KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

ANNUAL REPORT 2016-2017

KATHERINE WEST HEALTH BOARD

ANNUAL REPORT 2016-17

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
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
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, 2016-17

OUT AND ABOUT AT KATHERINE WEST HEALTH BOARD

Annual General Meeting, November 2016

OUT AND ABOUT AT KATHERINE WEST HEALTH BOARD

Board Elections, 2016

OUT AND ABOUT AT KATHERINE WEST HEALTH BOARD

Gurindji Festival, 2016

OUT AND ABOUT AT KATHERINE WEST HEALTH BOARD

Gurindji Festival, 2016

KALKARINGI HEALTH CLINIC NAMING CEREMONY

Helen Mary Morris Namitja Health Centre, Kalkaringi

THE

HELEN MARY MORRIS NAMITJA HEALTH CENTRE, KALKARINGI

A MENTOR AND INSPIRATION TO MANY, ESPECIALLY IN HER HOME COMMUNITIES OF KALKARINGI AND DAGURAGU, NAMITJA WAS A FOUNDATION DIRECTOR AND LEADER FOR THE KATHERINE WEST HEALTH BOARD.

AS AN ABORIGINAL HEALTH WORKER, NAMITJA WAS GENEROUS WITH HER KNOWLEDGE AND A GREAT TEACHER, ENJOYING A LONG AND DISTINGUISHED CAREER ACROSS THE WIDER KATHERINE REGION.

NAMITJA WAS INSTRUMENTAL IN THE ADOPTION OF ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES IN THE NORTHERN TERITORY.

WIDELY RESPECTED AND REMEMBERED ALWAYS.

- AUGUST 2016

CHAIRPERSON'S REPORT
Willie Johnson, Chairperson

As Chairperson of the Directors of Katherine West Health Board (KWHB) and on their behalf, I welcome you to the annual report for the year 21 July 2016 - 30 June 2017. This year has been another fulfilling year for Katherine West, and I would like to thank all of the hard working staff for your valuable contribution to the health service delivery for the people of the Katherine West region.

Again, I am pleased to report that KWHB is in a healthy financial position. Living within our budget is an integral part of ensuring that KWHB continues to be able to deliver excellent health care, so the Directors constant monitor the financial health of the organise to ensure that it remains strong.

In 2016-17, the Directors met on the following dates:

- 10 August 2016, Full Board Meeting
- 26 October 2016, Executive Board Meeting
- 16 November, 2016, Full Board Meeting
- 17 November 2016, Annual General Meeting
- 15 February 2017, Full Board Meeting
- 29 March, 2017, Executive Board Meeting
- 30 March 2017, Special General Meeting
- 24 May 2017, Full Board Meeting
- 21 June 2017, Executive Board Meeting

In these Board meetings, the KWHB Directors review our financial and budget positions; our compliance to reporting to the government, other funders and regulatory bodies; our health statistics and any emerging health trends; the 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.

This year, KWHB completed its Board elections and appointed the new Directors. Firstly I would like to sincerely thank the retiring ten Directors for your service to the people of the Katherine West region through your diligent work as Directors.

CHAIRPERSON'S REPORT
Willie Johnson, Chairperson

Next it is with great pleasure that I would like to welcome the ten new Directors to the Board, joining the five Directors that are continuing to serve. Representing our communities is a great privilege, and one that I know all Directors take very seriously in our drive to ensure the people of the Katherine West region have access to an excellent, sustainable and appropriate health service. It is exciting to have a new Board of Directors and Executive with new energy and involvement.

This round of Board of Directors election was the first for KWHB that there a secret ballot process used. I am pleased to report to you that the process went well and was well received.

This year saw KWHB adopt a new Rule Book/Constitution. It is great to have this modern day document and to have the endorsement of ORIC for our performance in the governance domain and the Rule Book.

I am pleased to report there are an increased number of members with our Corporation this year which means increased participation and engagement evidenced by the number of community members nominating to be elected to the Board.

KWHB has a goal to ensure there is a strong Health Promotion focus by the organisation so that the people of the Katherine West region can have an increased understanding of the ways to improve their own and their family's health through good self-care. To this end I am very happy to see all of the great Health Promotion events in all of our communities. Our community members love these events, as evidenced by the strong participation and feedback we receive.

Of note were the Health Fest and the Gurindji 50th anniversary and the Timber Creek Festivals. The Health Fest ran over 2 weeks from the 17th – 28th September visiting 7 communities and was a fantastic event. This can only happen through months of planning, the dedication of our staff and the participation of community members. Well done to you all and thank you.

Once again I am pleased to be able to thank 2 staff members for their 10 years of service to the Katherine West Health Board. Sinon Cooney has worked as a RAN and more recently as the Manager Primary Health Care for KWHB. His dedication, knowledge and expertise has been an important component of KWHBs successful Primary Health approach. Thank you Sinon.

Deb Jones is a wonderful example of a local person giving back to her community with 10 years' service for KWHB as an Aboriginal Health Practitioner at Timber Creek. Deb is the heart and soul of the Timber Creek Health Clinic and a respected member of our team and the community. Thank you Deb.

Further, this year we said goodbye to a long time employee Reece O'Brien who was the Manager of Information and Communication for 9 years and now resides full time in NSW. Thanks for your service Reece.

In conclusion, I would like to once again thank all who contributed to 2016-17 being another strong year for the Katherine West Health Board. We welcome your efforts and participation over the coming year again.

Willie Johnson,
Chairperson

CHAIRPERSON'S REPORT
Willie Johnson, Chairperson

Board of Directors 2016-17

Willie Johnson
Chairperson

Roslyn Frith
Deputy Chairperson
Kalkaringi

Debra Victor
Executive Director
Kalkaringi

Dione Kelly
Executive Director
Lajamanu

Sandra Campbell
Executive Director
Yarralin

Jocelyn Victor
Executive Director
Pigeon Hole

Barbara Gundarl
Bulla

Caroline Jones
Timber Creek (Myatt)

Charlie Newry
Yarralin

Doris Lewis
Lajamanu

Geoffrey Barnes
Lajamanu

Joyce Herbert
Lajamanu

Angela Berd
Kalkaringi

Kenivan Anthony
Mialuni

Shauna King
Timber Creek (Gilwi)

Retired Directors

Norbert Patrick, Lajamanu
Josie Jones, Myatt
Betty Smiler, Gilwi
Joseph Archie, Bulla
Tracey Patrick, Lajamanu
Wilson Rose, Kalkaringi
Regina Teddy, Daguragu
Maxine Campbell, Yarralin
Rosie Saddler, Kildurk
Malcolm Shaw, Yarralin

OUT AND ABOUT AT KATHERINE WEST HEALTH BOARD

Health Fest 2016

OUT AND ABOUT AT KATHERINE WEST HEALTH BOARD

Health Fest 2016

CEO'S REPORT
Sean Heffernan, Chief Executive Officer

The 2016-2017 Financial Year has been another successful year for Katherine West Health Board (KWHB) in terms of the high standards achieved in the delivery of primary health care services and the astute use of the financial resources at our disposal.

Attached to this report is our Financial Audit for 2016-2017, which has been completed by our appointed external Auditor, Merit Partners. The audit reflects Katherine West as a healthy organisation that manages its' finances and resources effectively and well.

The high point to this year has been the growth in team work and leadership at Katherine West. The evidentiary signature to this high level performance is borne out in the outcomes articulated within the quality assessment of our performance through ISO and National Standards.

The key components to the leadership at KWHB can be seen across our Clinical, Primary Health Care, Corporate Services and Health Promotion domains. Wrapped up within these areas is our hard working and committed staff. Leadership and co-ordination at the remote health centre level has been robust and consistent despite the many day to day stresses and challenges. Our staff out on the ground in our communities are the back bone of KWHB. They enable all of our most essential clinical and specialist services to be delivered effectively.

Katherine West Health Board is a strong, well-managed Aboriginal community controlled health organisation. This consistent high standard of service delivery has continued to the benefit of our clients in all of our remote communities in the region.

KWHB's growth and development is demonstrated by our Quality Management System. We are getting better at tracking all of the activities and services at KWHB within this quality system and we review progress across the whole of the organisation regularly.

There are areas for improvement, and KWHB Directors and staff will be involved in the development of a new Strategic Plan for KWHB in the short term. We look forward to reporting against the new plan next year.

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.

CEO'S REPORT
Sean Heffernan, Chief Executive Officer

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.

I would like 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 and our newly elected Board of Directors, 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. Special thanks to our Clinical, Corporate and Cultural Security leaders.

Sean Heffernan
Chief Executive Officer

DEPUTY CEO'S REPORT
David Lines, Deputy Chief Executive Officer

2016-2017 KWHB has had a strong focus with community engagement with members in the Katherine West region with successful Board Director Elections being held in all KWHB communities. Elections in this period were held for the first time through secret ballot.

This year staff and Directors continued with the membership drive at the Board Director Elections signing up new members that presented to vote that were not current members. It was great to get large numbers of community members turning up at the elections to vote, a strong indicator that members are engaged and support the KWHB regional community controlled health service provider model.

Cultural Orientation program

Katherine West Health Board provided 41 new full-time and agency staff members with cultural orientation training this year. An important part of our cultural orientation program is the KWHB Cultural Security Framework that overarches the organization; along with the Cultural Orientation DVD; literature about KWHB region and history of Ngumbin/Yapa people; and one to one orientation with the Cultural Leadership Officer to support new staff members to understand our cultural context and practice in a culturally safe way.

Health Fest

The 2016 Health Fest occurred in September travelling to seven communities in the Katherine West Region. The University of Melbourne Indigenous Eye Health unit partnered with Katherine West Health Board to engage Sean Choolburra, the acclaimed indigenous performer, who blends culture, dance and comedy into storytelling, for the HealthFest.

Sean performed during the daytime at schools and again in the evenings for the community. His Health Fest comedy performance with Milpa the Goanna incorporated important key health messages around Trachoma, hygiene, tobacco smoking prevention and health lifestyle.

The Health Fest was well received by Ngumbin / Yapa community members.

Community Consultation Strategy

This year community consultation was incorporated into Board Director Elections in all KWHB communities with senior management present for feedback in relation to health service delivery. Separately in 2017, there was a community consultation session in Bulla community in May with dates set to conduct community consultation in Pigeon Hole in August and Timber Creek and surrounding areas in September. There are plans for future consultation meetings in Lajamanu, Kalkaringi, Yarralin and Kildurk in 2018.

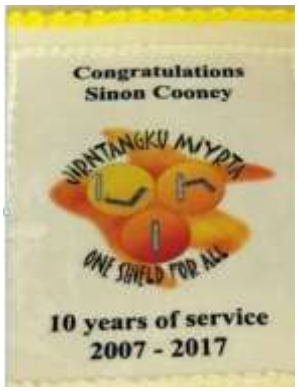
DEPUTY CEO'S REPORT

David Lines, Deputy Chief Executive Officer

50th Gurindji Freedom Festival

This year, the Gurindji people celebrated the 50th anniversary of the Freedom movement. Katherine West Health Board participated through community health promotion sessions and sponsorship of AFL and basketball jerseys. During the Freedom Festival, there was a ceremony to rename the Kalkaringi Health Centre to the Helen Mary Morris Namitja Health Centre, Kalkaringi.

CONGRATULATIONS ON 10 YEARS OF SERVICE
Sinon Cooney, Manager, Primary Health Care.






DEB JONES

10 YEARS OF SERVICE

KATHERINE WEST HEALTH BOARD
ABORIGINAL CORPORATION




CONGRATULATIONS

Deborah Jones

On 10 years of great service to the Timber Creek community, surrounding aboriginal living areas and the Katherine West Health Board Aboriginal Corporation.

2006-2016

SENIOR MEDICAL OFFICER'S REPORT
Odette Phillips, Senior Medical Officer

General Practitioners

Throughout 2016-17 KWHB have had an excellent complement of consistently returning quality Locum GPs plus our 2 part time regular GPs for our Health Centres. We have built up a core of regular and returning GPs by ensuring that our short term Locum GPs receive good orientation and support whilst they are new to our clinics and encourage them to return.

KWHB holds regular GP meetings so that all the full and part time GPs have an overview of the organisation and region. We have regular small group discussions about clinical matters, which enable peer professional development and ensures that we are all clinically updated.

This year we had a GP registrar, Dr Jian Zhou, working for us for 9 months mainly at Timber Creek. He provided good GP coverage for Timber Creek for the time he was with us.

Regular GPs working in the Katherine West Region this year were;
Dr Karen Fuller at Kalkaringi and Pigeon Hole
Dr Bruce Hocking at Timber Creek and Yarralin
Dr John Purton at both Lajamanu and Kalkaringi
Dr David Hunt at Lajamanu

Specialist visits

KWHB aims to ensure that the specialist visits to our remote health centres are relevant to our clients' needs and are respectful to the staff and the clients in our clinics when they visit. We have had regular visits directly out of Katherine Hospital by Dr Simon Quilty. He is well known to many of our clients and this has greatly helped with continuity of care within the Katherine region. He is easily contacted by our primary health care staff and helps with many clinical enquiries on a daily basis. This can mean the difference between clients being seen in their community rather than requiring travel to Darwin.

Chronic Disease

Chronic disease is a significant part of Katherine West's work. We hold regular chronic disease case conferences for our more complex clients. Our Diabetes Nurse Educator, Chronic Disease Nurse, Senior Medical Officer and Practitioners from our remote sites and the Pharmacist from Northpharm are involved in these conferences.

Maternity

KWHB hold regular maternity case conferences with our Midwife, GPs and Senior Medical Officer and the Katherine Hospital maternity staff. This enables continuity of good antenatal care to our clients.

KWHB Clinics

Over the year I have worked at all the KWHB clinic sites to help cover for staff shortages. This helps me get to know the staff and clients "out bush" and is an enjoyable component of the role.

Interaction with Partner Health Organisations

I keep in regular contact with KWHBs partner health organisations - Royal Darwin Hospital, Katherine Hospital, Wurli Wurlinjang and Sunrise Aboriginal Health Services. This ensures continuity of best practice care and advocacy for our clients.

OUT AND ABOUT AT KATHERINE WEST HEALTH BOARD

Janyima Store Opening, Timber Creek Festival, 2016

PRIMARY HEALTH CARE REPORT
Sinon Cooney, Manager Primary Health Care

KWHB has further developed our collaborative approach to service delivery maximizing the Primary Health Care (PHC) team approach throughout the 2016-2017 period. Our staff have collaborated strongly throughout the year with attendance and input at regular PHC Governance Group meetings and PHC meetings in Katherine. These key decision making groups work on the model of consultation, collaboration and informed decision making, which enables our PHC quality system to function at a high level.

We have continued to retain a compliment of highly skilled remote health practitioners, including Aboriginal Health Practitioners (AHP), Remote Area Nurses (RAN), General Practitioners (GP), Allied Health and Specialist Program staff, who work together to deliver comprehensive PHC in the KWHB region.

KWHB AHP's are our longest servicing staff in the bush and work across the region to deliver culturally safe care to our communities by both providing safe and effective clinical care as well as acting as cultural and community mentors to our staff in the bush. Our AHP's have further developed their capacity in service delivery this year through attendance at PHC Governance and PHC meetings and having a strong involvement in the PHC decision making processes.

Professional development is an ongoing focus for KWHB AHP's with support being provided to attend external and internal training for the ongoing development of skills and knowledge in acute and PHC areas.

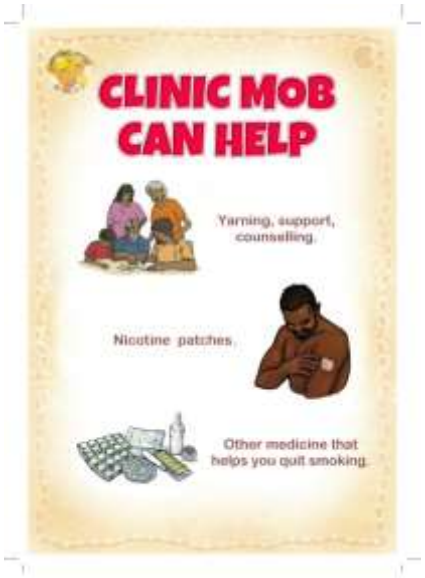
The remote community PHC centres in our region have seen great retention of highly skilled RAN's during the year with all 4 health centres having permanent coordinators and a number of longer term RAN's. This helps to maintain stability within the remote teams so the community can continue to receive services that are of a high level. With a flexible approach to staffing arrangements KWHB has seen much better retention of staff in these roles and this has ensured that our staff are kept fresh and motivated to carry out the often challenging role that includes acute, PHC and emergency after hours.

Our RAN's offer an invaluable insight into the needs of our PHC system through their involvement in the PHC Governance Group and PHC Meetings, and consistently work collaboratively to delivery good outcomes for our clients. As well as involvement in this, KWHB RAN's are constantly engaged in professional development activities that has shown a constant commitment to both their own development and improving knowledge to better serve our clients.

PRIMARY HEALTH CARE REPORT

Across all areas of Primary Health Care, KWHB maintains a strong focus on quality improvement through our regular work practices, collaborative approach, accreditation and organizational meeting schedules. During the 2016-17 financial year, KWHB underwent recertification against the National Safety and Quality Health Service Standards and ISO 9001:2016. We had a successful recertification visit against both standards with only small areas of improvement required. Preparation for RACGP accreditation has been underway for our three yearly recertification visit in October 2017. KWHB has maintained accreditation against these three standards for a number of years now, which is testament to the hard work and team based approach of our staff in both the bush and the Katherine office.

The health programs unit has continued the good work of the previous year in the area of health promotion with regular sessions throughout the year, focusing on health literacy and a strong emphasis on responsible usage of tobacco and alcohol and other drugs. Our team works with our remote health centre units and external services providers, such as schools, shires, stores and community groups to delivery culturally safe health information. These activities align with the KWHB Health Promotion Strategy which has further matured since its introduction in 2015.



KWHB have progressed its Social Media strategy during the year with a strong focus on the KWHB iPad project and consistent messaging through the Facebook platform. Regular updates of the iPad's with newly approved Health Promotion material, as well as ongoing direction to our clients around key resources help to support their knowledge development and enable information transfer regarding their condition. Our Facebook page has seen an increase in likes and shares through a targeted approach of posting community specific information to celebrate and promote events that have been happening in the bush as well as sharing of key health messages.

Chronic disease management is a large component of KWHB work and has seen an experienced team of staff work together well to support chronic disease management across the region. The program has grown over the last ten years and over this time we have seen significant improvements in the NT Aboriginal Health Key Performance Indicators (NTAHKPI) in relation to both care process output measures and data around outcome measures. Health promotion in this area has increased over the last year with regular sessions being undertaken in the bush to improve self-management capacity.

PRIMARY HEALTH CARE REPORT

The sexual health program at KWHB has carried on the work from the previous year of increasing screening and treatment in the 15-35 age groups to reduce the impact of sexually transmitted infections (STI) in our region. KWHB commenced participation in the 'test, treat and go' research project during the year, to assess whether the use of point of care testing improves timely treatment for our clients with a positive STI. Previous initiatives such as community based health promotion; condom promotion and distribution; and clinical support and staff education have continued throughout this period and have been effective in supporting both our clients and staff.

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.

The KWHB Tobacco program has implemented and developed a number of new strategies throughout the year including smoke free homes and cars; tobacco cessation support program; health promotion activities within schools; and the KWHB Health Fest. These approaches work across the clinical domain and health promotion areas to give clients the opportunity and knowledge to access support services to assist with quit attempts and to keep their environment free from second hand smoke. Our staff has spent a lot of the year travelling throughout the region delivering these sessions to the communities and have had great responses in the evaluations undertaken.

Our Alcohol and Other Drugs (AOD) program works on a self-referral basis where the client is offered an assessment and brief intervention based on identified risk factors. We have had some periods of the year without staff in the AOD area, and these clients are then managed by the PHC team. Community based activities with different groups focusing on the harmful effects of alcohol and drugs have been effective in raising awareness and helping community members to get support.

The social and emotional wellbeing model at KWHB has continued to take shape with our Mental Health Coordinator working with our PHC staff and external services to ensure our clients are accessing services they need in a timely fashion. There have been some great inroads into developing solid referral pathways and supporting clients to access appropriate care through building relationships with tertiary care providers.

Mental Health First Aid has been delivered to a number of community members throughout the year as well as KWHB staff and other community organisations. This has been a great success in empowering those who attend to support their community and community members who are experiencing difficulties and to provide direct support or identify where support may be available. We have received great feedback about this initiative from the community.

