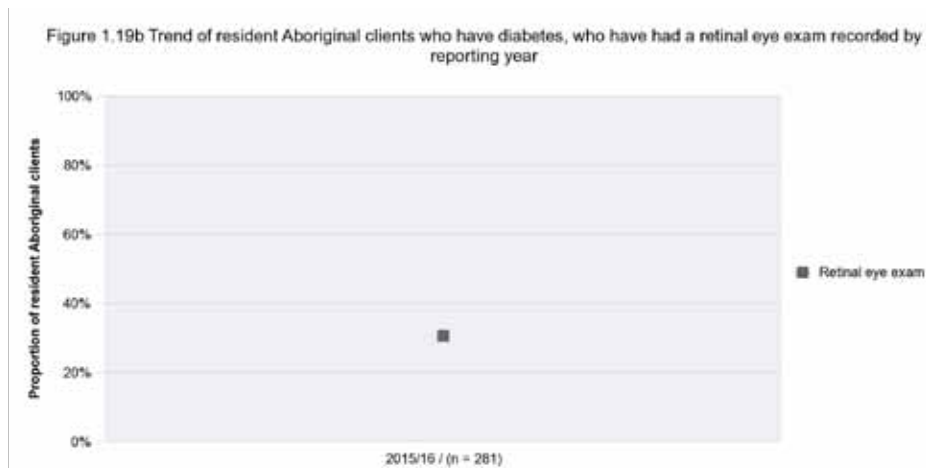


PRIMARY HEALTH CARE REPORT

NT Aboriginal Health Key Performance Indicators (KWHB) 2015-16

AHKPI 1.19 - Retinal screening

Katherine West HSDA - for period 01 July 2015 to 30 June 2016



Reporting Year(s)	2015/16	<i>n</i> = Population (denominator) is the number of resident Aboriginal clients who have diabetes who have had a retinal eye exam within a 1 year period.
Population (Denominator)	281	
Retinal eye exam	31%	

NTAHKPI 1.19 - Retinal screening

KWHB are 9% above the NT screening rates, which a good result. This is a new indicator, and we will continue to review our systems in the future.



KWHB FINANCIAL AUDIT REPORT 2015-16

Merit Partners

The following pages are an extract from our 2015-2016 Financial Audit Report, prepared by independent auditor Merit Partners. A full copy of this document can be made available upon request to hr@kwhb.com.au

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 2016.

The names of the directors throughout 2015/2016 are as follows:

Director Name	Role	Community/ Appointment	Qualifs/ Experience	Proxy Director
1. Willie Johnson	Chairperson	Specialist	*	N/A
2. Jocelyn Victor	Vice Chairperson	Pigeon Hole	*	Raymond Hector
3. Norbert Patrick	Executive Director	Lajamanu	*	Andrew Johnson
4. Wilson Rose	Executive Director	Kalkarindji	*	Kerry Smiler
5. Josie Jones	Executive Director	Myatt	*	Sheratine Jones
6. Regina Teddy	Executive Director	Daguragu	*	Mesach Paddy
7. Joseph Archie	Director	Bulla	*	Stan Retchford
8. Betty Smiler	Director	Gilwi	*	Clara Paddy
9. Debra Victor	Director	Kalkarindji	*	N/A
10. Rosie Sadler	Director	Kildurk	*	N/A
11. Joyce Herbert	Director	Lajamanu	*	Lynette Tasman
12. Tracey Patrick	Director	Lajamanu	*	Jenny Johnson
13. Charlie Newry	Director	Yarralin	*	Troy Campbell
14. Maxine Campbell	Director	Yarralin	*	Jenny Newry

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 deficit of the Corporation accounted to:	-\$	999,560
2015: Surplus	\$	249,575

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 2015/2016 financial year.

KWHB FINANCIAL AUDIT REPORT 2015-16

Merit Partners

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

DIRECTORS REPORT - Continued

Events Subsequent to Reporting Date

On 1st September 2016, the amount of \$36,413.55 was received from Northern Territory PHN for operational expenditure of the Care Coordination project for the period 1st July 2015 to 30th June 2016.

