Katherine West Health Board
Aboriginal Corporation

ANNUAL REPORT

2018/2019

JIRNTANGKU MIYRTA
ONE SHIELD FOR ALL

Our Logo

The boomerang represents sickness. The shield represents the Health Centres. The shield stands protective against sickness as one. The name of **Jirntangku Miyrta "One Shield for All"** symbolises the Katherine West Health Board charter to reflect that the one shield is representative of all people and language groups in the Katherine West region.

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 well being of all people in the Katherine West region. We provide culturally secure primary health care and we are a voice for our communities on all matters affecting our health.

Contents

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

Commonly Used Acronyms

Acronym	Full Title
AHP	Aboriginal Health Practitioner (formerly 'Aboriginal Health Worker' or 'AHW')
AMSANT	Aboriginal Medical Services Association of the Northern Territory
CARPA	Central Australian Rural Practitioners Association
CEO	Chief Executive Officer
CLAG	Cultural Leadership Advisory Group
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

Our Region

KWHB is located on the far western side of the Katherine region in Australia's Northern Territory, a sprawling region of river and desert country starting from Timber Creek in the North, down to Lajamanu and further in the South.

KWHB operate seven health centres across our very large region, with the four main centres located in Kalkaringi, Lajamanu, Timber Creek and Yarralin.

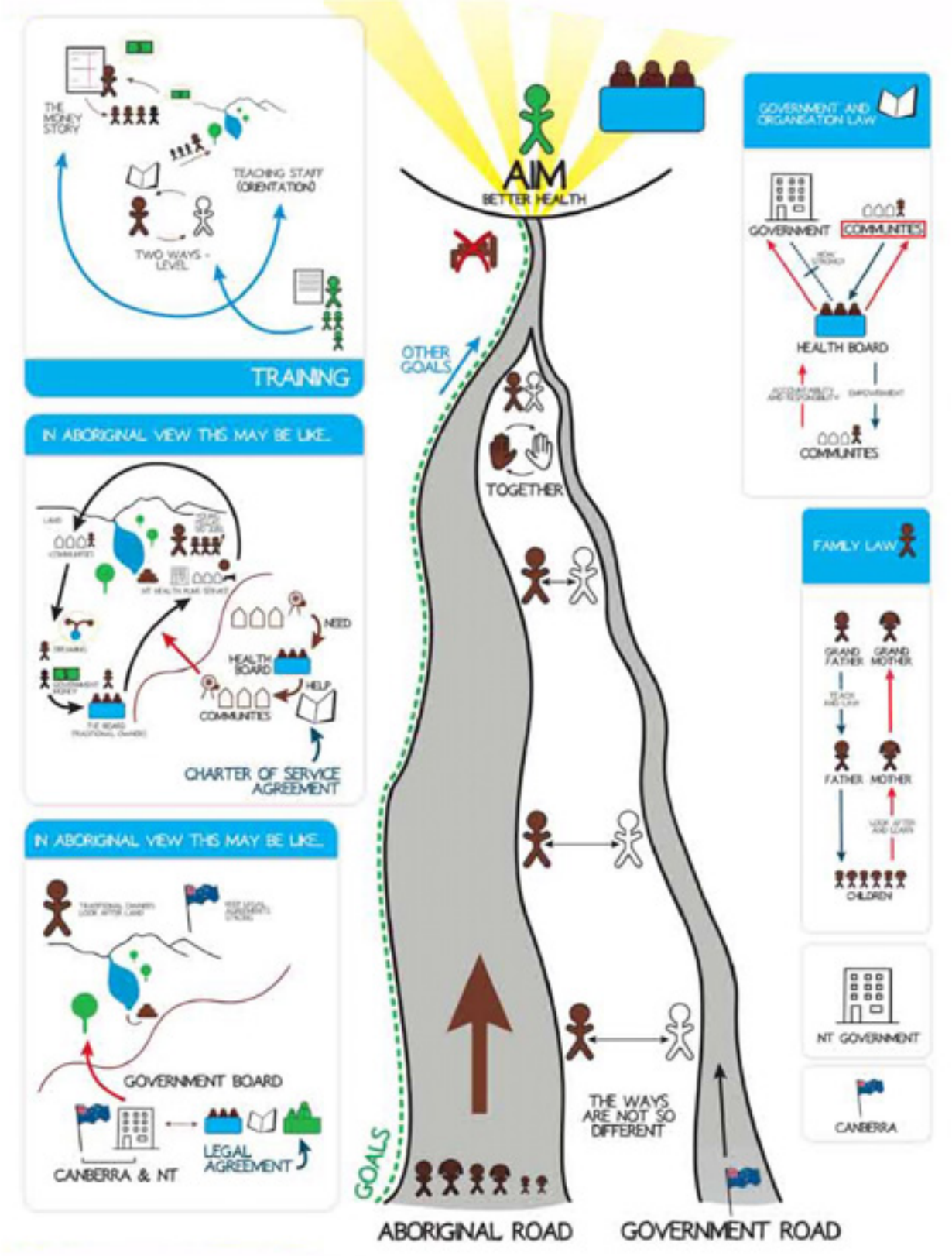
KWHB is an Aboriginal community controlled health organisation, governed by our Directors who are elected by our members. KWHB comes under the rules and regulations of the Office of the Registrar of Indigenous Corporations (ICN 3068).

The Katherine West Health Board is governed by our 15 Directors, who are elected by KWHB members from our region.

Kalkarindji Region	Lajamanu Region	Timber Creek Region	Yarralin Region
Kalkarindji	**Lajamanu**	**Timber Creek**	**Yarralin**
Daguragu		**Bulla**	**Lingara**
Pigeon Hole		**Kildurk**	

Road to Health

Developed in 1998, the KWHB Road to Health is a core document that hangs in our board room, and describes the aim and strategic direction of Katherine West Health Board.



Strategic Plan 2018-2020

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:

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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.

Chairperson's Report

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 2018 - 30 June 2019. This year has been a year of change and growth for KWHB and I would like the thank the Board for their support and guidance in the ongoing delivery of quality health services and strong governance.