PRIMARY HEALTH CARE REPORT

Monitoring and surveillance of the Child Health program continues as a key component of supporting staff in relation to child health checks; growth faltering; and anemia. Community based health promotion and support for schools and families as First Teachers has had an increased focus this year, with an emphasis on capacity building.

The Maternal and Women's Health program has delivered high quality antenatal care to our clients in the bush and supported new mothers and families with the transition back home after delivery. Best practice is maintained through regular antenatal case conferencing which offers a multidisciplinary approach including specialist input. Breast screening was again undertaken with support from the Cancer Council and a large number of women attended the breast screen bus for screening.

KWHB's Nutritionist continues to work with schools, stores and community groups to support food security initiatives within the KWHB communities. The market basket surveys were undertaken to look at a comparison of food cost between remote communities and the larger cities and towns in the NT. This survey gives us valuable information on both the quality and cost of food and helps us to advocate for better food security and to work with stores where there are gaps to improve their stock and pricing. The program also has a strong focus on health promotion working regularly in the community to support healthy choices for our clients and their families.

The remote cattle stations and outstation communities continue to be serviced by the KWHB Mobile Team who provide a twice annual PHC service. The team has offered a comprehensive service to their clients including clinical services, social support and emotional wellbeing support. The team travels long distances during the year and spends a lot of their time travelling to reach the areas that cover our huge region. It's great to have such consistency in this area over a number of years now, offering continuity of care and a familiar face.

I would like to thank everyone for their hard work and dedication to the bush and appreciate your efforts that go into delivering a safe and effective health service for our clients.

PRIMARY HEALTH CARE REPORT

Primary Health Care Governance (PHCG) Meetings

The PHCG has held two face to face meetings during the year in which we look comprehensively at health data and allocate action based on this data, including the NTAHKPI's. As well as the face to face meetings we hold bi monthly meetings with an agenda that includes policy review and development; Communicare Clinical Information System changes; data review; incident review and action; and general PHC system review and leadership. The group is made up of key clinicians and PHC staff within KWHB who provide advice and guidance to support and develop the KWHB PHC system effectiveness.

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

PHCG meetings were held this year on:-

- 10 August 2016
- 28 October 2016
- 16 February 2017
- 8 March 2017
- 20 April 2017
- 8 June 2017

KWHB Staff Training

Training Program	Number of staff completing training Jul 2016 – Jun 2017
4WD	7
Basic Life Support (CPR)	22
Maternal Emergency Course	7
Well Women's Health Unit	3
PEC – Pediatric Emergency Course	3
ALS- Advanced Life Support	3
REC- Remote Emergency Course	2
i-Stat/ Point of Care	3
Lead Auditor Training (ISO)	4
MEC- Maternal Emergency Care	4
AGV- About Giving Vaccines	5
Anti Discrimination	6
Medicare	2
Toolbox for Trauma	1
STI Training	2
Welding Course	1

PRIMARY HEALTH CARE REPORT

Visiting Specialists 2016-17

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	5	18	3	16	15	108	23	241	**46**	**383**
Cardiologist	0	0	0	0	3	41	4	25	**7**	**66**
Chronic Care Coordinator	11	34	6	19	23	93	31	172	**71**	**318**
Dentist/ dental therapist	3	19	29	205	30	168	35	178	**97**	**570**
Diabetes Educator	38	119	9	32	42	178	63	367	**152**	**696**
Dietician	7	93	0	0	0	0	12	64	**19**	**157**
Drug and Alcohol Counsellor	7	18	4	14	4	18	4	19	**19**	**69**
Exercise physiologist	22	283	0	0	0	0	19	176	**41**	**459**
Mental Health Registered Nurse	4	9	4	11	1	3	1	4	**10**	**27**
Obstetrician/Gynecologist	1	3	0	0	1	14	0	0	**2**	**17**
Occupational therapist	4	5	1	3	2	12	2	21	**9**	**41**
Optometrist	14	81	7	55	15	103	17	107	**53**	**346**
Paediatrician	10	52	6	55	5	56	3	40	**24**	**203**
Pharmacist	1	1	0	0	0	0	1	2	**2**	**3**
Physiotherapist	15	92	12	55	27	161	18	115	**72**	**423**
Podiatrist	23	97	10	77	24	168	19	168	**76**	**510**
Psychologist	3	3	1	1	1	1	2	2	**7**	**7**
Specialist Medical Practitioner	0	0	0	0	1	4	1	5	**2**	**9**
Specialist Physician*	7	30	3	19	10	79	9	73	**29**	**201**
TOTALS	**175**	**957**	**95**	**562**	**204**	**1207**	**264**	**1779**	**738**	**4505**

*Specialist Physician category includes ENT, Ophthalmology, Renal and Specialist Physician.

PRIMARY HEALTH CARE REPORT

Collaboratives

Number of weekly "Collaboratives" (Friday Clinical Quality Improvement teleconferences) - 44

Date	Presentation Topic
30-Jun-17	Septic Arthritis -a case study - Michael Herbert
23-Jun-17	Diabetes in pregnancy - Sridhar Chitturi
16-Jun-17	Istat update - Janelle Cooke
9-Jun-17	Diabetes Presentation - Driving Miss Daisy -a story about diabetes - Holi Catton
2-Jun-17	Case Study -?Lupus - Lorraine Johns -Yarralin
26-May-17	Reading Basic ECGs - Simon Quilty
19-May-17	Case study-Syphilis and pregnancy - Julie Skudder, KWHB Sexual Health Coordinator
12-May-17	Maternal Health Audit Review - Cat Timcke, KWHB
5-May-17	Trachoma screening and treatment - Gabrielle Watt, NTG Trachoma Program
28-Apr-17	Nutrition and Pysical Activity Resources - Sally De Koning
21-Apr-17	Psychotherapist – Self Harm and suicide
7-Apr-17	Anti-depressants and Antianxiety agents discontinuation syndrome - Odette Phillips
31-Mar-17	Medicare claiming overview - Cat Timcke
24-Mar-17	Crusted scabies - Michelle Dowden, One Disease
17-Mar-17	Wheezing and Asthma as a diagnosis (KDH Resp Reg)
3-Mar-17	Presenting Market basket results 2016 - Sally De Koning
24-Feb-17	Upcoming Audits and feedback - Cat Timcke
17-Feb-17	Antibiotic non-compliance.
10-Feb-17	Diabetes and Driving
3-Feb-17	Paediatric Trauma - Annette Peck
20-Jan-17	Careflight and KWHB - Gareth Herrington, Careflight
13-Jan-17	Acute Rheumatic Fever / Rheumatic Heart Disease diagnosis and treatment - Timber Creek Health Centre
16-Dec-16	Chronic Disease Case Study - from a GP Locum perspective - Dr Lester Mascarhenas
9-Dec-16	Young child ingesting poison and treatment (radiator fluid) and Health Promotion resource - RHF/ARD App
2-Dec-16	Simon Quilty - Scabies presentation
25-Nov-16	General Updates in region, Communicare Chronic Disease Template changes (10987) and upcoming CPR training
18-Nov-16	Chest pain in a rural setting, Simon Quilty
11-Nov-16	Common musculo skeletal injuries in adults (Niamh, Sweetwater Physio)
4-Nov-16	Mental Health - Long term client case study (Trevor Meyle, Lajamanu Health Centre)
28-Oct-16	Acute Coronary Syndrome – NT Perspective (Guest; Dr Marcus Ilton)
21-Oct-16	Anaemia Case Study, Timber Creek (Health Promotion Resource - Good Food, Strong Blood)
14-Oct-16	Diabetes in Pregnancy - Menzies

PRIMARY HEALTH CARE REPORT

Collaboratives

Date	Presentation Topic
7-Oct-16	Oral Health in the NT and Oral Disease - Jo Leonard, Healthy Smiles Training Coordinator, OHSNT
30-Sep-16	Syphilis Point of Care Testing - Julie Skudder, KWHB
23-Sep-16	Traumatic Brain Injury Management, Garth Harrington, CareFlight
16-Sep-16	Internal Processes and Discussion, Dr Odette Phillips (KWHB)
9-Sep-16	PATS Guidelines, Medeleine Morris and Mel (PATS)
2-Sep-16	Ominous findings on a liver ultrasound, Dr Rodney Jones KWHB
26-Aug-16	CQI is everybody's Business / Intravenous Cephazolin and oral Probenecid used for cellulitis treatment in remote communities (Cat Timcke/Odette Phillips, KWHB)
19-Aug-16	Tuberculosis - Symptoms & diagnosis (Yarralin Health Centre, KWHB)
5-Aug-16	Rheumatic Heart Disease Video and discussion about dental services in region, Odette Phillips (KWHB)
29-Jul-16	Hepatitis B - Plan for KWHB (Karen Fuller)
22-Jul-16	Diabetes Management, Holi Catton
1-Jul-16	Gonococcal Conjunctivitis Case Study, Annalise Thompson, Lajamanu

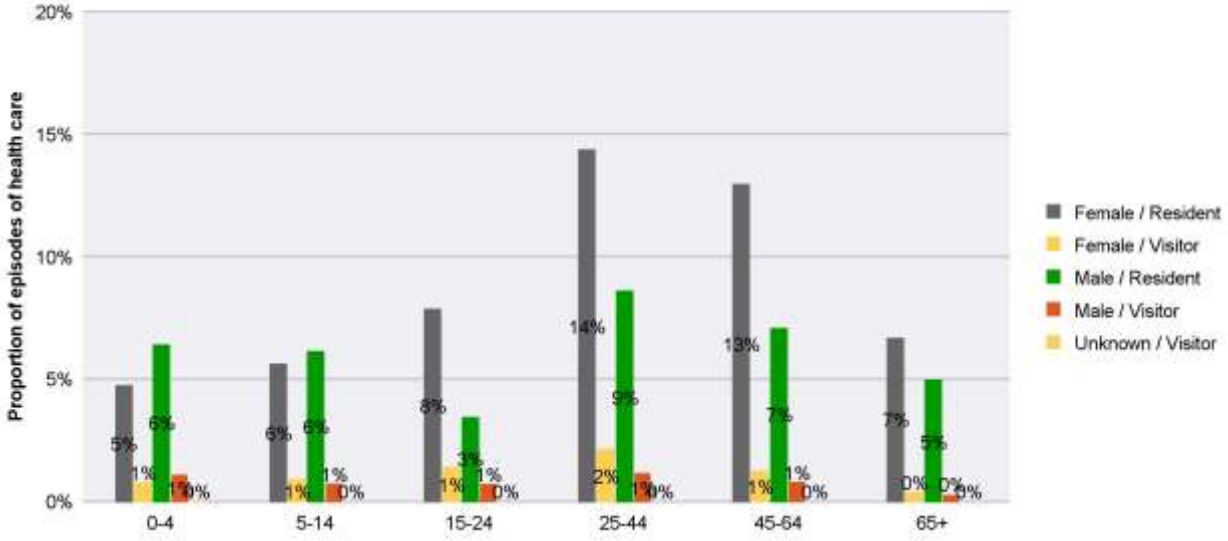
PRIMARY HEALTH CARE REPORT

NT Aboriginal Health Key Performance Indicators (KWHB) 2016-17

AHKPI 1.1 - Episodes of Health Care and Client Contacts

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

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



AHKPI 1.1 Resident population and episodes of health care provided ratio							
Aboriginal		Age Group 0-4	5-14	15-24	25-44	45-64	65+	Total
Female	Resident Population	106 5%	249 12%	207 10%	279 14%	148 7%	49 2%	1038 51%
	Episode Ratio	15	8	13	18	30	47	17
Male	Resident Population	127 6%	257 13%	211 10%	262 13%	116 6%	44 2%	1017 49%
	Episode Ratio	17	8	6	11	21	39	12
Total Aboriginal resident population		**233 11%**	**506 25%**	**418 20%**	**541 26%**	**264 13%**	**93 5%**	**2,055**
Total episodes of health care ratio		16	8	9	15	26	43	15
non-Aboriginal		Age Group 0-4	5-14	15-24	25-44	45-64	65+	Total
Female	Resident Population	11 1%	17 2%	76 10%	134 18%	68 9%	14 2%	320 44%
	Episode Ratio	4	4	3	3	4	5	3
Male	Resident Population	7 1%	20 3%	102 14%	157 21%	96 13%	32 4%	414 56%
	Episode Ratio	5	3	1	2	6	6	3
Total non-Aboriginal resident population		**18 2%**	**37 5%**	**178 24%**	**291 40%**	**164 22%**	**46 6%**	**734**
Total episodes of health care ratio		4	3	2	3	5	5	3
ALL clients		**Age Group 0-4**	**5-14**	**15-24**	**25-44**	**45-64**	**65+**	**Total**
Female	Resident Population	119 4%	268 9%	301 10%	434 15%	230 8%	64 2%	**1416 48%**
	Episode Ratio	14	7	10	13	21	37	14
Male	Resident Population	138 5%	279 10%	336 11%	450 15%	231 8%	78 3%	**1512 52%**
	Episode Ratio	16	8	4	7	13	24	9
Total clients resident population		**257 9%**	**547 19%**	**637 22%**	**884 30%**	**461 16%**	**142 5%**	**2,928**
Total episodes of health care ratio		15	8	7	10	17	30	11

The Episodes ratio is the average number of Episodes of health care provided to resident clients within the reporting period.
The percentage shows the breakdown of the resident client population by indigenous status.

NTAHKPI 1.1 - Episodes of Care and Client Contacts

Steady trend of Episodes of Care and Client contacts with previous years.

PRIMARY HEALTH CARE REPORT
NT Aboriginal Health Key Performance Indicators (KWHB) 2016-17

AHKPI 1.2 - First Antenatal Visit

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

Figure 1.2a Proportion of resident Aboriginal women receiving antenatal care during the previous 12 months by gestation age

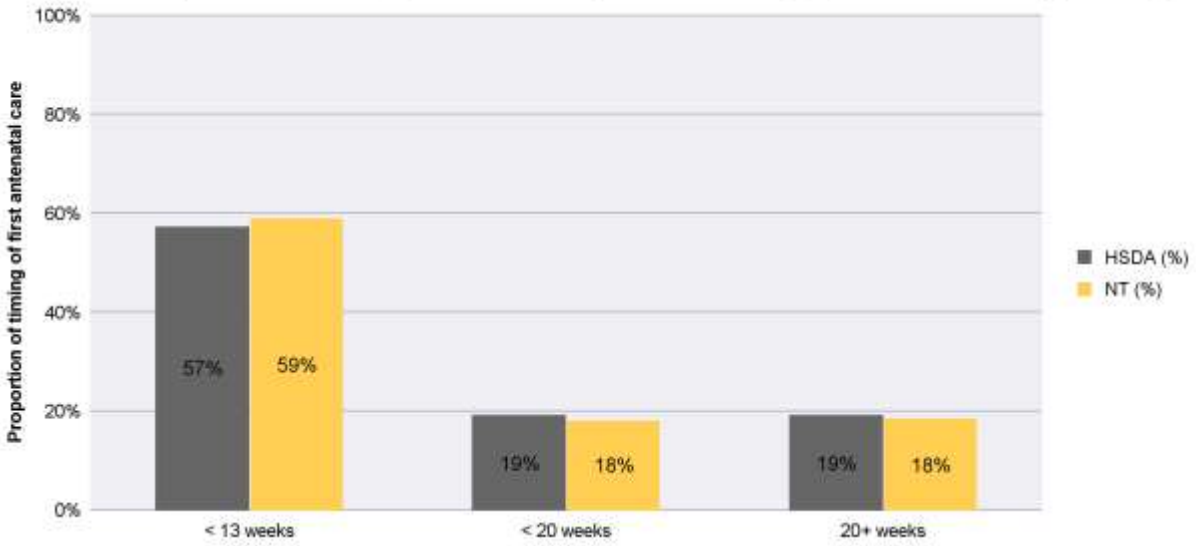
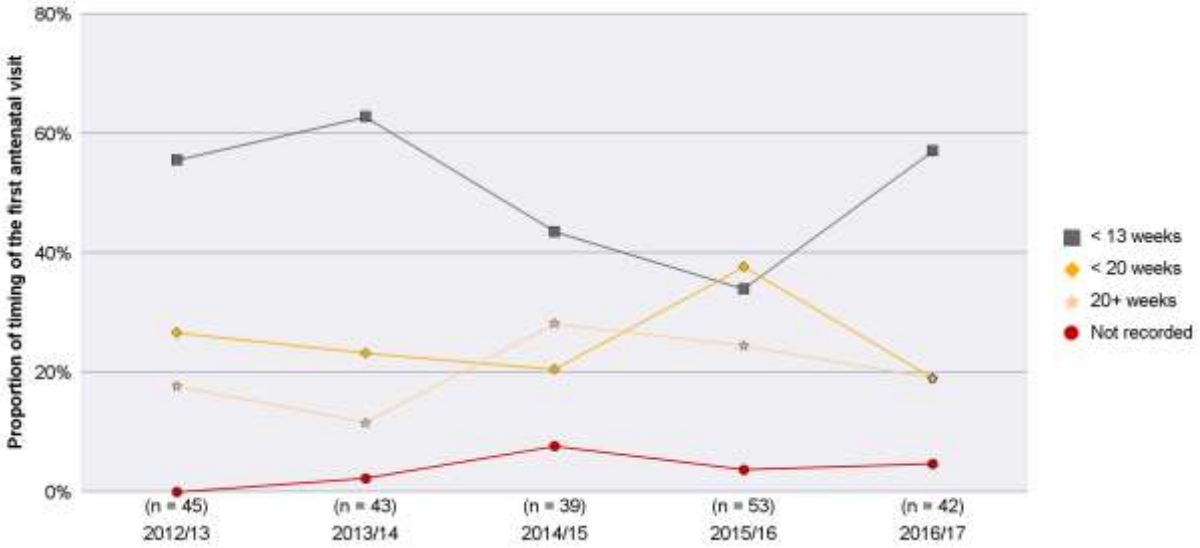


Figure 1.2b Trend of resident Aboriginal women receiving antenatal care by gestation age and reporting year



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)	2012/13	2013/14	2014/15	2015/16	2016/17
Population (Denominator)	45	43	39	53	42
< 13 weeks	56%	63%	44%	34%	57%
< 20 weeks	27%	23%	21%	38%	19%
20+ weeks	18%	12%	28%	25%	19%
Not recorded	0%	2%	8%	4%	5%

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

Increasing the rate of first antenatal visit within the first 20 weeks so that clients receive timely antenatal care to support their pregnancy has been a focus of KWHB this year. Numbers show this goal has been a success with improved rate compared with last year.