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 2015-2016 Financial Year

		Meetings attended			
		Directors		AGM	
Board Director	Community	Self	Proxy	Self	Proxy Member
Willie Johnson, Chairperson (E)	Specialist	7/7	Nil	✓	N/A
Jocelyn Victor, Vice Chairperson (E)	Pigeon Hole	7/7	Nil	✓	Raymond Hector
Norbert Patrick (E)	Lajamanu	6/7	Nil	✓	Andrew Johnson
Wilson Rose (E)	Kalkarindji	4/7	Nil	✓	Kerry Smiler
Josie Jones (E)	Myatt	6/7	Nil	✓	Sheratine Jones
Regina Teddy (E)	Daguragu	5/7	Nil	✓	Mesach Paddy
Joseph Archie	Bulla	2/2	Nil	✓	Stan Retchford
Betty Smiler	Gilwi	2/2	Nil	✓	Clara Paddy
Debra Victor	Kalkarindji	2/2	N/A	X	N/A
Rosie Sadler	Kildurk	2/2	N/A	✓	N/A
Joyce Herbert	Lajamanu	1/2	Nil	✓	Lynette Tasman
Tracey Patrick	Lajamanu	2/2	Nil	✓	Jenny Johnson
Charlie Newry	Yarralin	2/2	Nil	✓	Troy Campbell
Maxine Campbell	Yarralin	1/2	Nil	X	Jenny Newry

(E) - denotes Executive Director during 2015/2016

Our Executive meets more regularly than our Full Board does.

Proceedings on Behalf of the Corporation

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

Auditor's Independence Declaration

A copy of the auditor's independence declaration is set out on page 7.

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

Director



KWHB FINANCIAL AUDIT REPORT 2015-16
Merit Partners

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 8 to 25, are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and regulations:
 - (a) comply with the Australian Accounting Standards; and
 - (b) give a true and fair view of the financial position as at 30 June 2016 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
26 October 2016

.....
Director

Dated this 26 day of October 2016



KWHB FINANCIAL AUDIT REPORT 2015-16

Merit Partners



Independent Auditor's Report

To the members of Katherine West Health Board Aboriginal Corporation

Report on the Financial Report

We have audited the accompanying general purpose financial report of Katherine West Health Board Aboriginal Corporation (the "Corporation"), which comprises the statement of financial position as at 30 June 2016, the statement of profit and loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, a summary of significant accounting policies, other explanatory notes and the directors declaration.

The Responsibility of the Directors for the Financial Report

The Directors of the Corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and for such internal controls as the directors determine are 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 our judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, we consider internal controls relevant to the Corporation's preparation and fair presentation of the financial report 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 Corporation's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Directors, as well as evaluating the overall presentation of the financial report.

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

Independence

We are independent of the Corporation, and have met the independence requirements of the Australian professional accounting bodies and the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*.



KWHB FINANCIAL AUDIT REPORT 2015-16
Merit Partners

Auditor's Opinion

In our opinion,

- (a) the financial report presents the financial transactions fairly, in all material respects, in accordance with applicable accounting standards, the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and are based on proper accounts and records;
- (b) we have been provided with all information and explanations required for the conduct of the audit;
- (c) financial records kept by the Corporation were sufficient for the financial report to be prepared and audited; and
- (d) other records and registers have been kept by the Corporation as required by the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*.

Merit Partners

Merit Partners

Matthew Kennon

Matthew Kennon

Director

DARWIN

Date: 26 October 2016



KWHB FINANCIAL AUDIT REPORT 2015-16
Merit Partners



**Auditors Independence Declaration to the Directors of Katherine West Health Board
Aboriginal Corporation**

In relation to our audit of the financial report of Katherine West Health Board Aboriginal Corporation for the financial year ended 30 June 2016, to the best of my knowledge and belief, there have been no contraventions of the auditor independence requirements of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* or any applicable code of professional conduct.