Condolences to the family of our past chair Mr. Johnson, we the KWHB members would like to share and thank him for all his hard commitment and dedication towards KWHB, he lit up our days with his great humour and great words of wisdom and encouragement. Everyday, now, seems that there will always be a missing link within us and it will always be felt.

Throughout the year we have undertaken Board Director elections as the current Board's term comes to an end. Our communities have elected a new Board to represent KWHB which will be confirmed at the AGM in November. I would like to thank our current Board for their years of service to KWHB and look forward to working with those who will be joining us on the new Board as well as new members in the governance space at KWHB.

The Board are happy to see KWHB in a strong financial position with good adherence to budgeting whilst also seeing the vision of the Board being realised through health service expansion and a strong focus on our young people and improving health literacy. As Directors we are regularly monitoring the financial position of KWHB and reviewing the income and expenditure to ensure ongoing safe and financially sound operations.

During the year the Directors endorsed a CEO succession strategy that has been implemented toward the end of the year. We would like to thank Sean Heffernan (Janama) for his many years of service to KWHB and the region and look forward to seeing him around the office in his new role as Director of Corporate Governance. The Directors would also like to congratulate Sinon Cooney as the incoming CEO of KWHB and look forward to working with Sinon to further progress the Boards vision for KWHB.

In 2018-19, the Directors met on the following dates:

- 25 July 2018, Executive Board Meeting - 6 Executive Directors attended.
- 17 October 2018, Executive Board Meeting - 6 Executive Directors attended.
- 14 November 2018, Executive Board Meeting - 6 Directors attended.
- 15 November 2018, Annual General Meeting - 15 Directors attended, 22 members present
- 6 February 2019, Executive Board Meeting - 6 Executive Directors attended.
- 20 March 2019, Full Board Meeting - 10 Directors attended.
- 22 May 2019, Executive Board Meeting - 5 Executive Directors attended.

During our Board meetings KWHB Directors and myself review a range of documentation to ensure that KWHB continues to operate within our

compliance and regulatory requirements and ensure that we are meeting the objectives of our Strategic Plan. We regularly review meetings minutes, Health statistics, incoming and outgoing correspondence, financial position and reports to funding bodies as well as grants received.

During the year Noleen Campbell (NC) from Yarralin joined the other 15 Directors on the Board to ensure we have full representation across our communities. NC replaced outgoing Director, Mr Lindsay Daly. As Directors we take our role seriously in representing the entire region and on ensuring we are working towards the goal of better health for all.

We have seen a continuation of the Boards vision in the space of health promotion in our communities and Directors especially value resources created in collaboration with our people and starring our community members who we know and recognise. This vision will be pursued further into the future and we look forward to more community work in this endeavour.

Its great to see so many familiar faces when we travel around the region working in our Health Centres and town office, and we also enjoy seeing new faces and new positions that will help to improve the health service to our region. Our Health Centre teams are doing a great job at providing quality primary health care services to all our communities in the region and we appreciate their commitment to this work.

We continue to have a strong focus of quality improvement at KWHB and have maintained our accreditation against ISO 9001:2016, RACGP and NSQHS Standards. We as the Board recognise that this identifies a high standard of service delivery and maintains strong accountability to principles of quality control and quality improvement. We congratulate all staff on their commitment to a well-run, safe and effective health service.

"I would like to thank all who contributed to 2018-19 being another great year for the Katherine West Health Board. We appreciate your hard work and ongoing support and effort over the past year and look forward to the year ahead."

Roslyn Frith

Chairperson

Kalkaringi Freedom Day Festival, 2019.

Number of current members on the Members List as of 30 June 2019.

- There are 947 members on the KWHB members list at 30 June 2019.
- At, 30 June 2018 there were 924.
- There have been 23 new members accepted this year and no members removed from the Register.
- The Membership Register is reviewed every 6 months by the KWHB Board.

Support for clients

KWHB has a dedicated Patient Advocacy and Travel role. Position advertises to staff to give patients who are travelling into Katherine her contact details so they are able to contact if they have difficulties or need assistance. This position assisted 62 people with travel arrangements during the period.

Officer meets with NTG travel agencies regularly and is in contact with Aboriginal Liaison Officers at KDH and RDH to sort through issues for KWHB people.

All KWHB clinical staff assist clients with accessing health services both within their community and when travelling to urban centres such as Katherine (KDH) and Darwin (RDH). Each Health centre has an Administration Officer who assists patients with organising travel and community staff will often assist patients with boarding their travel to the urban centres. KWHB Directors monitor the accessing of services by KWHB clients in the communities and will also report back to the organisation or Board issues as they arise.

Board of Directors

Roslyn Frith
Chairperson
Kalkaringi

Jocelyn Victor
Deputy Chairperson
Pigeon Hole

Debra Victor
Executive Director
Kalkaringi

Dione Kelly
Executive Director
Lajamanu

Sandra Campbell
Executive Director
Yarralin

Caroline Jones
Timber Creek
Myatt

Barbara Gundari
Bulla

Charlie Newry
Yarralin

Doris Lewis
Lajamanu

Geoffrey Barnes
Lajamanu

Joyce Herbert
Lajamanu

Angela Berd
Kalkaringi

Kenivan Anthony
Mialuni

Shauna King
Timber Creek
Gilwi

Noleen Campbell
Yarralin

CEO's Report

2018-2019 has been a year of significant change for KWHB in the organisational structure and leadership space. Sean Heffernan our CEO of more than 14 years asked the Board of Directors some time ago to bring on a new CEO as part of a leadership transition strategy.

Sean has now been able to move into a role that recognises and harnesses his strengths as a corporate leader and knowledge in the sector and KWHB. His new role as the Director of Corporate Governance will be an important one that ensures KWHB continues to function strongly across the corporate domain. Sean has provided strong effective leadership at KWHB for many years and has ensured a steady focus on quality health service delivery, organisational governance, he has delivered a positive and supportive workplace culture at KWHB that enables our staff to focus on the great work that occurs in the bush. I would like to personally thank Sean for many years of support in my previous roles at KWHB as well as for great friendship, fun and laughs over the years.