AHKPI 1.3 - Birth Weight

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

Figure 1.3a Proportion of babies born to a resident Aboriginal mother by birth weight category

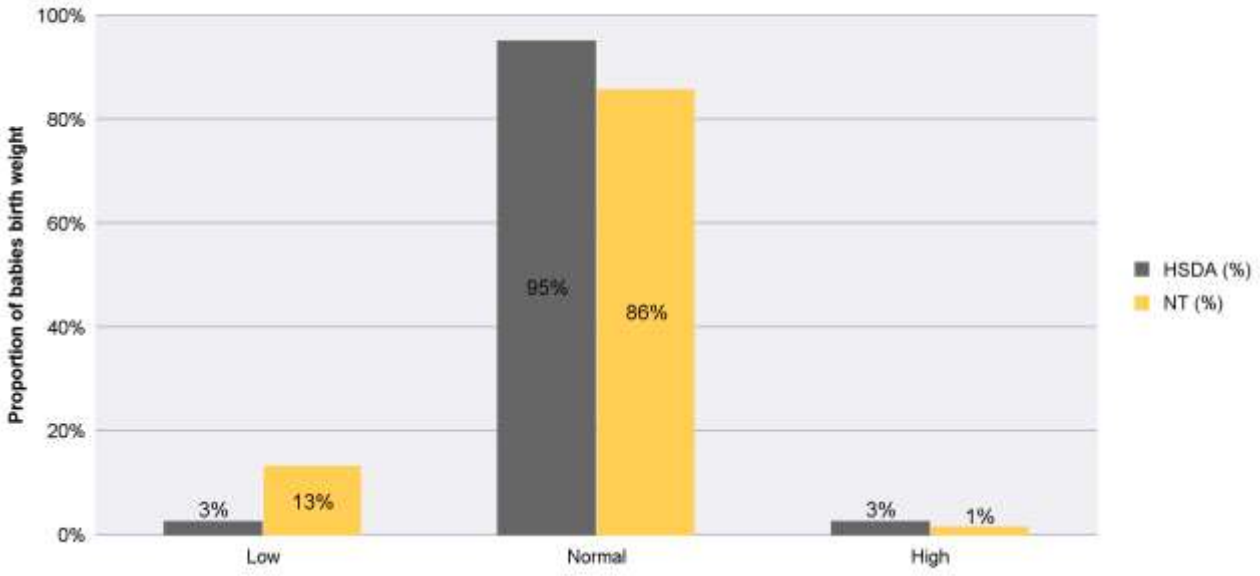
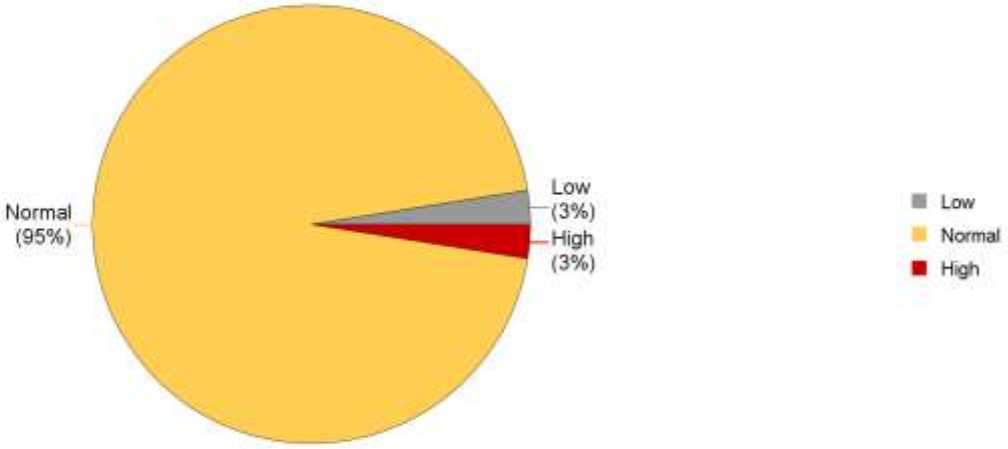


Figure 1.3b Babies born to a resident Aboriginal mother by birth weight category



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

In 2014, the proportion of low birth weight babies across Australia was 6.4%. The national figure for Aboriginal and Torres Strait Islander babies was 11.8%.The national rate of low birth weight for babies of Aboriginal mothers has been dropping slowly from 13. 2% in 2004 to 11.8% in 2014

Reference: Australias mothers and babies 2014 AIHW.

NTAHKPI 1.3 - Birth Weight

KWHB have an ongoing focus on health promotion around antenatal care, supporting pregnant women to quit smoking and have good nutrition during pregnancy a. Data shows a high rate of normal weights.

PRIMARY HEALTH CARE REPORT
NT Aboriginal Health Key Performance Indicators (KWHB) 2016-17

AHKPI 1.4.1 - Fully Immunised Children

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

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

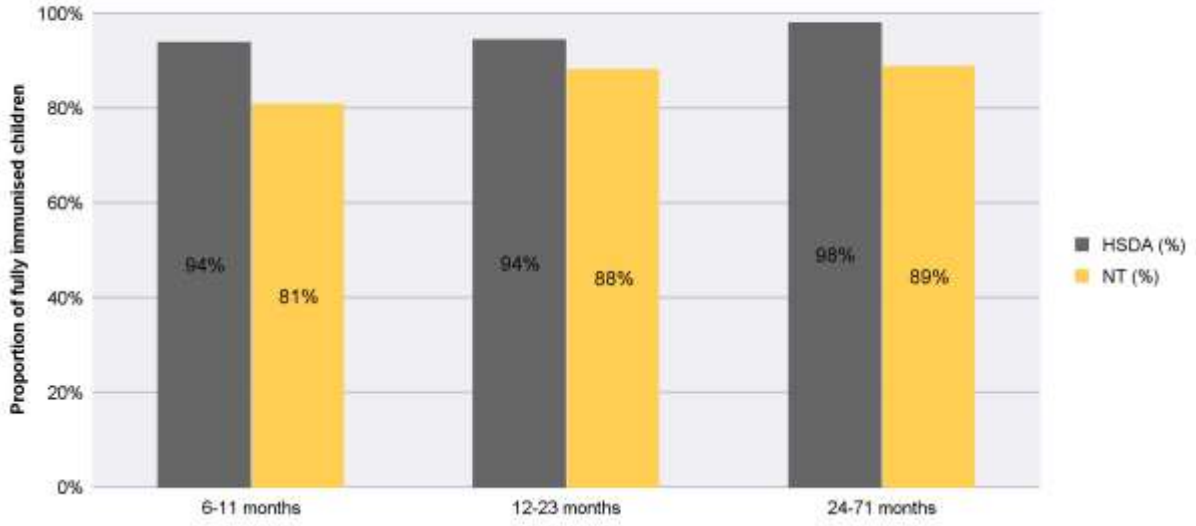
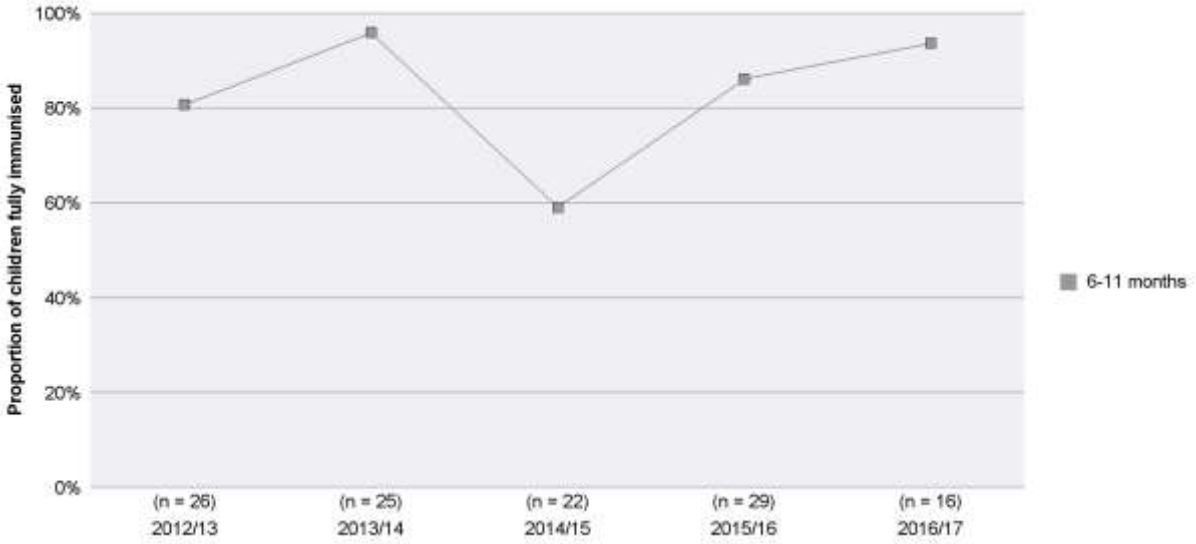


Figure 1.4.1b Trend of resident Aboriginal children 6 to 11 months of age fully immunised by reporting year



Reporting Year(s)	2012/13	2013/14	2014/15	2015/16	2016/17
Population (Denominator)	26	25	22	29	16
Fully immunised children at age : 6-11 months	81%	96%	59%	86%	94%

n = Population (denominator) is the number of resident Aboriginal children aged between 6 months to 11 months.

NTAHKPI 1.4.1 - Fully Immunised Children

Very high rates of fully immunised children is a very positive result.

PRIMARY HEALTH CARE REPORT
NT Aboriginal Health Key Performance Indicators (KWHB) 2016-17

AHKPI 1.4.2 - Timeliness of Immunisations

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

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

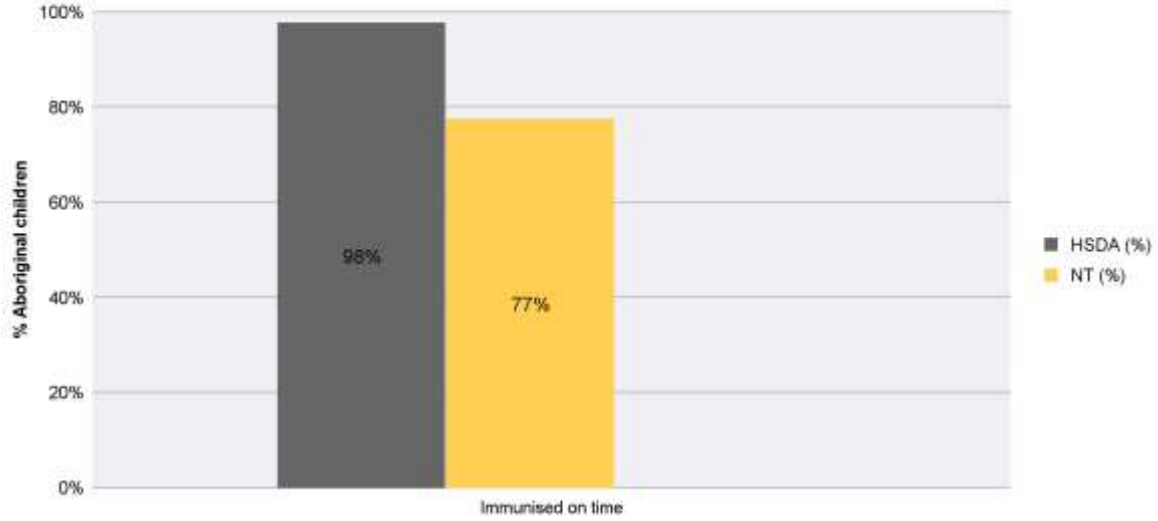
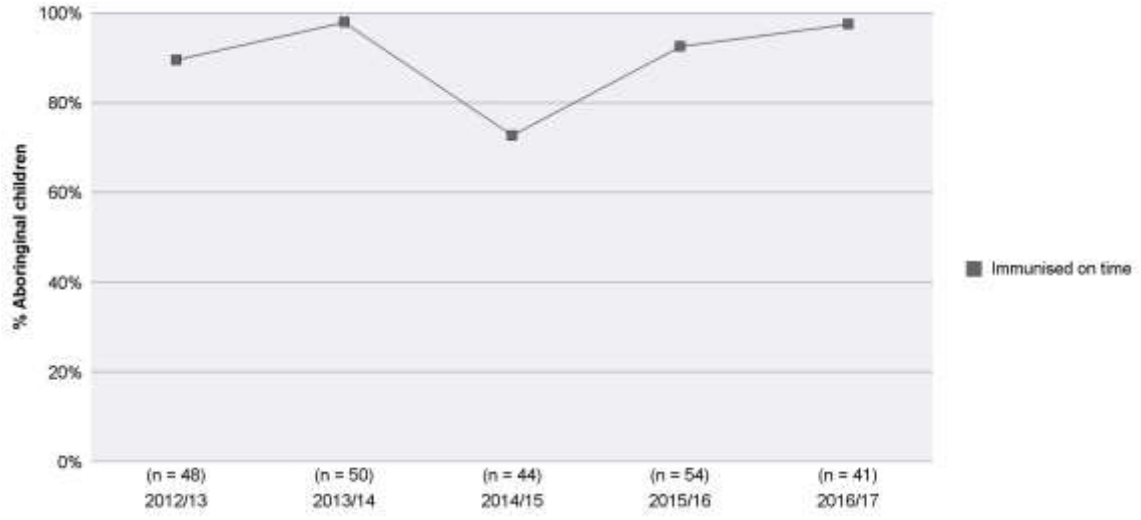


Figure 1.4.2b Trend of resident Aboriginal children who have received immunisations on time aged 1 to 12 months



Reporting Year(s)	2012/13	2013/14	2014/15	2015/16	2016/17
Population (Denominator)	48	50	44	54	**41**
Immunised on time	90%	98%	73%	93%	**98%**

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

AHKPI 1.4.2 Proportion of children who have received immunisations on time aged 1 to 12 months		
Aboriginal children	**Immunised on time**	**TOTAL**
Immunised on time	40	**40**
% Immunised on time children	98%	98%
Number of resident Aboriginal children	**41**	**41**

<u>NTAHKPI 1.4.2 - Timeliness of Immunisations</u>

Timeliness of Immunisation is also a very positive result and as with many indicators is higher than the rest of the Northern Territory.

PRIMARY HEALTH CARE REPORT
NT Aboriginal Health Key Performance Indicators (KWHB) 2016-17

AHKPI 1.5 - Underweight Children

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

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

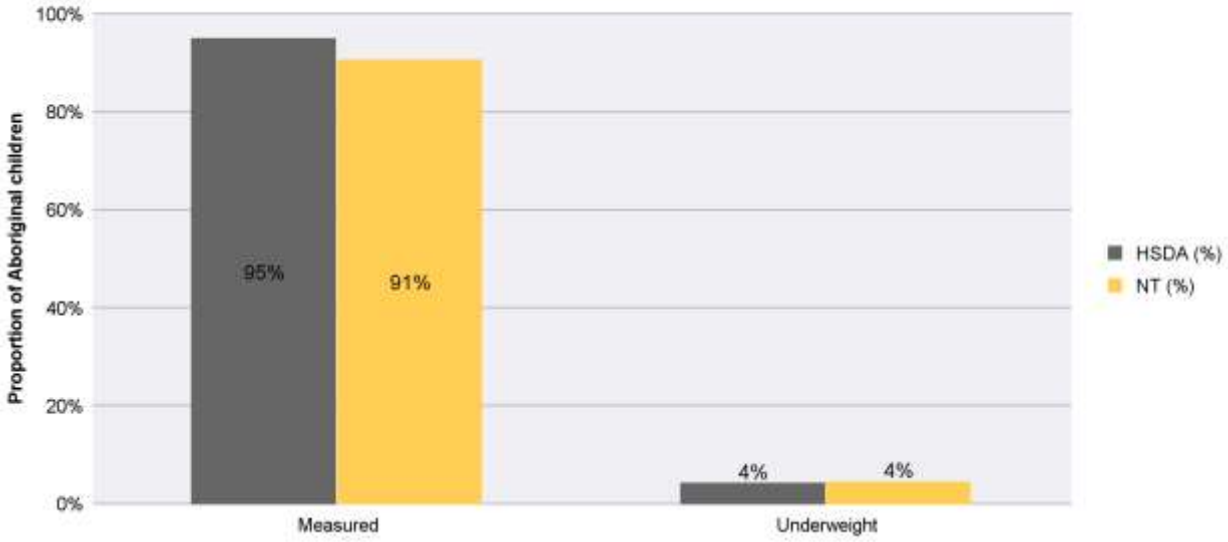
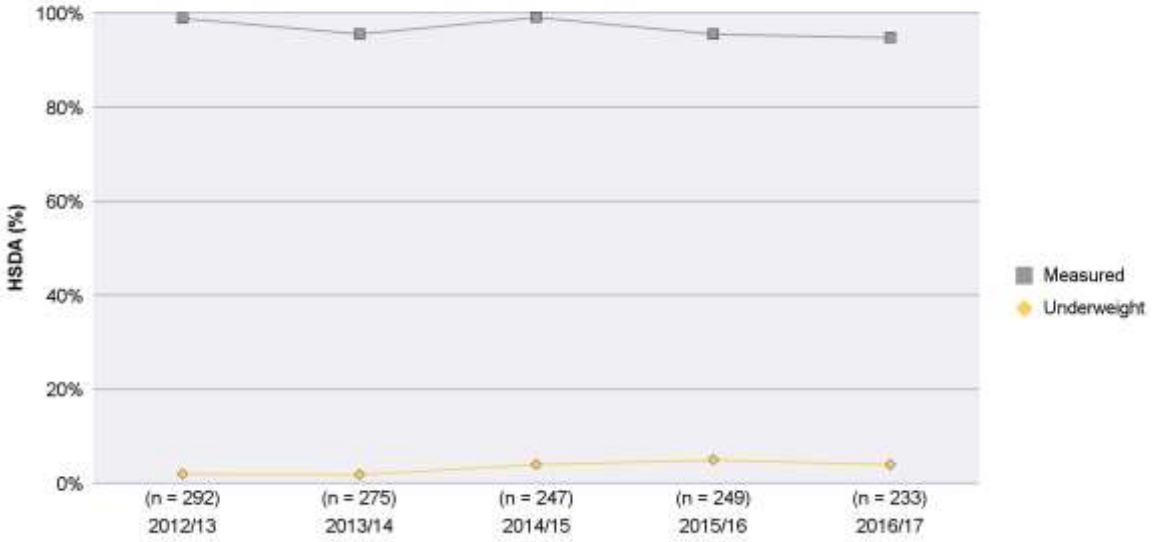


Figure 1.5b Trend of resident Aboriginal children 0 to 59 months of age measured for weight & recorded as underweight by reporting year



Reporting Year(s)	2012/13	2013/14	2014/15	2015/16	2016/17
Population (Denominator)	292	275	247	249	**233**
Coverage	289	263	245	238	**221**
Measured	99%	96%	99%	96%	**95%**
Underweight	2%	2%	4%	5%	**4%**

n = Population (denominator) is the number of resident Aboriginal children who are less then 5 years of age during the reporting period.
Coverage is the number of resident Aboriginal children who have been measured for weight at least once during the reporting period.

<u>NTAHKPI 1.5 - Underweight Children</u>

We consistently screen very high rates of children in our region. Whilst there are only 4% of underweight children, these children need high support and often require hospitalisation. Child nutrition remains a strong focus to assist children, as healthy children are a good indicator of healthy adulthood later in life.

PRIMARY HEALTH CARE REPORT
NT Aboriginal Health Key Performance Indicators (KWHB) 2016-17

AHKPI 1.6 - Anaemic Children

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

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

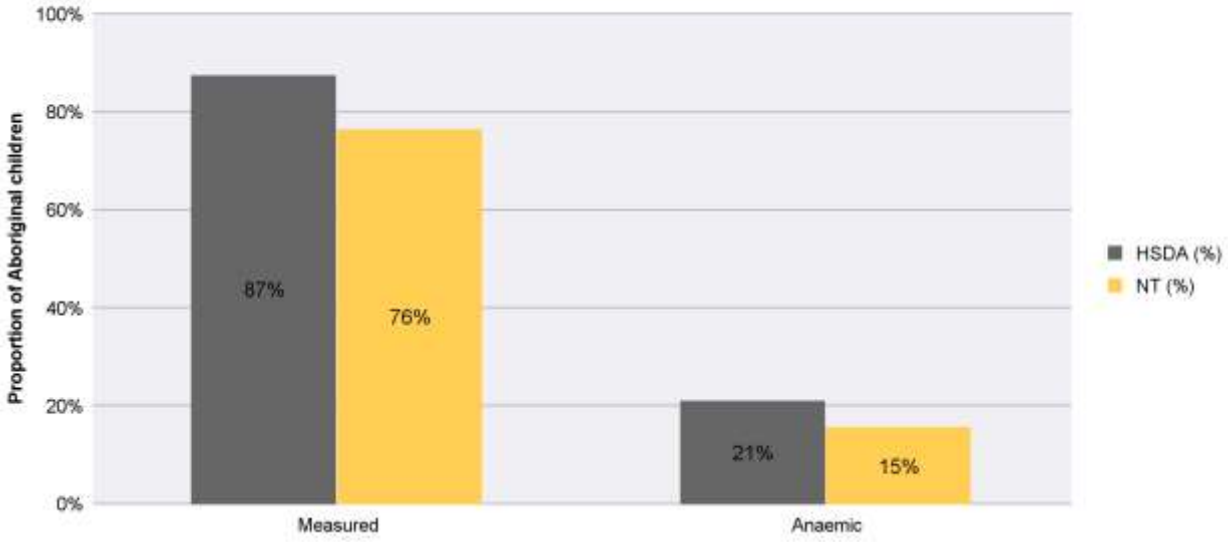
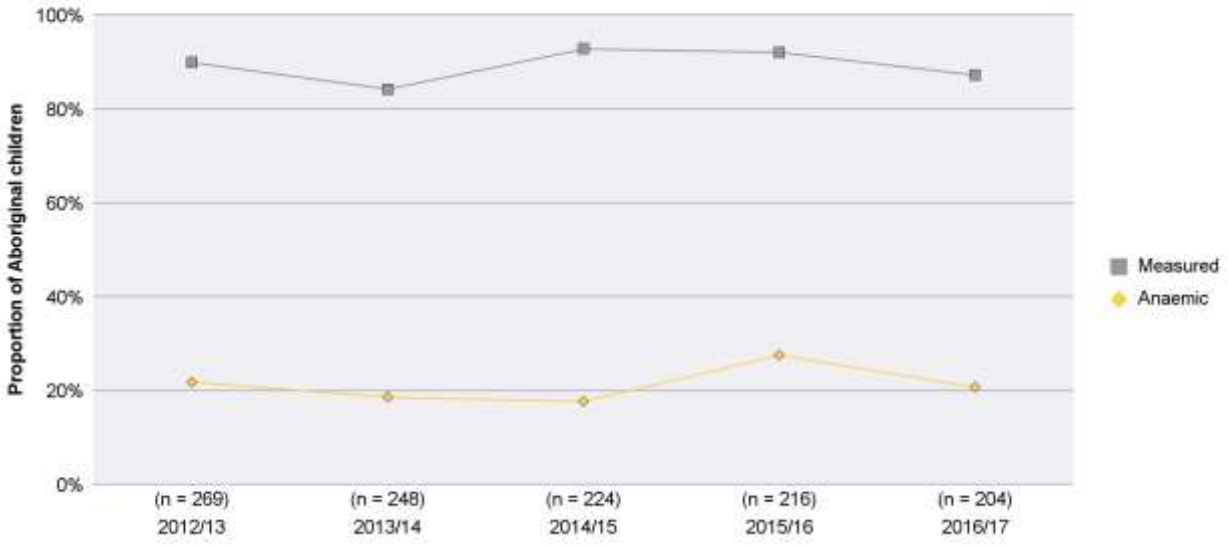


Figure 1.6b Trend of resident Aboriginal children 6 to 59 months of age measured for Anaemia and recorded as Anaemic by reporting year



Reporting Year(s)	2012/13	2013/14	2014/15	2015/16	2016/17
Population (Denominator)	269	248	224	216	**204**
Coverage	242	209	208	199	**178**
Measured	90%	84%	93%	92%	**87%**
Anaemic	22%	19%	18%	28%	**21%**

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.