Matthew Kennon

Director

DARWIN

Date: 26 October 2016



KWHB FINANCIAL AUDIT REPORT 2015-16

Merit Partners

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2016

	Notes	2016 \$	2015 \$
Revenue and other income	2	15,643,628	14,704,456
Employee benefits expenses	3	(8,060,056)	(7,112,104)
Depreciation	8	(875,882)	(789,225)
Motor Vehicle Expenses	3	(224,184)	(244,039)
Travel and Accommodation	3	(768,603)	(833,833)
Other Expenses	3	(6,786,780)	(5,548,466)
Results from operating activities		<u>(1,071,877)</u>	<u>176,789</u>
Finance income		72,537	81,108
Finance expenses		<u>(220)</u>	<u>(8,322)</u>
Net Finance income	2a	<u>72,317</u>	<u>72,786</u>
Surplus/(Deficit) for the year		(999,560)	249,575
Other Comprehensive Income		-	-
Total Comprehensive Income		<u><u>(999,560)</u></u>	<u><u>249,575</u></u>

The accompanying notes form part of these financial statements



KWHB FINANCIAL AUDIT REPORT 2015-16

Merit Partners

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2016

	Notes	2016 \$	2015 \$
ASSETS			
Current Assets			
Cash and cash equivalents	5	8,625,361	7,766,923
Trade and other receivables	6	20,456	266,108
Other current assets	7	160,257	149,743
TOTAL CURRENT ASSETS		<u>8,806,074</u>	<u>8,182,774</u>
Non Current Assets			
Property, Plant and Equipment	8	6,844,797	7,417,000
TOTAL NON CURRENT ASSETS		<u>6,844,797</u>	<u>7,417,000</u>
TOTAL ASSETS		<u><u>15,650,871</u></u>	<u><u>15,599,774</u></u>
LIABILITIES			
Current Liabilities			
Trade and other payables	9	2,673,997	1,713,252
Provisions	10	534,790	389,377
TOTAL CURRENT LIABILITES		<u>3,208,787</u>	<u>2,102,629</u>
Non Current Liabilities			
Provisions	11	150,196	205,696
TOTAL NON CURRENT LIABILITIES		<u>150,196</u>	<u>205,696</u>
TOTAL LIABILITIES		<u><u>3,358,983</u></u>	<u><u>2,308,325</u></u>
NET ASSETS		<u>12,291,889</u>	<u>13,291,449</u>
ACCUMULATED FUNDS		<u>12,291,889</u>	<u>13,291,449</u>
TOTAL ACCUMULATED FUNDS		<u><u>12,291,889</u></u>	<u><u>13,291,449</u></u>

The accompanying notes form part of these financial statements



KWHB FINANCIAL AUDIT REPORT 2015-16

Merit Partners

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2016

	Accumulated Funds \$	Total \$
Balance 30 June 2013	12,114,396	12,114,396
Surplus 2014	927,478	927,478
Balance 30 June 2014	13,041,874	13,041,874
Surplus 2015	249,575	249,575
Balance 30 June 2015	13,291,449	13,291,449
Surplus 2016	(999,560)	(999,560)
Balance 30 June 2016	12,291,889	12,291,889

The accompanying notes form part of these financial statements



KWHB FINANCIAL AUDIT REPORT 2015-16

Merit Partners

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2016

	Notes	2016 \$	2015 \$
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from customers		1,909,088	2,169,308
Grants received		13,935,692	12,872,302
Payments to suppliers and employees		(14,751,539)	(13,734,890)
Interest received		54,552	81,108
Interest paid		(220)	(8,322)
NET CASH FLOWS FROM OPERATING ACTIVITIES	12 (b)	<u>1,147,573</u>	<u>1,379,506</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition of property, plant and equipment		(303,679)	(388,560)
Proceeds on sale of plant and equipment		14,545	54,227
NET CASH FLOWS USED IN INVESTING ACTIVITIES		<u>(289,134)</u>	<u>(334,333)</u>
NET INCREASE/(DECREASE) IN CASH HELD		<u>858,439</u>	<u>1,045,173</u>
Cash at the beginning of the financial year		7,766,923	6,721,750
Cash at the end of the financial year	12 (a)	8,625,362	7,766,923