Sadly, this year we lost KWHB Chairperson Japanangka. The passing of our leader was felt across the region as well as further throughout the Territory with his many connections and roles he played on Boards and as an advocate for his community and more broadly for Aboriginal people in the NT. We offer our heartfelt condolences to Japanangka's wife Robyn and his children and extended family. We fondly remember the times we spent with him in the Board room and on the road and always appreciated his sense of humour and considered advice to the Board and KWHB leadership over many years. Japanangka will be sadly missed by us all.

As I step into some mighty big shoes as the CEO of KWHB I would like to thank the KWHB Board Directors for supporting me to come into this role and to take on the leadership of KWHB. I look forward to continuing the great work of the past and building on our service delivery model into the future to take on new challenges and opportunities to improve the health of clients in the KWHB region.

Throughout the year we have worked on some new structures in leadership at KWHB and developed a Hub Leadership model that focuses on key areas of health service delivery and reinforces the importance of growth of leadership at KWHB. We have welcomed Zoe Evans into the role of Director of Primary Health Care, Jennifer Silcock into the role of Manager Primary Health Care and Megan Green to the Mental Health and SEWB Leader role. These appointments draw on the strengths of these staff and ensure effective leadership of these important health service delivery areas.

We continue to see growth in the early childhood space with the continuation of the Maternal Early Childhood Sustained Home visiting program which is being rolled out across the region, to support pregnant woman and families to ensure good outcomes for young children in our region. This work reinforces the great work that our primary health care teams deliver daily to clients in the bush. With some future growth in this space through the NDIS we are well placed to continue supporting our clients and families to get a great start in life to set up positive health outcomes for the future.

Our health program staff and primary health care teams have had a very busy year with a range of health promotion activities that have been well received by the community. The focus on improving health literacy and involving our communities in this has been a strong mandate from the Board over a number of years and continues to be a big and enjoyable focus for our staff and communities. The activities that have occurred are too numerous to mention them all, there have been some highlights though, these include: Tackling Indigenous Smoking TVC project launch that is airing on Imparja and NITV as well as our iPads and YouTube; Community Colour runs in Lajamanu and Kalkaringi; Our Ongoing Partnership with Life Education NT focusing on high energy school based education as well as fun and educative community events. We will continue to strengthen this area through our health promotion strategy and through the vision of our Board into the new year and ongoing.

Our KWHB Leadership team continue to provide strong leadership across the organisational domains and I thank Dr Odette Phillips (Director, Medical Services), Sean Heffernan (Director, Corporate Governance), David Lines (Director, Community Engagement) and Zoe Evans (Director Primary Health Care) for the commitment shown to KWHB and for the leadership shown across their respective areas. We are lucky to have a team with such strong experience in the bush and specifically in the KWHB region who always ensure that our clients remain at the centre of the health service and ensure the effective running of our organisation and programs.

KWHB has again had a strong year with our financial systems and compliance. We have worked closely with our consultant accountants to deliver strong financial management which has enable us to further expand our services in 2019. Medicare income has increased significantly due to our hard-working primary health care teams, the introduction of health care homes program and continued utilisation of practice incentive payments for clients with chronic disease. We expect to build on this into the new financial year to help support and grow service delivery for the future.

"Thank you to everyone who has worked hard throughout the year to provide a safe and effective health service through team work and collaboration and who contribute to making KWHB a great place to work. Looking forward to working with you all into the future."

Sinon Cooney

Chief Executive Officer

Corporate Governance Domain

Finance

This financial year KWHB transitioned effectively to an external financial services company while still retaining a small workforce in Katherine to work locally and to liaise with the Accountant. While the external consulting service maintains most higher book keeping, accounting and reporting functions of this domain, at the local Katherine level, we sort and send off invoices and do all of the background work towards processing the payroll each fortnight.
*See more regarding financial audit.

Assets

- Finalizing the 2018 – 2019 car trade in.
- CCTV installed at Lajamanu, as a safety issue on call staff can know see who is outside the clinic before attending.
- Having a schedule in place for annual and bi-annual services (E.G Remote are group biannual emergency equipment tested and tagged annual electrical equipment testing and tagging).
- Ambulance Duress alarms no longer have the issues that were presented when we first got them issues were resolved and everything is working as it should be.
- Doing bi-annual checks on accommodation in community has gradually reduced the need to replenish items.

Contracts and Purchasing

KWHB Supplier Evaluation successfully carried out which ensures we use the best available suppliers of goods and services across our organisation whilst getting value for money. We currently have good value for money ongoing contractual arrangements in place for:

- Medical equipment maintenance.
- Pest control for all remote and Katherine sites.
- Yard maintenance.

Governance

Board Director elections in some communities were held towards the end of this financial year. They were successfully and effectively facilitated with high voter turnout for the secret ballot. The new and re-elected Directors will be confirmed at our next AGM in November 2019. The Executive also commissioned a health check of the organisation as we orientate our incoming CEO, Sinon Cooney to the role. The audit is currently being undertaken by Edward Tilton Consulting and to date the outcomes are promising.

HR

- More permanent RANs.
- Longer Contract durations for Relief Rans.
- More than 90% of positions are occupied.
- Stability of community staff out in the bush (Cleaners, admin and driver etc).
- Safe working environment for all our employees.
- 95 % feedback from our contractual employees (Relief RANs) are positive in relation to orientation, travel, accommodation, KWHB culture, clinical setting and environment.

- KWHB maintains a record of all training undergone by staff especially mandatory training according to role and responsibility in the workplace.

Information and Communication

Some significant achievements from this area include:

- 100% compliance with reporting requirements for KWHB funding bodies.
- Ongoing update of all organisational compliance documentation such as Policies, Action and Incident Registers.
- Provision to the Accreditation agency of up to date KWHB documentation (Policies, Registers, etc) which allowed KWHB to pass its annual ISO Accreditation review.
- Documentation of all KWHB PHC Governance Committee and Board Director meetings and available on the KWHB Intranet for staff access.
- Implementation of the new KWHB Intranet, launched in March 2019 with ongoing migration of all documents.
- Transitioning of Document Management from the KWHB Public Drive to the KWHB Intranet, still ongoing.