<u>NTAHKPI 1.6 - Anaemic Children</u>

KWHB again are doing well at measuring Anaemia amongst our children. Anaemia measurement and treatment continues to be a focus as the rate of 21% of Anaemic children is higher than what we consider to be acceptable.

PRIMARY HEALTH CARE REPORT
NT Aboriginal Health Key Performance Indicators (KWHB) 2016-17

AHKPI 1.7 - Chronic Disease Management Plan

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

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

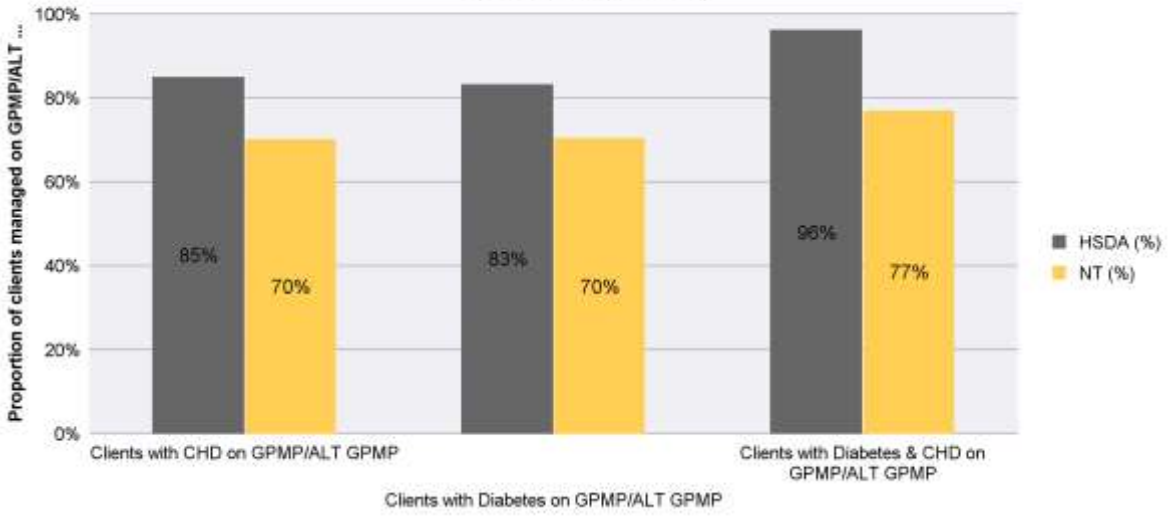
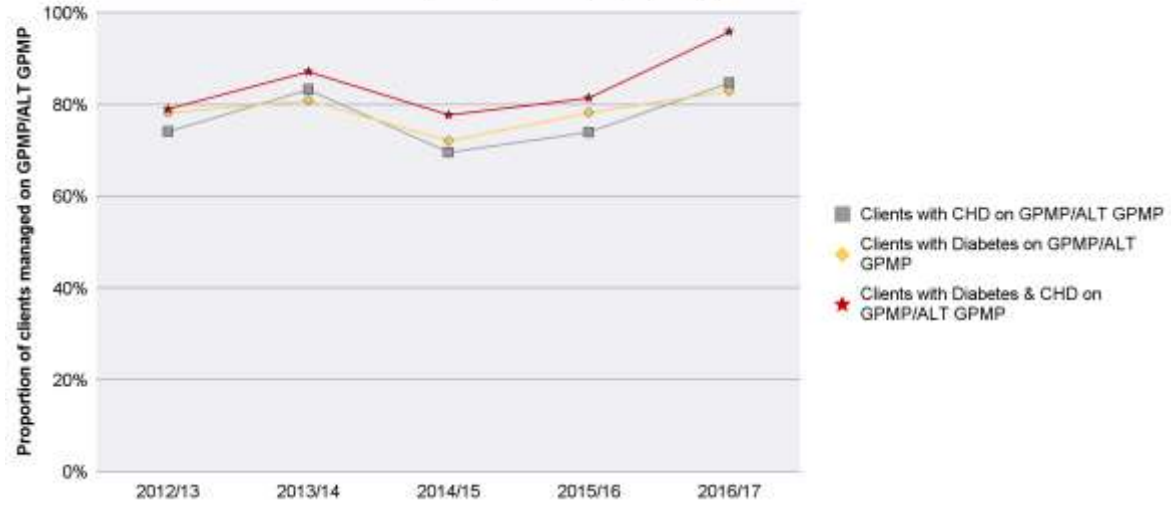


Figure 1.7b Trend of resident Aboriginal clients managed on chronic disease management plan by disease group by reporting period (24 months) by reporting year



Reporting Years(s)	2012/13	2013/14	2014/15	2015/16	2016/17
Population (Coronary Heart Disease)	58	66	79	81	**79**
Population (Type II Diabetes)	299	305	305	281	**283**
Population (Type II Diabetes & Coronary Heart Disease)	43	47	54	54	**50**
Clients with CHD on GPMP/ALT GPMP	74%	83%	70%	74%	**85%**
Clients with Diabetes on GPMP/ALT GPMP	78%	81%	72%	78%	**83%**
Clients with Diabetes & CHD on GPMP/ALT GPMP	79%	87%	78%	81%	**96%**

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

<u>NTAHKPI 1.7 - Chronic Disease Management Plan</u>

Once again, KWHB is doing very well with developing CD Management Plans being well above the NT average.

PRIMARY HEALTH CARE REPORT
NT Aboriginal Health Key Performance Indicators (KWHB) 2016-17

AHKPI 1.8.1 - HbA1c Tests

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

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

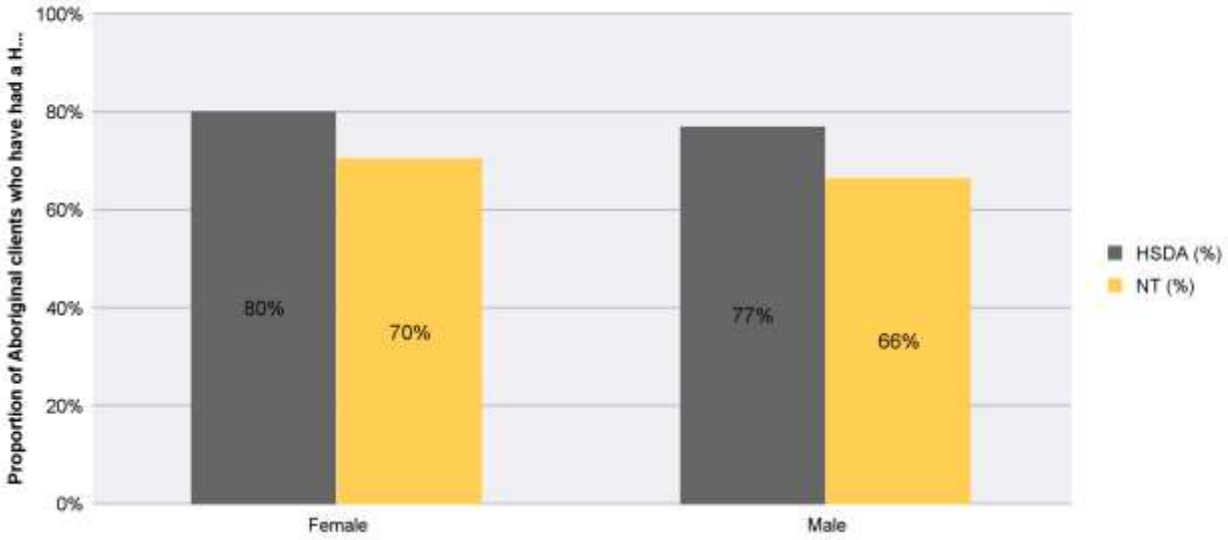
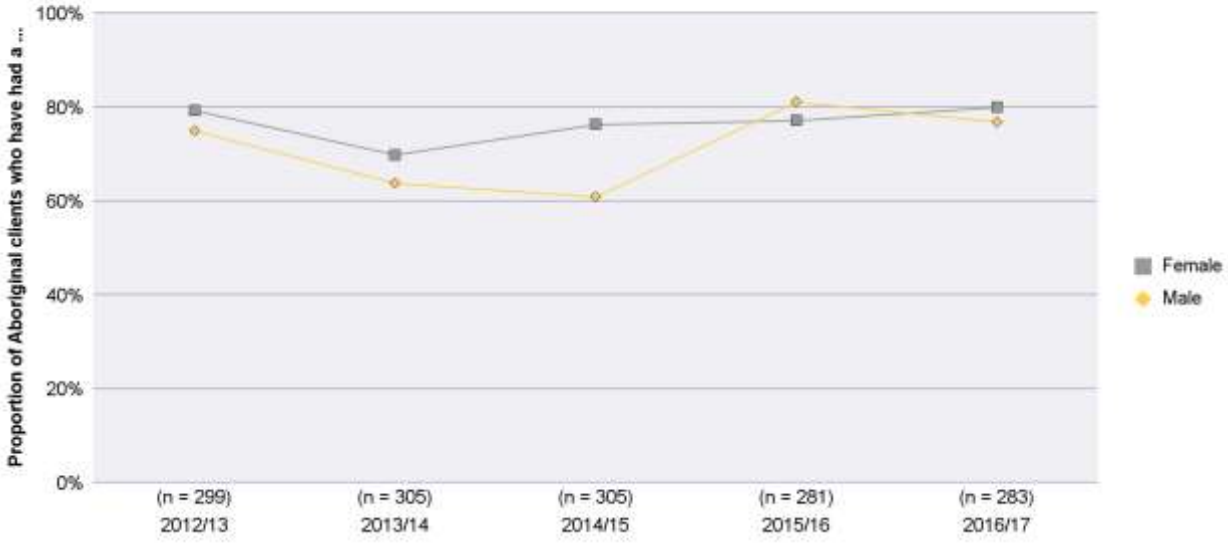


Figure 1.8.1b Trend of resident Aboriginal clients with type II diabetes receiving a HbA1c test in the previous 6 months by sex and reporting year



Reporting Year(s)	2012/13	2013/14	2014/15	2015/16	2016/17
Population (Denominator)	299	305	305	281	283
HbA1c Total Coverage	78%	68%	70%	79%	79%
Female	79%	70%	76%	77%	80%
Male	75%	64%	61%	81%	77%

n = Population (denominator) is the number of Aboriginal clients who have been diagnosed with Type II diabetes.

NTAHKPI 1.8.1 - HbA1c Tests

Once again good rates of HBA1c testing indicating that Chronic Disease management is a focus of KWHB to keep our people healthy for longer.

PRIMARY HEALTH CARE REPORT
NT Aboriginal Health Key Performance Indicators (KWHB) 2016-17

AHKPI 1.8.2 - HbA1c Measurements

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

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

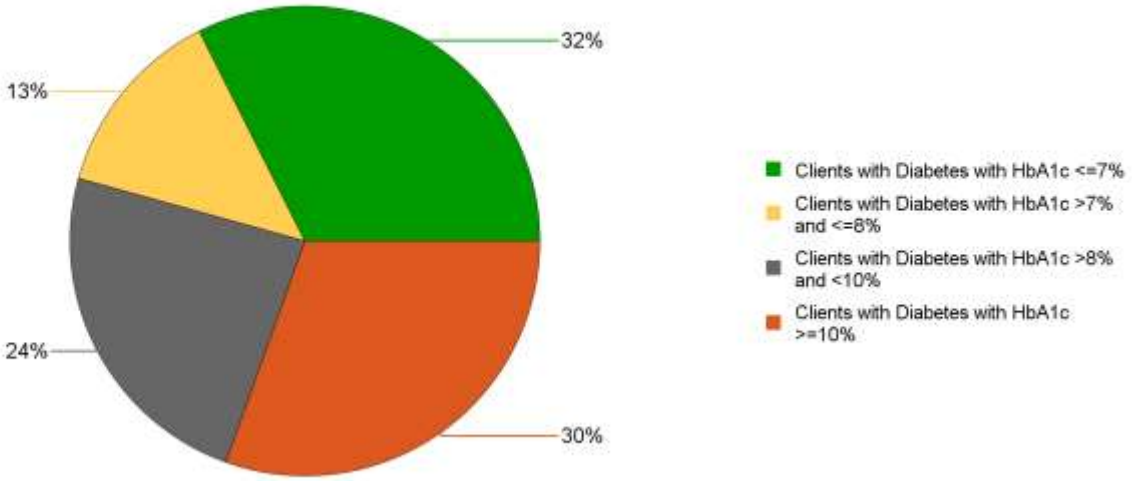
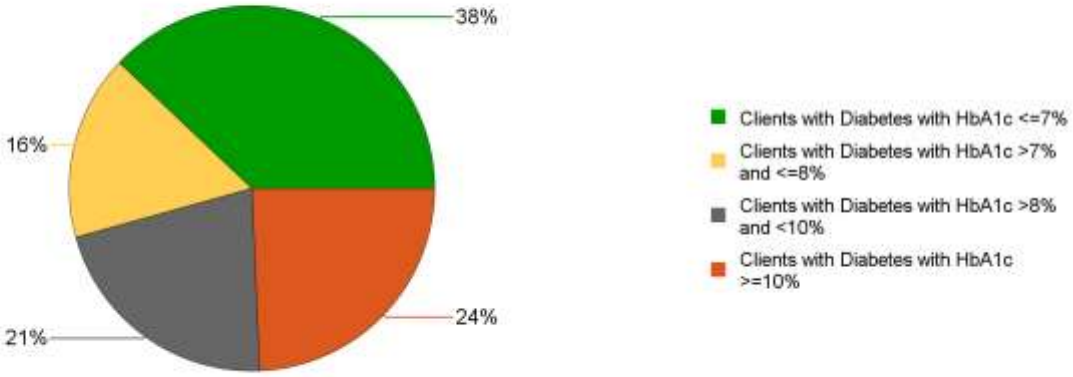


Figure 1.8.2b Proportion of resident Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels by NT (%)



NTAHKPI 1.8.2 - HbA1c Measurements

Continuation in recent years of improved desirable rates of people with HBA1C levels less than 7, however with the still high rates, this will continue to be an area of focus for KWHB staff.

PRIMARY HEALTH CARE REPORT
NT Aboriginal Health Key Performance Indicators (KWHB) 2016-17

AHKPI 1.9 - ACE Inhibitor and/or ARB

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

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

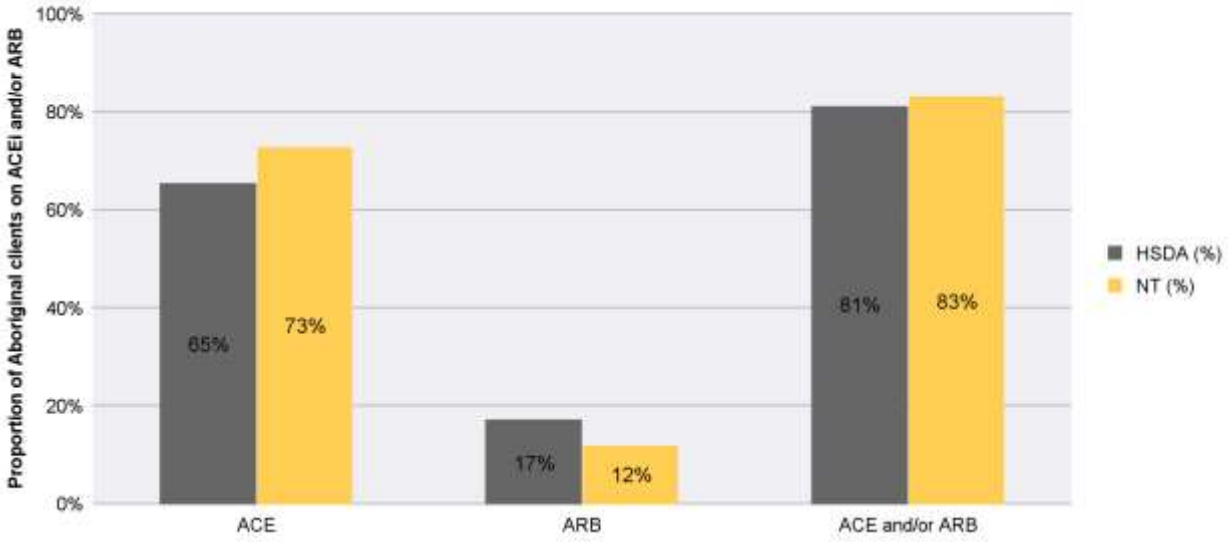
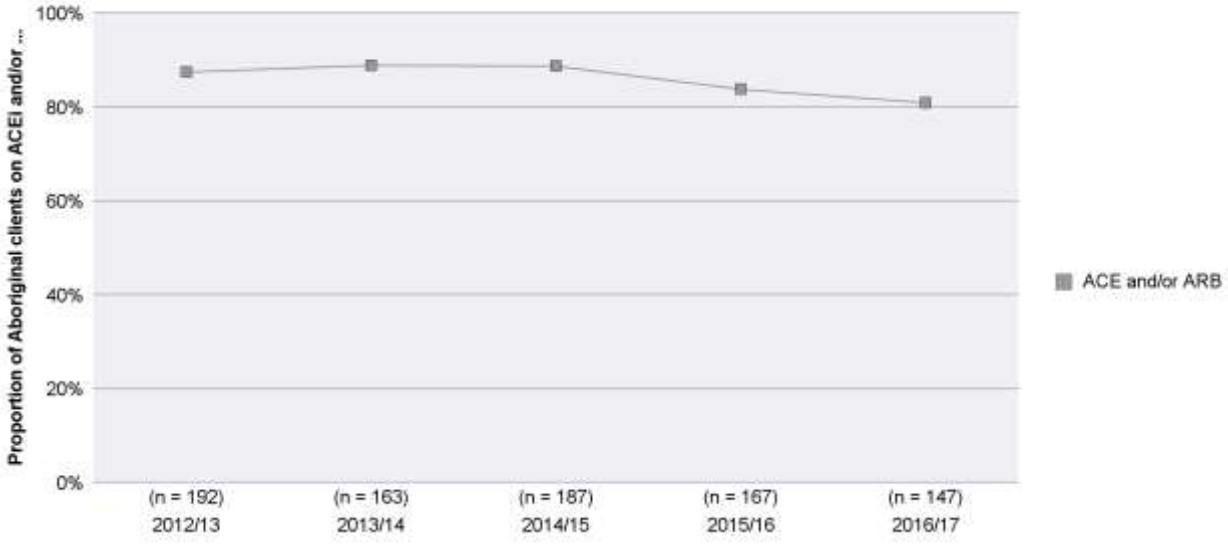


