KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

ANNUAL REPORT 2017-2018

OUT AND ABOUT AT KATHERINE WEST HEALTH BOARD

Around the Region, 2017-18

KATHERINE WEST HEALTH BOARD

ANNUAL REPORT 2017-18

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.

KATHERINE WEST HEALTH BOARD

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
CRANA	Council of Remote Area Nurses of Australia
DCE	Director, Community Engagement
DMS	Director, Medical Services
DPHC	Director, Primary Health Care
GP	General Practitioner
HCC	Health Centre Coordinator
HCH	Health Care Homes
HCSM	Health Centre Staffing Manager
HRM	Human Resources Manager
ISO	International Standards Organisation
KDH	Katherine District Hospital
KPIs	Key Performance Indicators
KWHB	Katherine West Health Board Aboriginal Corporation
MIC	Manager, Information and Communication
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

HEALTH PROMOTION AT KATHERINE WEST

CHAIRPERSON'S REPORT
Willie Johnson, Chairperson

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 1 July 2017 - 30 June 2018. This year has been another fulfilling year for Katherine West, and I would like to thank the Board and all of the hard working staff for their 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 constantly monitor the financial health of the organise to ensure that it remains strong.

In 2017-18, the Directors met on the following dates:

- 2 August 2017, Executive Board Meeting
- 27 September 2017, Executive Board Meeting
- 15 November, 2017, Full Board Meeting
- 16 November 2017, Annual General Meeting
- 21 February 2018, Executive Board Meeting
- 14 March, 2018, Full Board Meeting
- 9 May 2018, Executive Board Meeting
- 20 June 2018, Full 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.

During the year, Lindsay Daly from Yarralin joined the other 15 Directors on the Board to ensure we have a full complement of representation from our communities. 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 a voice and access to an excellent, sustainable and appropriate health service. It is satisfying to have a Board of Directors and Executive with such energy and involvement.

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 the inclusive Health Promotion events in all of our communities. Our community members love these events, as evidenced by the strong participation and feedback we receive.

CHAIRPERSON'S REPORT

The Tackling Indigenous Smoking Program continues to grow in strength to support the people of the region to learn about the long term dangers of smoking. We are very pleased to be hosting such an important program and would urge all people living in the KWHB region to think seriously about your own and your families smoking habits and to get in touch with the TIS program to seek help to Quit Smoking.

I am pleased to be able to thank 2 staff members for their 10 years of service to the Katherine West Health Board. This year both Lynette Johns and Rebecca (Bec) Cooney attained and celebrated their 10 year service of working for KWHB. They join many long term employees in reaching their 10 year milestone. Well done and thank you to Lynette and Bec.

KWHB is fortunate to have a healthy mix of experienced long term employees – either permanent or returning staff on recurrent contracts, plus the injection of new staff. KWHB ensures all of these staff receives cultural orientation so that they understand the background of the people they are working with.

Once again KWHB attained RACGP Standards for General Practice Accreditation for each of the 4 Health Clinics over the next 3 years. This is testimony to the high clinical standards the KWHB clinics work to. Well done to all management and staff on once again reaching this high level certification.

I would like to thank all who contributed to 2017-18 being another strong year for the Katherine West Health Board. We welcome your efforts and participation over the coming years.

Willie Johnson,
Chairperson

The Katherine West Health Board

BOARD OF DIRECTORS 2017-2018

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 Gundari
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)

Lindsay Daly
Yarralin

ACKNOWLEDGING STAFF AT KATHERINE WEST HEALTH BOARD

Lynette Johns 10 Year Anniversary

Cynthia Roberts Retirement - Kalkaringi

Bec Cooney 10 Year Anniversary

Lorraine Johns Indigenous Leadership Program

Breast Screening Van, Kalkaringi Clinic

CEO'S REPORT

Sean Heffernan, Chief Executive Officer

2018-2019 has been a year of consolidation with a general strengthening in our health service delivery and extension of important niche services particularly around Child Health and Health Promotion. Accompanying this is the fact that the Katherine West Health Board (KWHB) continues to be in a sound financial position which sets our organisation up for another year of high quality health service delivery.

New Strategic Plan

KWHB finalised a new Enterprise Bargaining Agreement and, with Edward Tilton's expertise developed a new Strategic Plan for 2018-2020. This plan also represents a consolidation of key principles of previous years, most notably:

1. Being a strong voice for our communities
2. Delivering high quality health care
3. Supporting and growing our staff
4. All of us working together

General Practitioner of the Year – Dr Karen Fuller

Congratulations are also in order for Dr Karen Fuller winning the RACGP SA and NT General Practitioner of the Year for 2018. It is great for KWHB that we can retain the services and skills of our long term Clinicians. Well done Karen!

Dr Karen Fuller receiving her Award

Operational Leadership

In this financial year there has been a concerted effort to have a robust policy review process. To this end, our HR Manager, Trudi Hartley and the Manager, Information and Communication, Greg Henschke, are integrally involved in ensuring all policies are reviewed within a two year cyclical time frame.

The KWHB Management Review Committee (MRC) members are the:
CEO
Director Medical Services, Dr Odette Phillips
Director Primary Health Care, Sinon Cooney
Director Community Engagement, David Lines
and the HR Manager, Trudi Hartley.
The Manager, Information and Communication, Greg Henschke is the scribe.

The MRC have been integrally involved in reviewing all aspects of KWHB operations to ensure that we maintain a quality improvement approach across the organisation. The membership of the Committee also emphasizes an integrated, collaborative approach to decision making so that we move forward together on all fronts from clinical best practice to corporate excellence. Everyone plays a meaningful role in this KWHB model.

CEO'S REPORT

I would like to thank our Board of Directors, especially our Executive Board members Willie Johnson, Roslyn Frith, Jocelyn Victor, Debra Victor, Sandra Campbell and Dione Kelly for keeping KWHB on the straight and narrow through the guidance mapping of our strategic plan. They always remind us of the importance of the client focus and staying close to our grassroots of community life.

Special thanks to Sinon Cooney, David Lines, Odette Phillips, Helen Lawson, Trudi Hartley, Mahima Matta and Sharlene Sadler who I have worked closely with over this 12 month period. Thanks for the good times and the tougher times. KWHB is well placed to do well if not better in the coming year.

Sean Heffernan
Chief Executive Officer

KWHB STRATEGIC PLAN 2018-2010

Our Plan in one look

Our Dream: 'Jirntangku Miyrta: One Shield for all...'
All people of the region have long, healthy and happy lives
Excellent health services under community control
All people working together to care for our health

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

PRIORITY 1: A strong voice for our communities

Community control is at the heart of Katherine West. We will move forward under the leadership of our Board and listen to the communities they represent. We will advocate for the health needs of all people of the region, and maintain our focus on cultural security across the whole organisation.

- Leadership from our Board
- Building strong relationships with our communities
- Speaking up for all people in our region
- Maintaining our focus on cultural security

PRIORITY 2: Delivering high quality health care

Katherine West has brought about a big increase in health services across the region. We will maintain and expand the delivery of high quality, culturally secure comprehensive primary health care to the people of the region.

- Providing high quality care for those who are sick
- Preventing illness & promoting health
- Filling gaps in service provision
- Coordinating care

PRIORITY 3: Supporting and growing our staff

Our staff are our strength. We will continue to work on recruitment and retention, particularly of Aboriginal staff, and support all staff with training, orientation and a safe working environment.

- Employing Aboriginal people
- Improving retention of staff
- Developing our staff
- Ensuring a quality, safe working environment

PRIORITY 4: All of us working together

All of us at Katherine West will work together to provide high quality services for our clients and communities. Where needed, we will work with other organisations to improve the health of the people of the region

- Providing effective leadership
- Promoting communication and team work
- Building our partnerships with government and other organisations
- Evaluating our progress

DIRECTOR MEDICAL SERVICES REPORT

Odette Phillips, Director Medical Services

General Practitioners

Throughout 2017-18 KWHB have had an excellent complement of consistently returning quality Locum GPs plus our 3 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. Already our GP roster for 2019 is almost full.

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 have had two GP registrars. Dr Hong Liu, has been working for us at Timber Creek for the first half of the year and at Lajamanu for the second half of the year. Dr Ridhish Pitalia is working for us at Timber Creek for the second half of the year. They have both provided good GP coverage for Timber Creek and Dr Hong as an extra GP at Lajamanu has been welcomed on busy days.

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 Susan Clarke at Lajamanu

- Dr David Hunt at Lajamanu
- Dr Anne Parker 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. This year we have also had the visits of Dr Richard Budd directly out of Katherine Hospital for respiratory clients

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, Director of Medical Services and Practitioners from our remote sites and the Pharmacist from Northpharm have been involved in these conferences.

Maternity

KWHB hold regular maternity case conferences with our Midwife, GPs 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, or provide extra GP coverage at the busier clinics. 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. This year I have been a member of the Northern Territory Clinical Senate which reports directly to the Minister of Health for the Northern Territory. In this group of diverse health workers from around the Northern Territory, I try to provide a voice for remote clinicians and ACCHOs.

KWHB staff who graduated from Mental Health First Aid Course

RACGP ACCREDITATION

All 4 Major KWHB Health Centres attained RACGP Accreditation again this year until November 2020. KWHB already holds ISO-9001 Quality Management Systems Certification and NSQHS Certification for the next 2 years. This is a fantastic achievement by the whole KWHB team.

Quality Practice Accreditation

CERTIFICATE OF ACCREDITATION

Kalkarindji Health Centre

Lot 125 Libanangu Road

KALKARINDJI NT 0852

complies with the requirements of
The Royal Australian College of General Practitioners
Standards for general practices (4th edition)
and is accredited as a **general practice**

Accredited under the GPA ACCREDITATION plus program by
Quality Practice Accreditation Pty Ltd (QPA) ACN: 081 986 932
This certificate, which is subject to the QPA Terms and Conditions of Accreditation, remains the property of QPA and must be returned to QPA on request.

Certificate Number: QPA20-7333 Certified Date: 1 November 2017

Issue Date: 1 November 2017 Expiry Date: 29 November 2020

Dr Tony Andrew
Advisory Board Chairperson
Quality Practice Accreditation Pty Ltd

Dr Paul Mara
Program Director
Quality Practice Accreditation Pty Ltd

Quality Practice Accreditation

CERTIFICATE OF ACCREDITATION

Lajamanu Health Centre

Lot 446

LAJAMANU NT 0852

complies with the requirements of
The Royal Australian College of General Practitioners
Standards for general practices (4th edition)
and is accredited as a **general practice**

Accredited under the GPA ACCREDITATION plus program by
Quality Practice Accreditation Pty Ltd (QPA) ACN: 081 986 932
This certificate, which is subject to the QPA Terms and Conditions of Accreditation, remains the property of QPA and must be returned to QPA on request.

Certificate Number: QPA20-7334 Certified Date: 1 November 2017

Issue Date: 1 November 2017 Expiry Date: 14 November 2020

Dr Tony Andrew
Advisory Board Chairperson
Quality Practice Accreditation Pty Ltd

Dr Paul Mara
Program Director
Quality Practice Accreditation Pty Ltd

Quality Practice Accreditation

CERTIFICATE OF ACCREDITATION

Timber Creek Health Centre

Lot 93 Wilson Street

TIMBER CREEK NT 0852

complies with the requirements of
The Royal Australian College of General Practitioners
Standards for general practices (4th edition)
and is accredited as a **general practice**

Accredited under the GPA ACCREDITATION plus program by
Quality Practice Accreditation Pty Ltd (QPA) ACN: 081 986 932
This certificate, which is subject to the QPA Terms and Conditions of Accreditation, remains the property of QPA and must be returned to QPA on request.

Certificate Number: QPA20-7335 Certified Date: 1 November 2017

Issue Date: 1 November 2017 Expiry Date: 15 December 2020

Dr Tony Andrew
Advisory Board Chairperson
Quality Practice Accreditation Pty Ltd

Dr Paul Mara
Program Director
Quality Practice Accreditation Pty Ltd

Quality Practice Accreditation

CERTIFICATE OF ACCREDITATION

Yarralin Health Centre

Lot 53

YARRALIN NT 0852

complies with the requirements of
The Royal Australian College of General Practitioners
Standards for general practices (4th edition)
and is accredited as a **general practice**

Accredited under the GPA ACCREDITATION plus program by
Quality Practice Accreditation Pty Ltd (QPA) ACN: 081 986 932
This certificate, which is subject to the QPA Terms and Conditions of Accreditation, remains the property of QPA and must be returned to QPA on request.

Certificate Number: QPA20-7336 Certified Date: 1 November 2017

Issue Date: 1 November 2017 Expiry Date: 15 December 2020

Dr Tony Andrew
Advisory Board Chairperson
Quality Practice Accreditation Pty Ltd

Dr Paul Mara
Program Director
Quality Practice Accreditation Pty Ltd

PRIMARY HEALTH CARE REPORT
Sinon Cooney, Director Primary Health Care

This year has seen further consolidation of our model of Primary Health Care (PHC) service delivery. We have maintained a strong group of clinical and population health staff who have been dedicated to delivering high quality clinical care and innovative health promotion to the KWHB communities. We have also seen a number of new staff and some new positions being developed over the last 12 months. As well as KWHB employed staff we have a number of contracted allied health and medical specialist staff who have contributed to service delivery.

Continuous quality improvement has again been a key component of our PHC system and we have successfully been reaccredited against ISO 9001:2016, RACGP and National Safety and Quality Health Service standards. We have also maintained the Quality Management System through a regular Management Review Committee and PHC Governance group meetings. The implementation of a KWHB care process auditing system utilising direct Communicare reports and regular action planning and feedback to remote health centre teams has been implemented successfully and has become a sound CQI process. We also continue to analyse our NT (Key Performance Indicators (NTKPI) reports with our clinicians, management and Board Directors and develop action plans to address any gaps.

Our Aboriginal Health Practitioners (AHP) have participated in a range of professional development activities with some of our AHP's also starting the Diploma of Leadership and Management. This training has supported our AHP team to continue to deliver quality care to our clients in the bush and clinical and cultural leadership from the team continues to support all our remote clinicians to be able to provide safe health care. All our AHP's provide a highly valuable contribution to the KWHB PHC model.

To ensure we retain high quality RAN's in the bush we have created a number of job share arrangements that work to support staff who are able to spend periods of time in the bush doing what they love as well as being able to spend time closer to their families. This approach helps keep our staff fresh and motivated and keeps good continuity of care throughout the year, with less periods of down time, and has ensured retention of skilled staff. All RAN's working for KWHB, permanent and agency relief staff work hard to provide our mob in the bush with great care in and out of hours and the commitment to top quality care is appreciated.

Our continued strong focus on social media for health promotion has enabled us to reach a large number of our clients with health information and positive stories from the bush. Our clients are enjoying seeing their local community members telling good stories and participating in health promotion activities in the bush. The good work of previous years has also been built on with community based health promotion and the health promotion strategy continues to be refined with feedback from our clients and staff during evaluation of activities. Our health promotion team work well across all of our programs at KWHB and create fun and educational events for clients across the lifespan.

PRIMARY HEALTH CARE REPORT

The KWHB Nutrition program works closely with the Health Promotion program and works with schools, stores and aged care to support food security and health food options. The market basket surveys continue to be undertaken and provide valuable insights into the challenges our clients face with access to good quality, healthy and reasonably priced food.

Our tobacco program has expanded to provide a local quit support line where clients who have self-identified as requiring support to quit. This program has seen an increase in numbers of clients who have requested support over the last year and continues to be promoted throughout the year. The team has spent a lot of time in communities working at a population level on providing messaging around the damaging effects of smoking, options for support around quitting and school based education focused on getting kids to not take up smoking. We also have a presence at any community based events with positive messaging and resources for clients. We have also worked with communities to develop community specific resources including TV commercials which will be release in 2019.

Our chronic disease team have continued to both support individual clients and provide community based education and have worked hard to deliver quality chronic disease care. With a few staff vacancies there has been some good collaboration with our PHC teams to ensure clients receive their care in a safe and effective way. We continue to see good results in our NT KPI data with care processes being undertaken well throughout each six month period. There have been some very engaging sessions with groups of clients out in the community which have been well received and have helped to increase self-management capacity and knowledge.

The KWHB Social and Emotional Wellbeing and Alcohol and Other Drugs programs have worked hard to ensure clients are receiving support and care when it is needed. Our team has grown over the last 12 months and continues to work with key community members to deliver messages around how people can get support and access their services. We have worked with local agencies to give clients information about how to address issues with alcohol and working on a strengths based approach to provide support. Mental health first aid has also been a strong focus and has enable both staff and community members to recognise the signs that someone is needing help and how to provide support and where to get help from our services or others.

The Mobile Team has provided a great service to the cattle stations and outstations of our region and provides a preventative health care approach that enables the remote and isolated clients of the region to have continued services that cover a broad range of areas. The team also provide health promotion and social and emotional support to their clients, and having strong clinicians and longevity in these roles has meant that there is great buy in to this program.

PRIMARY HEALTH CARE REPORT

Child health has seen an increase in staffing with a new Child Health Coordinator position being developed which will further expand our available services to the families and children in the bush as well as providing high level support to our clinicians in the bush.

The Child Health team regularly travel remote and work with new mothers and fathers right through to adolescence to ensure the kids in the bush get the best start in life. We will also see the implementation of the Maternal Early Childhood Sustained Home-visiting program in the KWHB region over the next four years. This is an exciting opportunity for our clients to access education during pregnancy and up until their children are three years of age around how best to support their kids and family in the early years.

Our pregnant clients and their families have received best practice care with shared care between the KWHB Maternal and Women's Health program and the Katherine District Hospital. Our remote PHC teams offer good support to women and families in the bush and receive great specialist support from our Maternal and Women's Health Coordinator. This program will also benefit greatly from the MECSH program and we look forward to the program kicking off.

We have utilised some new technology for point of care testing for sexually transmitted infection across the region and have enabled our teams to test and treat in a timely manner. Our Sexual Health Coordinator has worked very hard with our PHC teams to ensure that we are testing and treating our at risk clients to ensure that we can address STI's outbreaks and to reduce infectivity time. NT KPI data shows good coverage of our at risk clients and will continue to be a focus of our program.

Thanks everyone for your commitment to the delivery of a high quality health service your dedication and hard work is appreciated, and we look forward to working with you all in the years to come.

Sonny Victor and Lynette Johns from the KWHB Tackling Indigenous Smoking Program

COMMUNITY ENGAGEMENT REPORT
David Lines, Director Community Engagement

Community Consultation Strategy

KWHB has renewed the community consultation strategy. A member of senior management is present to talk to community members about health service delivery in their community and communities in the Katherine West region.

The purpose of doing community consultation is to be present to listen and have discussions with community members around health service delivery in their community, what KWHB does well, and to identify challenge areas that may be impacting on community members.

Displayed during consultation are the following:

- KWHB Organisational Chart
- KWHB Directors poster 2016 – 2019
- KWHB Strategic Plan
- KWHB Annual Report 2016 – 2017
- KWHB Ngumbin/Yapa Liaison Officer cards and KWHB Aboriginal Corporation contact details cards
- The Rule Book – Katherine West Health Board Aboriginal Corporation ICN: 3068
- KWHB members register and membership application forms
- KWHB Strategic Plan 2018 – 2020

Issues raised by community members are documented as action items, a report is compiled and sent to the CEO for further action or delegated to a manager to investigate and report back the outcome of the action item. Community Consultation reports are tabled at Board Director Meetings.

Talking points that are popular for community members that they like to know more about are:

- Activities undertaken by KWHB staff and board directors as per the recent Annual Report
- KWHB Board Directors poster
- Next Board Director elections and the election process.
- KWHB organisation chart
- Patient Travel

Consultation was held in the following communities during this reporting period:

- Pigeon Hole: August 2017
- Timber Creek and surrounding areas: September 2017
- Lajamanu: April 2018
- Kalkaringi: April 2018
- Yarralin: July 2018

Planned consultation for Mialuni Community will take place in September 2018. Consultation will take place in all KWHB Communities in 2019 when senior management and the Chairperson are present for Community Board Director Elections.

Cultural Orientation program

Katherine West Health Board provided 38 new full-time and agency staff members with cultural orientation training this year with one to one orientation with the Cultural Leadership Officer. KWHB has an established comprehensive orientation program with the cultural orientation suite embedded within the program.

COMMUNITY ENGAGEMENT REPORT

This year has seen the development of the Cultural Security & Competency Moodle Module for staff to access online through the KWHB Intranet.

Remote Safety After Hours Consultation

Feedback was sought from staff and Board Directors during the months of July & September 2017 in relation to KWHB setting up in the future a 2nd on-call community member/staff member system to support Remote Area Nurses attending after hours callouts where safety concerns are identified.

Remote Administration Officer Strategy

Sourcing administration training at the local remote community has been a challenge for KWHB. Planning and development of the KWHB Remote Administration Officer Orientation and training program has taken place. Administration Officers will rotate through the Katherine Office on a one week administration training/orientation program. Formal external business administration training will be explored through the program to further develop their administration skill set. Implementation phase of the program will take place later in the year seeing the first Administration Officer starting the program.

Leadership Changes

March 2018 has seen some changes to our Executive Leadership Group to better reflect the management domains of our organization and to clarify the focus of the leadership team.
My position title is now the Director Community Engagement. In my role I will continue with community feedback into health service delivery, community development, cultural security leadership, also now providing support to remote indigenous non clinical staff and more travel & support to Health Promotion including indigenous Community Support Workers.