IT and Telstra

All IT contracts reviewed for value and effective service delivery. We worked closely with eMerge IT and Telstra to ensure effective connectivity and maximised value for all services and contracts. Most connections work effectively now while we do still have some challenges around the satellite connections in a couple of our smaller communities.

WHS

The KWHB Safety Team have successfully dealt with all WHS issues and challenges that have presented at the community health centre level including:

- Survey of sites and identifying any Hazards.
- Precautionary measures have been put in place where hazards exist as well as the resolution of any risks.
- Future – we are currently planning WHS training for our staff.

Sean Heffernan

Director Corporate Governance

Medical Services Report

General Practitioners

Throughout 2018-2019 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. Our GP roster for 2020 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 not been able to attract GP registrars. Many say to us the clinics are just too "far away". We continue to keep our accreditation for GP registrars up so if we do attract one, we are ready to go. Nationwide there is a fewer number looking for positions.

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 Kalkaringi and Pigeon Hole.
- Dr Susan Clarke at Lajamanu.
- Dr David Hunt at Lajamanu.
- Dr Anne Parker at Lajamanu and Timber Creek.
- Dr Andrew Boyden Lajamanu and Timber Creek.

Dr Hunt has now retired from coming to Lajamanu. We thank him for many years great locum service to all our clinics.

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 Richard Budd who is both a Respiratory Physician and a General medicine Physician . He is becoming 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 or Katherine.

We also have visiting Ophthalmologists, Cardiologists, Pediatricians, ENT surgeons, Renal Physicians, Obstetricians and Gynaecologists.

As we now have KWHB representation permanently in Darwin we are able to train the visiting specialists to use out client notes system "Communicare", which once again has contributed to patient centred care for our 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

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

This year (2019) we commenced in a trial for Health Care Homes. It is a trial to see if a different funding model from the federal government can help deliver good coordinated chronic disease care to our clients, by our GPs, our visiting specialists and our visiting Allied Health clinicians. This seems to be a model which works well for KWHB . It has enabled GPs to complete chart reviews and careplans off site to direct client centred care.

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.

Allied Health

This year we have had greater communication with external Allied Health visitors and as a consequence their visits have often been more streamlined and well attended.

We also now have our own Dietitian, Exercise Physiologist along with our longer term Diabetic Educator, Tackling Indigenous smoking team and Alcohol and other drugs team. Having the same person visiting the clinics and being familiar with KWHB systems has improved client contact.

Health Promotions

Pivotal in all our health efforts are the Health promotions Team.

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 continued to be 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.

Odette Phillips

Director Medical Services

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

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77890

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

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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

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77897

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

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Community Engagement Report

The Director Community Engagement has had a strong focus in 2019 on the planning, raising community awareness and the coordination and providing support around the stages of the Board Director Elections in all Katherine West Communities. In addition providing support to remote Indigenous non clinical staff, community development, cultural security leadership around health promotion & health programs and contact for community feedback into KWHB health service delivery.

Community Consultation

The second stage of the 2018 community consultation was concluded with consultation taking place on the 3rd July 2018 in Yarralin Community and the 11th September 2018 in Mialuni Community. During 2019 community consultation took place in all Katherine West communities the lead up to KWHB Board Director Elections by the Director Community Engagement, raising awareness of election dates and the process. During the community elections the Chairperson, CEO and DCE are present and are available for community members to talk to about health service delivery in their communities.

The Chairperson and the DCE had separate community consultation meetings in Bulla Community highlighting staff safety issues in December 2018 and February 2019.

2019 Board Director Elections

Board Director Elections are held every 3 years. There are 4 stages to the elections, leading up to the election there is a new members sign up period, Board Director nominations period, the election and election results announcement.

Posters are displayed on public notice boards detailing the dates, times and process of the 4 election stages. The DCE was available in each community during the lead up period of the nominations for information sessions highlighting the pending election, new membership sign ups and Board Director nominations process.

At the elections there were 23 new members signed up, as of the 30 June 2019 there are a total of 947 members on the KWHB Members Register. The new members that were signed up enables them to vote at the next Board Director Elections in 3 years.

Katherine West Health Board 2019 dates of Community Election

Community	Dates
Bulla	14/05/2019
Mialuni	15/05/2019
Timber Creek & surrounding areas	16/05/2019
Lajamanu	10/07/2019
Kalkaringi & Dagaragu	11/07/2019
Yarralin	14/08/2019
Pigeon Hole	28/08/2019

Board Director 10 year anniversary – Joyce Herbert (Lajamanu)

Congratulations to Joyce Herbert for reaching an important 10 years as a Board Director at KWHB, appreciate the sound advice and support you provide to management, staff at Lajamanu Health Centre and your leadership at Katherine West Health Board.

Cultural Orientation

Katherine West Health Board has a comprehensive overall orientation program that is provided to new full-time, part-time and casual staff. Cultural safety is embedded within our cultural orientation program, preparing new staff prior to working in our remote aboriginal communities.

The addition of the Cultural Security & Competency Moodle Module provides staff with an overall consistent message of highlighting the importance of cultural safety while working and traveling with Katherine West region.

This year 43 new staff were provided with Katherine West communities specific cultural orientation by the Cultural Leadership Officer.

KWHB Contact Person/Secretary Role

Part of the DCE role for a 2 year period was to undertake the KWHB Contact Person/Secretary duties. As required under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 the main duties undertaken were:

- Through the Office of the Registrar of Indigenous Corporations (ORIC) on-line portal lodge KWHB's general report, audited financial statements and director' report annually.
- Pass on ORIC letters/emails to the CEO/Board Directors.
- Update on-line to ORIC the KWHB Members Register, adding new members.
- Update on-line to ORIC incoming and outgoing Board Directors.