Figure 1.9b Trend of Type II diabetes resident Aboriginal clients with Albuminuria on ACE and/or ARB medication during the reporting period



Reporting Year(s)	2012/13	2013/14	2014/15	2015/16	2016/17
Population (Denominator)	192	163	187	167	**147**
ACE and/or ARB	88%	89%	89%	84%	**81%**

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) 2016-17

AHKPI 1.10 - Adult Aged 15 ~ 54 Health Check

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

Figure 1.10a Proportion of resident Aboriginal clients 15 to 54 years who have a complete adult health check in reporting period (24 months) by sex

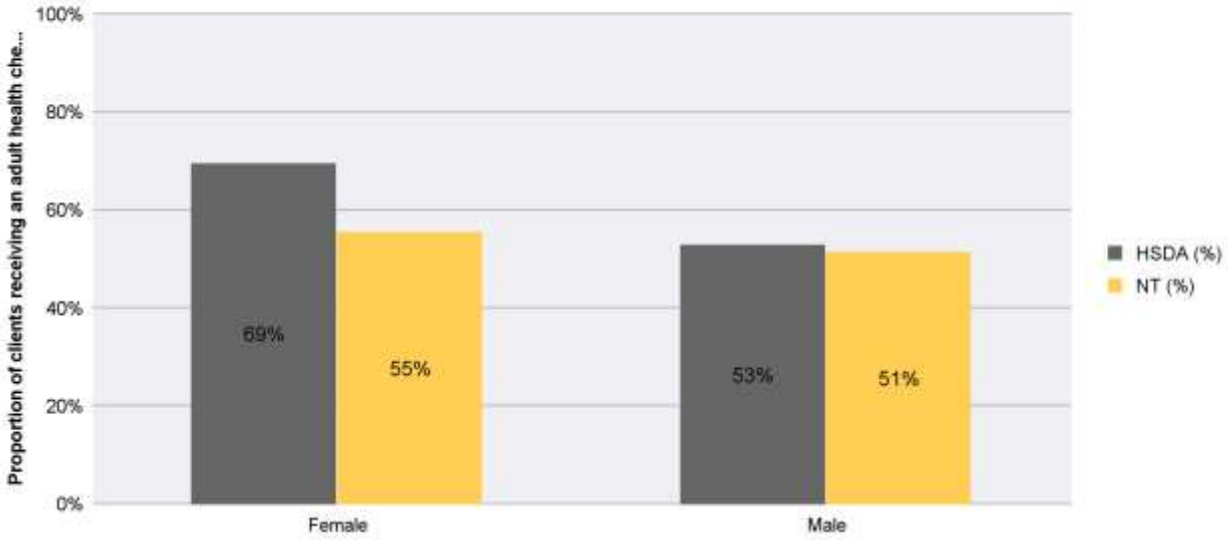
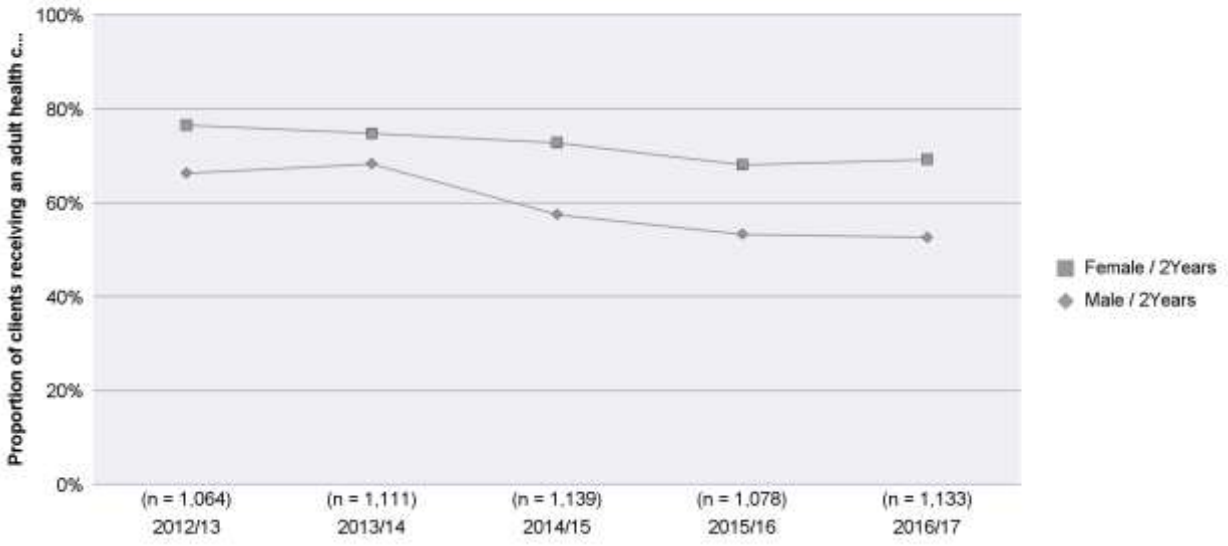


Figure 1.10b Trend of resident Aboriginal clients 15 to 54 years who have a complete adult health check by sex and reporting period



Reporting Year(s)	2012/13	2013/14	2014/15	2015/16	2016/17
Population (Denominator)	1,064	1,111	1,139	1,078	**1,133**
AHC Coverage Total	72%	72%	66%	61%	**61%**
Female completed AHC in previous 2 Years	77%	75%	73%	68%	**69%**
Male completed AHC in previous 2 Years	66%	68%	58%	53%	**53%**

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

NTAHKPI 1.10 - Adult Aged 15-54 Health Check

We provide good coverage for our clients via Health Checks, however rates are falling. Ensuring people have an annual health check will continue to be a focus of our health teams.

PRIMARY HEALTH CARE REPORT
NT Aboriginal Health Key Performance Indicators (KWHB) 2016-17

AHKPI 1.11 - Adult Aged 55 and over Health Check

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

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

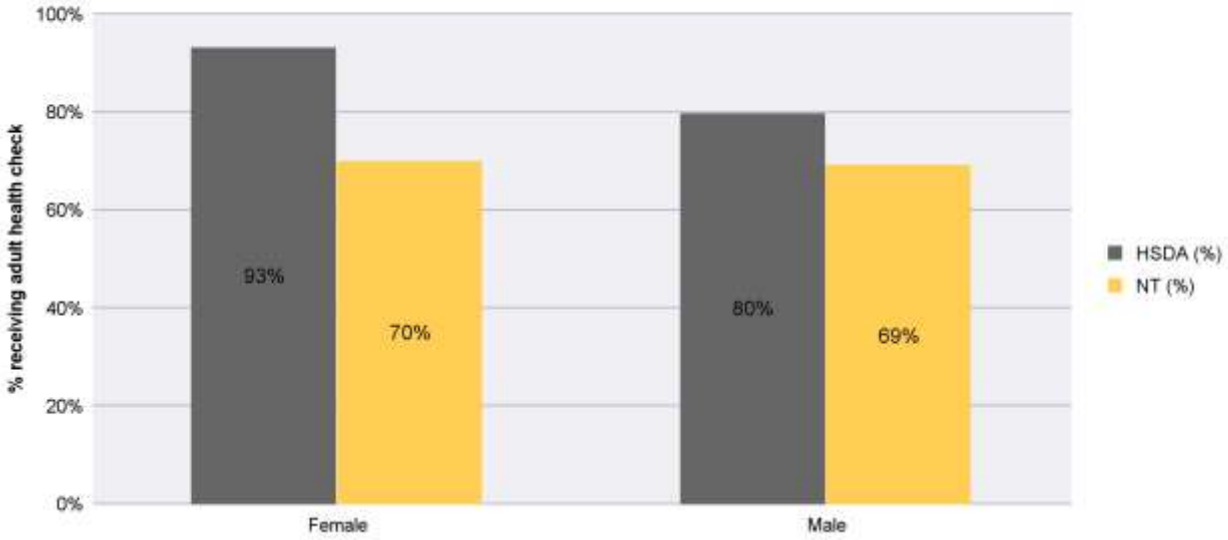
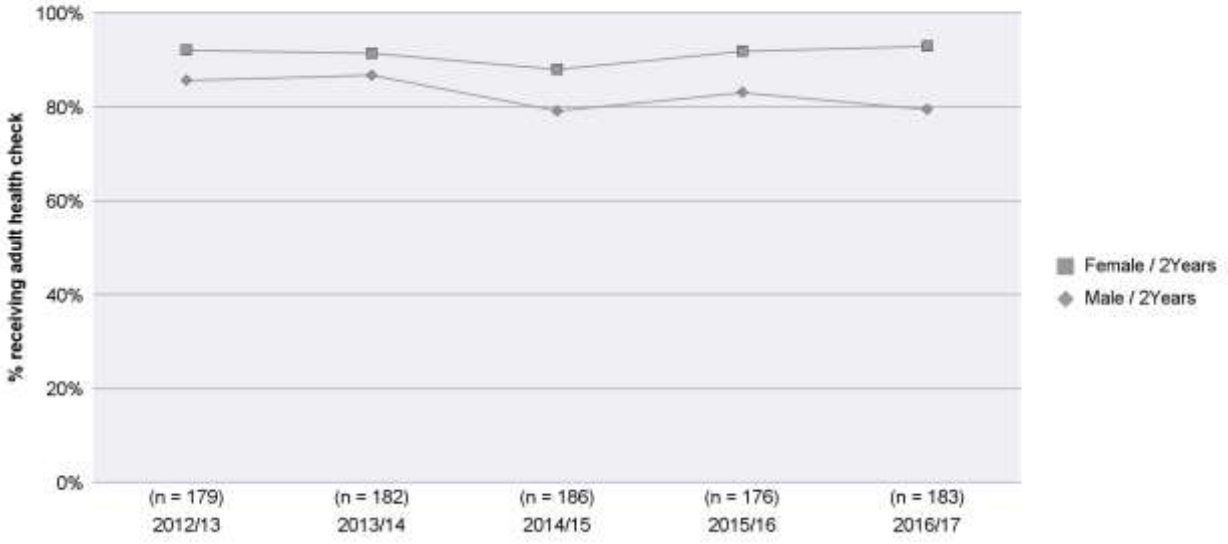


Figure 1.11b Trend of resident Aboriginal clients 55 years old and over who have a complete adult health check by sex and reporting period



Reporting Year(s)	2012/13	2013/14	2014/15	2015/16	2016/17
Population (Denominator)	179	182	186	176	**183**
AHC Total Coverage 2 Years	89%	90%	84%	88%	**87%**
Female completed AHC in previous 2 Years	92%	92%	88%	92%	**93%**
Male completed AHC in previous 2 Years	86%	87%	79%	83%	**80%**

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

<u>NTAHKPI 1.11 - Adult Aged 55 and over Health Check</u>

Very good result with almost 9 out of every 10 elderly person having an annual health check. This is much better than the rest of the NT.

PRIMARY HEALTH CARE REPORT
NT Aboriginal Health Key Performance Indicators (KWHB) 2016-17

AHKPI 1.12 - Pap Smear Tests

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

Figure 1.12a Proportion of resident Aboriginal women receiving a PAP test during reporting period (2 years)

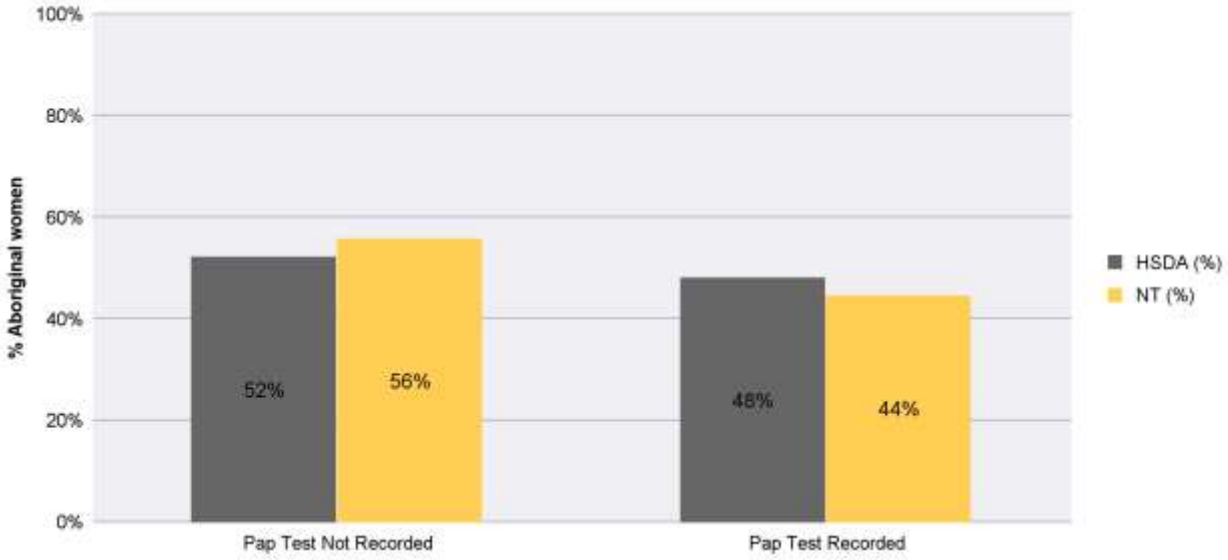
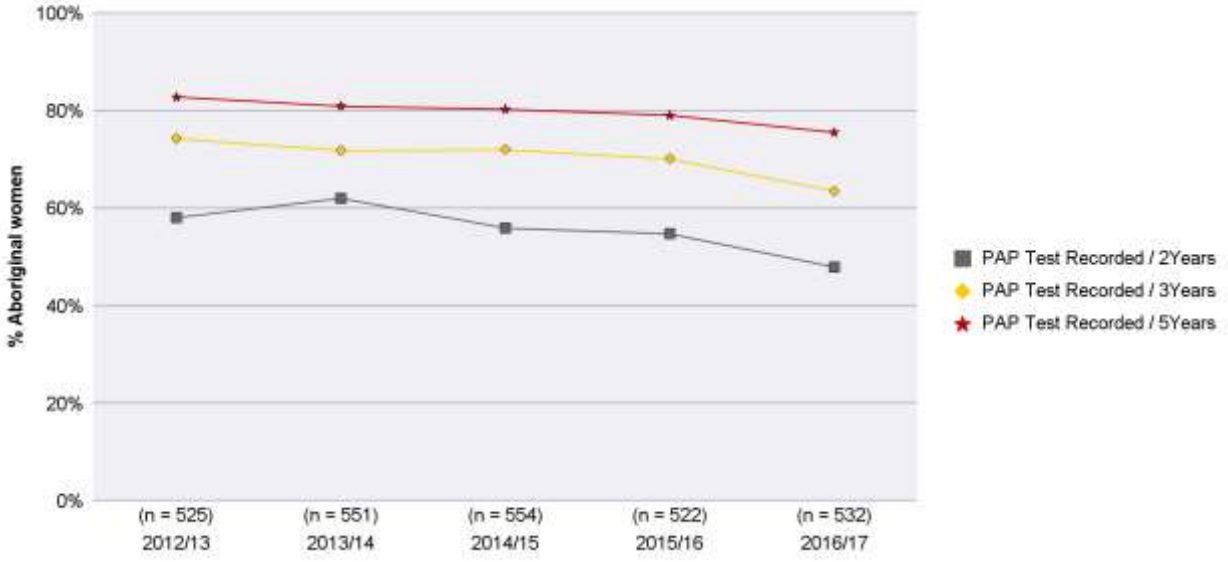


Figure 1.12b Trend of resident Aboriginal women receiving a PAP test by reporting year



Reporting Year(s)	2012/13	2013/14	2014/15	2015/16	2016/17
Population (Denominator)	525	551	554	522	**532**
PAP Test Recorded 2 Years	58%	62%	56%	55%	**48%**
PAP Test Recorded 3 Years	74%	72%	72%	70%	**64%**
PAP Test Recorded 5 Years	83%	81%	80%	79%	**76%**

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

NTAHKPI 1.12 - Pap Smear Tests

Whilst we are doing well in this indicator of women's checks, we need to keep on promoting this service so the regular checks are occurring.

PRIMARY HEALTH CARE REPORT
NT Aboriginal Health Key Performance Indicators (KWHB) 2016-17

AHKPI 1.13 - Blood Pressure Control

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

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

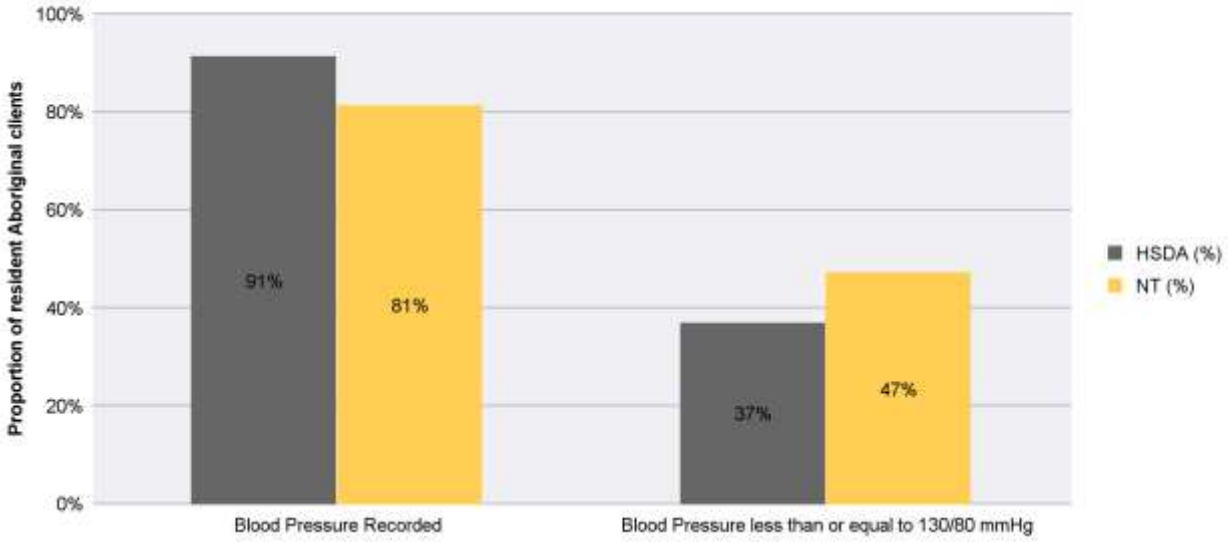
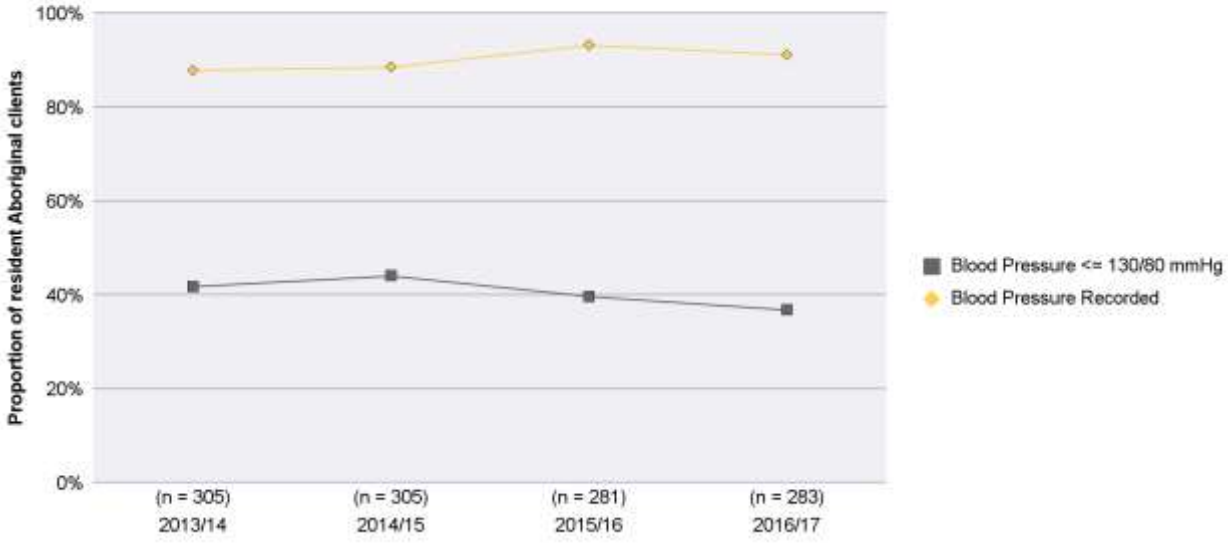


Figure 1.13b Trend of resident Aboriginal clients aged 15 and over who have type 2 diabetes, who have had a blood pressure recorded and having good blood pressure control by reporting year



Reporting Year(s)	2013/14	2014/15	2015/16	2016/17
Population (Denominator)	305	305	281	**283**
Coverage	268	270	262	**258**
Blood Pressure Recorded	88%	89%	93%	**91%**
Blood Pressure less than or equal to 130/80	42%	44%	40%	**37%**

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

<u>NTAHKPI 1.13 - Blood Pressure Control</u>

Whilst the rate of regularly measuring blood pressure is high, the low rates of people with acceptable blood pressure is concerning. Thus helping our clients to control their blood pressure will continue to be an ongoing focus for staff.