PRIMARY HEALTH CARE GOVERNANCE

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:-

- 17 August 2017
- 17 September 2017
- 6 December 2017
- 14 February 2018
- 11 April 2018
- 14 May 2018
- 27 June 2018

Primary Health Care Governance Meeting

KWHB Staff Training

Training Program	Attendance
4WD	15
AGV- About Giving Vaccines	8
ALS - Advanced Life Support	23
Anti Discrimination	6
ATSI MHFS	3
Basic Life Support (CPR)	22
Brief Intervention	1

PRIMARY HEALTH CARE TRAINING

KWHB Staff Training

Training Program	Attendance
Clinical Supervision	1
Credentialed Diabetes Educator	1
Diploma HR Management	1
Emergency Care Course	1
Emergency Management of Burns	2
Emergency PAED	1
Finance for Non-Finance Managers	1
Finance Fundamentals	1
Hand Hygiene	1
Health Under 5's Program	1
Immunisations Program	1
InDesign Introduction	2
i-Stat/ Point of Care	13
Mandatory Reporting – Child Abuse	2
Master of Public Health	1
Maternal Emergency Course	4
MEC- Maternal Emergency Care	1
Mental Health and Suicide Prevention	1
Mental Health Emergencies	1
MHFA	19
MHFA for the Suicidal Person	1
MHFA Refresher	3
MHFA Youth	1
Mindworks	1
Motivational Interviewing	2
Neonatal Resuscitation	1
NT Masterclass Sector Engagement and Pharmacology	1
OHP Dual Diagnosis	1
Paediatrics	1
Pharmecotherapeutics	6
Photoshop Introduction	4
Quitskills	2
RATE	5
REC- Remote Emergency Course	8
Remote Hospital Trauma	8
Remote Managers Program	3
REST – Trauma Course	2
Rural and Isolated Practice	1
STI Training	4
Taxation and Payroll Training	1
Time Management	1
TNCC	3
Transfer of Infectious Substances by Air	5
TTANGO	2
Well Women's Health Unit	1
WHS Representative Training	9

PRIMARY HEALTH CARE ACTIVITY

Visiting Specialists 2017-18

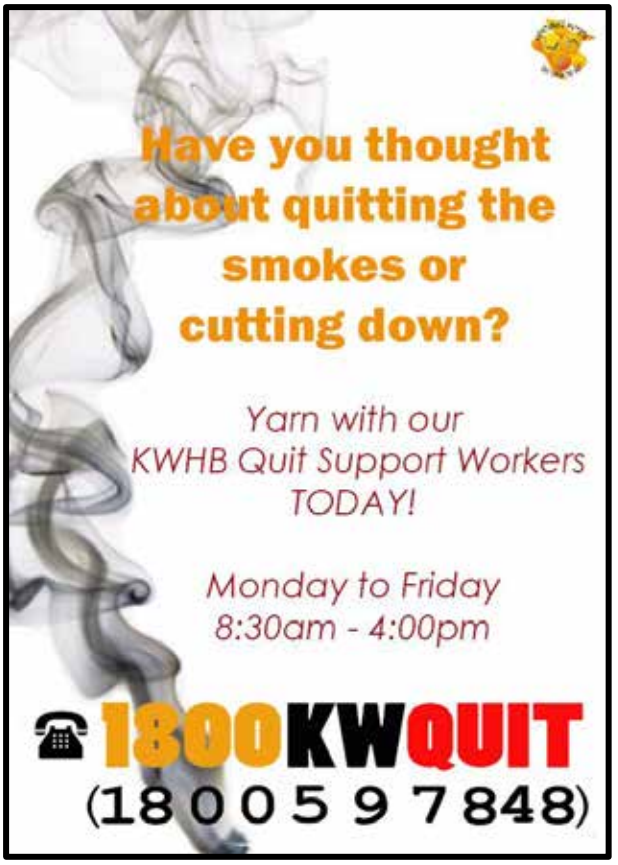
Specialty Type	Timber Ck		Yarralin		Kalkarindji		Lajamanu		Bulla		Bunbidee		Mialuni		Total	
	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts
Audiologist			3	21	17	156	13	134	1	1	4	24	3	8	41	344
Cardiac Educator					1	4									1	4
Cardiologist					2	14	2	12							4	26
Counsellor			1	1					1	2					2	3
Dental Therapist	3	36	8	54	7	64									18	154
Dentist			11	28	12	63	11	41							34	132
Diabetes Educator	20	93	16	84	35	167	35	186	9	37	2	11	5	11	122	589
Dietitian	1	1	1	20	1	1	10	45	2	2					15	69
Exercise Physiologist	4	10			3	8	15	93							22	111
Ophthalmologist			1	5	1	15	4	14							6	34
Optometrist	12	75	9	74	13	113	16	96	4	23			1	4	55	385
Paediatrician	6	36	5	40	3	43	3	34	2	2					19	155
Pharmacist							1	1							1	1
Physiotherapist	25	118	18	100	25	208	26	131	7	29	2	9			103	595
Podiatrist	14	27	10	58	15	79	14	59	4	8	1	7	2	2	60	240
Psychologist	8	18	6	16	5	18	4	10			1	3	4	8	28	73
Specialist Physician	7	26	3	18	11	100	9	64							30	208
	100	440	92	519	151	1053	163	920	30	104	10	54	15	33	561	3123

PRIMARY HEALTH CARE WEEKLY TRAINING

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

Date	Presentation Topic	Presenter
14/07/2017	Community Development Worker Role	Mary Ryan
28/07/2017	Diabetes in Pregnancy	Diabetes Educator
04/08/2017	Psychosis	Megan Green
11/08/2017	Satellite phones	Daniel Brunsdon
18/08/2017	Role of Duty RMP	Rod Campaign, Megan Green
25/08/2017	NCCTRC –Triage Packs	Lisa Vermeulen
01/09/2017	Patient Travel coordination	Melissa White, Kath PATS
8/09/2017	FAFT, Child Developmental Screen	Holly Telford
15/09/2017	SARC 's role in Katherine	Carolyn Hudson
22/09/2017	Chronic disease and Pain	Suzanne Rath
29/09/2017	Case study – Elderly patient	Health Centre Staffing Manager
6/10/2017	Physiotherapy for bronchiectasis	Niamh Charles
13/10/2017	Case study - knuckle injury	Bernie Marley
20/10/2017	AOD & FASD	Jen Silcock & Odette Phillips
27/10/2017	Clinic Hazard and house inspections on community	Helen Merritt
3/11/2017	Crana bush crisis line	Colleen Neidermeyer
10/11/2017	Case Study – Hypovolemic shock	Sue Carter, Lajamanu
17/11/2017	Placental Influence on Intrauterine Postnatal Life	Liz Hayes
24/11/2017	Communicare training - Scanning	Helen Merritt
1/12/2017	Mental Health	Caroline Anderson
8/12/2017	Ngumbin Liaison Officer and Cultural Leadership	Lynette Johns
15/12/2017	Child health	Sue Tewake
12/1/2018	Banned Drinkers Register, Scabies	CDC & One Disease
19/1/2018	Maternal Health	Liz Hayes midwife
2/2/2018	FASD	Odette Phillips
9/2/2018	Market Basket Surveys	Sally De Koning
16/2/2018	Antenatal Screening	Susan Clarke
23/2/2018	Istat update	Brook Spaeth, Flinders University
2/3/2018	Pregnancy	Liz Hayes Midwife
9/3/2018	CNS Peritoneal Dialysis	Nadine Tinsley
16/3/2018	Cam/Moon boots	Suzanne Rath
23/3/2018	Nutrition - Childhood Obesity	Lara Stoll
6/4/2018	Pharmacy - SGLT2 inhibitors	Colleen Niland - Pharmacist
13/4/2018	REWS	Zoe Evans Timber Creek
20/4/2018	Sexual Health	Julie Skudder
27/4/2018	Case Study	Lajamanu
4/5/2018	AOD	Jen Silcock
11/5/2018	Melioidosis	Nicole Butterly
25/5/2018	SLE diagnosis and management	Simon Quilty – Physician KDH
1/6/2018	Case study	Kalkaringi
8/6/2018	My health record	Nicolle Marchant, AMSANT
15/6/2018	Foot Ulcers	Greg Fyfe -Podiatrist
22/6/2018	Tympanometry	Theresa Obyrne
29/6/18	Strongyloides treatment	Karen Fuller


OFFICE STAFF ONLY
CHILDRENS DENTAL THERAPIST
Visiting Kalkarindji


Have you thought about quitting the smokes or cutting down?
Yarn with our KWHB Quit Support Workers TODAY!
Monday to Friday
8:30am - 4:00pm
1800KWQUIT
(1800597848)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PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

Katherine West HSDA Aboriginal KPIs Summary
for period 01 July 2017 to 30 June 2018

AHKPI 1.1 - Episodes of Health Care and Client Contacts	Total	Denominator	Community (%)
Episodes of health care	36,815	N/A	N/A
Client Contacts	56,425	N/A	N/A
Resident client population	3,217	N/A	N/A
AHKPI 1.2 - First Antenatal Visit	**Numerator**	**Denominator**	**Community (%)**
< 13 weeks	20	39	51%
< 20 weeks	10	39	26%
20+ weeks	9	39	23%
AHKPI 1.3 - Birth Weight	**Numerator**	**Denominator**	**Community (%)**
Low	7	39	18%
Normal	31	39	79%
High	1	39	3%
AHKPI 1.4.1 - Fully Immunised Children	**Numerator**	**Denominator**	**Community (%)**
6-11 months	15	16	94%
12-23 months	40	46	87%
24-71 months	172	190	91%
AHKPI 1.4.2 - Timeliness of Immunisations	**Numerator**	**Denominator**	**Community (%)**
Immunised on time	49	51	96%
AHKPI 1.5 - Underweight Children	**Numerator**	**Denominator**	**Community (%)**
Measured	222	243	91%
Underweight	7	222	3%
AHKPI 1.6 - Anaemic Children	**Numerator**	**Denominator**	**Community (%)**
Measured	169	206	82%
Anaemic at any examination	100	169	59%
Anaemic at last examination	52	169	31%
AHKPI 1.7 - Chronic Disease Management Plan	**Numerator**	**Denominator**	**Community (%)**
Clients with CHD on GPMP/ALT GPMP	71	92	77%
Clients with Diabetes & CHD on GPMP/ALT GPMP	53	61	87%
Clients with Diabetes on GPMP/ALT GPMP	234	305	77%
AHKPI 1.8.1 - HbA1c Tests	**Numerator**	**Denominator**	**Community (%)**
HbA1c Test	276	305	90%
AHKPI 1.8.2 - HbA1c Measurements	**Numerator**	**Denominator**	**Community (%)**
Clients with Diabetes with HbA1c <=7%	78	276	28%
Clients with Diabetes with HbA1c >7% and <=8%	50	276	18%
Clients with Diabetes with HbA1c >8% and <10%	57	276	21%
Clients with Diabetes with HbA1c >=10%	91	276	33%
AHKPI 1.9 - ACE Inhibitor and/or ARB	**Numerator**	**Denominator**	**Community (%)**
ACE	103	150	69%
ARB	22	150	15%
ACE and/or ARB	123	150	82%
AHKPI 1.10 - Adult Aged 15 ~ 54 Health Check	**Numerator**	**Denominator**	**Community (%)**
Completed Adult Health Check	455	1,214	37%
Completed ALT Adult Health Check	263	1,214	22%

Note: - The reporting period for most KPIs is 12 months but there are some exceptions. KPI 1.13 reports the previous 6 months and KPIs 1.7, 1.10, 1.11, 1.14, 1.16 and 1.18 report over the previous 2 years

PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

Katherine West HSDA Aboriginal KPIs Summary
for period 01 July 2017 to 30 June 2018

AHKPI 1.11 - Adult Aged 55 and over Health Check	Numerator	Denominator	Community (%)
Completed Adult Health Check	140	184	76%
Completed ALT Adult Health Check	16	184	9%
AHKPI 1.12 - Cervical Screening	**Numerator**	**Denominator**	**Community (%)**
Cervical Screening Recorded	216	472	46%
Cervical Screening Not Recorded	256	472	54%
AHKPI 1.13 - Blood Pressure Control	**Numerator**	**Denominator**	**Community (%)**
Blood Pressure Recorded	272	305	89%
Blood Pressure less than or equal to 130/80 mmHg	98	272	36%
AHKPI 1.14 - eGFR/ACR test recorded	**Numerator**	**Denominator**	**Community (%)**
eGFR/ACR Test Normal Risk	224	595	38%
eGFR/ACR Test Mild Risk	141	595	24%
eGFR/ACR Test Moderate Risk	76	595	13%
eGFR/ACR Test High Risk	36	595	6%
eGFR/ACR Test Severe Risk	33	595	6%
AHKPI 1.15 - Rheumatic Heart Disease	**Numerator**	**Denominator**	**Community (%)**
Clients with ARF/RHD receiving less than 50% prescribed BPG	8	43	19%
Clients with ARF/RHD receiving 50% to 80% prescribed BPG	13	43	30%
Clients with ARF/RHD receiving 80% prescribed BPG	22	43	51%
AHKPI 1.16 - Smoking status recorded	**Numerator**	**Denominator**	**Community (%)**
Smoking Status Recorded	937	1,398	67%
Smoker	487	937	52%
Non-Smoker	327	937	35%
Ex-Smoker less than 12 Months	1	937	0%
Ex-Smoker greater than or equal to 12 Months	122	937	13%
AHKPI 1.17 - STI test recorded	**Numerator**	**Denominator**	**Community (%)**
Chlamydia and Gonorrhoea Test Recorded	469	734	64%
HIV Test Recorded	401	734	55%
Syphilis Test Recorded	464	734	63%
All STI Test Recorded	394	734	54%
AHKPI 1.18 - Cardiovascular risk assessment	**Numerator**	**Denominator**	**Community (%)**
CVD Assessment Recorded	503	1,130	45%
Low	178	503	35%
Moderate	56	503	11%
High	269	503	53%
AHKPI 1.19 - Retinal screening	**Numerator**	**Denominator**	**Community (%)**
Retinal eye exam	117	307	38%
AHKPI 1.20 - Ear Disease in Children	**Numerator**	**Denominator**	**Community (%)**
Ear Discharge Test Recorded	222	273	81%
Ear discharge at any examination	57	222	26%
Ear discharge at last examination	26	222	12%

Note: - The reporting period for most KPIs is 12 months but there are some exceptions. KPI 1.13 reports the previous 6 months and KPIs 1.7, 1.10, 1.11, 1.14, 1.16 and 1.18 report over the previous 2 years

PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.1 - Episodes of Health Care and Client Contacts

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

Figure 1.1a Proportion of episodes of health care for Aboriginal clients of the community over the previous 1year by resident status and sex

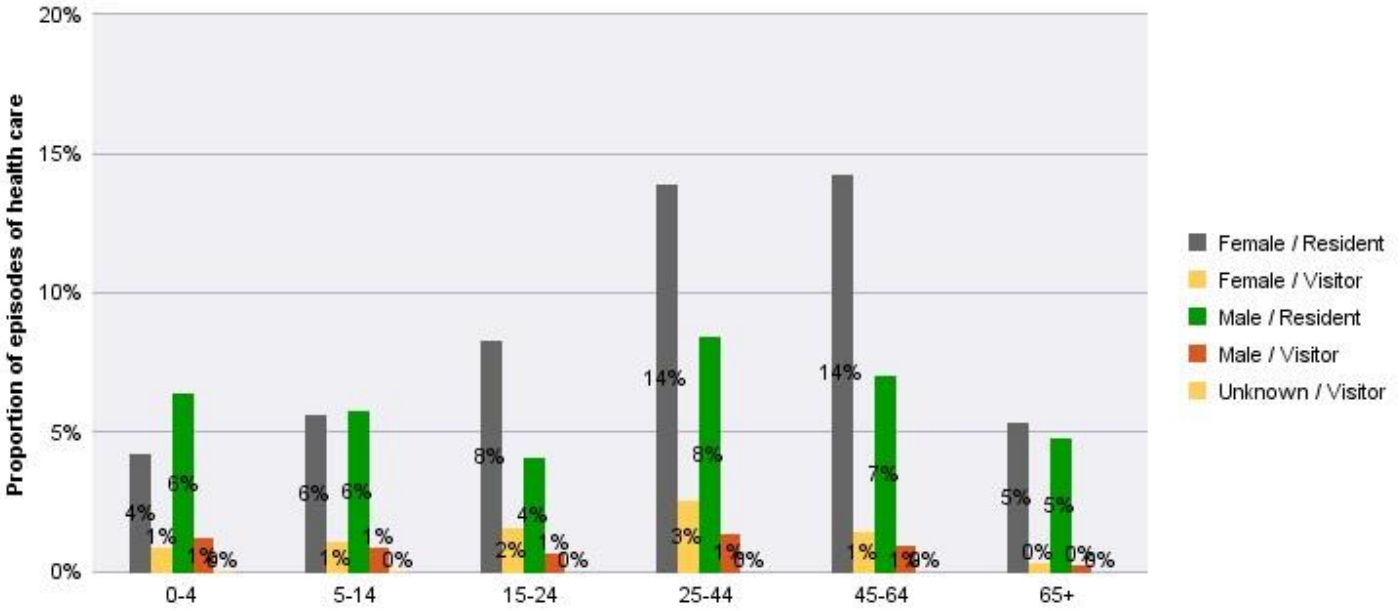
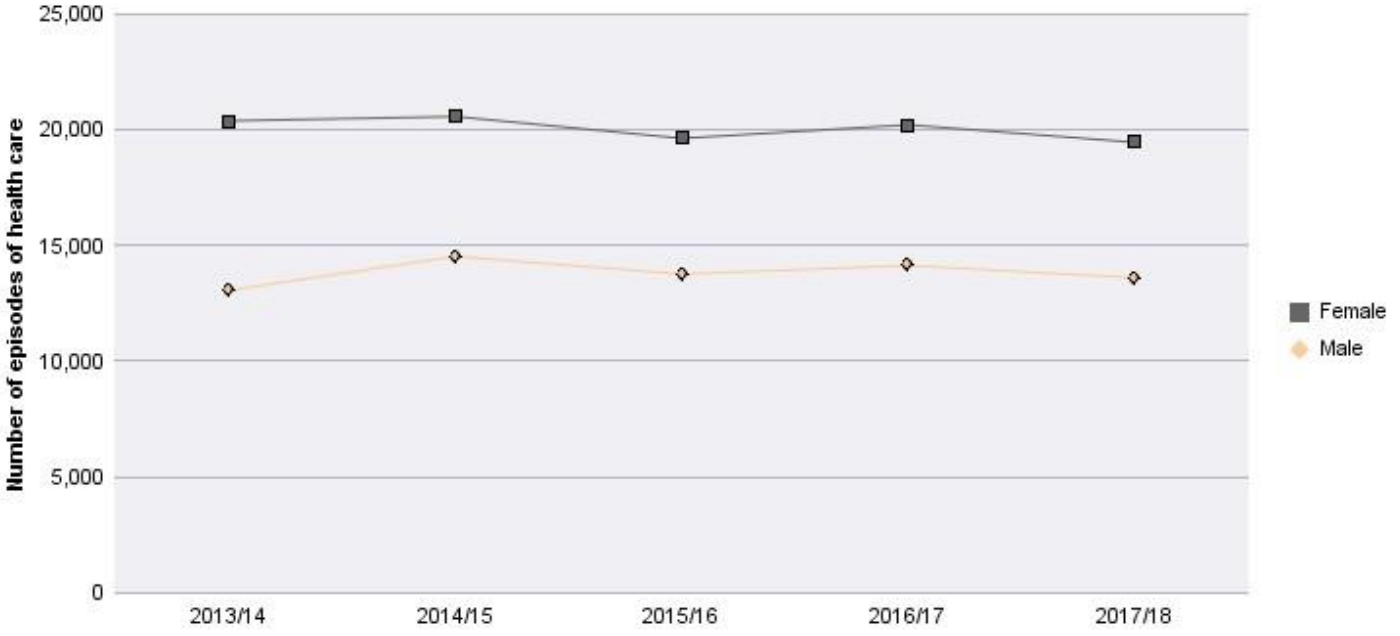
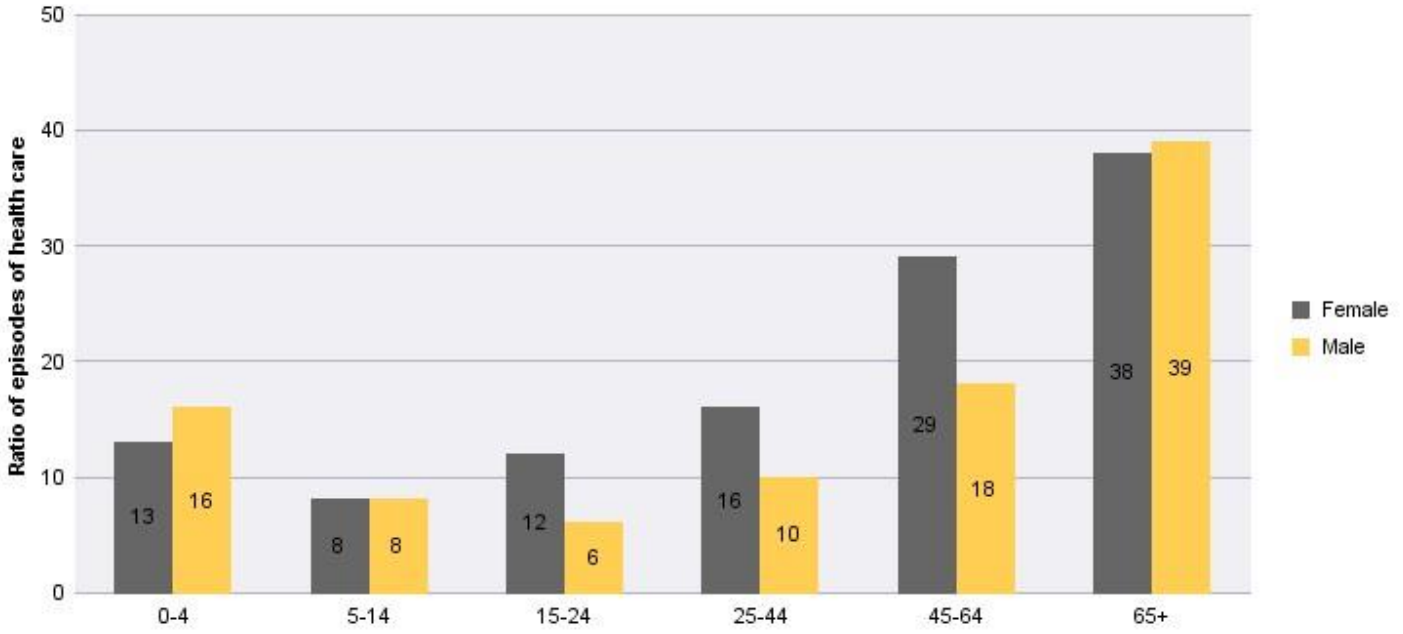


Figure 1.1b Trend of episodes of health care for Aboriginal clients by sex and reporting year



PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

Figure 1.1c Ratio of episodes of health care for resident Aboriginal clients of the community over the previous 1 Year by sex



NTAHKPI 1.1 - Episodes of Care and Client Contacts

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

AHKPI 1.2 - First Antenatal Visit

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

Figure 1.2a Proportion of resident Aboriginal women receiving antenatal care during the previous 1 year by gestation age

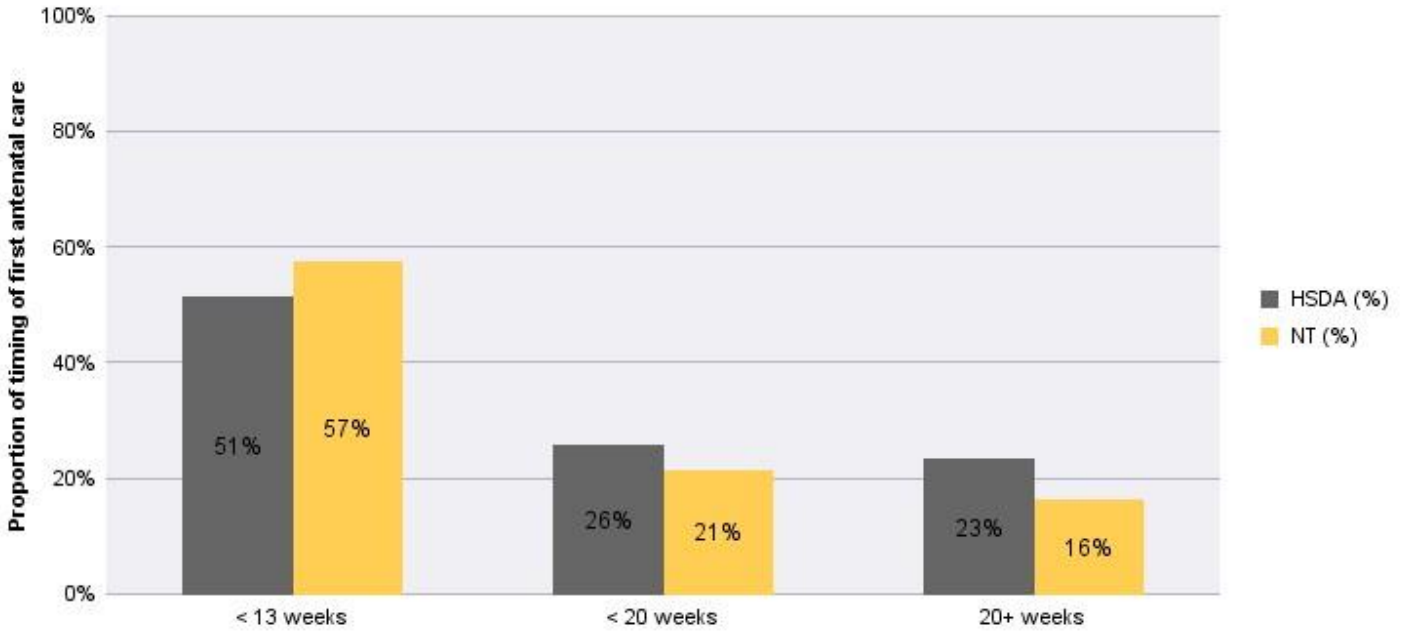
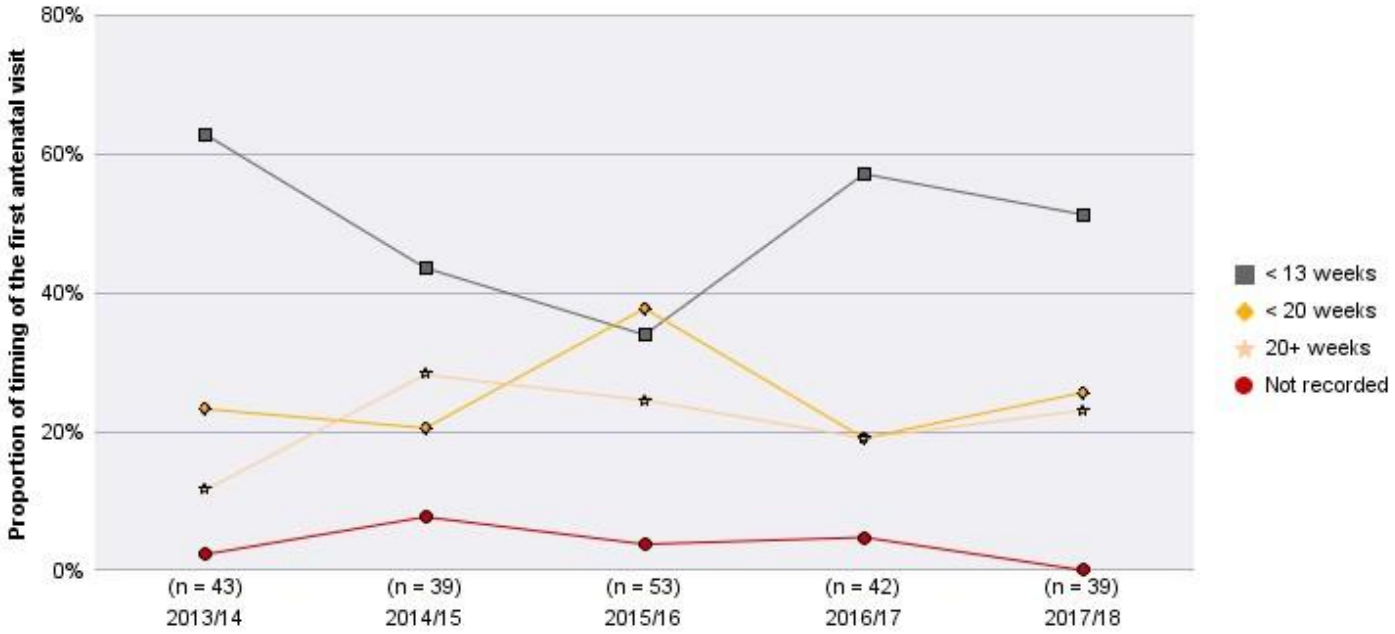


Figure 1.2b Trend of resident Aboriginal women receiving antenatal care by gestation age and reporting year



NTAHKPI 1.2 - First Antenatal Visit

KWHB has maintained its Increased rate of first antenatal visit within the first 20 weeks so that clients receive timely antenatal care to support their pregnancy. 2 years ago the rate was 34%., once again this year the rate is above 50%.