Cultural Leadership Advisory Group Meetings

The purpose of the CLAG Meetings is to review and approve new resources for our organisation for staff to use with our clients to address health literacy and ensure the resources are culturally safe. During this period there were 2 CLAG Meetings held on the 16 October 2018 and 05 March 2019.

Remote Administration Officer Orientation and Training Strategy

The Administration Officer orientation and training program commenced in July 2018 with Irene Williams from Yarralin Health Centre being the first remote staff member to go through the program. The program will provide our remote Administration Officers with a one week on the job administration training and orientation in the Katherine Office, supported by staff based in the town office.

Remote administration staff that have been through the program:

- 30 July – 3 August 2018 – Yarralin Health Centre – Irene Williams.
- 17 – 21 September 2018 – Timber Creek Health Centre - Shatrina Jones.
- 22- 26 October 2018 – Kalkaringi Health Centre – Markita Rockman.
- 18 – 22 March 2019 – Lajamanu Health Centre – Simone Marks.
- 03 – 07 June 2019 – Kalkaringi Health Centre – Amanda Newry.

Children from Yarralin region taking part in a Health Promotion event.

Health Promotion

There has been some great work done by staff and community members across the Katherine West region around the development of new health resources as evidenced in the following areas:

- Consistent health messages posted on the KWHB Facebook Page.
- KWHB, "What's Your Smoke Free Story" TV Commercials Launch in communities.
- Health Centres Health's education wall.
- Colour Fun Run Festivals in communities.
- KWHB Sponsorship of the Freedom Festival Smoke Free Event 2018 and display of smoke free signage in the designated smoke free areas.
- Smoke free homes & cars stickers developed by kids across the KWHB region.
- Community members Smoke Free Stories from the region – developed video clips and posters resources.
- Healthy Harold school based education programs and resources developed with children.
- Community/school anaemia awareness and healthy iron food cook ups.
- Sexual Health yarns sessions in communities.
- AOD school education sessions and resource development.

"Thank you to all our staff over the last year for your dedication and hard work."

David Lines

Director Community Engagement

Primary Health Care Report

This year we have continued to maintain 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 a sound model of safe and effective health service delivery.

Continuous quality improvement has again been a key component of our PHC system, and we have successfully been re-accredited against ISO 9001:2016, RACGP and National Safety and Quality Health Service standards. We have also maintained the Quality Management System through regular Management Review Committee and PHC Governance group meetings. The 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 key 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, this year we have seen significant improvements around the anaemia KPI data which is a good reflection on the hard work being carried out in the Health Centres.

Our AHP's are an integral part of the PHC team and continue to provide strong support in the delivery of comprehensive PHC. The AHP team have participated in a range of training and this 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.

KWHB has implemented job share arrangements for a number of roles in our Health Centres, this has proven to be a successful workforce retention strategy and has helped with longevity of the RANs and Health Centre Coordinators working in the bush., This has also helped to keep our staff refreshed and engaged when they're on rotation in the community, and enables more work life balance and family time when back home. As well as these support initiatives we have created a shift roster to provide more coverage in Lajamanu, this is aimed to reduce staff fatigue and give the Health Centre a better start the following day. It has been such an effective implementation that we have decided to trial the same roster in Kalkaringi with a period of review and evaluation to ensure ongoing effectiveness in both communities.. 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 larger number

of our clients with health information and positive stories from the bush. Our clients are feeding back that they are enjoying seeing their local community members telling good stories and participating in health promotion activities in their communities. 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 our programs at KWHB and create fun, educational and engaging events for clients across the lifespan.

The KWHB Nutrition program works closely with the Health Promotion program and works with schools, stores and aged care to improve food security and healthy 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. The Food Supply Nutrition has assisted in carrying out our newest health promotion activity around anaemia with the development of a cookbook designed by our community members. This exciting new cookbook is tailored to our community with what is available in the stores, the cookbook recipes have also been trialed in the community's as a community event. We have also welcomed a clinical dietitian into the KWHB team this financial year who will work closely with chronic disease clients across the region.

Our Tackling Indigenous Smoking program has been involved in the delivery of 8 TV commercials designed with and starring community members from our region. The campaign is called What's Your Smoke Free Story and these are now live on imparja and NITV. The launch of these TVC's was a great success in our communities with the TIS team and other health program staff showing the new clips on our inflatable TV screen, this tied in with World No Tobacco day and was enjoyed by all communities who loved seeing local community TV stars on the advertisements. We have seen a decrease in the population who are smoking and the tobacco program will continue to encourage clients engagement through our strong health promotion strategy and the presence of community based events, with positive messages around smoking and school based education focused on getting kids not to take up smoking.

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. We have also welcomed an Exercise physiologist to the KWHB team this financial year who will continue to work closely with chronic disease clients.

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 some changes have been made to the positions, we now have a Mental Health and SEWB leader who manages this area, the Mental Health SEWB leader has a vast amount

of experience and knowledge in this space and will continue to work with our clients at the centre of what we do.

We have three staff members who have been trained in delivering Aboriginal Mental Health First Aid and this continues to be a strong focus for this area. We have continued to work with local agencies to give clients information about how to address issues with alcohol and working on a strengths-based approach to provide support. This year we were able to use surplus budgets to erect mental health murals in each community, this is a sensitive but powerful message about people speaking up about their mental health and accessing support. These will be completed in all community's by March 2020.

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.

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 have also seen the implementation of the Maternal Early Childhood Sustained Home-visiting program into the KWHB region which will continue over the next four years. The MECSH team have been working hard to create resources for our mob around this new program and have successfully signed up several participants in the program.

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 work closely with the MECSH program and those clients will be shared to receive optimal care throughout their pregnancy and into motherhood and fatherhood until the child turns three.

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. We have recruited a second Sexual Health Coordinator and with the same funding we have appointed four community-based workers to the position of community wellbeing and engagement officers as part time employment in the Health Centres. Our Sexual Health Coordinators work 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 continued commitment to the delivery of a high quality health service your dedication and hard work is much appreciated, and we look forward to working with you all in the years to come."