PRIMARY HEALTH CARE REPORT
NT Aboriginal Health Key Performance Indicators (KWHB) 2016-17

AHKPI 1.14 - eGFR/ACR test recorded

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

Figure 1.14a Proportion of resident Aboriginal clients who have had one or more eGFR/ACR test recorded in the previous 2 years

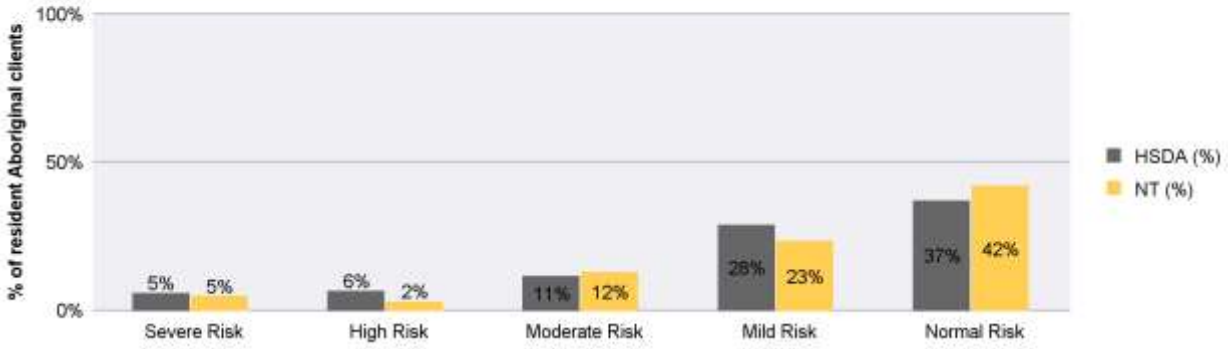
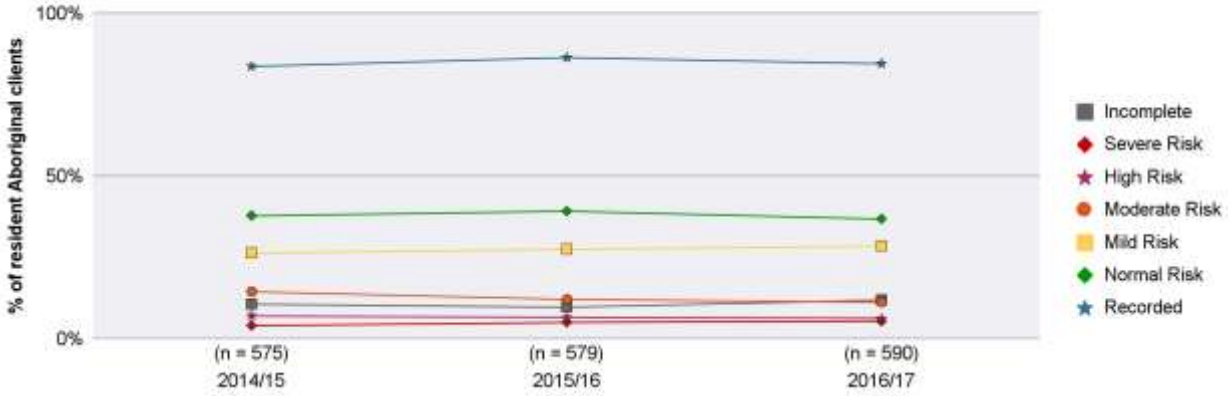


Figure 1.14b Trend of resident Aboriginal clients who have had one or more eGFR/ACR test recorded in previous 2 years



Reporting Year(s)	2014/15	2015/16	2016/17
ulation (Atleast 1 Test Recorded)	575	579	**590**
Incomplete	11%	10%	**12%**
Severe Risk	4%	5%	**5%**
High Risk	7%	7%	**6%**
Moderate Risk	14%	12%	**11%**
Mild Risk	26%	27%	**28%**
Normal Risk	38%	39%	**37%**

Reporting Year(s)	2014/15	2015/16	2016/17
Population (Denominator)	687	670	**698**
With atleast 1 Test Recorded	84%	86%	**85%**
With both Test Recorded	75%	78%	**74%**
With only 1 Test Recorded	11%	10%	**12%**

<u>NTAHKPI 1.14 - eGFR/ACR test recorded</u>

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) 2016-17

AHKPI 1.15 - Rheumatic Heart Disease

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

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

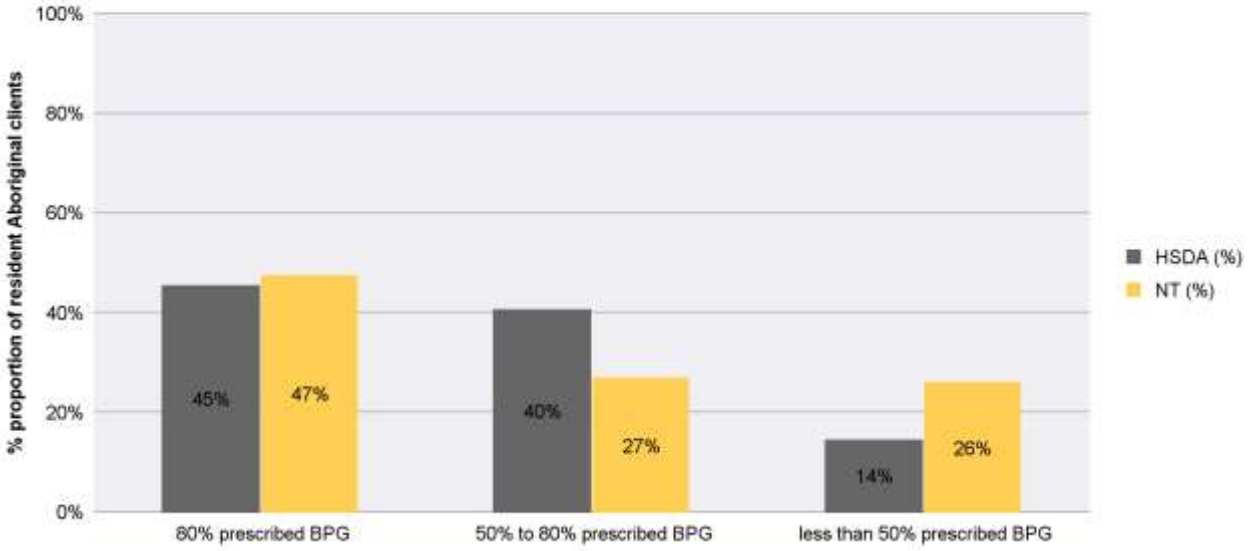
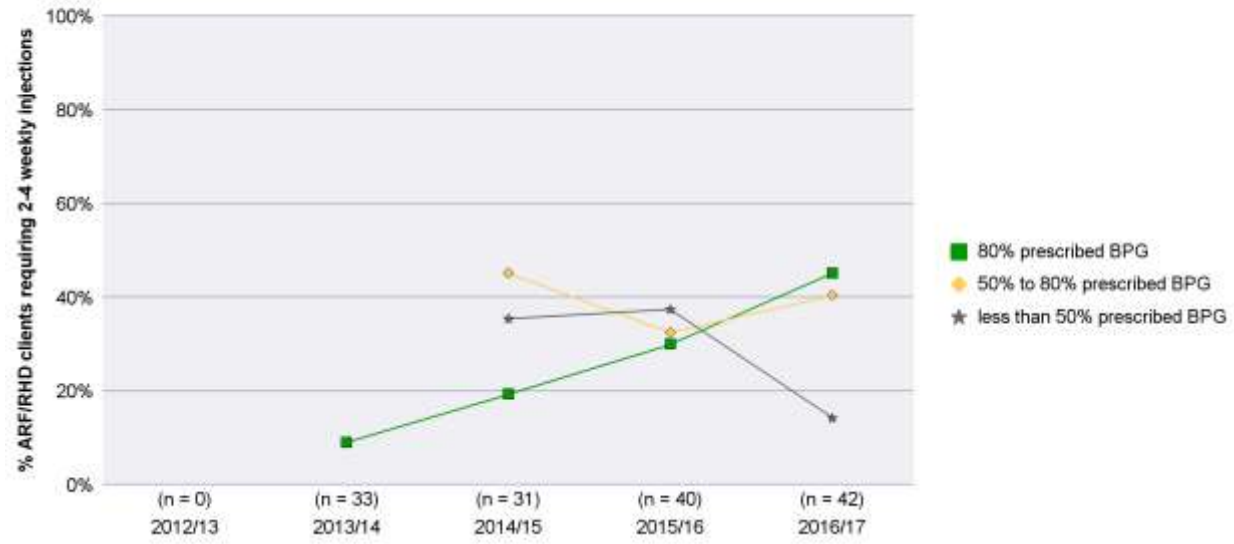


Figure 1.15b Trend of resident Aboriginal ARF/RHD clients who are prescribed to be requiring 2-4 weekly BPG Penicillin Prophylaxis and have received injections over a 12 month period by reporting year



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

Reporting Year(s)	2013/14	2014/15	2015/16	2016/17
Population (Denominator)	33	31	40	42
Clients with ARF/RHD receiving 80% prescribed BPG	9%	19%	30%	45%
Clients with ARF/RHD receiving 50% to 80% prescribed BPG	N/A	45%	33%	40%
Clients with ARF/RHD receiving less than 50% prescribed BP	N/A	35%	38%	14%

NTAHKPI 1.15 - Rheumatic Heart Disease

KWHB continue to work with the NTG Centre for Disease Control and the Rheumatic Heart Disease nurse to improve compliance and follow up of clients requiring RHD treatment and prevention.

PRIMARY HEALTH CARE REPORT
NT Aboriginal Health Key Performance Indicators (KWHB) 2016-17

AHKPI 1.16 - Smoking status recorded

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

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

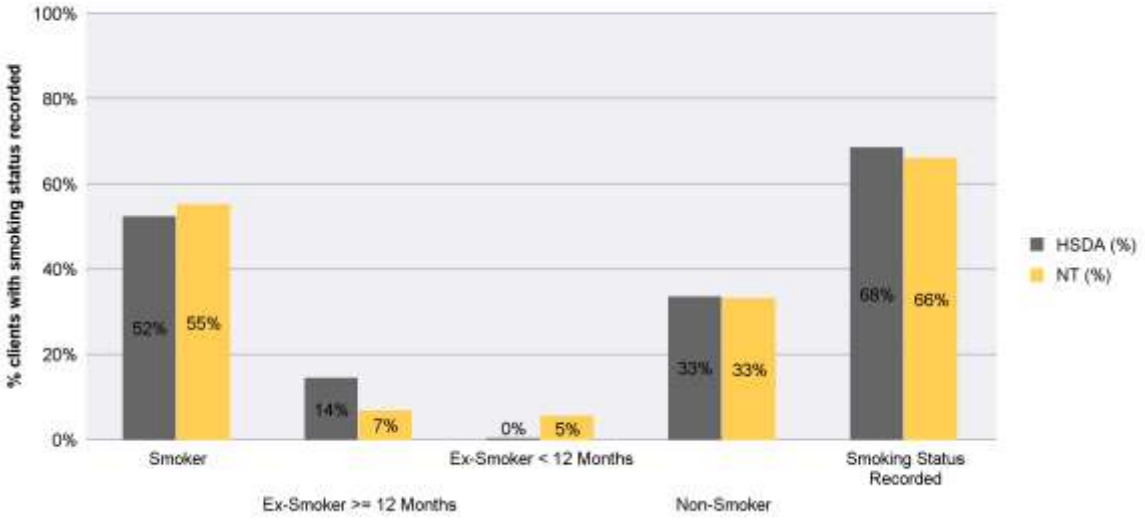
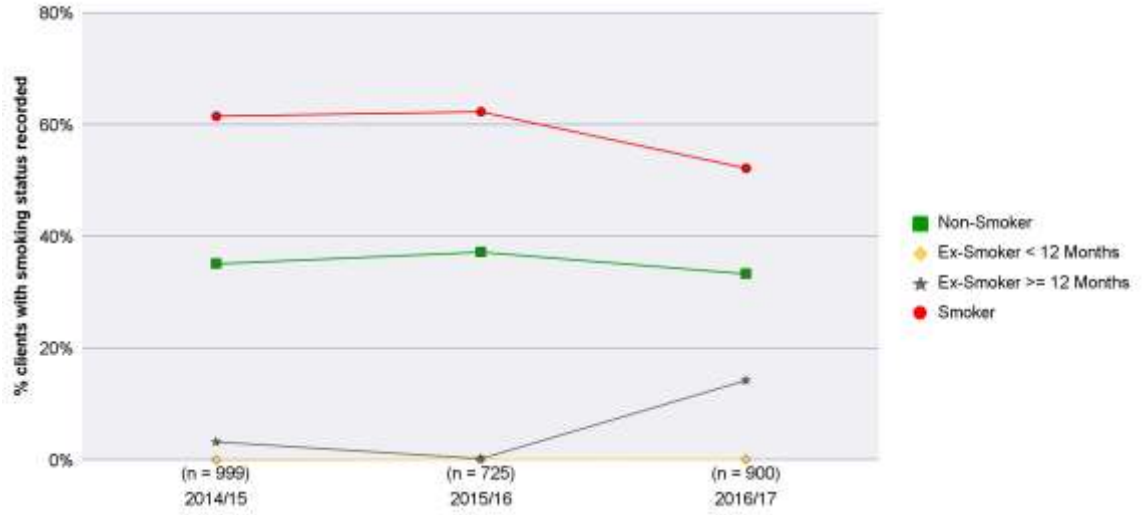


Figure 1.16b Trend of resident clients aged 15 years and who have have had their smoking status recorded



Reporting Year(s)	2014/15	2015/16	2016/17
Population (Denominator)	999	725	**900**
Smoker	62%	62%	**52%**
Ex-Smoker >= 12 Months	3%	0%	**14%**
Ex-Smoker < 12 Months	0%	0%	**0%**
Non-Smoker	35%	37%	**33%**
Smoking Status Recorded	NA	58%	**68%**

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

The rate of smoking by people in the KWHB region continues to be high which is disappointing as it is a damaging activity to peoples good health. KWHB will continue to work on are Tobacco Cessation Action Plan to address smoking, which will include the launching of KWHBs Tobacco Quit Support telephone service.

PRIMARY HEALTH CARE REPORT
NT Aboriginal Health Key Performance Indicators (KWHB) 2016-17

AHKPI 1.17 - STI test recorded

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

Figure 1.17a Proportion of resident clients aged between 15 and 35 who have been tested for HIV, syphillis, chlamydia and gonorrhoea during the reporting period

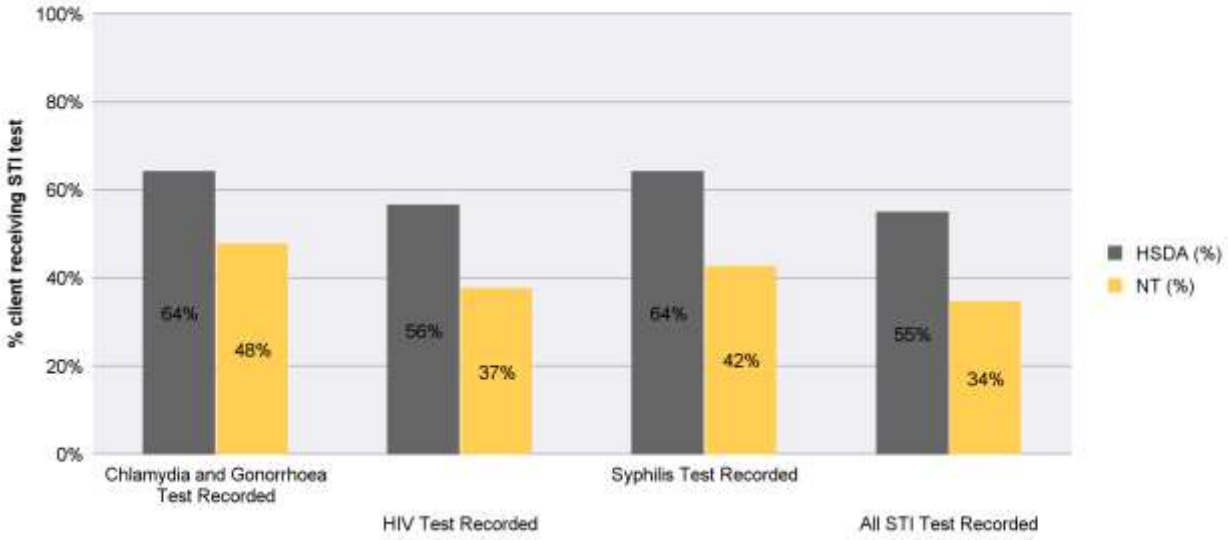
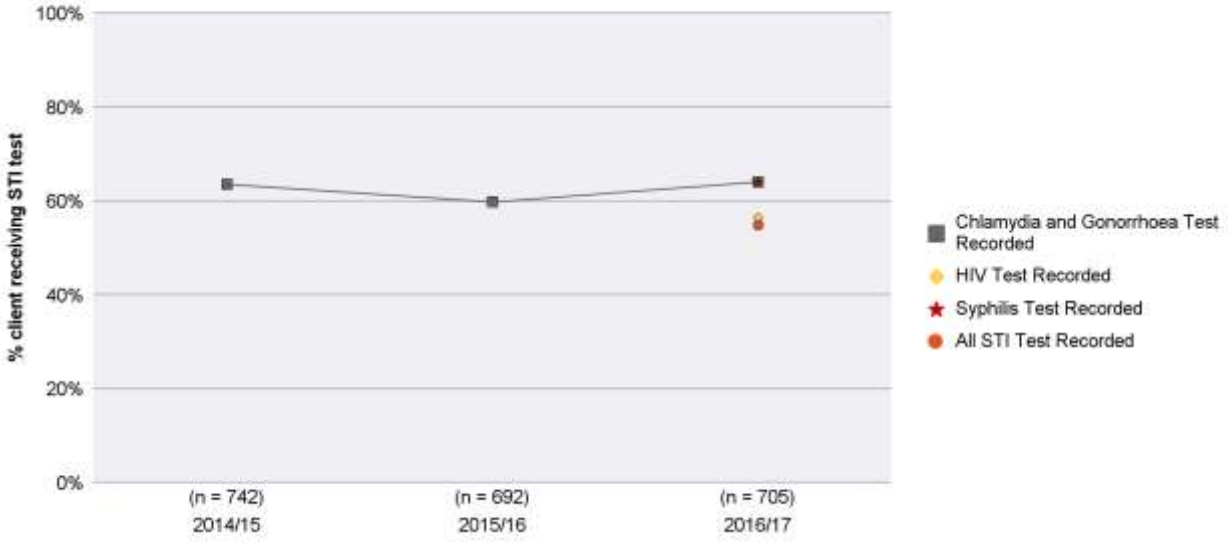


Figure 1.17b Trend of resident resident clients aged between 15 and 35 who have been tested for HIV, syphillis, chlamydia and gonorrhoea during the reporting period



Reporting Year(s)	2014/15	2015/16	2016/17
Population (Denominator)	742	692	705
All STI Test Recorded	NA	NA	55%
Chlamydia and Gonorrhoea Test Recorded	64%	60%	64%
HIV Test Recorded	NA	NA	56%
Syphilis Test Recorded	NA	NA	64%

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

NTAHKPI 1.17 - STI test recorded

There are still steadily high rates of Sexually Transmitted Infections amongst KWHB residents. Whilst the screening rates are good, there is concern that the infection rates are not dropping in spite of the good work by our Sexual Health Coordinator and PHC teams.