AHKPI 1.3 - Birth Weight

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

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

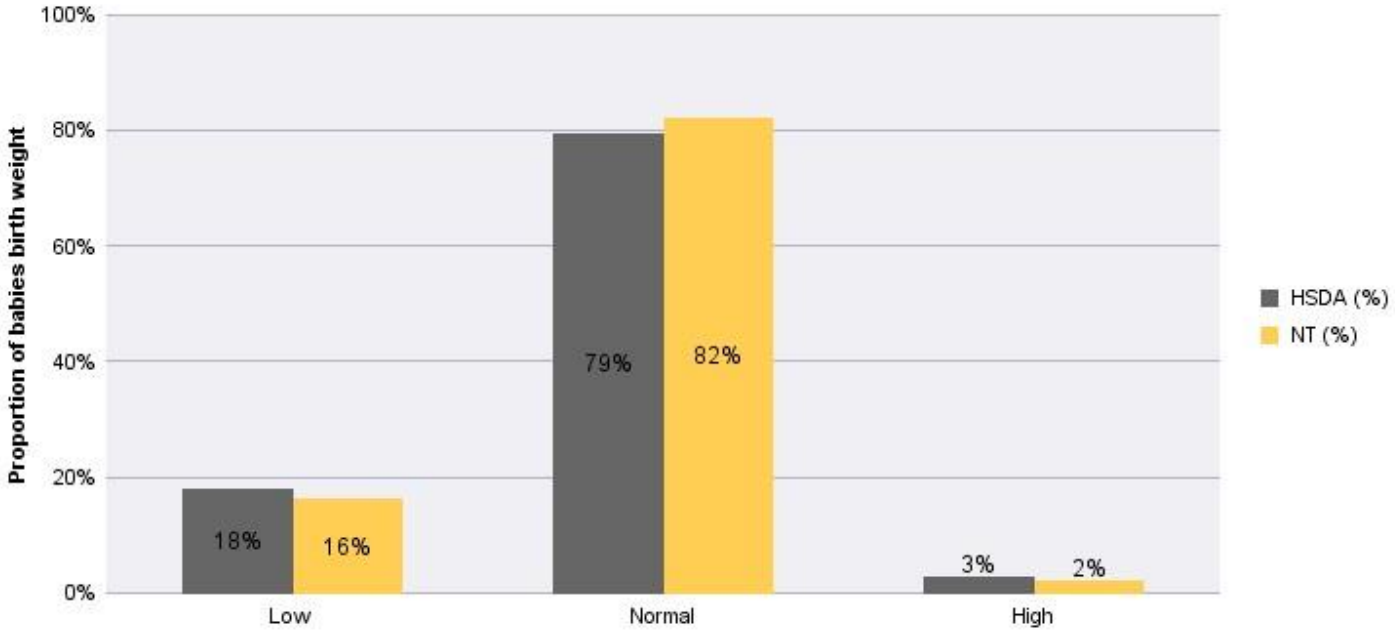


Figure 1.3b Babies born to a resident Aboriginal mother by birth weight category

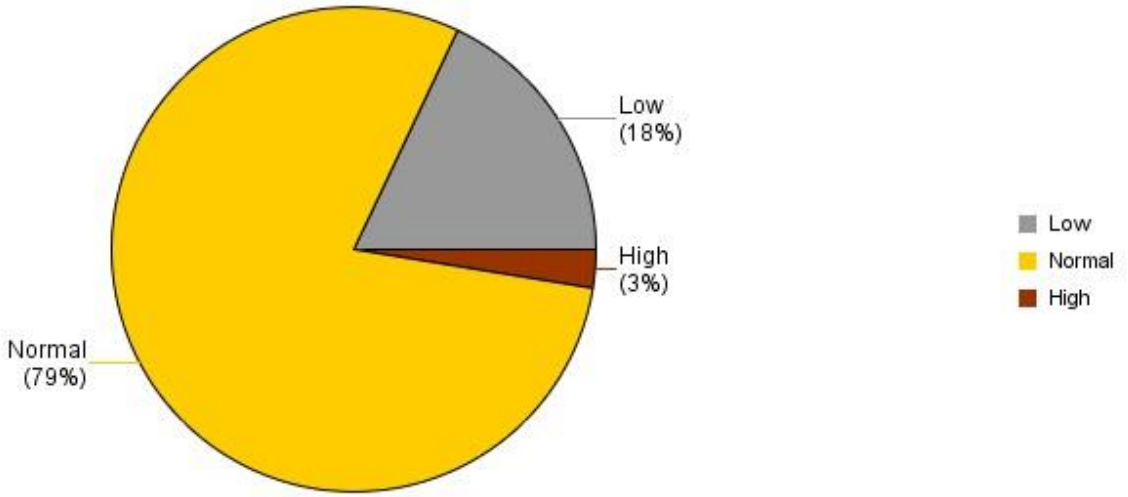
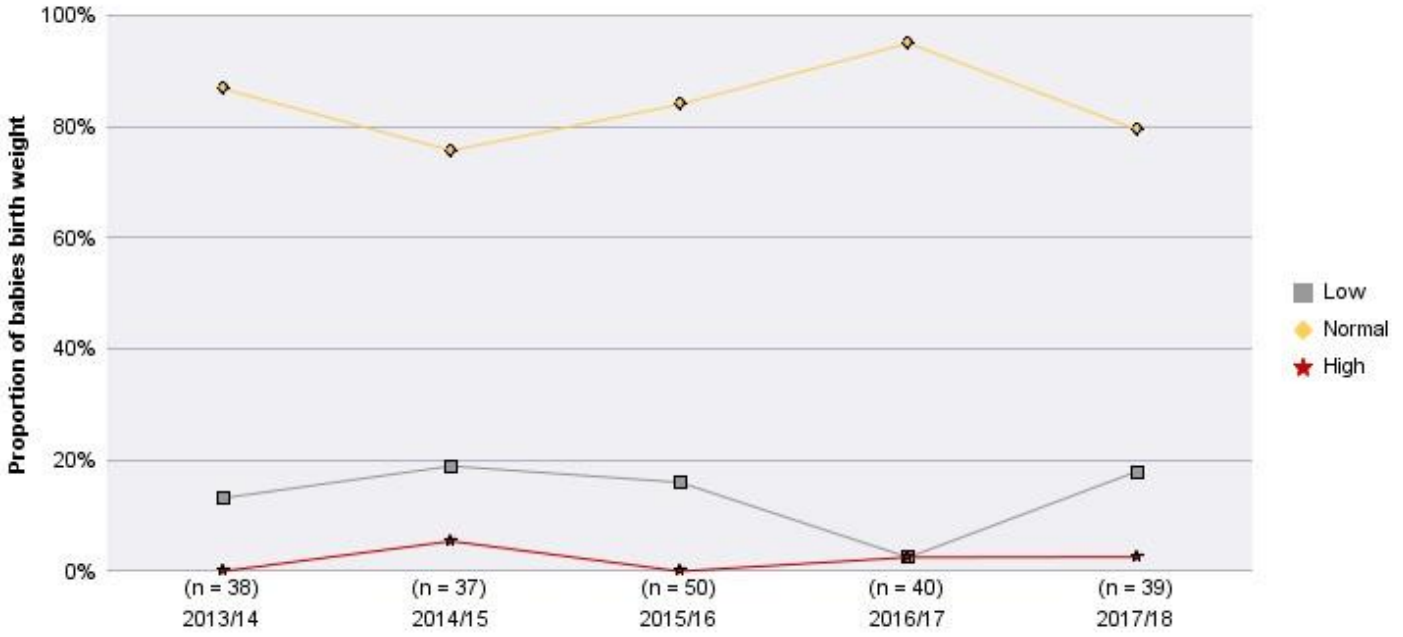


Figure 1.3c Trend of babies born to an Aboriginal mother by birth weight category and reporting year



NTAHKPI 1.3 - Birth Weight

Data shows a high rate of normal weights (79%). KWHB have an ongoing focus on health promotion around antenatal care, supporting pregnant women to quit smoking and have good nutrition during pregnancy.

PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.4.1 - Fully Immunised Children

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

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

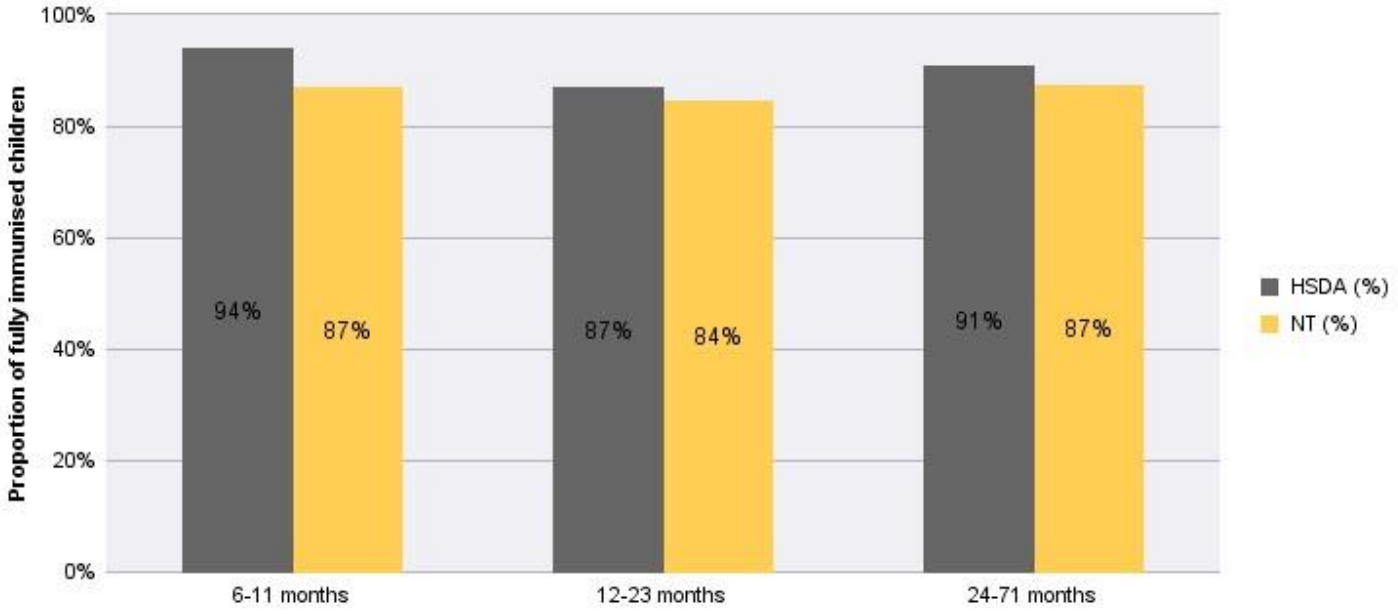


Figure 1.4.1b Trend of resident Aboriginal children 6 to 11 months of age fully immunised by reporting year

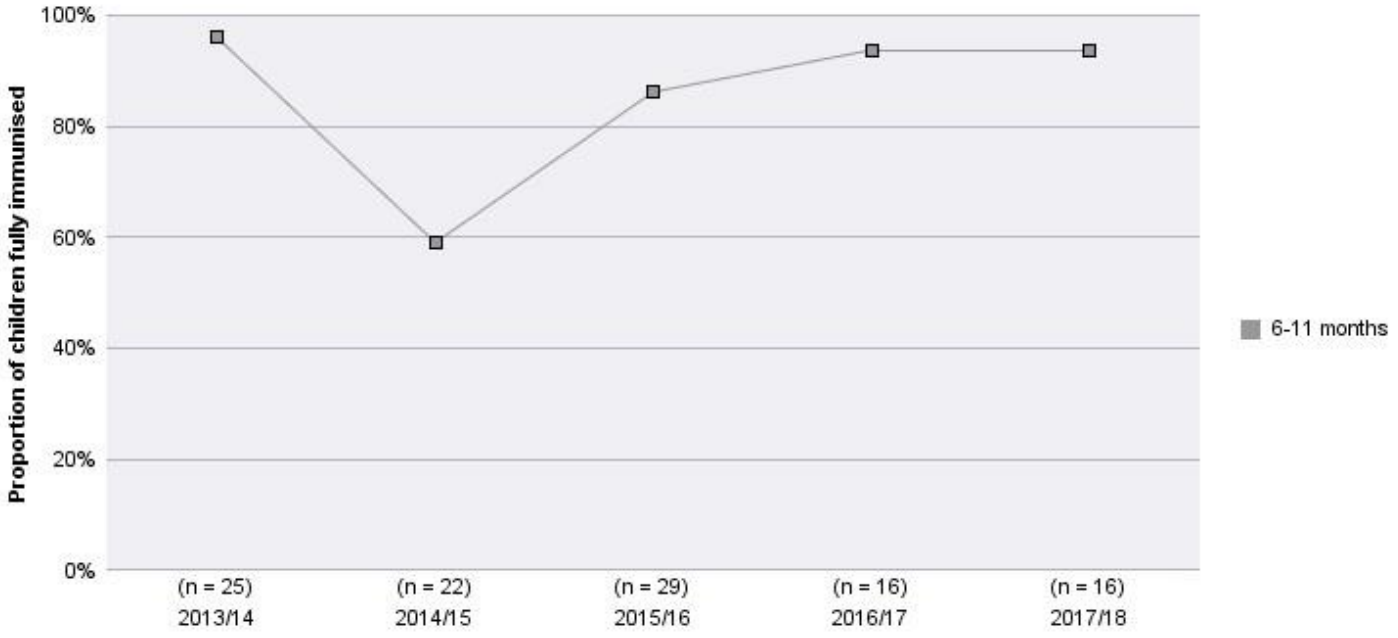


Figure 1.4.1c Trend of resident Aboriginal children 12 to 23 months of age fully immunised by reporting year

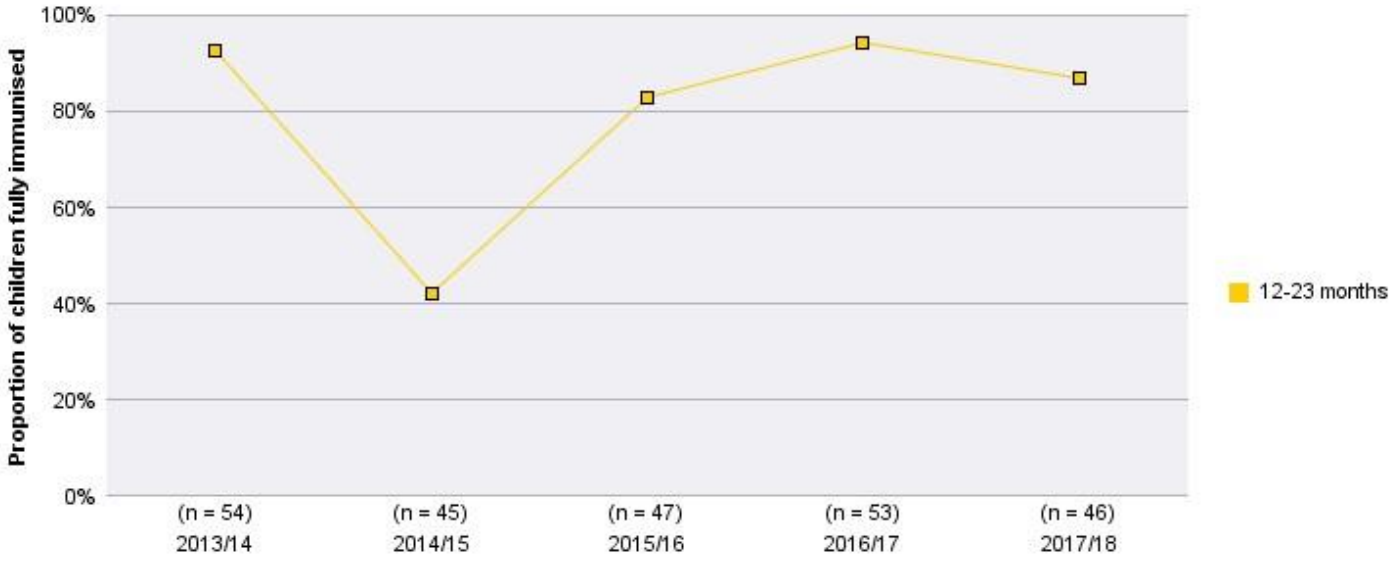
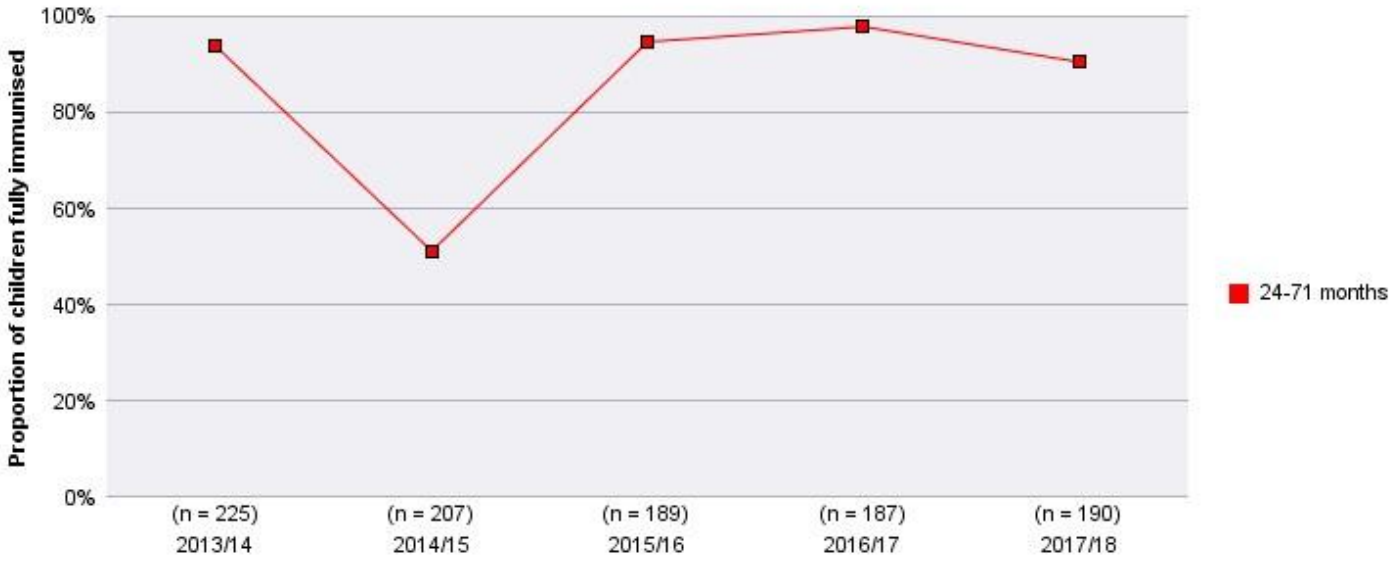


Figure 1.4.1d Trend of resident Aboriginal children 24 to 71 months of age fully immunised by reporting year



NTAHKPI 1.4.1 - Fully Immunised Children

KWHB has consistently maintained a very high rate of fully immunised children for several years.

PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.4.2 - Timeliness of Immunisations

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

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

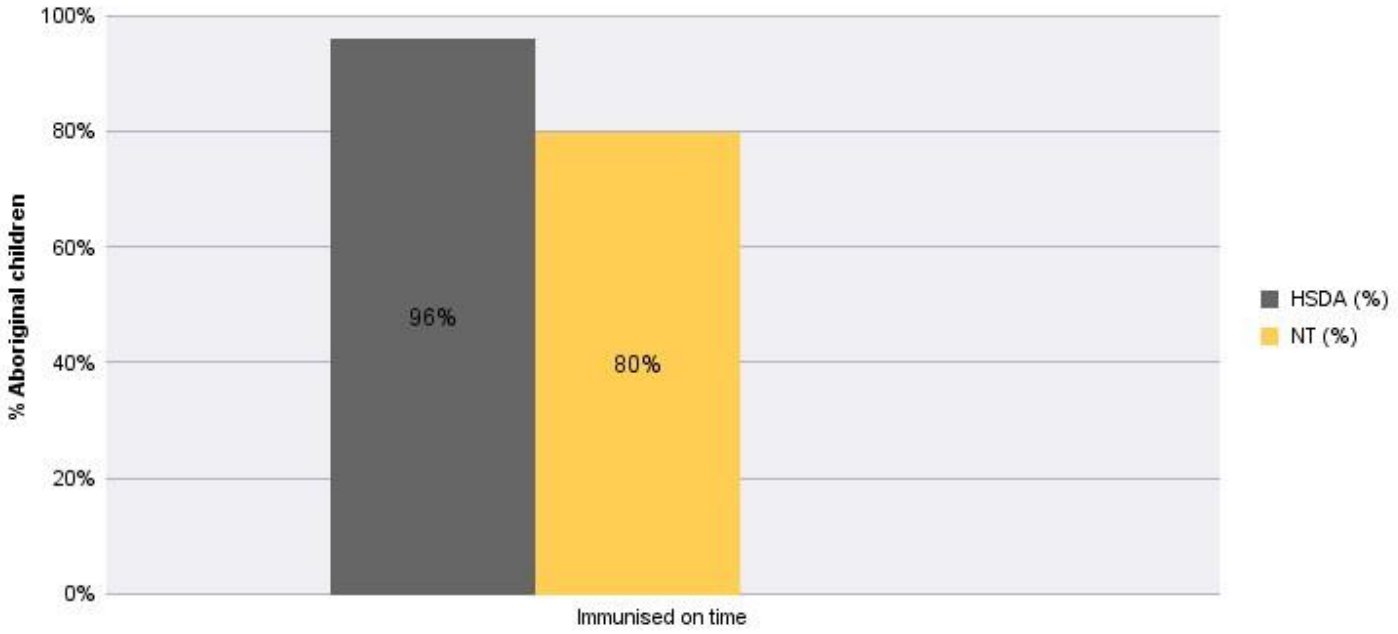
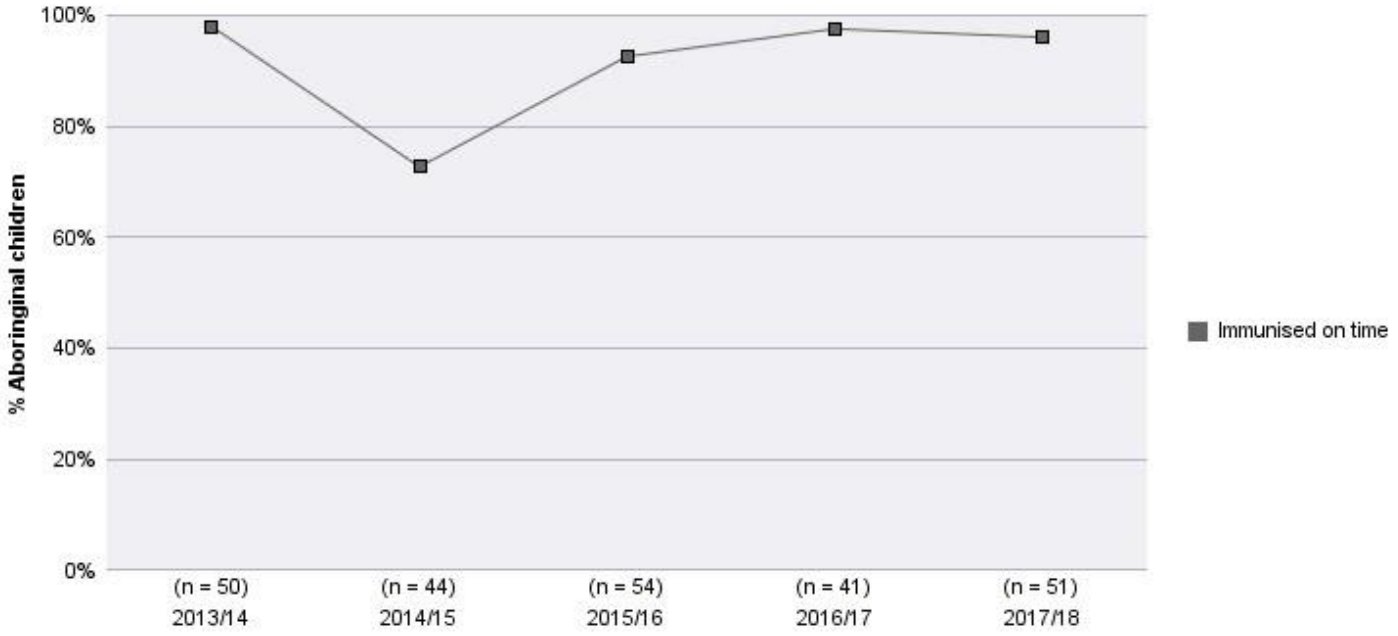


Figure 1.4.2b Trend of resident Aboriginal children who have received immunisations on time aged 1 to 12 months



NTAHKPI 1.4.2 - Timeliness of Immunisations

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 DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.5 - Underweight Children

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

Figure 1.5a Proportion of resident Aboriginal children 0 to 59 months of age measured for weight & recorded as underweight during the previous 1 year

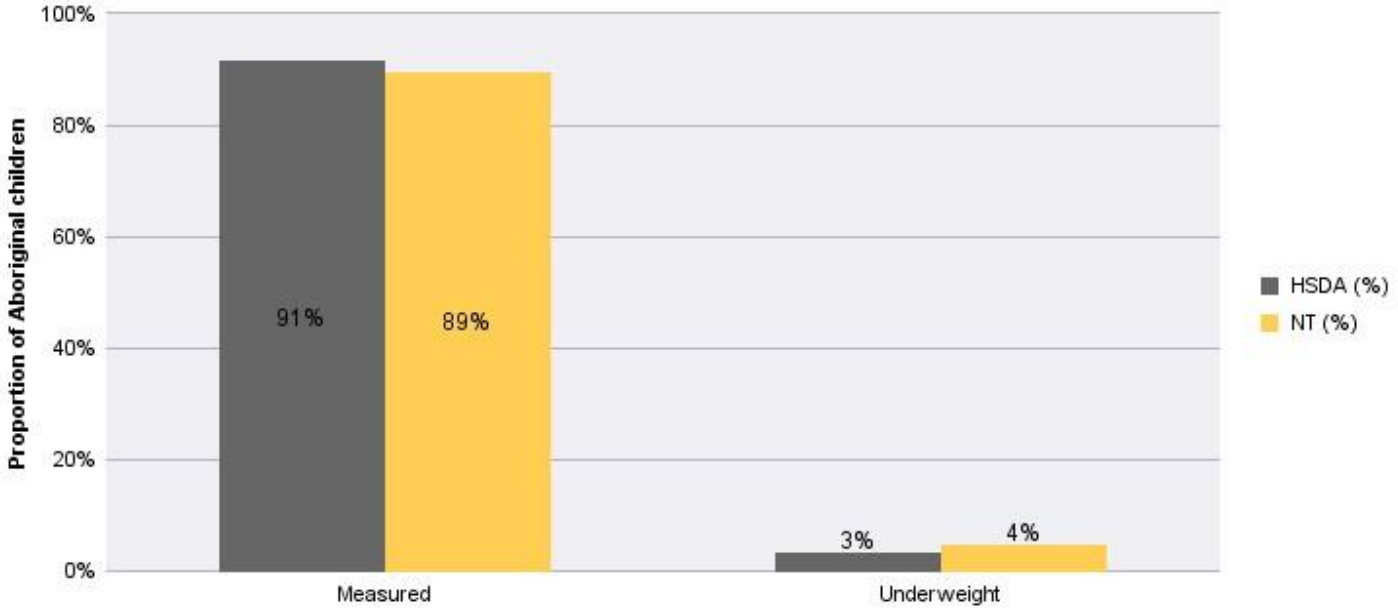
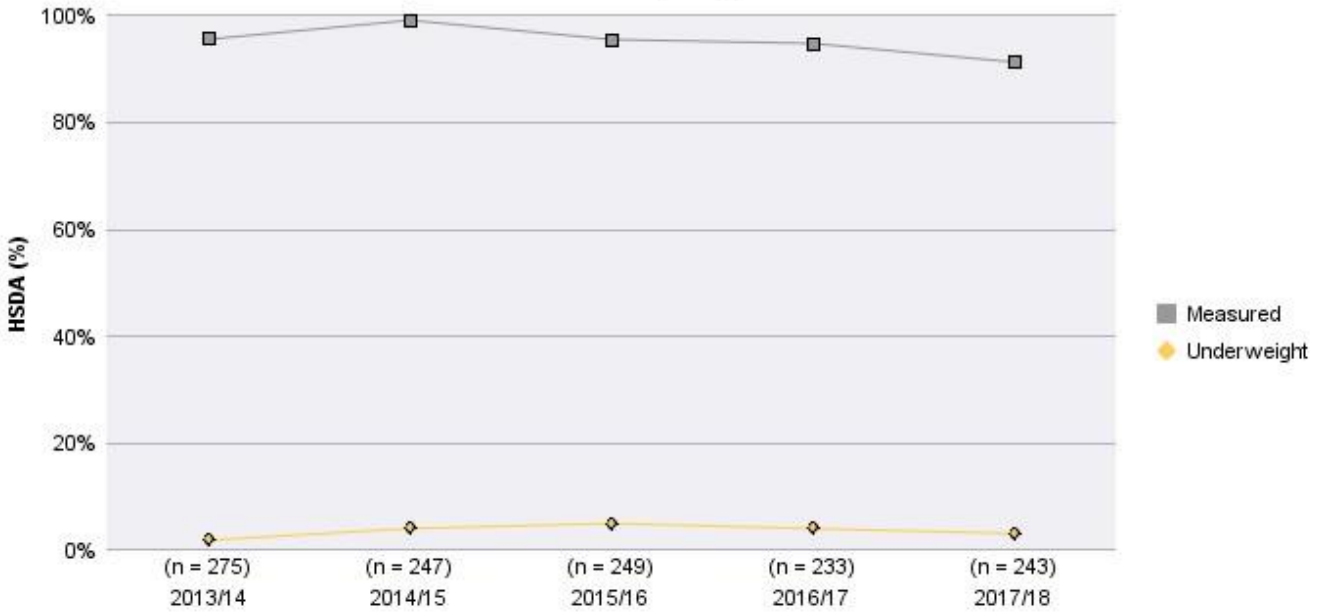


Figure 1.5b Trend of resident Aboriginal children 0 to 59 months of age measured for weight & recorded as underweight by reporting year



NTAHKPI 1.5 - Underweight Children

Child nutrition is a strong focus at KWHB to assist children to grow, as healthy children are a good indicator of healthy adulthood later in life. KWHB consistently screen very high rates of children in our region and offer assistance to the families of children that are not growing at the rate they ideally should be.

PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.6 - Anaemic Children

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

Figure 1.6a Proportion of resident Aboriginal children 6 to 59 months of age measured for Anaemia and recorded as Anaemic during the previous 1year

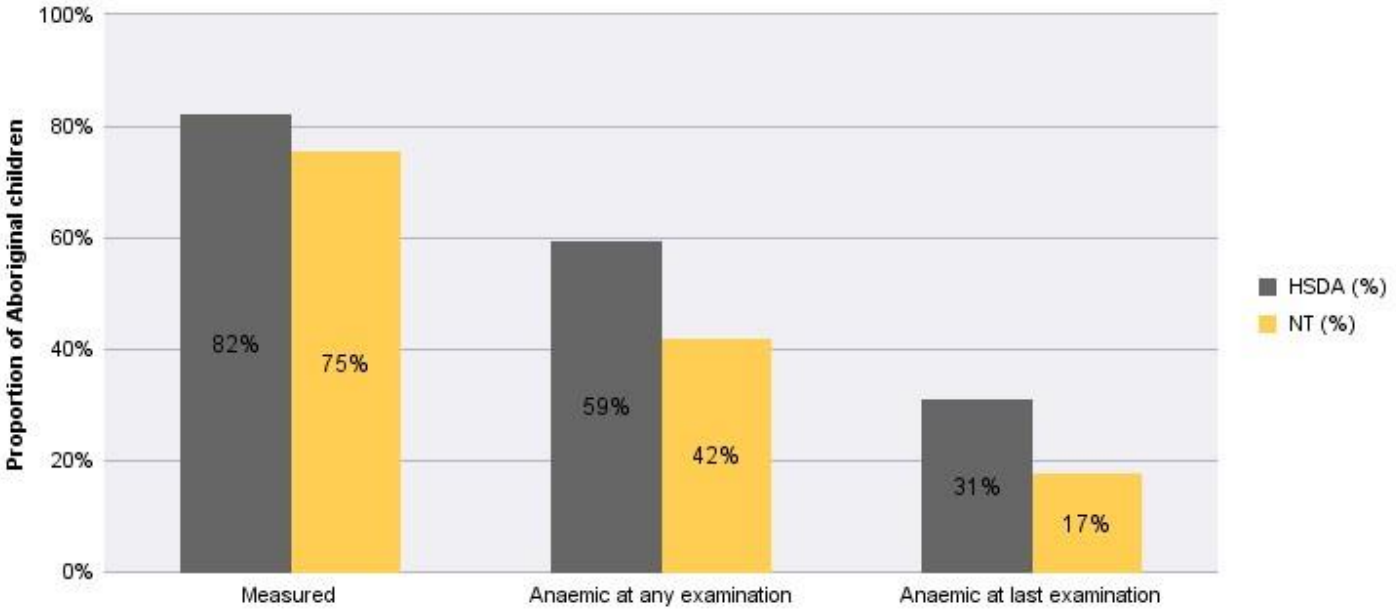
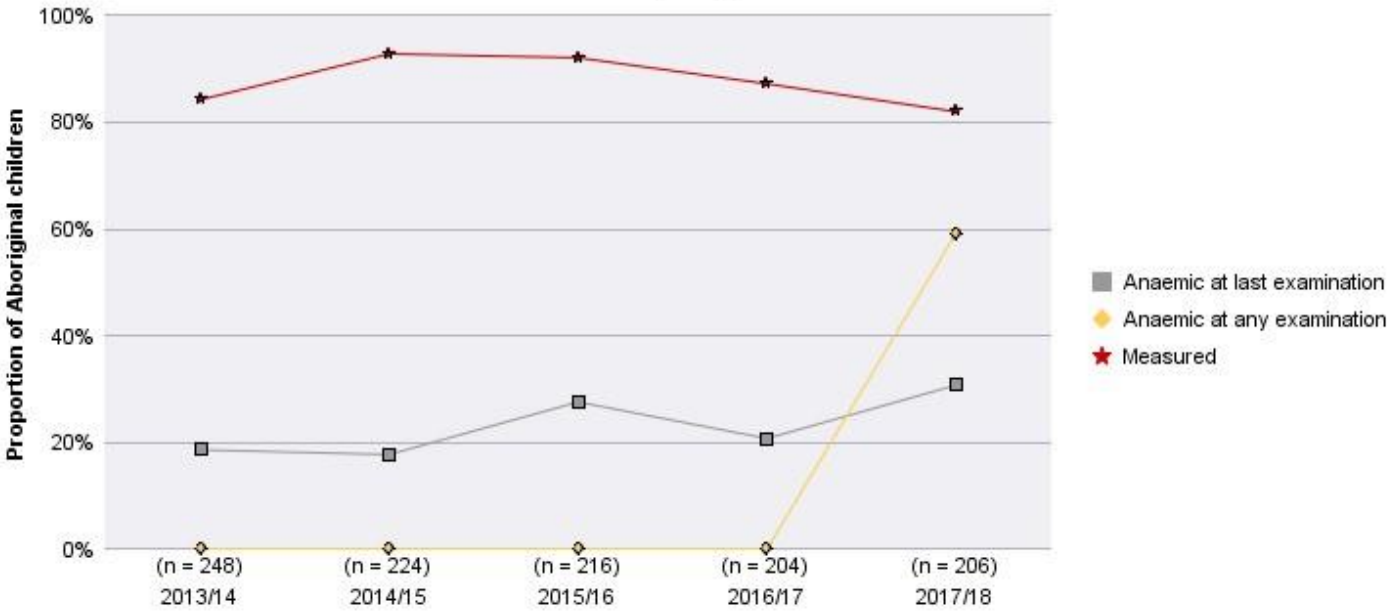


Figure 1.6b Trend of resident Aboriginal children 6 to 59 months of age measured for Anaemia and recorded as Anaemic by reporting year



NTAHKPI 1.6 - Anaemic Children

KWHB again are doing well at measuring Anaemia amongst our children. Anaemia measurement and treatment continues to be a focus as the rate of anaemic children in KWHB communities is higher than the NT average.

PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.7 - Chronic Disease Management Plan

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

Figure 1.7a Proportion of resident Aboriginal clients managed on chronic disease management plan by disease group during the previous 2 years

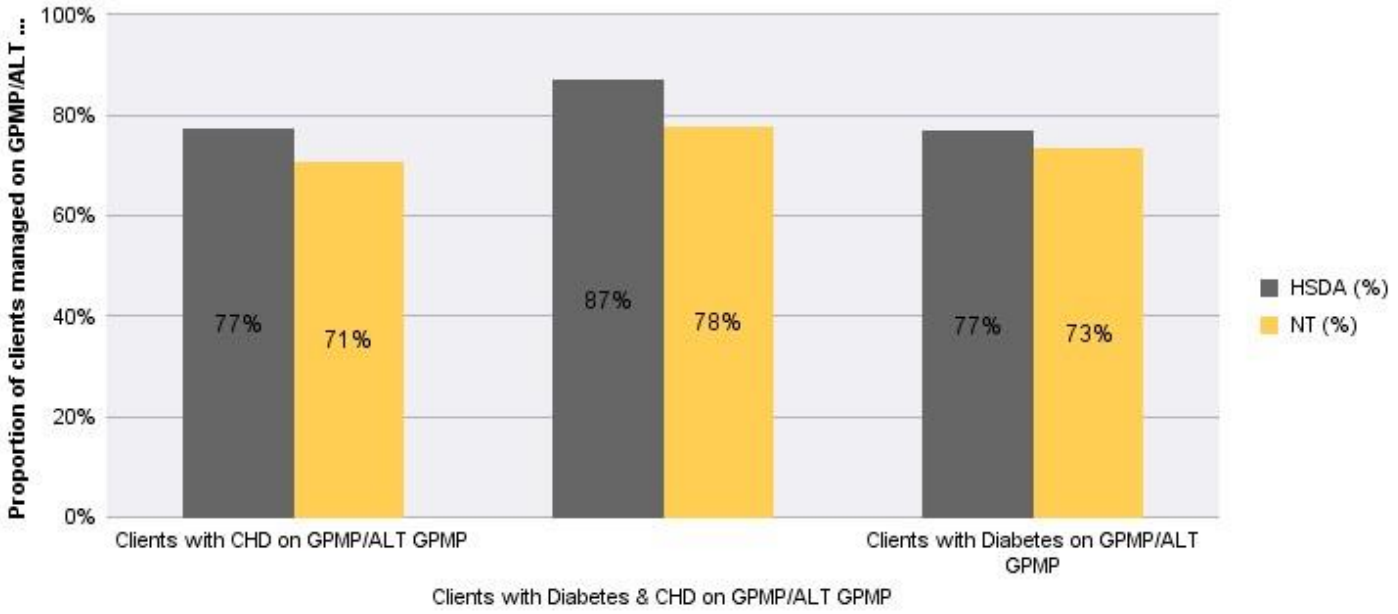
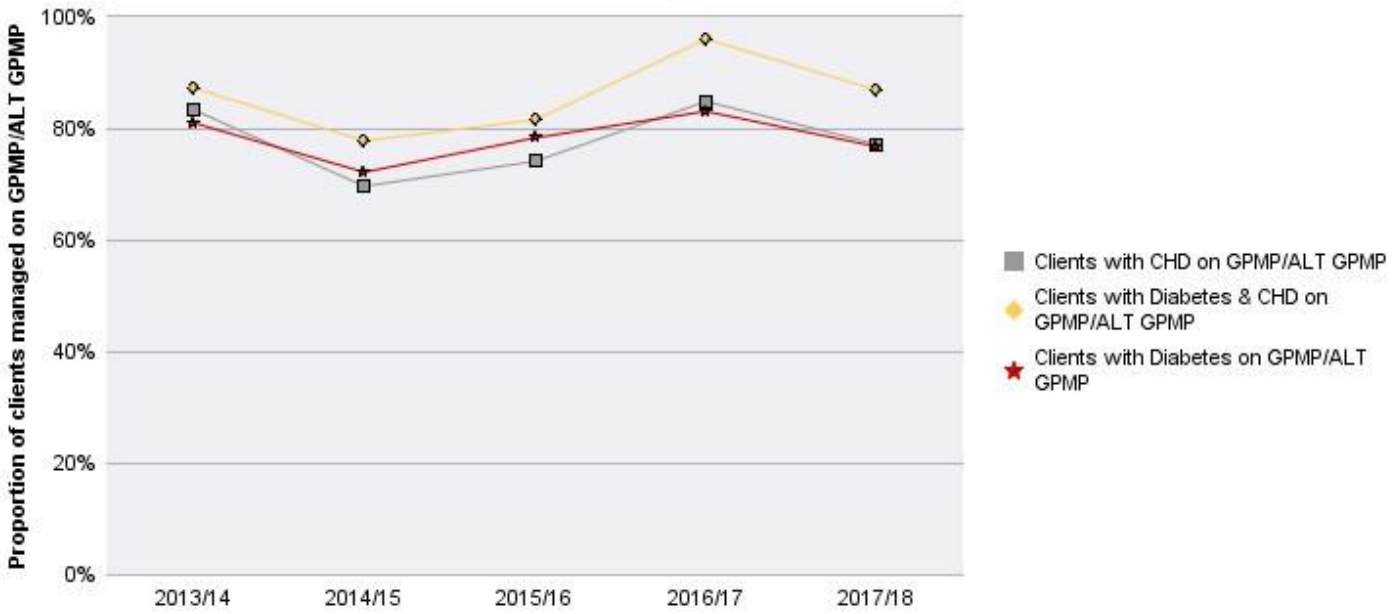


Figure 1.7b Trend of resident Aboriginal clients managed on chronic disease management plan by disease group by reporting year



<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. Having a CD Plan is a positive step towards patients controlling their Chronic Diseases management as clinical staff have a planned and consistent treatment plan with the patient.

PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.8.1 - HbA1c Tests

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

Figure 1.8.1a Proportion of resident Aboriginal clients with type II diabetes receiving a HbA1c test during the previous 1 year by sex

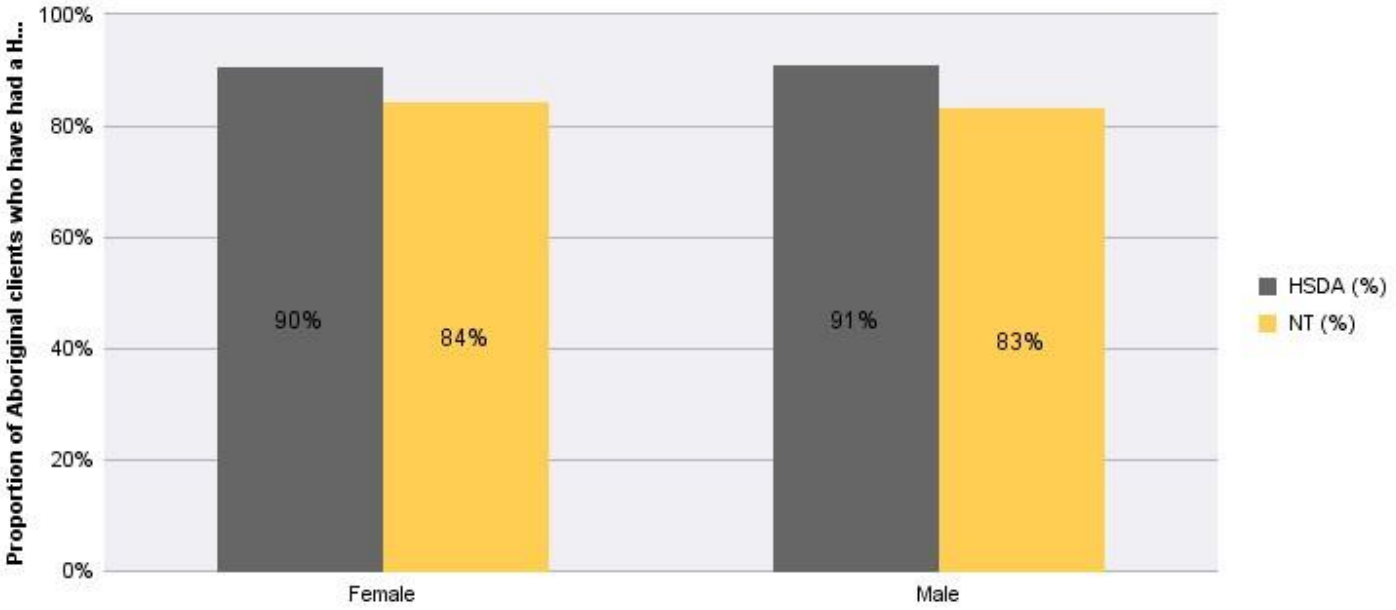
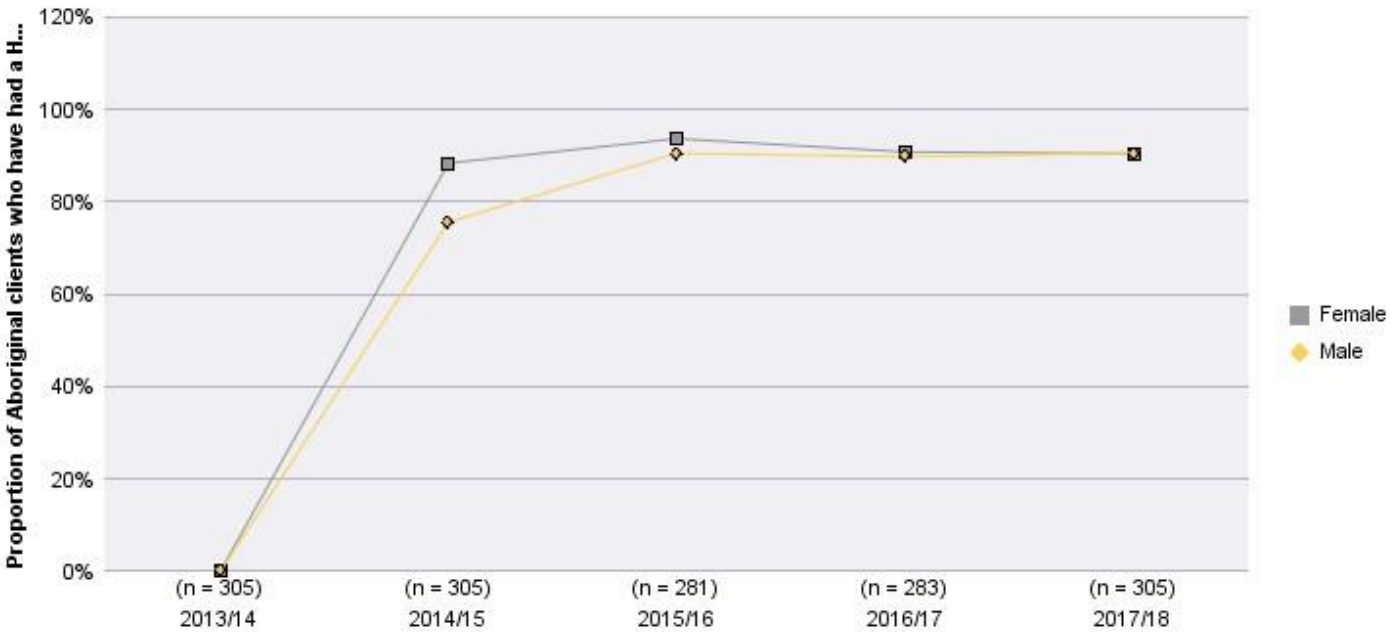


Figure 1.8.1b Trend of resident Aboriginal clients with type II diabetes receiving a HbA1c test by sex and reporting year



NTAHKPI 1.8.1 - HbA1c Tests

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

PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.8.2 - HbA1c Measurements

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

Figure 1.8.2a Proportion of resident Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels by Community (%) during the previous 1 year

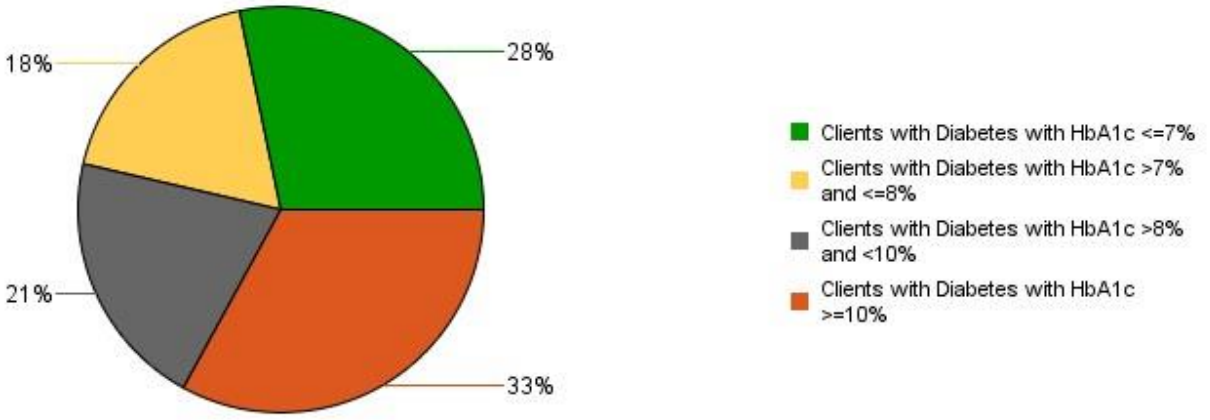


Figure 1.8.2b Proportion of resident Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels by NT (%)

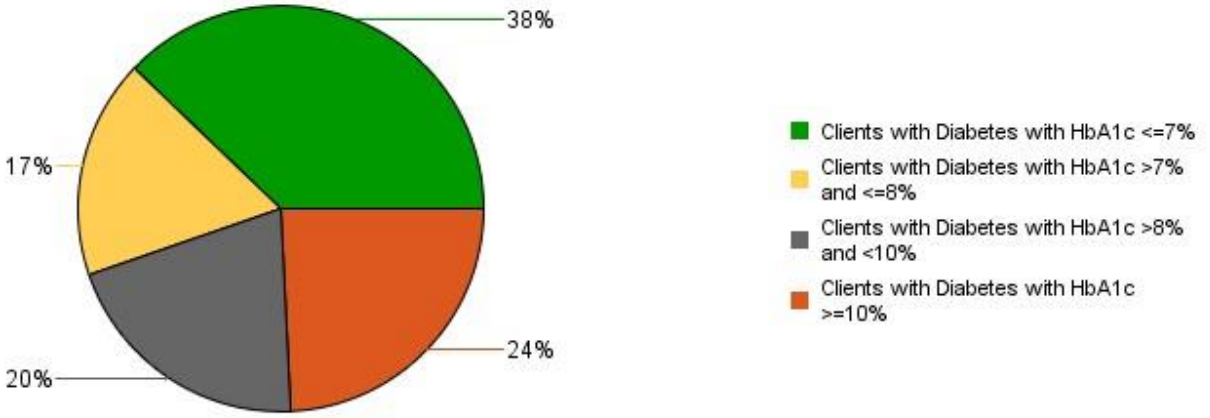
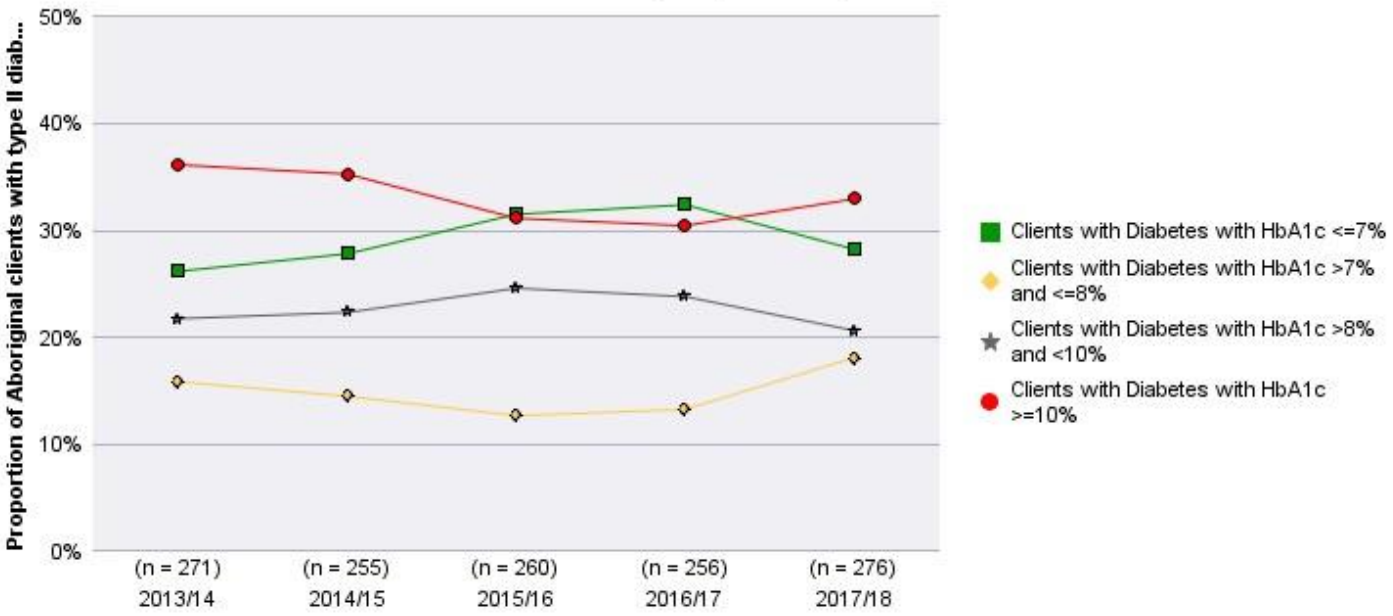


Figure 1.8.2c Trend of resident Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels during the previous 1 year



NTAHKPI 1.8.2 - HbA1c Measurements

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

PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.9 - ACE Inhibitor and/or ARB

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

Figure 1.9a Proportion of Type II diabetes resident Aboriginal clients with Albuminuria on ACE and/or ARB medication during the previous 1 year

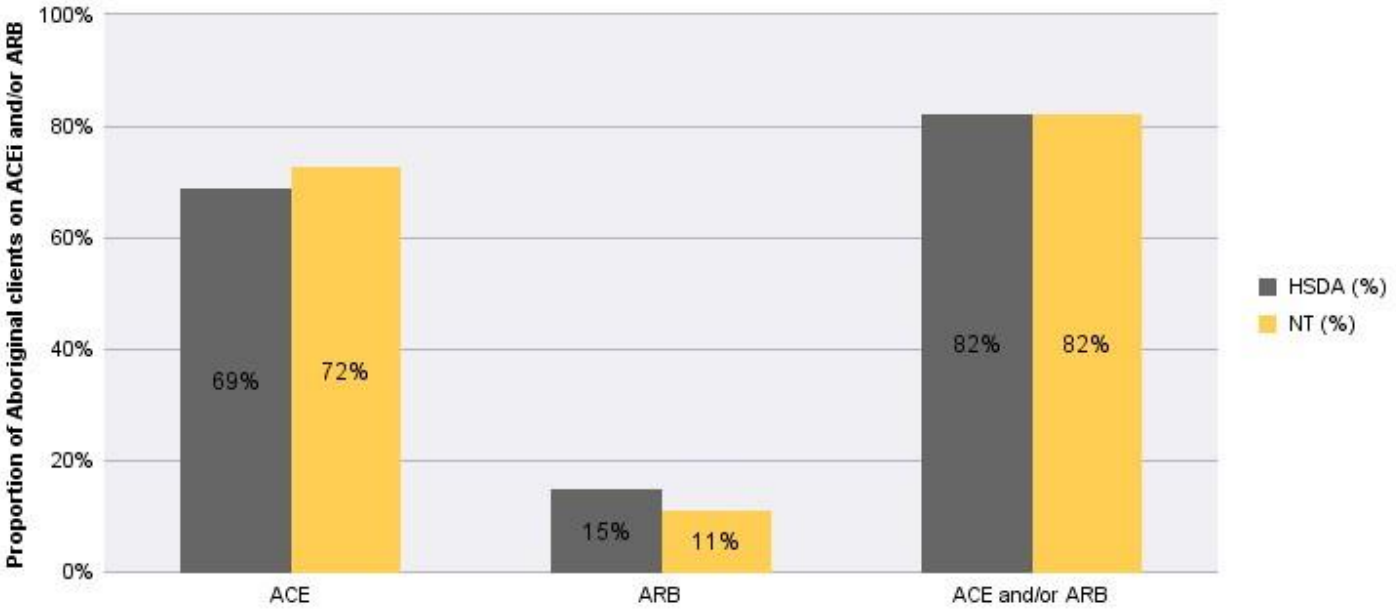
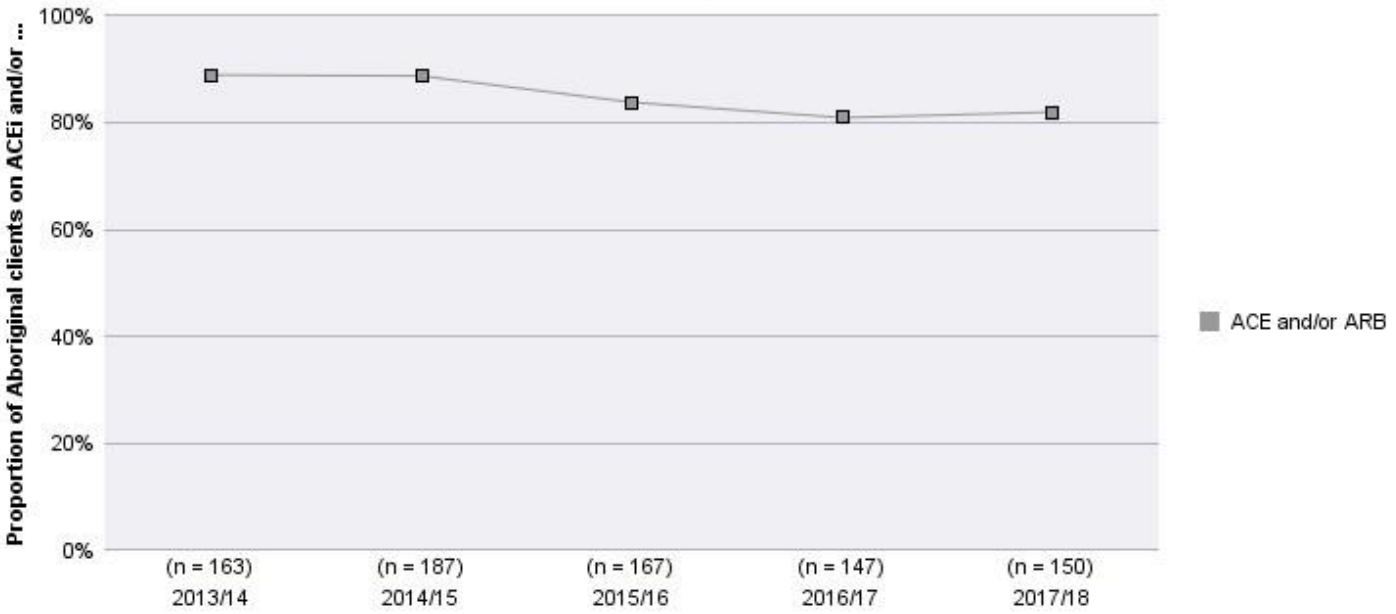


Figure 1.9b Trend of Type II diabetes resident Aboriginal clients with Albuminuria on ACE and/or ARB medication during the reporting period



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 DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.10 - Adult Aged 15 ~ 54 Health Check

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

Figure 1.10a Proportion of resident Aboriginal clients 15 to 54 years who have a complete adult health check during the previous 2 years by sex

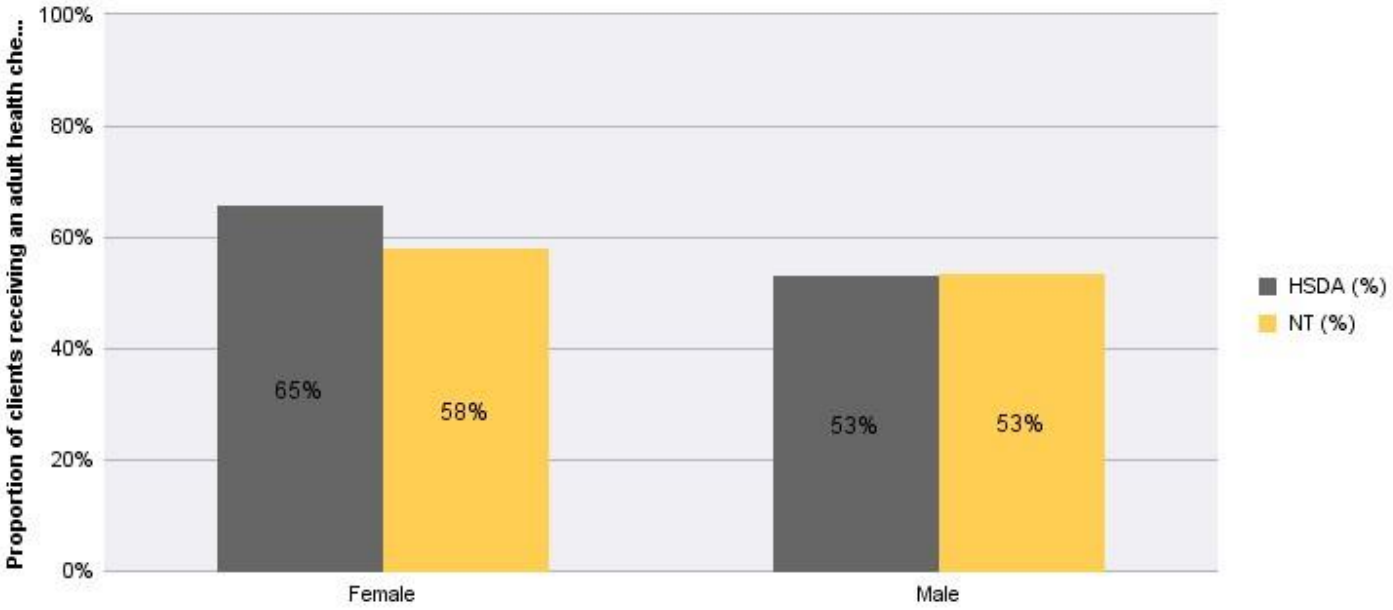
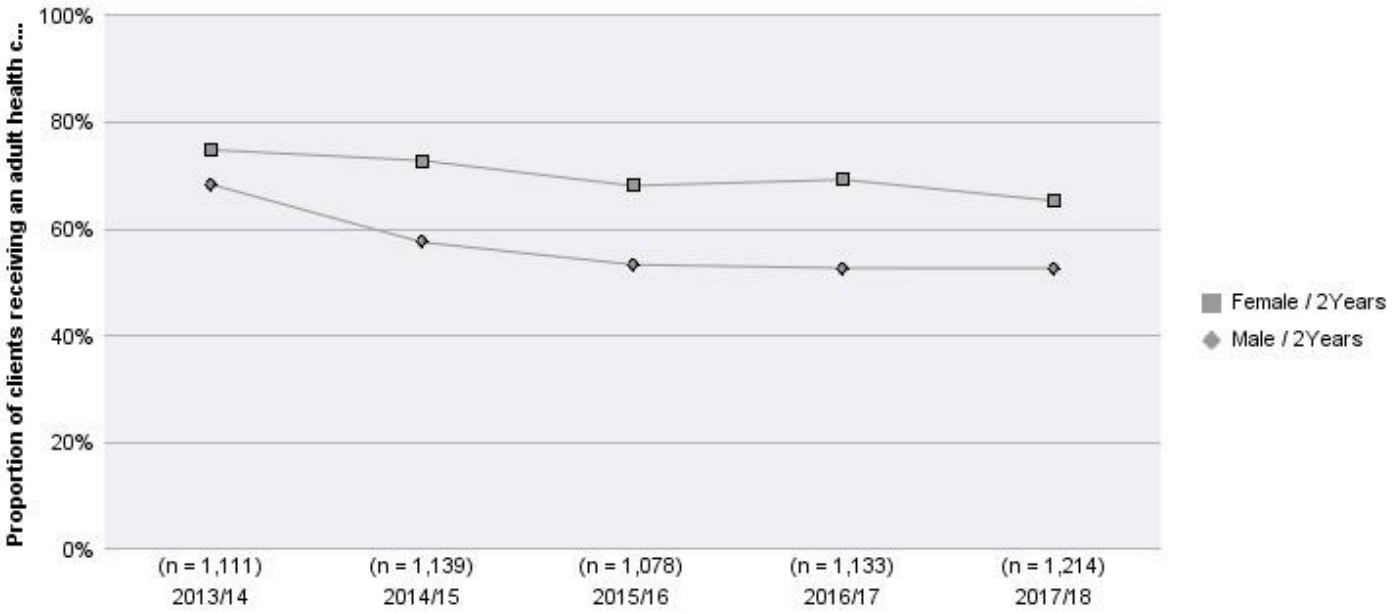


Figure 1.10b Trend of resident Aboriginal clients 15 to 54 years who have a complete adult health check by sex and reporting period



NTAHKPI 1.10 - Adult Aged 15-54 Health Check

We provide good coverage for our clients via Health Checks, with consistent levels of Health Checks being completed. Ensuring people have an annual health check will continue to be a focus of our health teams.

PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.11 - Adult Aged 55 and over Health Check

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

Figure 1.11a Proportion of resident Aboriginal clients 55 years old and above who have a complete adult health check during the previous 2 years by sex

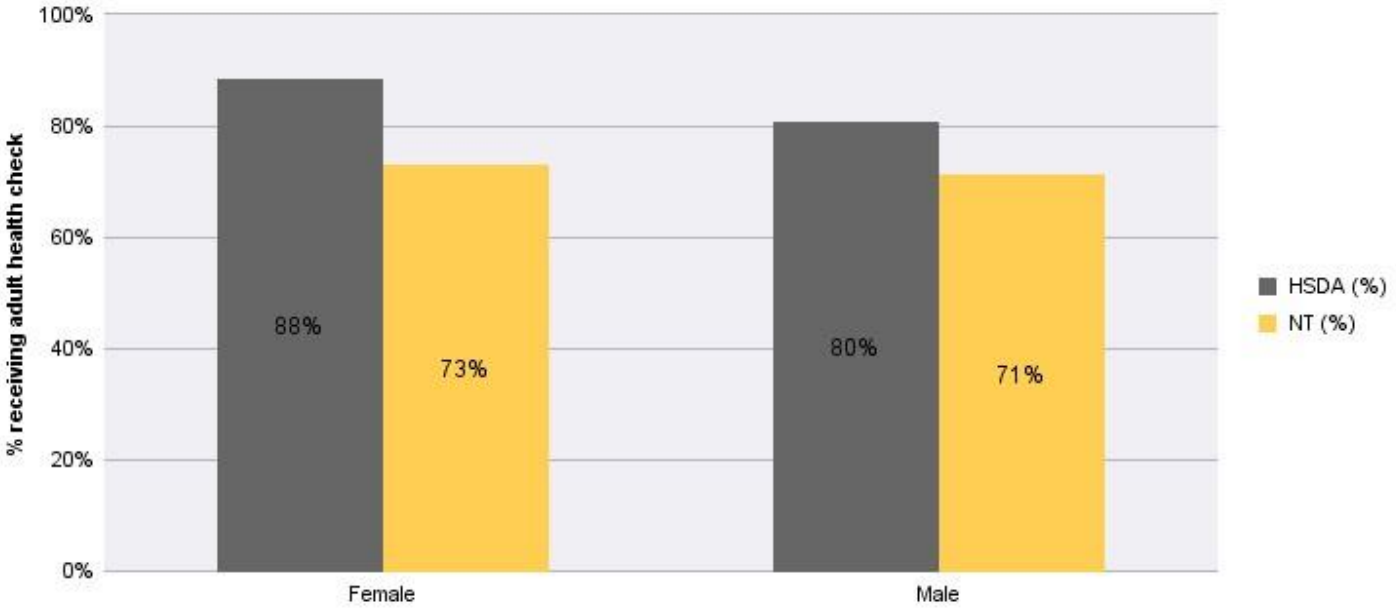
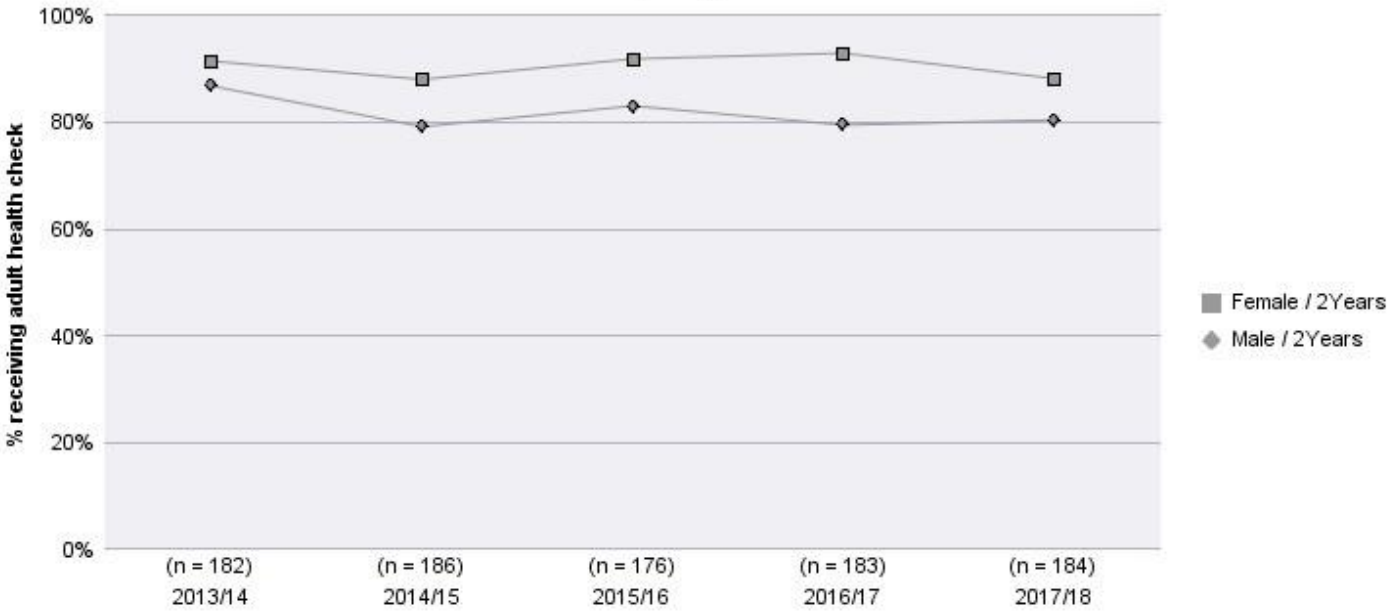


Figure 1.11b Trend of resident Aboriginal clients 55 years old and over who have a complete adult health check by sex and reporting period



NTAHKPI 1.11 - Adult Aged 55 and over Health Check

Once again a very good result with almost 9 out of every 10 elderly people having an annual health check. This is much better than the rest of the NT.

PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.12 - Pap Smear Tests

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

Figure 1.12a Proportion of resident Aboriginal women receiving a cervical screen during the previous 2 years

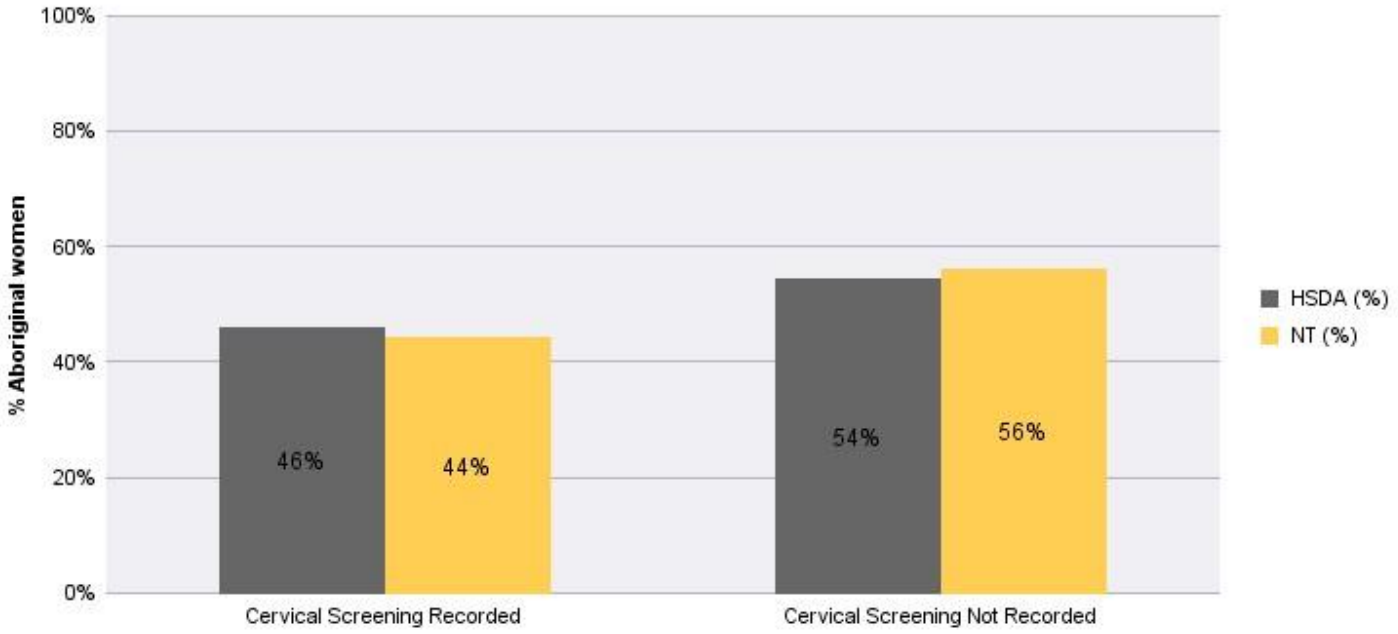
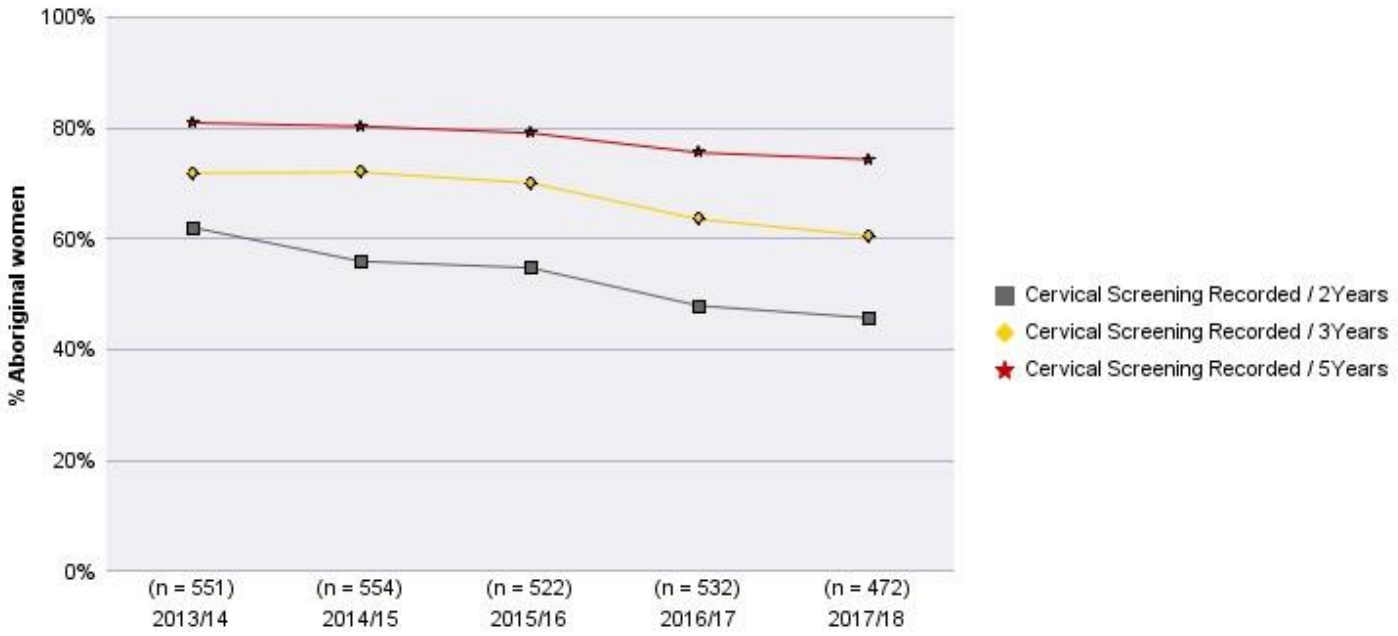


Figure 1.12b Trend of resident Aboriginal women receiving a cervical screen by reporting year



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 DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.13 - Blood Pressure Control

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

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 during the previous 6 months

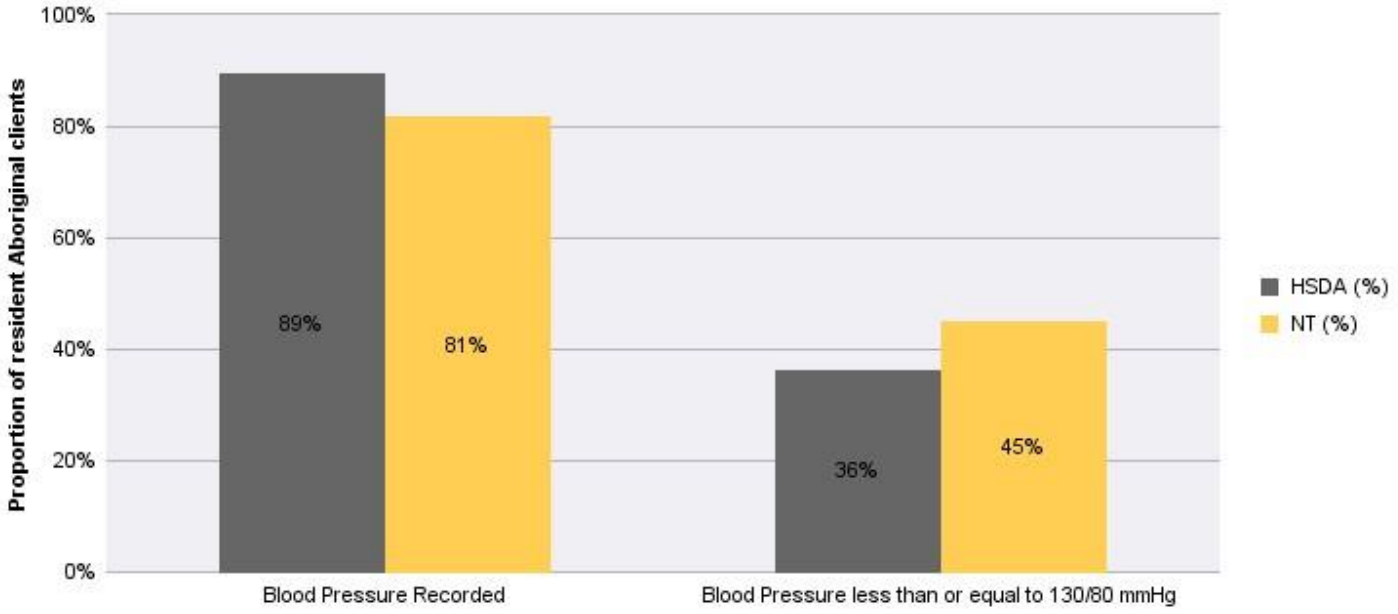
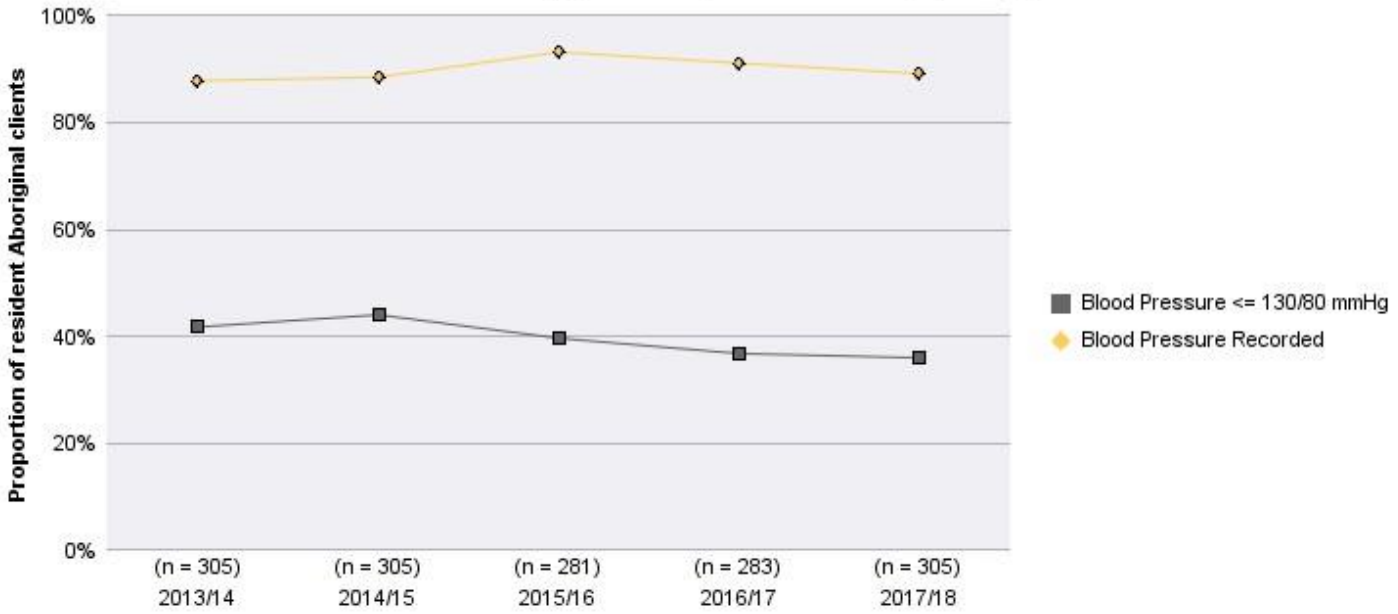


Figure 1.13b Trend of resident Aboriginal clients aged 15 and over who have type 2 diabetes, who have had a blood pressure recorded and having good blood pressure control by reporting year



NTAHKPI 1.13 - Blood Pressure Control

Once again whilst the rate of regularly measuring blood pressure is high, the low rates of people with acceptable blood pressure is still concerning. Working with our clients to control their blood pressure continues to be an ongoing focus for staff.

PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.14 - eGFR/ACR test recorded

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

Figure 1.14a Trend of resident Aboriginal clients who have had both eGFR and ACR test recorded during the previous 2 years

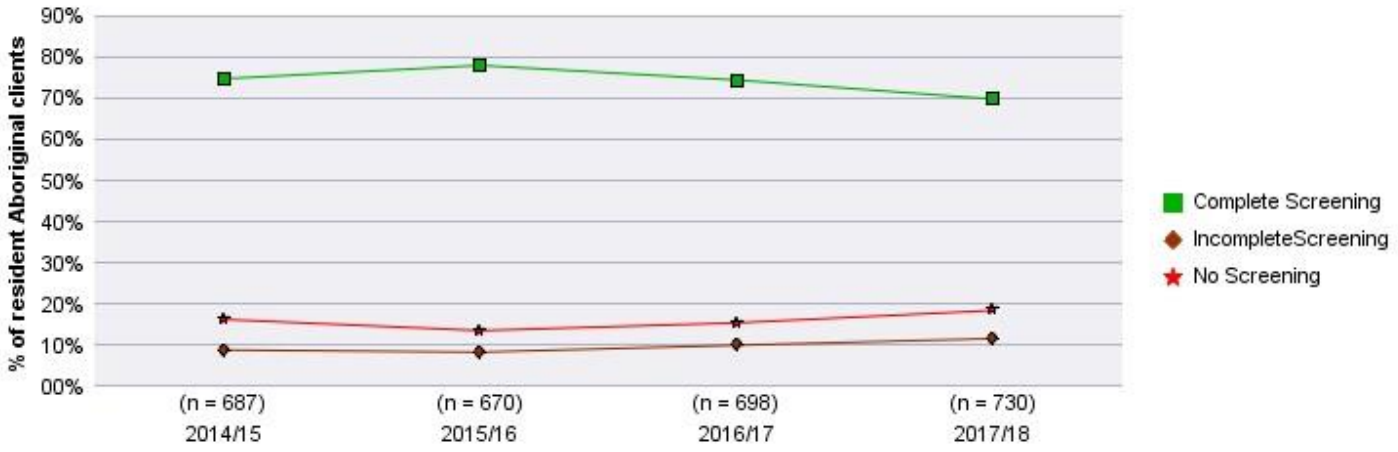


Figure 1.14b Trend of resident Aboriginal clients who have had one or more eGFR/ACR test recorded by reporting period

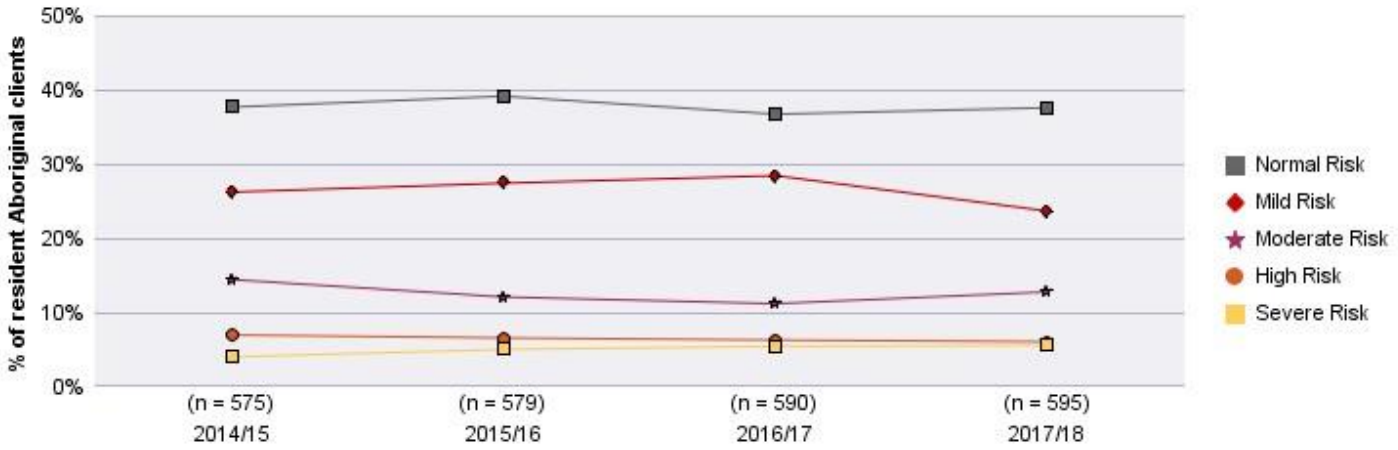
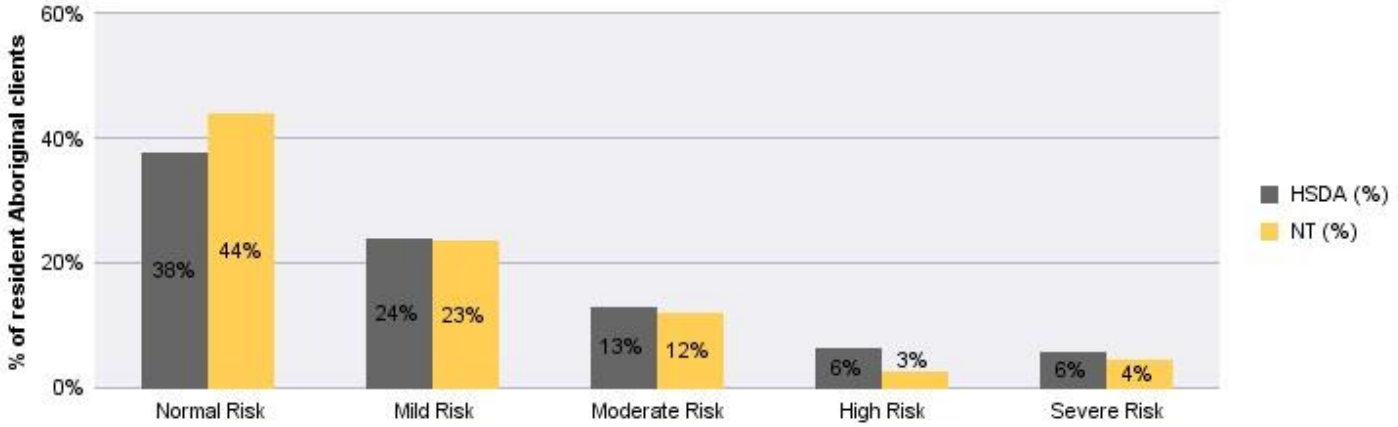


Figure 1.14c Proportion of resident Aboriginal clients who have had one or more eGFR/ACR test recorded during the previous 2 years



NTAHKPI 1.14 - eGFR/ACR test recorded

Our results are consistent with NT data, with one-third of our population in the moderate to severe risk category of developing or having kidney damage.

PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.15 - Rheumatic Heart Disease

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

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 during the previous 1 year

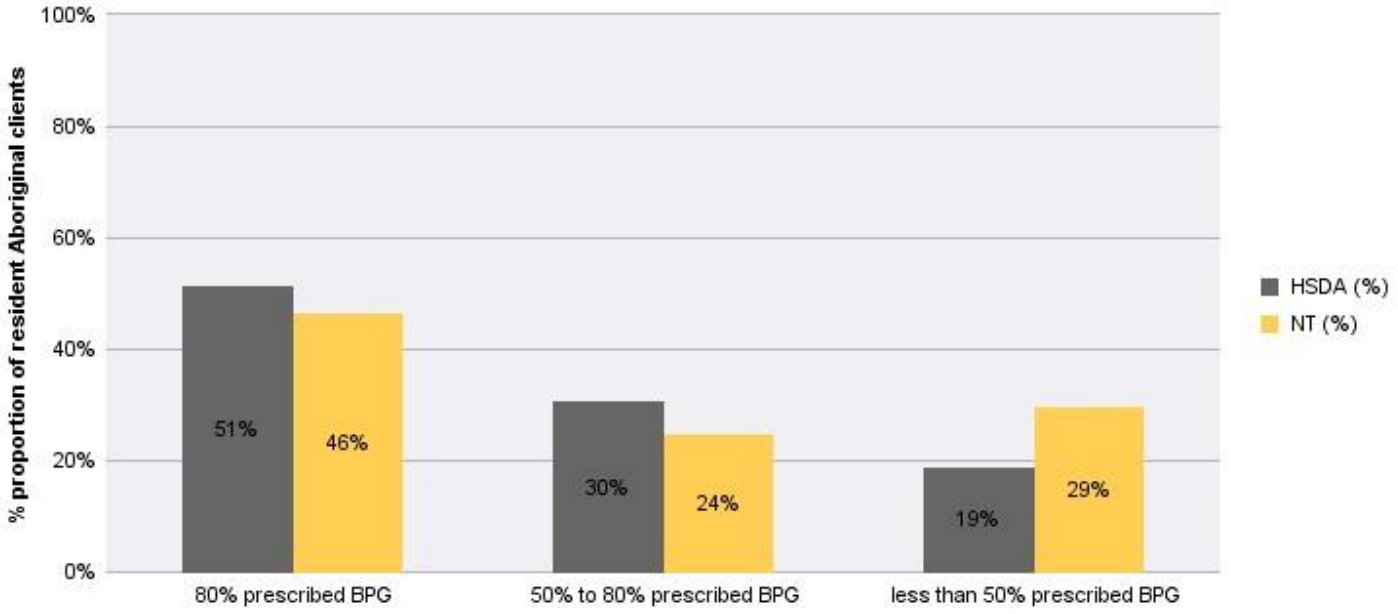
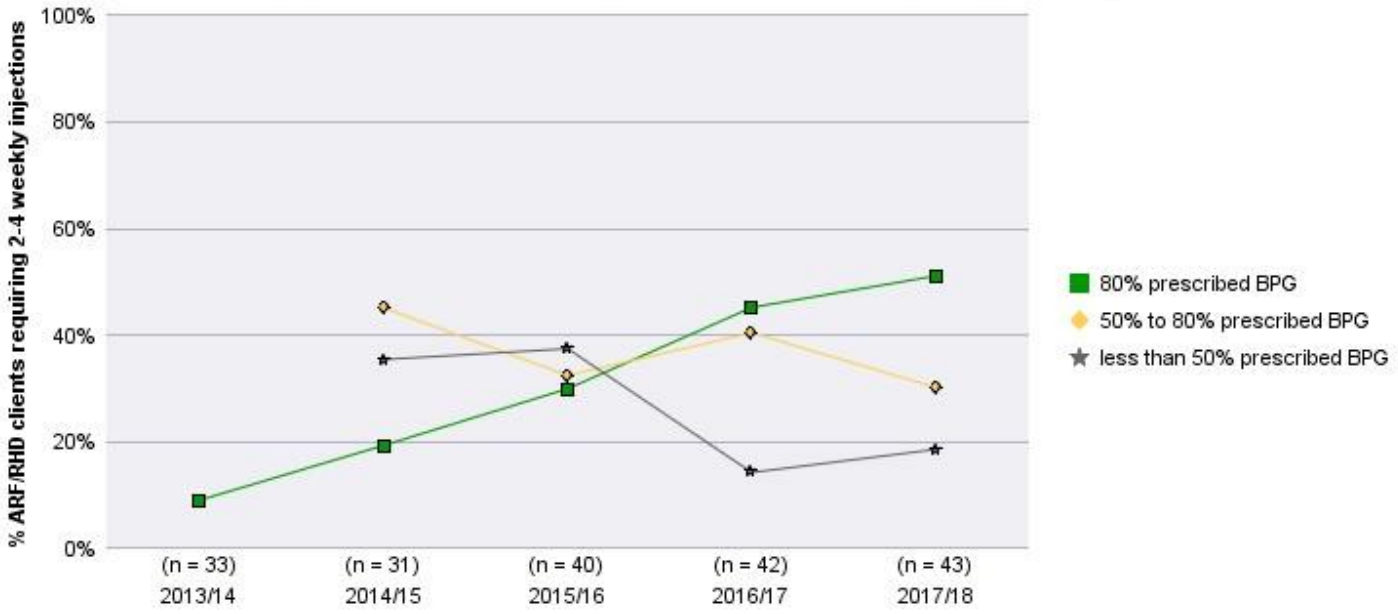


Figure 1.15b Trend of resident Aboriginal ARF/RHD clients who are prescribed to be requiring 2-4 weekly BPG Penicillin Prophylaxis and have received injections over a 12 month period by reporting year



NTAHKPI 1.15 - Rheumatic Heart Disease

It is an ongoing focus for our Health Centre teams to improve compliance and follow up of clients requiring RHD treatment and prevention which are consistently improving.

PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.16 - Smoking status recorded

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

Figure 1.16a Proportion of resident clients aged 15 years and over who have have had their smoking status recorded during the previous 2 years

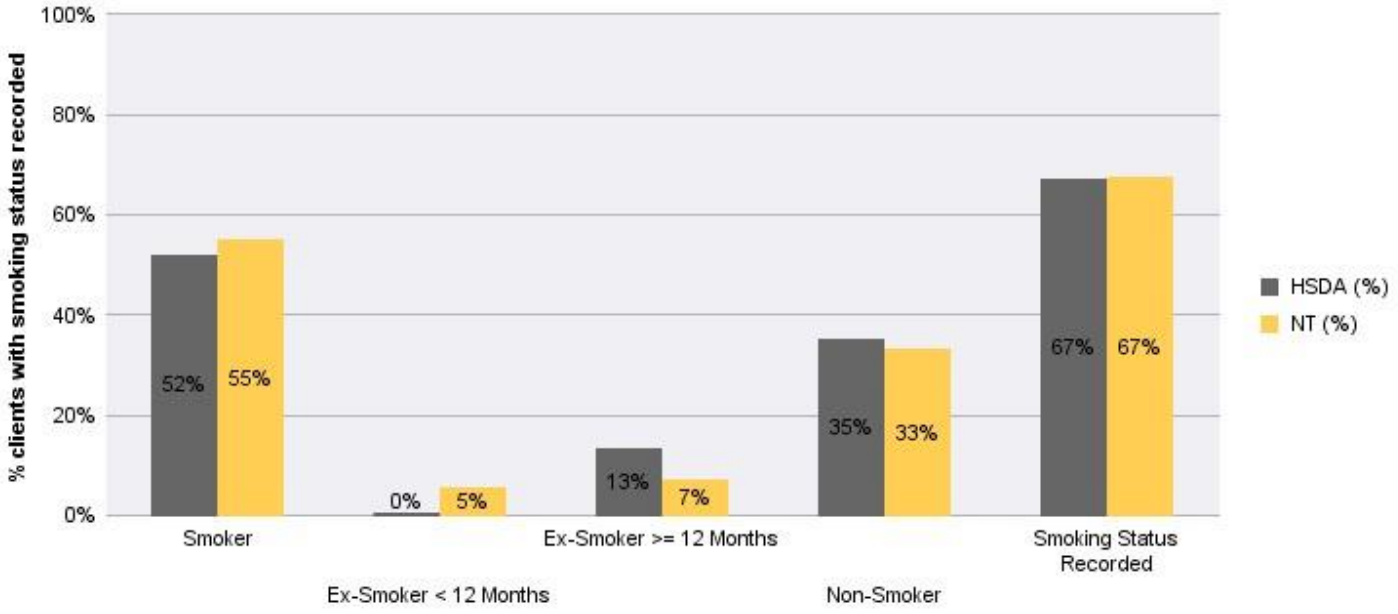
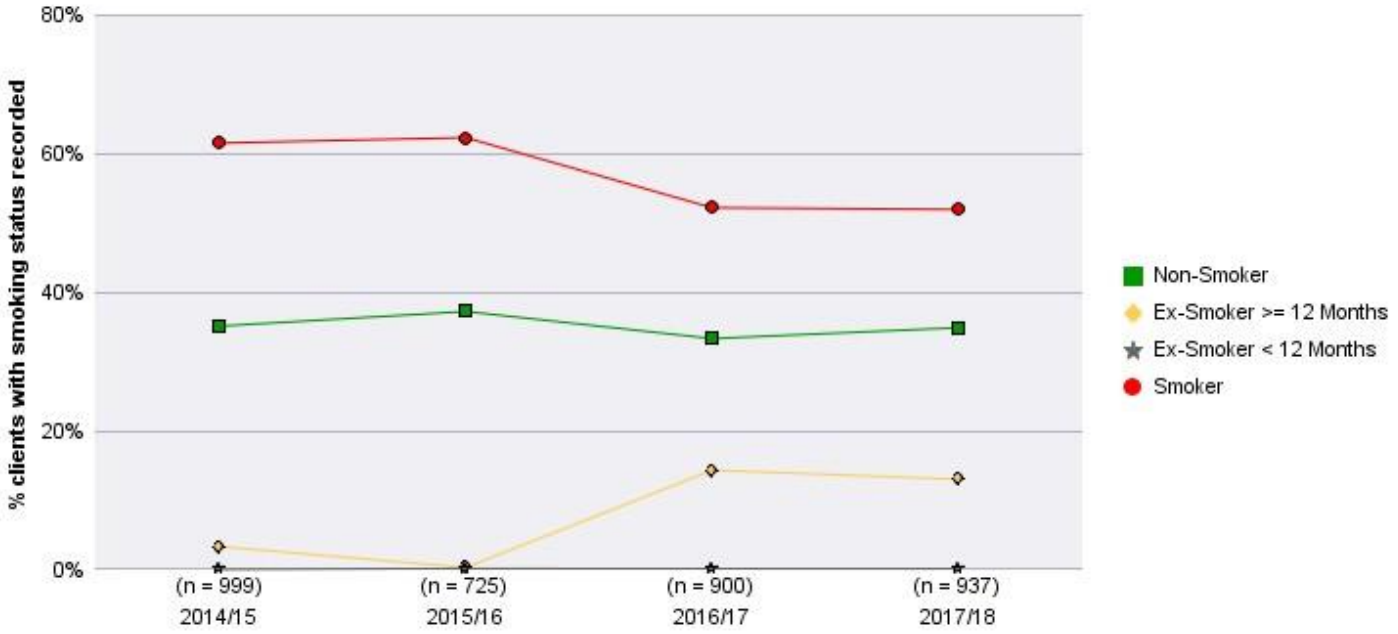


Figure 1.16b Trend of resident clients aged 15 years and who have have had their smoking status recorded by reporting year



NTAHKPI 1.16 - Smoking status recorded

The rate of smoking by people in the KWHB region continues to be higher than the Australian average. KWHB will continue to work on its Tobacco Cessation Action Plan to address smoking, which includes the KWHBs Tobacco Quit Support telephone service. This is a long term plan as change in people's habits takes time.

PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.17 - STI test recorded

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

Figure 1.17a Proportion of resident clients aged between 15 and 35 who have been tested for HIV, syphillis, chlamydia and gonorrhoea during the previous 1 year

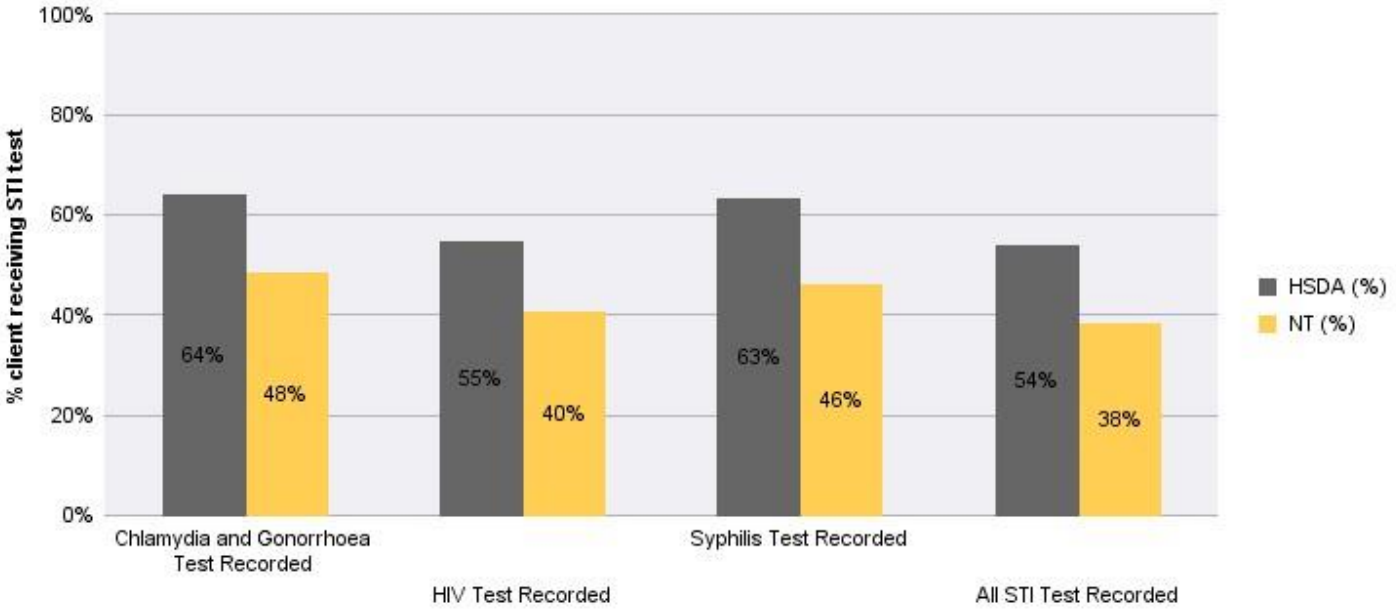
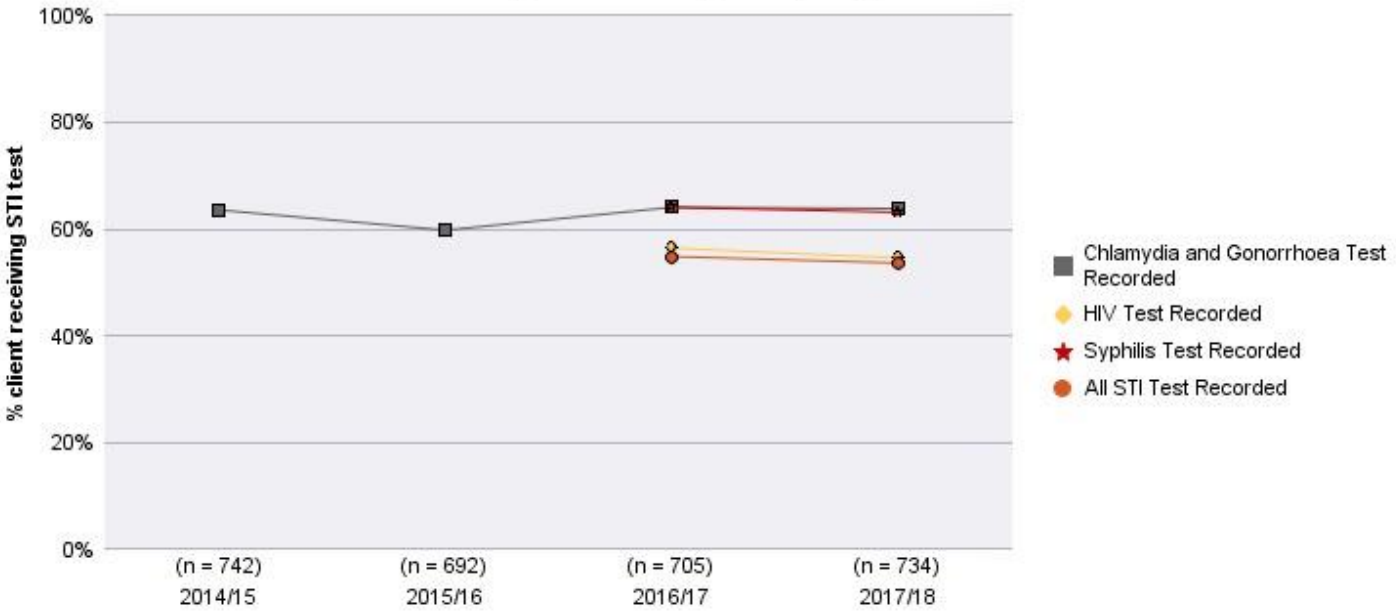


Figure 1.17b Trend of resident resident clients aged between 15 and 35 who have been tested for HIV, syphillis, chlamydia and gonorrhoea during the reporting period



NTAHKPI 1.17 - STI test recorded

Whilst the screening rates are good, there continues to be still steadily high rates of Sexually Transmitted Infections amongst KWHB residents. Getting the message out to the population and screening and treating people in the high risk groups will continue to be a high priority of our Sexual Health Coordinator and PHC teams.

PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.18 - Cardiovascular risk assessment

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

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

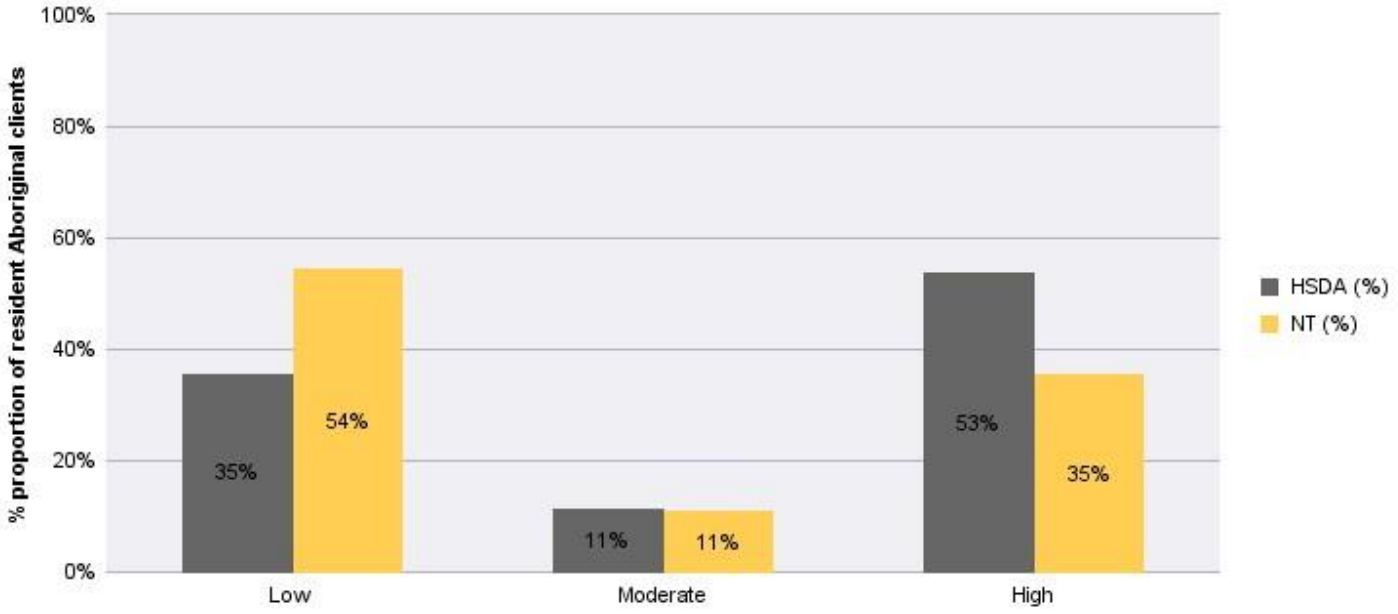
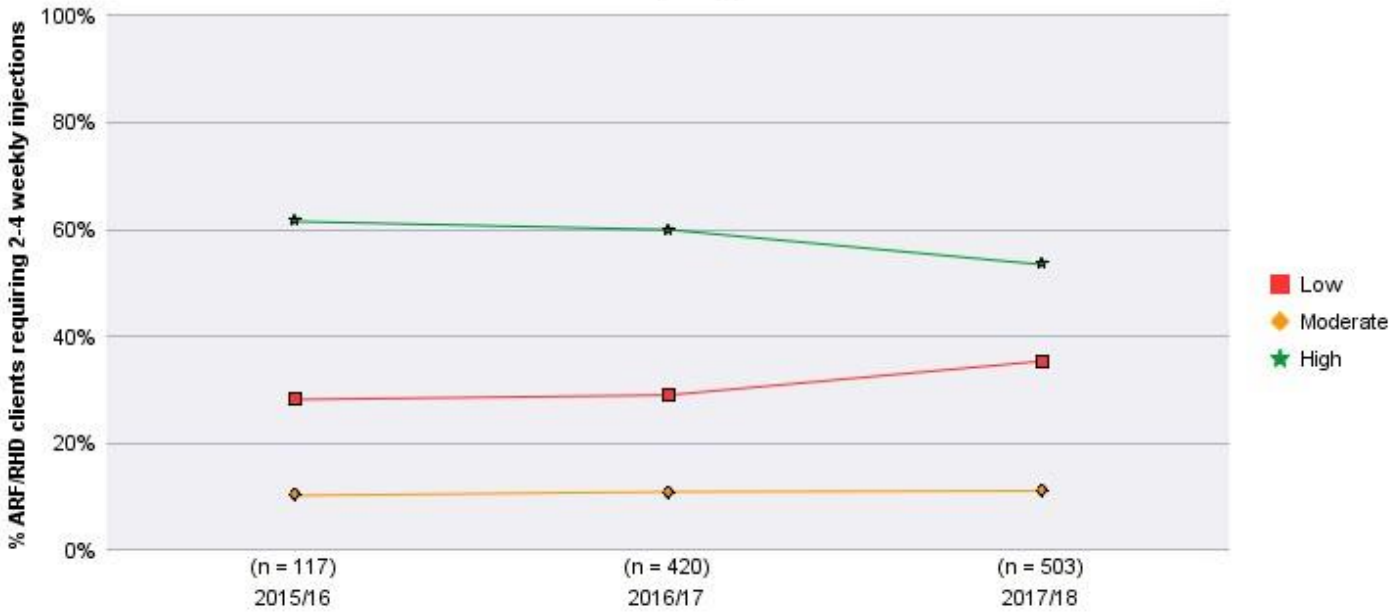


Figure 1.18b Trend of resident clients aged 20 years and who have have had a Cardiovascular Risk Assessment recorded by reporting year



NTAHKPI 1.18 - Cardiovascular risk assessment

Whilst there has been a decrease in the rate of people in the KWHB region with a high Cardio-Vascular Disease risk, much still needs to be done to assist our people to have improved heart health.

PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.19 - Retinal screening

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

Figure 1.19a Proportion of resident Aboriginal clients who have diabetes, who have had a retinal eye exam recorded during the previous 1 year

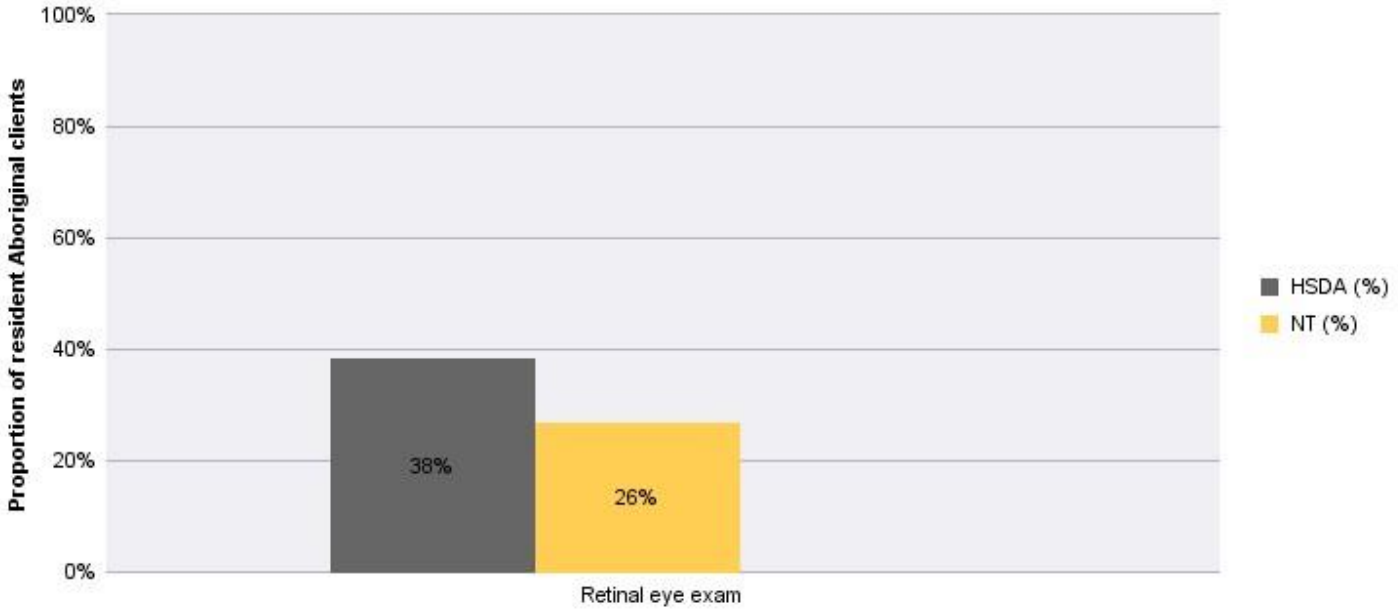
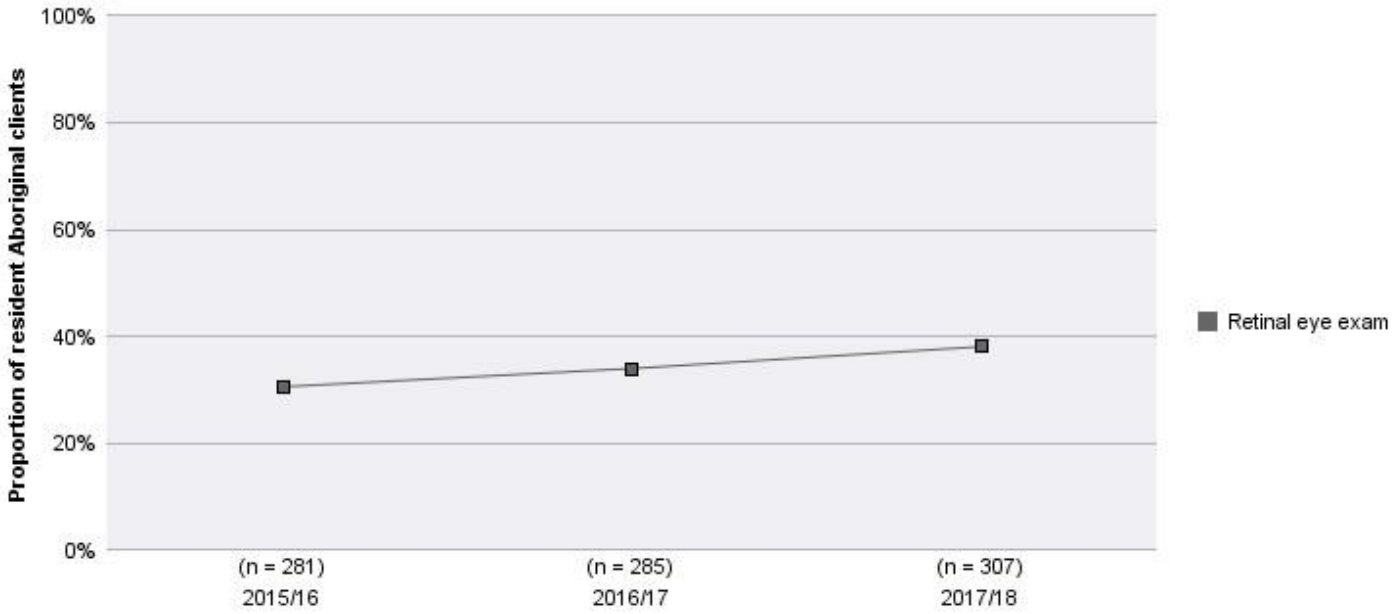


Figure 1.19b Trend of resident Aboriginal clients who have diabetes, who have had a retinal eye exam recorded by reporting year



NTAHKPI 1.19 - Retinal screening

Higher than the NT average for Retinal screening in the KWHB region.