Zoe Evans

Director Primary Health Care

Primary Health Care Governance

Filming of a KWHB Health Promotion video at Kalkaringi.

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:

- 8 August 2018
- 1-4 October 2018
- 7 November 2018
- 30 January 2019
- 27 March 2019
- 28-30 May 2019

Report on training activity undertaken this year:

- 183 attendances

Report on professional development activity undertaken this year:

- 22 staff took 549 hours (73.2 days) of core training.
- 12 staff took 664 hours (88.5 days) of study leave.

One of the 2 mobile clinical health teams on the road to their next consultation.

KWHB Staff Training

Training Program	Number of Staff in Attendance
4WD	**18**
Access readiness for and effect behavior change	**2**
AGV- About Giving Vaccines	**5**
AVEC Conference	**1**
ALS - Advanced Life Support	**12**
Anti-Discrimination	**5**
ATSI MHFS	**2**
Basic Life Support (CPR)	**23**
Baker Institute Conference	**2**
Brief Intervention	**2**
Clinical Supervision	**1**
Emergency Care Course	**1**
Emergency Management of Burns	**0**
Emergency PAED	**1**
FASD Workshop	**2**
Finance Fundamentals	**1**
Hand Hygiene	**2**
Health Under 5's Program	**1**
Immunisations Program	**2**
InDesign Introduction	**0**
i-Stat/Point of Care	**17**
Leap Conference	**3**
Mandatory Reporting – Child Abuse	**2**
Master of Public Health	**1**
Maternal Emergency Course	**2**
MEC- Maternal Emergency Care	**4**
Mental Health and Suicide Prevention	**1**

Training Program	Number of Staff in Attendance
Mental Health Emergencies	**1**
MESCH	**3**
MHFA	**4**
MHFA for the Suicidal Person	**1**
MHFA Refresher	**0**
MHFA Youth	**0**
Microsoft Excel	**2**
Mondial stretcher Training	**4**
Neonatal Resuscitation	**0**
NAPCAN	**2**
NT Jurisdiction	**1**
OHP Dual Diagnosis	**0**
Pediatrics	**1**
PEC	**2**
Pharmacotherapeutics	**4**
Preventing Child Health Abuse	**2**
Quitskills	**2**
REC- Remote Emergency Course	**7**
Remote Hospital Trauma	**2**
Remote Managers Program	**4**
REST – Trauma Course	**1**
STI Training	**1**
TNCC	**3**
Transfer of Infectious Substances by Air	**4**
Tobacco Conference	**2**
TTANGO	**1**
Well Women's Health Unit	**7**
WHS Representative Training	**12**

Primary Health Care Training

KWHB Moodle Internal Training Module

KWHB uses an Internal Training Module Moodle located from the Intranet. Numbers of staff that have completed each module during 2018-19. Aligned with KWHB's Mandatory Training Schedule.

Training Program	Number of staff completing training Jul 2018 – Jun 2019
ARF/RHD	**36**
Anaemia	**43**
Deteriorating Client, Pressure area care, Falls prevention, Client identification	**34**
Brief Intervention	**36**
Clinical Handover	**45**
Safety and Quality in Primary Health Care	**44**
Pathology and Point-of-Care Testing (POCT)	**43**
Medication Calculations	**38**
Basic Life Support Plus	**38**
Manual Handling	**45**
Infection control and hand hygiene	**48**
Fire and emergency procedures	**42**
Growth faltering	**22**

Part of the KWHB Corporate Support Team - Alice, Sean, Charley, Sharlene and Kazim.

Primary Health Care Activity

Visiting Specialists 2018-2019

	Bulla		Bunbidee		Kalkarindji		Katherine		Lajamanu		Mialuni		Timber Ck		Yarralin		Total	
Specialy Type	**Day**	**Pts**	**Day**	**Pts**	**Day**	**Pts**	**Day**	**Pts**	**Day**	**Pts**	**Day**	**Pts**	**Day**	**Pts**	**Day**	**Pts**	**Day**	**Pts**
Allied Health Aide	4	**12**	1	**1**	17	**106**	10	**41**	12	**45**	1	**1**	17	**59**	23	**49**	85	**314**
Audiologist	3	**10**	3	**10**	16	**127**			15	**127**	4	**5**	6	**22**	4	**21**	51	**322**
Cardiac Educator									4	**14**			1	**2**			5	**16**
Cardiologist					1	**27**			2	**30**							3	**57**
Counsellor			1	**1**	28	**100**	19	**45**	24	**66**			26	**74**	19	**50**	117	**336**
Dental Therapist					16	**126**	1	**1**	13	**171**			7	**173**	12	**167**	49	**638**
Dentist					11	**131**			6	**46**			5	**29**	5	**47**	27	**253**
Diabetes Educator	3	**5**			21	**165**	10	**26**	33	**261**	3	**3**	23	**88**	20	**146**	113	**694**
Dietitian					6	**26**			4	**9**							10	**35**
ENT Specialist					1	**11**			2	**25**							3	**36**
Exercise Physiologist					18	**119**											18	**119**
Obstetrician and Gynaecologist					1	**6**			1	**10**							2	**16**
Occupational Therapist					1	**1**			2	**3**							3	**4**
Ophthalmologist					1	**14**			2	**14**			1	**3**	1	**11**	5	**42**
Optometrist	2	**9**	1	**7**	13	**119**			16	**78**	1	**1**	11	**67**	5	**32**	49	**313**
Paediatrician					3	**62**			4	**44**			2	**19**	2	**32**	11	**157**
Pharmacist					7	**13**	5	**5**	20	**37**			8	**12**	3	**6**	43	**73**
Physiotherapist	5	**16**			25	**163**			11	**34**			21	**127**	8	**125**	70	**465**
Podiatrist	3	**7**	1	**2**	10	**47**			18	**66**	2	**3**	9	**16**	13	**75**	56	**216**
Renal Medicine Specialist					3	**19**			2	**12**			1	**2**			6	**33**
Respiratory Physician					1	**3**											1	**3**
Smoking Cessation Coordinator			2	**5**	7	**44**	6	**24**	1	**3**			5	**31**	20	**54**	41	**161**
Smoking Cessation Officer							9	**27**									9	**27**
Social Worker	1	**1**					6	**7**					2	**2**			9	**10**
Specialist Physician					8	**82**			5	**48**			3	**6**	1	**1**	17	**137**
Total	**21**	**60**	**9**	**26**	**215**	**1511**	**66**	**176**	**197**	**1143**	**11**	**13**	**148**	**732**	**136**	**816**	**803**	**4477**