AHKPI 1.18 - Cardiovascular risk assessment

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

Figure 1.18a Proportion of resident Indigenous clients, who are 20 years old and over, who have had a Cardiovascular Risk Assessment recorded within the previous 2 years

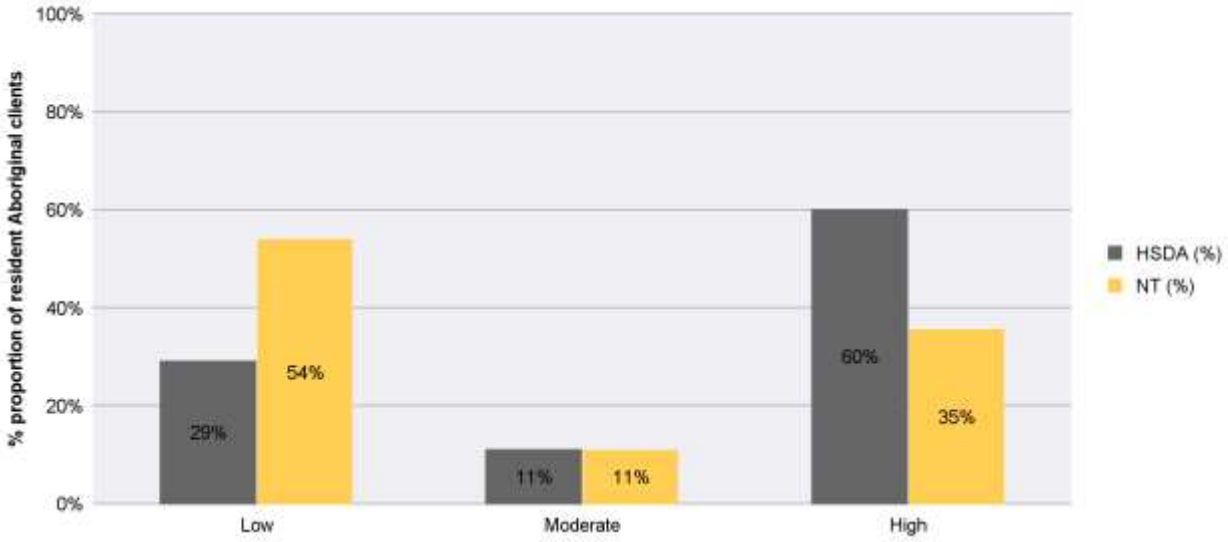
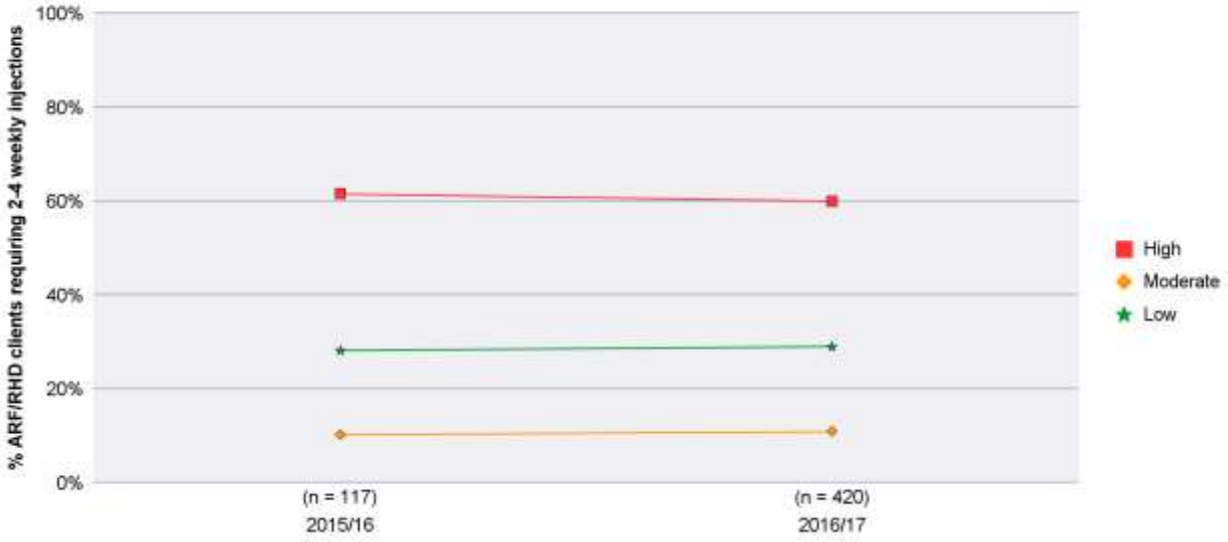


Figure 1.18b Trend of resident clients aged 20 years and who have have had a Cardiovascular Risk Assessment recorded within the previous 2 years



Reporting Year(s)	2015/16	2016/17
Population (Denominator)	1,049	1,071
Coverage	117	420
CVD Assessment Recorded	11%	39%
Low	28%	29%
Moderate	10%	11%
High	62%	60%

n = 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.

NTAHKPI 1.18 - Cardiovascular risk assessment

This indicator shows a high rate of people in the KWHB region with a high Cardio-Vascular Disease risk and demonstrates that much work needs to be done to assist our people to have improved heart health.

PRIMARY HEALTH CARE REPORT
NT Aboriginal Health Key Performance Indicators (KWHB) 2016-17

AHKPI 1.19 - Retinal screening

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

Figure 1.19a Proportion of resident Aboriginal clients who have diabetes, who have had a retinal eye exam recorded within the reporting period

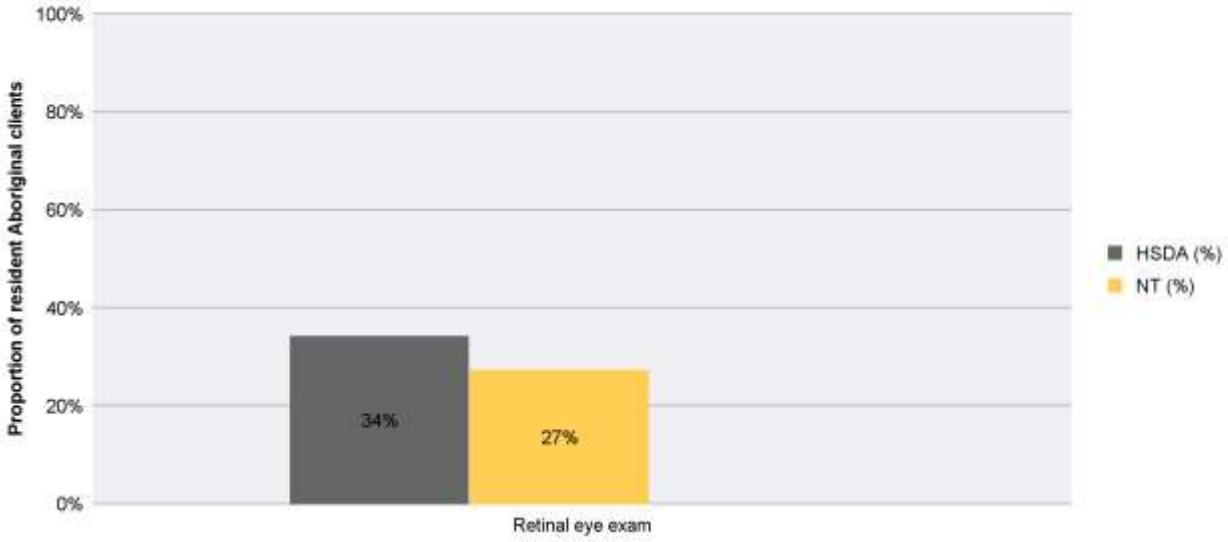
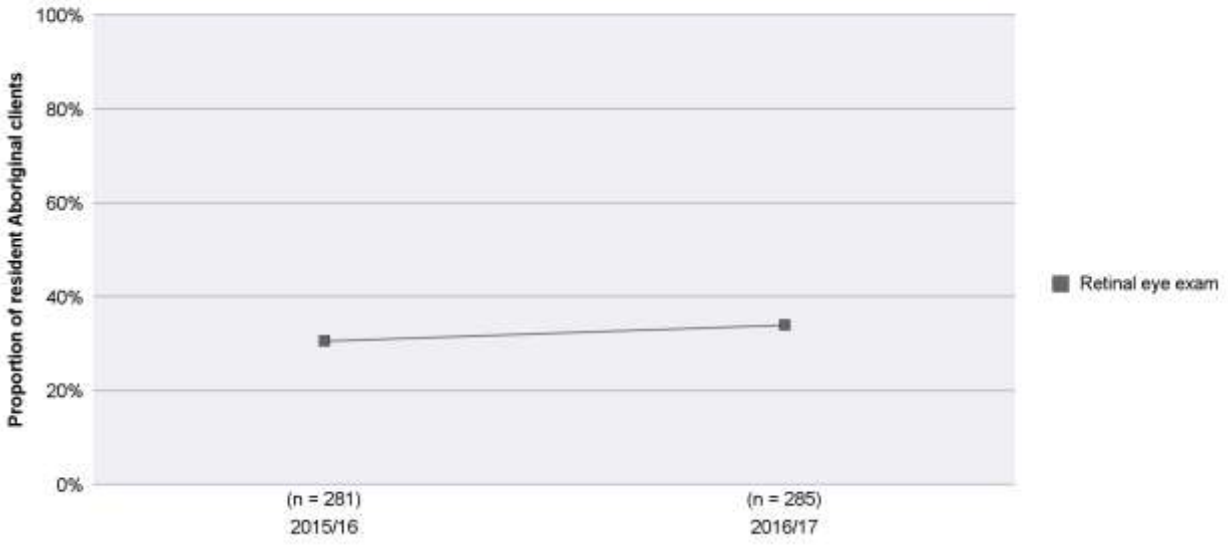


Figure 1.19b Trend of resident Aboriginal clients who have diabetes, who have had a retinal eye exam recorded by reporting year



Reporting Year(s)	2015/16	2016/17
Population (Denominator)	281	285
Retinal eye exam	31%	34%

n = Population (denominator) is the total number of resident Aboriginal clients who have diabetes recorded during 1 year period.

<u>NTAHKPI 1.19 - Retinal screening</u>

Once again a good result for Retinal screening with KWHB being 9% above the NT screening rates.

PRIMARY HEALTH CARE REPORT
NT Aboriginal Health Key Performance Indicators (KWHB) 2016-17

AHKPI 1.20 - Ear Disease in Children

Katherine West HSDA - for period 01 July 2016 to 30 June 2017

Figure 1.20 a Proportion of resident Aboriginal children aged between 3 months to less than 5 years at the time of ear discharge test, who have had an ear exam test recorded within the reporting period

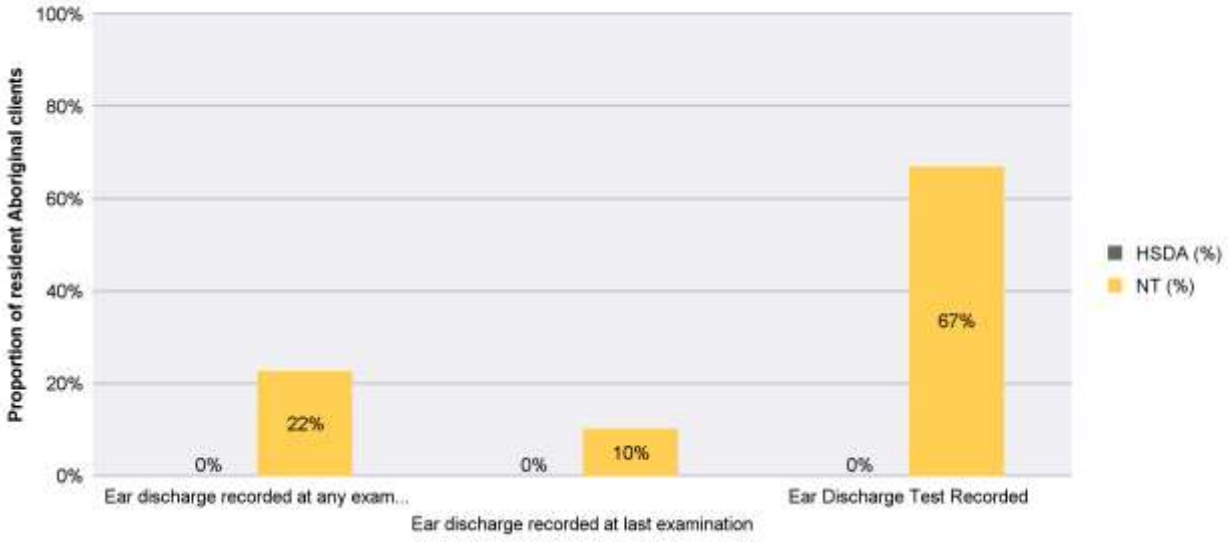
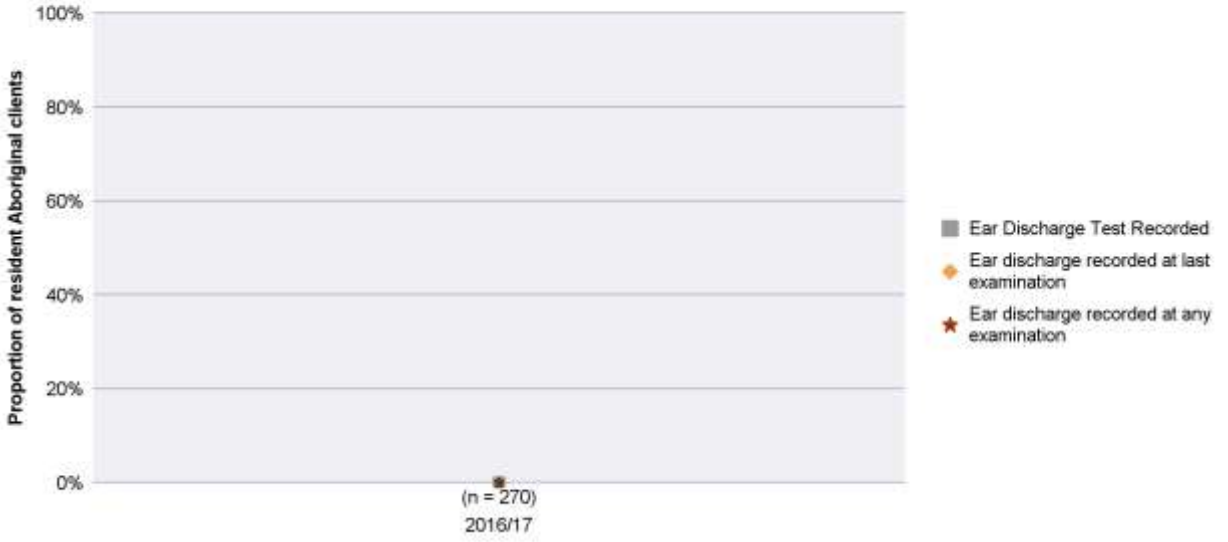


Figure 1.20 b Proportion of resident Aboriginal children aged between 3 months to less than 5 years at the time of ear discharge test, who have had an ear exam test recorded within the reporting period



Reporting Year(s)	2016/17
Population (Denominator)	270
Ear discharge recorded at any examination	0%
Ear discharge recorded at last examination	0%
Ear Discharge Test Recorded	0%

n = Population (denominator) is the total number of resident Aboriginal children during reporting period.

NTAHKPI 1.20 – Ear Disease in Children

This is a new indicator this year, so KWHB do not have any data for it as yet, however will be observed closely throughout the year.

KWHB FINANCIAL REPORT 2016-17
Merit Partners

The following pages are an extract from our 2016-2017 Financial 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 2017.

The names of the directors throughout 2016/2017 are as follows:

	Director Name	Role	Community/ Appointment	Qualifs/ Experience	Proxy Director
1.	Willie Johnson	Chairperson	Specialist [1,3]	*	N/A
2.	Jocelyn Victor	Vice Chairperson	Pigeon Hole [1,2]	*	Raymond Hector
3.	Debra Victor	Executive Director	Kalkarindji [1,2]	*	N/A
4.	Joyce Herbert	Director	Lajamanu [1,2]	*	Lynette Tasman
5.	Charlie Newry	Director	Yarralin [1,2]	*	Troy Campbell
6.	Roslyn Frith	Vice Chairperson	Kalkarindji [2]	*	N/A
7.	Dione Kelly	Executive Director	Lajamanu [2]	*	N/A
8.	Sandra Campbell	Executive Director	Yarralin [2]	*	N/A
9.	Doris Lewis	Director	Lajamanu [2]	*	N/A
10.	Geoffrey Barnes	Director	Lajamanu [2]	*	N/A
11.	Shauna King	Director	Gilwi [2]	*	N/A
12.	Barbara Gundari	Director	Bulla [2]	*	N/A
13.	Caroline Jones	Director	Myatt [2]	*	N/A
14.	Angela Berd	Director	Kalkarindji [2]	*	N/A
15.	Kenivan Anthony	Director	Mialuni [2]	*	Jenny Newry
16.	Malcolm Shaw3	Executive Director	Yarralin [2,3]	*	N/A
17.	Norbert Patrick	Executive Director	Lajamanu [1]	*	Andrew Johnson
18.	Wilson Rose	Executive Director	Kalkarindji [1]	*	Kerry Smiler
19.	Josie Jones	Executive Director	Myatt [1]	*	Sheraton Jones
20.	Regina Teddy	Executive Director	Daguragu [1]	*	Mesach Paddy
21.	Joseph Archie	Director	Bulla [1]	*	Stan Retchford
22.	Betty Smiler	Director	Gilwi [1]	*	Clara Paddy
23.	Rosie Saddler	Director	Kildurk [1]	*	N/A
24	Tracey Patrick	Director	Lajamanu [1]	*	Jenny Johnson
25.	Maxine Campbell	Director	Yarralin [1]	*	Jenny Newry

1 Director pre AGM on 17/11/2016
2 Director post AGM on 17/11/2016
3 Resigned 03/2017

Secretary

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 Secretary, Mr David Lines.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

Principal Activity

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

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

Operating Result

The surplus of the Corporation accounted to:	$	1,425,373
2016: Deficit	$	(999,560)

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 2016/2017 financial year.

Events Subsequent to Reporting Date

There were no significant events subsequent to reporting date.

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.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

Meetings of Directors 2016-2017 Financial Year

		Meetings attended			
		Directors		AGM	
Board Director	**Community**	**Self**	**Proxy**	**Self**	**Proxy Member**
Willie Johnson, Chairperson (E)	Specialist	6/7	Nil	✓	N/A
Jocelyn Victor, Vice Chairperson (E)	Pigeon Hole	5/6	Nil	✓	Raymond Hector
Debra Victor (E)	Kalkarindji	6/6	N/A	✓	N/A
Joyce Herbert	Lajamanu	2/4	Nil	✓	Lynette Tasman
Charlie Newry	Yarralin	4/4	Nil	✓	Troy Campbell
Roslyn Frith	Kalkarindji	4/4	N/A	✓	N/A
Dione Kelly (E)	Lajamanu	4/4	N/A	✓	N/A
Sandra Campbell (E)	Yarralin	4/4	N/A	✓	N/A
Doris Lewis	Lajamanu	1/2	N/A	✓	N/A
Geoffrey Barnes	Lajamanu	2/2	N/A	✓	N/A
Shauna King	Gilwi	2/2	N/A	✓	N/A
Barbara Gundari	Bulla	2/2	N/A	✓	N/A
Caroline Jones	Myatt	2/2	N/A	✓	N/A
Angela Berd	Kalkarindji	1/2	N/A	✓	N/A
Kenivan Anthony	Mialuni	1/2	N/A	✓	N/A
Malcolm Shaw (E)	Yarralin	1/2	N/A	✓	N/A
Norbert Patrick (E)	Lajamanu	3/3	Nil	✓	Andrew Johnson
Wilson Rose (E)	Kalkarindji	0/3	Nil	✓	Kerry Smiler
Josie Jones (E)	Myatt	2/3	Nil	✓	Sheratine Jones
Regina Teddy (E)	Daguragu	3/3	Nil	✓	Mesach Paddy
Joseph Archie	Bulla	2/2	Nil	✓	Stan Retchford
Betty Smiler	Gilwi	2/2	Nil	✓	Clara Paddy
Rosie Sadler	Kildurk	1/2	N/A	✓	N/A
Tracey Patrick	Lajamanu	2/2	Nil	✓	Jenny Johnson
Maxine Campbell	Yarralin	0/2	Nil	✓	Jenny Newry

(E) - denotes Executive Director during 2016/2017
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 8.