PRIMARY HEALTH CARE DATA
NT Aboriginal Health Key Performance Indicators (KWHB) 2017-18

AHKPI 1.20 - Ear Disease in Children

Katherine West HSDA - for period 01 July 2017 to 30 June 2018

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 during the previous 1 year

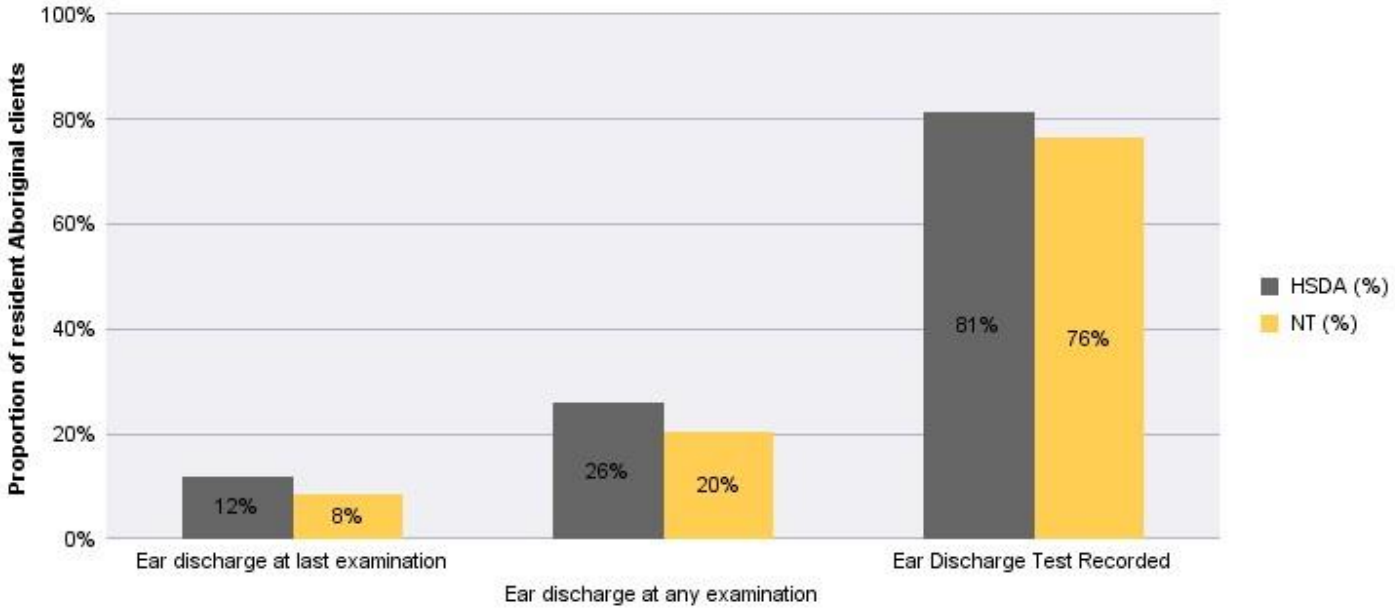
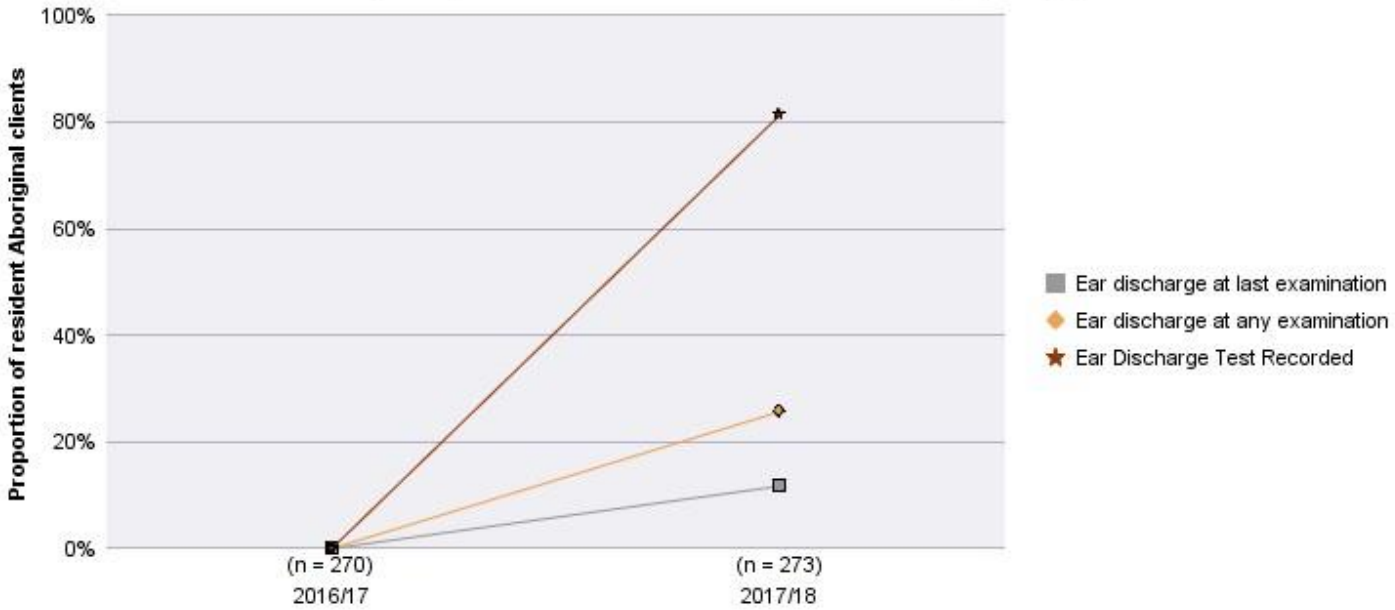


Figure 1.20 b Proportion of resident Aboriginal children aged between 3 months to less than 5 years at the time of ear discharge test, who have had an ear exam test recorded by reporting year



<u>NTAHKPI 1.20 – Ear Disease in Children</u>

KWHB has a higher than the NT average rate for ear discharge tests recorded, but also higher rates of ear discharge than the NT Average Rate. This is an indication for continued emphasis on Ear Health amongst Aboriginal children in the KWHB region.

KWHB FINANCIAL AUDIT REPORT 2017-18

The following pages are an extract from our 2017-2018 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 2018.

The names of the directors throughout 2017/2018 are as follows:

	Director Name	Role	Community/ Appointment
1.	Willie Johnson	Chairperson	Specialist [1]
2.	Jocelyn Victor	Executive Director	Pigeon Hole [2,3]
3.	Roslyn Frith	Vice Chairperson	Kalkarindji [3,4]
4.	Debra Victor	Executive Director	Kalkarindji [2,3]
5.	Dione Kelly	Executive Director	Lajamau [3,4]
6.	Sandra Campbell	Executive Director	Yarralin [3,4]
7.	Joyce Herbert	Director	Lajamanu [2]
8.	Charlie Newry	Director	Yarralin [2]
9.	Doris Lewis	Director	Lajamanu [4]
10.	Geoffrey Barnes	Director	Lajamanu [4]
11.	Shauna King	Director	Timber Creek [4]
12.	Barbara Gundari	Director	Bulla [4]
13.	Caroline Jones	Director	Timber Creek [4]
14.	Lindsay Daly	Director	Yarralin [4]
15.	Angela Berd	Director	Kalkarindji [4]
16.	Kenivan Anthony	Director	Mialuni [4]

1 re-appointed at FBM 15/02/2017
2 re-appointed at AGM 17/11/2016
3 appointed to executive 15/02/2017
4 appointed at AGM 17/11/2016

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:	$	640,748
2017	$	1,425,373

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 2017/2018 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 2017-2018 Financial Year

		Meetings attended		
		Directors		AGM
Board Director	**Community**	**Self**	**Proxy**	**Self**
Willie Johnson, Chairperson (E)	Specialist	6/7	Nil	✓
Jocelyn Victor, Executive Director (E)	Pigeon Hole	6/7	Nil	✓
Roslyn Frith, Vice Chair (E)	Kalkarindji	6/7	Nil	✓
Debra Victor (E)	Kalkarindji	5/7	Nil	✓
Dione Kelly (E)	Lajamanu	7/7	Nil	✓
Sandra Campbell (E)	Yarralin	5/7	Nil	✓
Joyce Herbert	Lajamanu	2/3	Nil	✓
Charlie Newry	Yarralin	3/3	Nil	✓
Doris Lewis	Lajamanu	2/3	Nil	✓
Geoffrey Barnes	Lajamanu	3/3	Nil	✓
Shauna King	Gilwi	3/3	Nil	✓
Barbara Gundari	Bulla	0/3	Nil	apol
Caroline Jones	Myatt	3/3	Nil	✓
Lindsay Daly	Yarralin	2/3	Nil	no
Angela Berd	Kalkarindji	3/3	Nil	✓
Kenivan Anthony	Mialuni	2/3	Nil	✓

(E) - denotes Executive Director during 2017/2018
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 Willie Johnson, Chairperson

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 2018 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
2018

Director Willie Johnson, Chairperson

Dated this 26 day of September 2018

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 2018, 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 2018 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.

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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: 26 September 2018

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 2018, to the best of my knowledge and belief, there have been no contraventions of the auditor independence requirements of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* or any applicable code of professional conduct.

Matthew Kennon
Director

DARWIN
Date: 26 September 2018

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KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2018

	Notes	2018 $	2017 $
Revenue and other income	2	16,384,213	15,743,378
Employee benefits expenses	3	(9,298,582)	(8,675,509)
Depreciation	8	(1,036,388)	(803,831)
Motor Vehicle Expenses	3	(270,410)	(239,663)
Travel and Accommodation	3	(809,822)	(799,731)
Other Expenses	3	(4,397,265)	(3,870,991)
Results from operating activities		571,746	1,353,653
Finance income		69,185	72,500
Finance expenses		(183)	(780)
Net Finance income	2a	69,002	71,720
Surplus/(Deficit) for the year		640,748	1,425,373
Other Comprehensive Income		-	-
Total Comprehensive Income		640,748	1,425,373

The accompanying notes form part of these financial statements

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2018

	Notes	2018 $	2017 $
ASSETS			
Current Assets			
Cash and cash equivalents	5	10,504,606	9,630,842
Trade and other receivables	6	119,159	66,245
Other current assets	7	289,100	219,511
TOTAL CURRENT ASSETS		10,912,865	9,916,598
Non Current Assets			
Property, Plant and Equipment	8	6,989,864	7,254,114
TOTAL NON CURRENT ASSETS		6,989,864	7,254,114
TOTAL ASSETS		17,902,729	17,170,712
LIABILITIES			
Current Liabilities			
Trade and other payables	9	2,776,531	2,803,144
Provisions	10	627,174	549,647
TOTAL CURRENT LIABILITES		3,403,705	3,352,791
Non Current Liabilities			
Provisions	11	141,014	100,659
TOTAL NON CURRENT LIABILITIES		141,014	100,659
TOTAL LIABILITIES		3,544,719	3,453,450
NET ASSETS		14,358,010	13,717,262
ACCUMULATED FUNDS		14,358,010	13,717,262
TOTAL ACCUMULATED FUNDS		14,358,010	13,717,262

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 2018

	Accumulated Funds $	Total $
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
Surplus 2018	640,748	640,748
Balance 30 June 2018	14,358,010	14,358,010

The accompanying notes form part of these financial statements

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2018

	Notes	2018 $	2017 $
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from customers		1,401,461	1,213,656
Grants received		15,218,894	14,189,267
Payments to suppliers and employees		(15,163,001)	(13,305,333)
Interest received		69,185	72,500
Interest paid		(183)	(780)
NET CASH FLOWS FROM OPERATING ACTIVITIES	12 (b)	1,526,356	2,169,310
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition of property, plant and equipment		(772,138)	(1,213,147)
Proceeds on sale of plant and equipment		119,546	49,318
NET CASH FLOWS USED IN INVESTING ACTIVITIES		(652,592)	(1,163,829)
NET INCREASE/(DECREASE) IN CASH HELD		873,764	1,005,481
Cash at the beginning of the financial year		9,630,842	8,625,361
Cash at the end of the financial year	12 (a)	10,504,606	9,630,842

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 2018

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

2018

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 2018

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.

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.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

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 2018, and have not been applied in preparing these financial statements. The Corporation is currently assessing the impact of these standards.

The Corporation does not anticipate early adoption of any new accounting standards reporting requirements.

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 2018

	2018 $	2017 $
NOTE 2: REVENUE AND OTHER INCOME		
Income		
DOH (Federal) - Capital	-	38,368
DOH (Federal) - Operational	7,885,028	7,718,639
DoH (Territory) - Operational	5,126,817	4,315,969
NTG Infrastructure, Planning	403,930	
Dept Prime Minister and Cabinet	287,721	740,000
Northern Territory PHN	1,515,399	1,376,291
NT General Practice Education	38,540	85,391
Centrelink	12,510	-
Unexpended grant c/f	(427,426)	245,348
Insurance Recoveries	3,173	31,873
GMAAC	-	155,018
Kirby Intitute - HPG	-	2,460
Work Cover Consultations	1,307	3,455
Medicare	802,963	960,915
Administration Contribution Fee	-	-
Proceeds from Sale of Assets	119,545	49,318
KWHB Medicare Contribution	582,406	170,767
Miscellaneous Income	32,300	20,331
TOTAL REVENUE	**16,384,213**	**15,914,145**
NOTE 2a FINANCE INCOME		
Interest on bank accounts	69,185	72,500
Interest paid	(183)	(780)
Net finance income	**69,002**	**71,720**
NOTE 3 EXPENDITURE		
Employee benefits expenses		
Wages & Salaries	7,885,592	7,331,538
Airfares	3,812	5,410
Superannuation	695,373	677,915
Fringe Benefits Tax	69,377	57,909
Professional Development	175,459	163,046
Recruitment and Relocation	323,938	298,573
Flight Out Of Isolated Land	34,488	39,930
Insurance - Workers Compensation	110,543	101,188
	9,298,582	**8,675,509**

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

	2018 $	2017 $
Motor vehicle expenses		
MV Fuel/Oil	114,599	115,837
MV Repairs & Maintenance	129,476	100,174
MV Registration	26,335	23,652
	270,410	**239,663**
Travel		
Travel & Accommodation-Staff	691,434	657,242
Travel & Accommodation - Board	116,956	138,301
Travel & Accommodation - Other	-	530
Travel & Accomm - Patients	1,432	3,657
	809,822	**799,731**
Other Expenses		
Accounting Fees	1,941	3,945
Annual Report	1,190	1,150
Advertising	8,869	284
Audit	19,896	25,000
Bank Charges	850	751
Cleaning	72,458	67,587
Consultant / Advisory Servic	98,215	105,465
Communications	12,407	22,523
Electricity/Water/Sewerage	307,808	256,349
Freight	76,426	63,628
Ground Maintenance	13,798	10,261
Hire of Equipment	42,067	60,999
Insurance	144,643	194,229
IT Hosting/Support	404,396	382,657
IT - Computer Equipment	4,101	1,573
Bad Debts	2,056	-
Postage	1,150	1,878
Meeting Costs	11,848	14,704
Service Charges	44,817	20,537
Rent - Head Office	217,900	211,796
Rent - Storage Facilities	15,777	15,042
Rent - Housing	267,714	252,625
Subscriptions/Membership	4,475	6,093
Telephone/Fax	126,667	112,852
Uniforms	4,842	4,758
Security	15,564	12,674

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

	2018 $	2017 $
Repairs and Maintenance		
Plant & Equipment	10,818	11,020
Computer/Office Equip	-	26,850
Furniture and Fittings	26,092	28,863
Buildings	350,433	171,024
Medical Equipment	77,969	79,555
Supplies		
Medical / Dental Supplies	327,497	302,374
RAHC/NAHRLS	182,414	206,326
Office Supplies	34,767	33,307
Repay unspent grant	-	23,185
Health and Other Program		
Doctors - Locum	507,751	452,586
Health Promotions	127,515	279,211
Services Purchased	247,728	407,331
Medicare Contribution clinic	582,406	170,767
	4,397,265	**4,041,758**

NOTE 4 AUDITORS REMUNERATION

Remuneration of the auditors of the corporation for		
- Auditing or reviewing the financial report		
Merit Partners	19,896	25,000
	19,896	**25,000**

NOTE 5 CASH AND CASH EQUIVALENTS

ANZ - Operational Account	4,058,782	4,054,953
ANZ - Medicare Bulk Bill	3,971,773	3,163,560
PCCU Investment Account	2,473,551	2,411,829
Petty Cash	500	500
	10,504,606	**9,630,842**

The effective interest rate on the PCCU Investment account was 2.48% as at 30 June 2018 (30June 2017: 3.01%). The investment is rolled forward quarterly.

NOTE 6 TRADE AND OTHER RECEIVABLES

Trade Debtors	119,159	66,245
Less Provision for doubtful debts	-	-
	119,159	**66,245**

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

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 PCCU.

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		
2018	**Gross Amount**	**Past due & Impaired**	**Within initial trade terms**	**31-60**	**61-90**	**>90**
Trade and Other Receivables	119,159		94,373	20,546	80	4,160

				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	4,014

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 2018

	2018 $	2017 $
Financial assets classified as loans and receivables		
Trade and other receivables	119,159	66,245

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

NOTE 7 OTHER CURRENT ASSETS

Prepayments	288,568	126,037
GST receivable	532	93,474
	289,100	219,511

NOTE 8 PROPERTY, PLANT AND EQUIPMENT

Furniture & Fittings at Cost	1,362,708	1,328,917
Accumulated depreciation	(1,292,076)	(1,260,501)
	70,632	68,416
Land	8,000	8,000
Accumulated depreciation	-	-
	8,000	8,000
Building at Cost	8,110,085	7,729,548
Accumulated depreciation	(2,288,095)	(1,889,796)
	5,821,990	5,839,752
Computers and Software at Cost	1,068,100	1,037,050
Accumulated depreciation	(981,222)	(932,543)
	86,878	104,507
Motor Vehicles - at Cost	2,408,837	2,550,993
Accumulated depreciation	(1,639,607)	(1,585,353)
	769,230	965,640
Medical Equipment at Cost	858,291	795,845
Accumulated depreciation	(625,157)	(528,048)
	233,134	267,797
	6,989,864	7,254,112

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

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 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
Balance 1 July 2017	68,409	8,000	5,839,752	104,507	267,797	-	965,649	7,254,114
Additions	33,798	-	380,536	31,050	62,446		264,308	772,138
Disposals	-	-	-	-	-		(406,473)	(406,473)
Writeback	-	-	-	-	-		406,473	406,473
Depn Expense	(31,575)	-	(398,298)	(48,679)	(97,109)		(460,727)	(1,036,388)
Carrying amount at the end of the year 30 June 2018	70,632	8,000	5,821,990	86,879	233,134	-	769,230	6,989,864

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

	2018 $	2017 $
NOTE 9 TRADE AND OTHER PAYABLES		
Trade Creditors	924,214	1,343,499
Accruals	212,206	228,130
Other payables - unspent grants	1,640,111	1,231,515
	2,776,531	2,803,144
Financial liabilities at amortised cost classified as trade and other payables		
-Total Current	2,776,531	2,803,144
- Total Non Current	-	-
	2,776,531	2,803,144

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	249,398	217,341
Annual Leave	377,776	332,306
	627,174	549,647
NOTE 11 PROVISIONS		
Non Current		
Long Service Leave	141,014	100,659
NOTE 12 CASH FLOW INFORMATION		
a) Reconciliation of cash		
Cash balance comprises:		
Cash (Note 5)	10,504,606	9,630,842
b) Reconciliation of the surplus to the net cash flows used in operating activities		
Surplus/(Deficit	640,748	1,425,373
Depreciation	1,036,388	803,831
Profit on disposal of assets	(119,546)	(49,318)
Change in assets and liabilities		
Trade and other receivables	(52,914)	(45,789)
Other current assets	(69,589)	(59,254)
Trade and other payables	(26,613)	129,147
Provision for employee entitlements	117,882	(34,680)
Net Cash Flows from operating activities	1,526,356	2,169,310

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.

	2018	2017
Financial Assets	$	$
Cash and cash equivalents	10,504,606	9,630,842
Trade and other receivables	119,159	66,245
	10,623,765	9,697,087
Financial Liabilities		
Trade and other payables	2,776,471	2,803,144
	2,776,471	2,803,144

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 2018

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	
	2018 $	2017 $	2018 $	2017 $	2018 $	2017 $	2018 $	2017 $
Financial liabilities due for payment								
Trade and other payables	2,776,471	2,803,144	0	0	0	0	2,776,471	2,803,144
Total contractual outflows	2,776,471	2,803,144	-	-	-	-	2,776,471	2,803,144
Financial assets - cash flows realisable								
Cash and cash equivalents	10,504,606	9,630,842	0	0	0	0	10,504,606	9,630,842
Trade and other receivables	119,159	66,245	0	0	0	0	119,159	66,245
Total anticipated cash in flows	10,623,765	9,697,087	-	-	-	-	10,623,765	9,697,087

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

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

	2018 $	2017 $
(a) Operating Lease commitments:		
Non cancellable operating leases contracted for:		
Being for rental of offices, housing, printer/copiers		
Payable:		
- not later than 12 months	101,389	196,003
- between 12 months and 5 years	51,286	56,486
- 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 2018.

NOTE 17. RELATED PARTY DISCLOSURES
During the year ended 30 June 2018, the Corporation paid directors fees and travel allowances to its board of directors who attended meetings for and behalf of the Corporation.

Directors' Fees	16,079	8,544
Travel Allowances	116,956	138,301
	133,035	146,845
Key Management Personnel Compensation		
Short Term Benefits	1,062,362	920,811
	1,062,362	920,811

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 Sean Heffernan
Date: 26 September 2018

Chairperson Willie Johnson
Date: 26 September 2018

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 2018 as set out on pages 37 to 53, using the accruals basis of accounting.

In our opinion the attached Statements as set out on pages 37 to 53 present fairly, in all material respects, the financial transactions for the year ended 30 June 2018.

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

26 September 2018

HEALTHCARE ASSOCIATED INFECTIONS
KWHB Statement 2017-18

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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