Primary Health Care Weekly Training

Number of weekly "Collaboratives" (Friday Clinical Quality Improvement teleconferences) - Total 46

Date	Collaborative	Topic/HP resource
6/7/20018	Sharon	Immunisation CDC
13/7/2018	Timber Creek	Case Study
27/7/2018	Jessica Hagley	Tobacco Coordinator-Presentation
3/8/2018	Yarralin case study	Orbital Cellulitis
10/8/2018	Desley Williams	RHD Education Desley.willaims@nt.gov.au
17/8/2018	Richard Budd resp physician	Presentation Obstructive Sleep Apnea
24/8/2018	Sinon/Zoe	Communicare
31/8/2018	Kalkaringi	Case Study
7/9/2018	Lajamanu	Case Study
14/9/2018	Dr John Purton	Case Study or Education
28/9/2018	Gabriella Mccallum	Bronchiectisis
5/10/2018	John Humphries	AMSANT and MYHR
12/10/2018	Alison Gray Mitchell	Menzies Research
19/10/2018	Fran Vaughn	IPAC research
26/10/2018	Jane Davies Liver Specialist	Case Study or Hep B
2/11/2018	Lajamanu	Case Study
9/11/2018	Noeline and Chris	Renal Presentation
16/11/2018	Timber Creek	Case Study
23/11/2018	Megan Green	Case Study- Mental Health
30/11/2018	Yarralin	Case Study
14/12/2018	Kalkaringi	Case Study
4/1/2019	Zoe Evans	Welcome back and general discussion
11/1/2019	Odette Phillips	Deprescibing for the over prescribed
18/1/2019	Simon Quilty	Palliative Car in Communities
25/1/2019	Trinna Bond	AOM and Ear checks
1/2/2019	Greg Henschke	Intranet
8/2/2019	Suzanne Rath	Post Concussion Syndrome
15/2/2019	Kalk	Case Study
22/2/2019	Karen Mundell	Grief and Bereavement
1/3/2019	Timber Creek	Case Study
8/3/2019	Aileen Lakey	Chronic Disease
15/3/2019	Annalise	MESCH
22/3/2019	Yarralin	Case Study
29/3/2019	Susan Clarke	Case Study
5/4/2019	Sally Dekoning	2018 Market Basket Results
12/4/2019	Lajamanu	Case Study
19/4/2019	Julie Skudder	Case Study
26/4/2019	Jessica Hagley	TIS
3/5/2019	John Purton	Syphilis
10/5/2019	Jen Silcock	AOD
17/5/2019	Holi Catton	Diabetes
24/5/2019	Zoe Evans	Clinical Update
7/6/2019	Timber Creek	Case Study
14/6/2019	Kalk	Case Study
21/6/2019	Anne Parker	CVD Risk 1
28/6/2019	Megan Green	Mental Health

Primary Health Care Data

NT Aboriginal Health Key Performance Indicators 2018-2019

AHKPI 1.1 - Episodes of Health Care and Client Contacts

38,266
Episodes of health care

57,801
Client contacts

2,862
Resident client population

AHKPI 1.2 - First Antenatal Visit

73%
<13 Weeks

16%
<20 Weeks

11%
20+ Weeks

AHKPI 1.3 - Birth Weight

0%
High

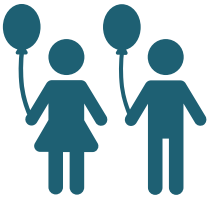
16%
Low

84%
Normal

AHKPI 1.4.1 - Fully Immunised Children

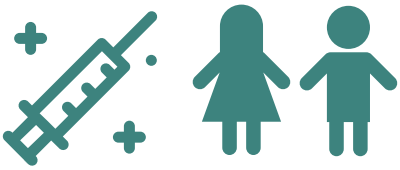
91%
6-11 Months

94%
12-23 Months



98%
24-71 Months

AHKPI 1.4.2 - Timeliness of Immunisations



96%
Immunised on time

AHKPI 1.5 - Underweight Children

91%
Measured

4%
Underweight

AHKPI 1.6 - Anaemic Children

83%
Measured

50%
Anaemic at any examination

16%
Anaemic at last examination

AHKPI 1.7 - Chronic Disease Management Plan

63%
Clients with diabetes on GPMP/ALT GPMP

65%
Clients with CHD on GPMP/ALT GPMP

72%
Clients with diabetes & CHD on GPMP/ALT GPMP

AHKPI 1.8.1 - HbA1c Tests

90%
HbA1c test

AHKPI 1.8.2 - HbA1c Measurements

34%
Clients with
HbA1c < = 7% (< = 53 mmol/mol)

13%
Clients with HbA1c > 7%
and < = 8% (54 to 64 mmol/mol)

24%
Clients with HbA1c > 8%
and < 10% (65 to 85 mmol/mol)

29%
Clients with
HbA1c > 10% (= > 86 mmol/mol)

AHKPI 1.10 - Health Check

35%
Completed
health check

27%
Completed ALT
health check

AHKPI 1.12 - Cervical Screening

54%
Cervical screening
recorded

46%
Cervical screening
not recorded

AHKPI 1.13 - Blood Pressure Control

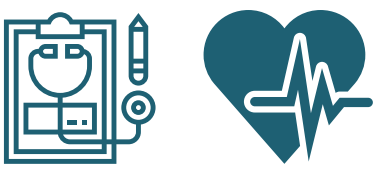
41%
Blood pressure less than
or equal to 130/80 mmhg