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

.....

Director

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

DIRECTORS' DECLARATION

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

(i) The financial statements and notes, as set out on pages 9 to 26, 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 2017 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 31st October 2017

.....
Director

Dated this 31st day of October 2017

merit
chartered accountants

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

Opinion

We have audited the financial report of Katherine West Health Board Aboriginal Corporation (the "Corporation") which comprises the statement of financial position as at 30 June 2017, 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, and notes to the financial statements, including a summary of significant accounting policies, other explanatory notes and the directors' declaration.

In our opinion:

(a) the financial report of Katherine West Health Board Aboriginal Corporation gives a true and fair view of the entity's financial position as at 30 June 2017 and of its financial performance for the year then ended in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and its Regulations and Australian Accounting Standards;

(b) we have been given all information, explanations and assistance necessary for the conduct of the audit;

(c) the Corporation has kept financial records sufficient to enable the financial report to be prepared and audited; and

(d) the Corporation has kept other records and registers as required by the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Corporation in accordance with the auditor independence requirements of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Responsibilities 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 control as the Directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, Directors are responsible for assessing the Corporation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the Corporation or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by Directors.
- Conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Corporation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Corporation to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Merit Partners

Merit Partners

Matthew Kennon
Director

DARWIN
Date: 31 October 2017

merit
chartered accountants

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 2017, 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: 31 October 2017

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+61 8 8982 1444 meritpartners.com.au ABN 16 107 240 522

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2017

	Notes	2017 $	2016 $
Revenue and other income	2	15,743,378	13,824,151
Employee benefits expenses	3	(8,675,509)	(8,060,056)
Depreciation	8	(803,831)	(875,882)
Motor Vehicle Expenses	3	(239,663)	(224,184)
Travel and Accommodation	3	(799,731)	(768,603)
Other Expenses	3	(3,870,991)	(4,967,303)
Results from operating activities		1,353,653	(1,071,877)
Finance income		72,500	72,537
Finance expenses		(780)	(220)
Net Finance income	2a	71,720	72,317
Surplus/(Deficit) for the year		1,425,373	(999,560)
Other Comprehensive Income		-	-
Total Comprehensive Income		1,425,373	(999,560)

The accompanying notes form part of these financial statements

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2017

	Notes	2017 $	2016 $
ASSETS			
Current Assets			
Cash and cash equivalents	5	9,630,842	8,625,361
Trade and other receivables	6	66,245	20,456
Other current assets	7	219,511	160,257
TOTAL CURRENT ASSETS		9,916,598	8,806,074
Non Current Assets			
Property, Plant and Equipment	8	7,254,114	6,844,797
TOTAL NON CURRENT ASSETS		7,254,114	6,844,797
TOTAL ASSETS		17,170,712	15,650,871
LIABILITIES			
Current Liabilities			
Trade and other payables	9	2,803,144	2,673,997
Provisions	10	549,647	534,790
TOTAL CURRENT LIABILITES		3,352,791	3,208,787
Non Current Liabilities			
Provisions	11	100,659	150,196
TOTAL NON CURRENT LIABILITIES		100,659	150,196
TOTAL LIABILITIES		3,453,450	3,358,983
NET ASSETS		13,717,262	12,291,889
ACCUMULATED FUNDS		13,717,262	12,291,889
TOTAL ACCUMULATED FUNDS		13,717,262	12,291,889

The accompanying notes form part of these financial statements

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2017

	Accumulated Funds $	Total $
Balance 30 June 2015	13,291,449	13,291,449
Deficit 2016	(999,560)	(999,560)
Balance 30 June 2016	12,291,889	12,291,889
Surplus 2017	1,425,373	1,425,373
Balance 30 June 2017	13,717,262	13,717,262

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2017

	Notes	2017 $	2016 $
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from customers		1,213,656	1,909,088
Grants received		14,189,267	13,935,692
Payments to suppliers and employees		(13,305,333)	(14,751,539)
Interest received		72,500	54,552
Interest paid		(780)	(220)
NET CASH FLOWS FROM OPERATING ACTIVITIES	12 (b)	2,169,310	1,147,573
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition of property, plant and equipment		(1,213,147)	(303,679)
Proceeds on sale of plant and equipment		49,318	14,545
NET CASH FLOWS USED IN INVESTING ACTIVITIES		(1,163,829)	(289,134)
NET INCREASE/(DECREASE) IN CASH HELD		1,005,481	858,439
Cash at the beginning of the financial year		8,625,361	7,766,923
Cash at the end of the financial year	12 (a)	9,630,842	8,625,361

The accompanying notes form part of these financial statements

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

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

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

Taxation

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

Corporation's Details

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

Segment Information

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

Basis of Preparation

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

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

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

The financial statements were authorised for issue by the Board of Directors on 31st October 2017.

Property, plant and equipment

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

The carrying amount of plant and equipment is reviewed annually to ensure it is not in excess of the recoverable amounts of these assets.
Gains and losses on disposal are determined by comparing proceeds with the carrying amount. These gains and losses are included in the income statement. When re-valued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained earnings.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

Depreciation

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

The depreciation rates used for each class of depreciable asset in this financial year, which is the same as prior year:

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

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

Leases

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

Employee Entitlements

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

Short Term and Long Term Provisions

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

Revenue

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

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

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

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

All non-reciprocal recurrent and capital grants received from the government are brought to account through the income statement when received. All unspent grant amounts where the department requires repayment of unspent funds have been raised as a liability.

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

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

Financial Instruments

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

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

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

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

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

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

For the financial year ending 30th June 2017, Administration Contribution Fee has been removed from Income items and Admin Fee has been removed from Expense items. As these income and expense items offset one another, the inclusion of them in the financial statement was overstating both income and expenditure.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

Key Estimates

Impairment

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

Key Judgements

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

New Accounting Standards for Application in Future Periods

A number of new standards, amendments to standards and interpretations, are effective for annual periods beginning on or after 1 July 2017, and have not been applied in preparing these financial statements. The Corporation has reviewed these standards and interpretation, and, determine none of these standards and interpretations materially impacts the Corporation. The Corporation is currently assessing the impact of this standard.

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

Administration Fee

It is Katherine West Health Board's standard practice to charge a 20% administration contribution fee to project grants. This contribution is used to cover the indirect costs that are incurred by the individual project but would be too economically unfeasible to allocate them. Costs include, but are not limited to, auditing, utilities, stationery, printing, insurance, office rent, journals, administrative and managerial staff support.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

	2017 $	2016 $
NOTE 2: REVENUE AND OTHER INCOME		
Income		
DOH (Federal) - Capital	38,368	-
DOH (Federal) - Operational	7,718,639	7,923,283
DoH (Territory) - Operational	4,315,969	4,329,471
Dept Prime Minister and Cabinet	740,000	555,000
Northern Territory PHN	1,376,291	1,127,937
NT General Practice Education	85,391	3,120
Centrelink	-	24,966
Unexpended grant c/f	245,348	(990,019)
Insurance Recoveries	31,873	14,367
GMAAC	155,018	
Kirby Intitute - HPG	2,460	-
Work Cover Consultations	3,455	1,875
Medicare	960,915	810,495
Proceeds from Sale of Assets	49,318	14,545
Miscellaneous Income	20,331	9,111
TOTAL REVENUE	**15,743,378**	**13,824,151**
NOTE 2a FINANCE INCOME		
Interest on bank accounts	72,500	72,537
Interest paid	(780)	(220)
Net finance income	**71,720**	**72,317**
NOTE 3 EXPENDITURE		
Employee benefits expenses		
Wages & Salaries	7,331,538	6,836,360
Airfares	5,410	1,707
Superannuation	677,915	624,117
Fringe Benefits Tax	57,909	57,966
Professional Development	163,046	137,972
Recruitment and Relocation	298,573	288,949
Flight Out Of Isolated Land	39,930	39,960
Insurance - Workers Compensation	101,188	73,025
	8,675,509	**8,060,056**

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

	2017 $	2016 $
Motor vehicle expenses		
MV Fuel/Oil	115,837	105,479
MV Repairs & Maintenance	100,174	95,684
MV Registration	23,652	23,021
	239,663	**224,184**
Travel		
Travel & Accommodation-Staff	657,242	647,421
Travel & Accommodation - Board	138,301	116,320
Travel & Accommodation - Other	530	3,691
Travel & Accomm - Patients	3,657	1,171
	799,731	**768,603**
Other Expenses		
Accounting Fees	3,945	1,384
Annual Report	1,150	1,230
Advertising	284	1,419
Audit	25,000	19,385
Bank Charges	751	867
Cleaning	67,587	79,488
Consultant / Advisory Servic	105,465	125,225
Communications	22,523	31,740
Electricity/Water/Sewerage	256,349	227,149
Freight	63,628	58,694
Ground Maintenance	10,261	7,197
Hire of Equipment	60,999	20,049
Insurance	194,229	227,683
IT Hosting/Support	382,657	390,291
IT - Computer Equipment	1,573	13,251
Legal Expenses	-	6,855
Postage	1,878	1,567
Meeting Costs	14,704	11,371
Service Charges	20,537	35,991
Rent - Head Office	211,796	221,909
Rent - Storage Facilities	15,042	16,591
Rent - Housing	252,625	248,490
Subscriptions/Membership	6,093	3,023
Telephone/Fax	112,852	103,422
Uniforms	4,758	3,497
Security	12,674	15,665

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

	2017 $	2016 $
Repairs and Maintenance		
Plant & Equipment	11,020	9,878
Computer/Office Equip	26,850	2,017
Furniture and Fittings	28,863	18,195
Buildings	171,024	83,513
Medical Equipment	79,555	52,795
Supplies		
Medical / Dental Supplies	302,374	315,557
RAHC/NAHRLS	206,326	263,821
Office Supplies	33,307	31,592
Repay unspent grant	23,185	1,666,477
Health and Other Program		
Doctors - Locum	452,586	316,099
Health Promotions	279,211	63,030
Services Purchased	407,331	270,896
	3,870,991	**4,967,303**

NOTE 4 AUDITORS REMUNERATION

Remuneration of the auditors of the corporation for		
- Auditing or reviewing the financial report		
Merit Partners	25,000	18,025
KPMG		1,360
	25,000	**19,385**

NOTE 5 CASH AND CASH EQUIVALENTS

ANZ - Operational Account	4,054,953	4,060,364
ANZ - Medicare Bulk Bill	3,163,560	2,219,446
TIO Investment Account	2,411,829	2,345,137
Petty Cash	500	415
	9,630,842	**8,625,361**

The effective interest rate on the People's Choice Credit Union Investment account was 3.01% as at 30 June 2017 (30June 2016: 3.01%). The investment is rolled forward quarterly.

NOTE 6 TRADE AND OTHER RECEIVABLES

Trade Debtors	66,245	20,456
Less Provision for doubtful debts	-	-
	66,245	**20,456**

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

	2017 $	2016 $
Repairs and Maintenance		
Plant & Equipment	11,020	9,878
Computer/Office Equip	26,850	2,017
Furniture and Fittings	28,863	18,195
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Less Provision for doubtful debts	-	-
	66,245	**20,456**

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

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

Credit Risk

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

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

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

				past due but not impaired		
2017	Gross Amount	Past due & Impaired	Within initial trade terms	31-60	61-90	>90
Trade and Other Receivables	66,245		60,420	1,691	120	4014

				past due but not impaired		
2016	Gross Amount	Past due & Impaired	Within initial trade terms	31-60	61-90	>90
Trade and Other Receivables	20,456		18,646	780	-	1,030

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

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

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

	2017 $	2016 $
Financial assets classified as loans and receivables		
Trade and other receivables	66,245	20,456

No collateral has been pledged for any of the trade and receivable balances.

NOTE 7 OTHER CURRENT ASSETS

Prepayments	126,037	108,443
GST receivable	93,474	51,814
	219,511	160,257

NOTE 8 PROPERTY, PLANT AND EQUIPMENT

Furniture & Fittings at Cost	1,328,917	1,295,072
Accumulated depreciation	(1,260,501)	(1,218,716)
	68,416	76,356
Land - at valuation	8,000	8,000
Accumulated depreciation	-	-
	8,000	8,000
Buildings at cost	7,729,548	7,447,734
Accumulated depreciation	(1,889,796)	(1,505,006)
	5,839,752	5,942,728
Computers and Software at Co	1,037,050	1,017,748
Accumulated depreciation	(932,543)	(860,133)
	104,507	157,615
Motor Vehicles - at Cost	2,550,993	2,027,260
Accumulated depreciation	(1,585,353)	(1,572,512)
	965,640	454,748
Medical Equipment at Cost	795,845	639,765
Accumulated depreciation	(528,048)	(434,415)
	267,797	205,350
	7,254,112	6,844,797

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 8 PROPERTY, PLANT AND EQUIPMENT

Movements in carrying amounts

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

	Furn/ Equip	Land at Cost	Build at Cost	Computer/Software	Medical Equip	WIP Buildings	Motor Vehicles	Total
	$	$	$	$	$		$	$
Balance 1 July 2015	141,246	8,000	6,229,997	234,498	263,225	-	540,034	7,417,000
Additions	1,313	-	83,677	18,033	39,667	-	160,989	303,679
Disposals	-	-	-	-	-	-	(56,051)	(56,051)
Writeback	-	-	-	-	-	-	56,051	56,051
Depn Expense	(66,203)	-	(370,946)	(94,916)	(97,542)	-	(246,275)	(875,882)
Carrying amount at the end of the year 30 June 2016	76,356	8,000	5,942,728	157,615	205,350	-	454,748	6,844,797
Balance 1 July 2016	76,356	8,000	5,942,728	157,615	205,350	-	454,748	6,844,797
Additions	33,845	-	281,814	19,302	156,080		722,106	1,213,147
Disposals	-	-	-	-	-		(198,363)	(198,363)
Writeback	-	-	-	-	-		198,363	198,363
Depn Expense	(41,793)	-	(384,790)	(72,410)	(93,633)		(211,205)	(803,831)
Carrying amount at the end of the year 30 June 2017	68,409	8,000	5,839,752	104,507	267,797	-	965,649	7,254,114

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

	2017 $	2016 $
NOTE 9 TRADE AND OTHER PAYABLES		
Trade Creditors	1,343,499	939,770
Accruals	228,130	252,370
Other payables - unspent grants	1,231,515	1,481,857
	2,803,144	2,673,997
Financial liabilities at amortised cost classified as trade and other payables		
-Total Current	2,803,144	2,673,997
- Total Non Current	-	-
	2,803,144	2,673,997

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

NOTE 10 PROVISIONS		
Current		
Long Service Leave	217,341	197,580
Annual Leave	332,306	337,210
	549,647	534,790
NOTE 11 PROVISIONS		
Non Current		
Long Service Leave	100,659	150,196
NOTE 12 CASH FLOW INFORMATION		
a) Reconciliation of cash		
Cash balance comprises:		
Cash (Note 5)	9,630,842	8,625,362
b) Reconciliation of the surplus to the net cash flows used in operating activities		
Surplus/(Deficit	1,425,373	(999,560)
Depreciation	803,831	875,882
Profit on disposal of assets	(49,318)	(14,545)
Change in assets and liabilities		
Trade and other receivables	(45,789)	245,652
Other current assets	(59,254)	(10,514)
Trade and other payables	129,147	960,745
Provision for employee entitlements	(34,680)	89,913
Net Cash Flows from operating activities	2,169,310	1,147,573

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

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

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

NOTE 13 FINANCIAL RISK MANAGEMENT

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

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

	2017	2016
Financial Assets	$	$
Cash and cash equivalents	9,630,842	8,625,361
Trade and other receivables	66,245	20,456
	9,697,087	8,645,817
Financial Liabilities		
Trade and other payables	2,803,144	2,673,997
	2,803,144	2,673,997

Financial Risk Management Policies

The Corporation's directors are responsible for, among other issues, monitoring and managing financial risk exposures of the Corporation. The directors monitor the Corporation's transactions and reviews the effectiveness of controls relating to credit risk, financial risk and interest rate risk. Discussions on monitoring and managing financial risk exposures are held quarterly and are minuted.

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

Specific

The main risk the Corporation is exposed to through its financial instruments are interest rate and liquidity risk.

Interest Rate Risk

The Corporation is not exposed to material interest rate risk.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

Liquidity Risk

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

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

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

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

	Within 1 year		1 to 5 years		Over 5 years		Total	
	2017 $	2016 $	2017 $	2016 $	2017 $	2016 $	2017 $	2016 $
Financial liabilities due for payment								
Trade and other payables	2,803,144	2,673,997	0	0	0	0	2,803,144	2,673,997
Total contractual outflows	2,803,144	2,673,997	-	-	-	-	2,803,144	2,673,997
Financial assets - cash flows realisable								
Cash and cash equivalents	9,630,842	8,625,361	0	0	0	0	9,630,842	8,625,361
Trade and other receivables	66,245	20,456	0	0	0	0	66,245	20,456
Total anticipated cash in flows	9,697,087	8,645,817	-	-	-	-	9,697,087	8,645,817

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

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

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

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

Refer to Note 6 for credit risk disclosures.

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

NOTE 14. LEASING COMMITMENTS

	2017 $	2016 $
(a) Operating Lease commitments:		
Non cancellable operating leases contracted for:		
Being for rental of offices, housing, printer/copiers		
Payable:		
- not later than 12 months	196,003	333,737
- between 12 months and 5 years	56,486	167,045
- greater than 5 years	-	-

NOTE 15. EVENTS SUBSEQUENT TO REPORTING DATE
There were no significant events subsequent to reporting date.

NOTE 16. CONTINGENT LIABILITIES AND CONTINGENT ASSETS
There were no contingent liabilities or assets at 30 June 2016.

NOTE 17. RELATED PARTY DISCLOSURES
During the year ended 30 June 2016, the Corporation paid directors fees and travel allowances to its board of directors who attended meetings for and behalf of the Corporation.

Directors' Fees	8,544	2,998
Travel Allowances	138,301	116,320
	146,845	119,318
Key Management Personnel Compensation		
Short Term Benefits	920,811	751,920
	920,811	751,920

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: 31st October 2017

.....

Chairperson
Date: 31st October 2017

merit
chartered accountants

Independent Auditor's Report to Katherine West Health Board Aboriginal Corporation

Opinion

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 2017 as set out on pages 51 to 59, using the accruals basis of accounting.

In our opinion the attached Statements as set out on pages 51 to 59 present fairly, in all material respects, the financial transactions for the year ended 30 June 2017.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Statements* section of our report.

We are independent of the Corporation in accordance with the independence requirements of the Australian professional accounting bodies. We have also fulfilled our other ethical responsibilities in accordance with these requirements.

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

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

The Statements have been prepared to assist Katherine West Health Board Aboriginal Corporation to meet the requirements of the funding agreements terms and conditions. The Statements have been prepared on an accrual basis. As a result the Statements may not be suitable for another purpose. Our report is intended solely for Katherine West Health Board Aboriginal Corporation and the funding bodies (collectively the "Recipients") and should not be distributed to parties other than the Recipients. A party other than the Recipients accessing this report does so at their own risk and Merit Partners expressly disclaims all liability to a party other than the Recipients for any costs, loss, damage, injury or other consequence which may arise directly or indirectly from their use of, or reliance on the report. Our opinion is not modified in respect of these matters.

Responsibilities of Management for the Statements

The Corporation's management are responsible for the preparation and fair presentation of the Statements in accordance with the requirements of the funding agreements, and for such internal control as management determine is necessary to enable the preparation of the Statements that gives a true and fair view and are free from material misstatement, whether due to fraud or error.

The governing committee are responsible for overseeing the Corporation's financial reporting process.

Auditor's Responsibility for the Audit of the Statement

Our objectives are to obtain reasonable assurance about whether the Statements are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the Statements.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the Statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the management.
- Evaluate the overall presentation, structure and content of the Statements, including the disclosures, and whether the Statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with management regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control, if any, that we identify during our audit.

Merit Partners

Merit Partners

Matthew Kennon

Registered Company Auditor

Darwin

31 October 2017

HEALTHCARE ASSOCIATED INFECTIONS
KWHB Statement 2016-17

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 in 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 anti- microbial 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

Notes

KATHERINE WEST HEALTH BOARD
ABORIGINAL CORPORATION

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