The accompanying notes form part of these financial statements



KWHB FINANCIAL AUDIT REPORT 2015-16

Merit Partners

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

	2016	2015
	\$	\$
NOTE 2: REVENUE AND OTHER INCOME		
Income		
DOH (Federal) - PIRS	-	-
DOH (Federal) - Capital	-	60,351
DOH (Federal) - Operational	7,923,283	7,373,812
DoH (Territory) - Operational	4,329,471	4,081,322
Dept Prime Minister and Cabinet	555,000	338,740
Public Health Network NT	1,127,937	1,185,535
NT General Practice Education	3,120	3,600
Centrelink	24,966	16,686
Unexpended grant c/f	(990,019)	(751,233)
Insurance Recoveries	14,367	11,750
Royal Flying Doctors Service	-	5,455
Work Cover Consultations	1,875	764
Medicare	810,495	851,768
Administration Contribution Fee	1,819,477	806,002
Proceeds from Sale of Assets	14,545	54,227
Book Commissions	0	-
KWHB Contribution	-	26,317
Administration Contribution	-	595,902
KWHB Medicare Contribution	-	23,110
Miscellaneous Income	9,111	20,348
TOTAL REVENUE	<u>15,643,628</u>	<u>14,704,456</u>

NOTE 2a FINANCE INCOME

Interest on bank accounts	72,537	81,108
Interest paid	(220)	(8,322)
Net finance income	<u>72,317</u>	<u>72,786</u>

NOTE 3 EXPENDITURE

Employee benefits expenses

Wages & Salaries	6,836,360	6,089,387
Airfares	1,707	2,000
Superannuation	624,117	542,924
Fringe Benefits Tax	57,966	45,822
Professional Development	137,972	63,077
Recruitment and Relocation	288,949	229,262
Flight Out Of Isolated Land	39,960	52,170
Insurance - Workers Compensation	73,025	87,462
	<u>8,060,056</u>	<u>7,112,104</u>



KWHB FINANCIAL AUDIT REPORT 2015-16

Merit Partners

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

	2016 \$	2015 \$
Motor vehicle expenses		
MV Fuel/Oil	105,479	120,040
MV Repairs & Maintenance	95,684	95,265
MV Registration	23,021	21,693
MV Hire	-	7,041
	<u>224,184</u>	<u>244,039</u>
Travel		
Travel & Accommodation-Staff	647,421	715,539
Travel & Accommodation - Board	116,320	116,034
Travel & Accommodation - Other	3,691	279
Travel & Accommodation - Patients	1,171	1,981
	<u>768,603</u>	<u>833,833</u>
Other Expenses		
Accounting Fees	1,384	6,200
Annual Report	1,230	1,950
Advertising	1,419	1,780
Audit	19,385	22,106
Admin Fee	1,819,477	824,199
Bank Charges	867	916
Cleaning	79,488	70,364
Consultant / Advisory Service	125,225	273,595
Communications	31,740	26,390
Electricity/Water/Sewerage	227,149	309,498
Freight	58,694	65,291
Ground Maintenance	7,197	6,056
Hire of Equipment	20,049	-
Insurance	227,683	190,069
IT Hosting/Support	390,291	372,915
IT - Computer Equipment	13,251	17,606
Legal Expenses	6,855	-
KWHB Contribution	-	26,317
Administration Contribution	-	595,902
Postage	1,567	2,322
Meeting Costs	11,371	18,518
Service Charges	35,991	20,093
Rent - Head Office	221,909	213,820
Rent - Storage Facilities	16,591	14,726
Rent - Housing	248,490	256,404
Subscriptions/Membership	3,023	2,916
Telephone/Fax	103,422	122,126
Uniforms	3,497	7,538
Security	15,665	11,202



KWHB FINANCIAL AUDIT REPORT 2015-16

Merit Partners

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

	2016 \$	2015 \$
Repairs and Maintenance		
Plant & Equipment	9,878	9,374
Computer/Office Equip	2,017	-
Furniture and Fittings	18,195	50,322
Buildings	83,513	45,506
Medical Equipment	52,795	55,459
Supplies		
Medical / Dental Supplies	315,557	331,548
RAHC/NAHRLS	263,821	199,294
Office Supplies	31,592	34,433
Repay unspent grant	1,666,477	4,986
Health and Other Program		
Doctors - Locum	316,099	767,862
Health Promotions	63,030	86,296
Services Purchased	270,896	459,457
Medicare Contribution clinic	-	23,110
	<u>6,786,780</u>	<u>5,548,466</u>

NOTE 4 AUDITORS REMUNERATION

Remuneration of the auditors of the corporation for

- Auditing or reviewing the financial report

Merit Partners	18,025	
KPMG	1,360	22,106
	<u>19,385</u>	<u>22,106</u>

NOTE 5 CASH AND CASH EQUIVALENTS

ANZ - Operational Account	4,060,364	2,540,151
ANZ - Medicare Bulk Bill	2,219,446	2,929,010
TIO Investment Account	2,345,137	2,297,262
Petty Cash	415	500
	<u>8,625,361</u>	<u>7,766,923</u>

The effective interest rate on the TIO Investment account was 3.01% as at 30 June 2016 (30 June 2015: 3.42%). The investment is rolled forward quarterly.

NOTE 6 TRADE AND OTHER RECEIVABLES

Trade Debtors	20,456	266,108
Less Provision for doubtful debts	-	-
	<u>20,456</u>	<u>266,108</u>

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

KWHB FINANCIAL AUDIT REPORT 2015-16

Merit Partners

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

FUNDS ACQUITTANCE CERTIFICATE

We hereby certify that the project funds by the Federal Department of Health and the Northern Territory Department of Health have been used for the agreed purpose(s) and further certify the following:

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

That all accounts represent a true and fair record;

The Administration expenses and overhead costs of the Corporation were reasonably apportioned across all sources of funds;

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

The financial controls in place within the Corporation are adequate;

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

The Corporation is able to meet its liabilities as and when they fall due;

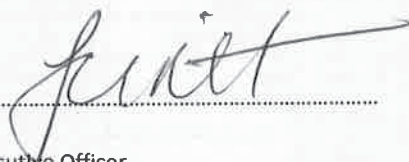
The Corporation has discharged its statutory obligations in relation to taxation, insurance, employee entitlements and including the lodgement of statutory returns and accounts where applicable;

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

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

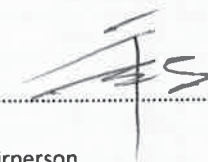
The income and expenditure statements for the financial year is attached;

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



Chief Executive Officer

Date: 26/10/16



Chairperson

Date: 26/10/16



KWHB FINANCIAL AUDIT REPORT 2015-16

Merit Partners



Independent Auditor's Report

Report on the Statements of Income and Expenditure

We have audited the attached statements of Income and Expenditure ("the Statements") of Katherine West Health Board Aboriginal Corporation (the "Corporation") for the year ended 30 June 2016 as set out on pages 47 to 55, using the accruals basis of accounting.

Board of Director's Responsibility for the Statements

The Directors of the Corporation are responsible for the preparation and fair presentation of the Statements in accordance with the Australian Accounting Standards and have determined that the accounting policies used are appropriate to meet the requirements of the funding agreements and for such internal control as the directors determine necessary to enable the preparation and fair presentation of the Statements that are free from material misstatement whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the Statements 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 Statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the Statements, whether due to fraud or error. In making those risk assessments, we consider internal controls relevant to the Corporation's preparation and fair presentation of the Statements 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 Corporation's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Corporation, as well as evaluating the overall presentation of the financial report.

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

Independence

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



KWHB FINANCIAL AUDIT REPORT 2015-16
Merit Partners

Auditor's Opinion

In our opinion the attached Statements as set out on pages 47 to 55 present fairly, in all material respects, the financial transactions for the year ended 30 June 2016.

Basis of Accounting

Without modifying our opinion, we draw attention to the basis of accounting of the Statements. The Statements have been prepared on the accrual basis of accounting to assist the Corporation to meet the requirements of the funding agreement terms and conditions. As a result the Statements may not be suitable for another purpose.

Merit Partners

Merit Partners

Matthew Kennon

Matthew Kennon

Director

DARWIN

Date: 26 October 2016



HEALTHCARE ASSOCIATED INFECTIONS

KWHB Statement 2015-16



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

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

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

KWHB's policy suite for Healthcare Associated Infections;

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



KWHB ANNUAL REPORT 2015-16
Notes





**KATHERINE WEST
HEALTH BOARD
ABORIGINAL CORPORATION**

**PO Box 147
KATHERINE NT 851**

ICN 3068 | ABN 23 351 866 925