51%
Blood pressure recorded

AHKPI 1.15 - Rheumatic Heart Disease

29%
Clients with ARF/RHD receiving 50%
to 80% prescribed BPG

33%
Clients with ARF/RHD receiving 80%
prescribed BPG



28%
Clients with ARF/RHD receiving less than
50% prescribed BPG

Primary Health Care Data

NT Aboriginal Health Key Performance Indicators 2018-2019

AHKPI 1.16 - Smoking Status Recorded

69%
Smoking status recorded

53%
Smoker

33%
Non-smoker

0%
Ex-smoker less than 12 months

14%
Ex-smoker greater than or equal to 12 months

AHKPI 1.17 - STI Test Recorded

52%
All STI test recorded

65%
Chlamydia and Gonorrhoea test recorded

53%
HIV test recorded

64%
Syphilis test recorded

AHKPI 1.18 - Cardiovascular Risk Assessment

47%
CVD assessment recorded

55%
High

35%
Low

10%
Moderate

AHKPI 1.19 - Retinal Screening

29%
Retinal eye exam

AHKPI 1.20 - Ear Disease in Children

55%
Ear discharge at any examination

35%
Ear discharge at last examination

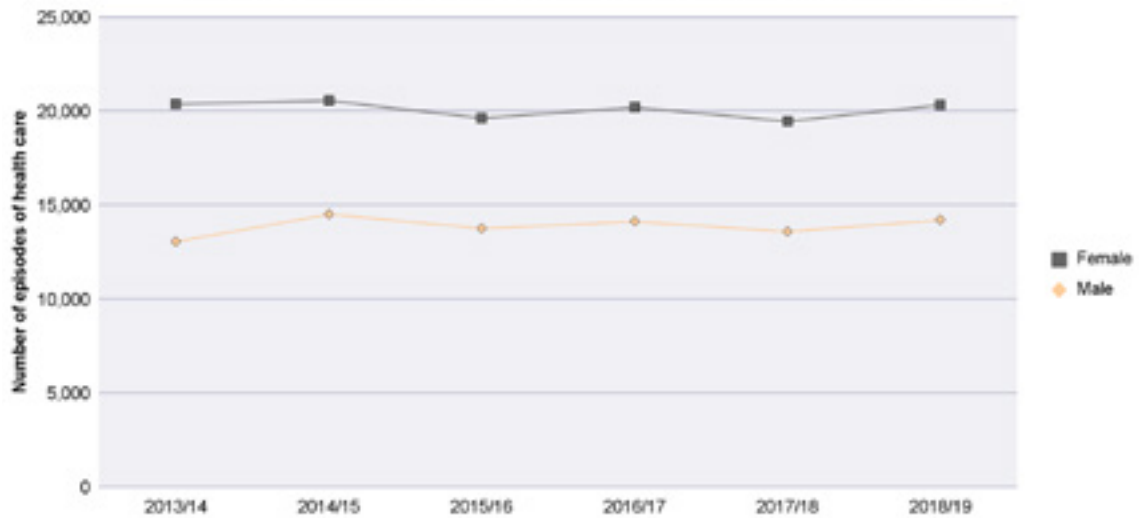
10%
Ear Discharge Test Recorded

NT Aboriginal Health KPI

Trend Report 2018-2019

AHKPI 1.1 - Episodes of Health Care and Client Contacts

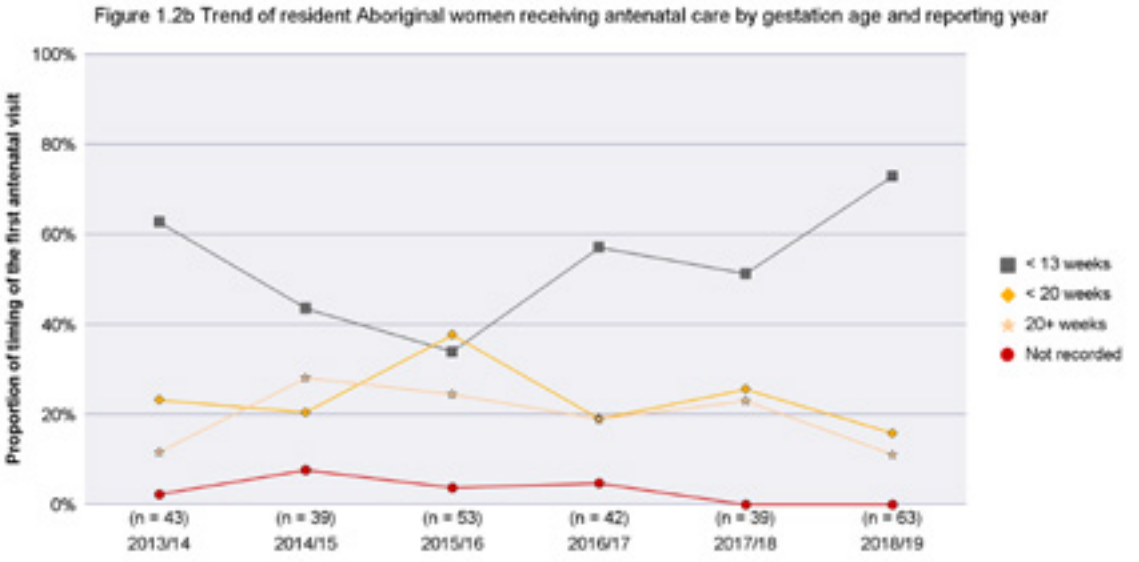
Figure 1.1b Trend of episodes of health care for Aboriginal clients by sex and reporting year



Reporting Year(s)	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Female	20,392	20,578	19,637	20,220	19,466	**20,349**
Male	13,066	14,529	13,767	14,138	13,607	**14,219**

AHKPI 1.2 - First Antenatal Visit

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



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

Reporting Year(s)	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Population (Denominator)	43	39	53	42	39	63
< 13 weeks	63%	44%	34%	57%	51%	**73%**
< 20 weeks	23%	21%	38%	19%	26%	**16%**
20+ weeks	12%	28%	25%	19%	23%	**11%**
Not recorded	2%	8%	4%	5%	0%	0%

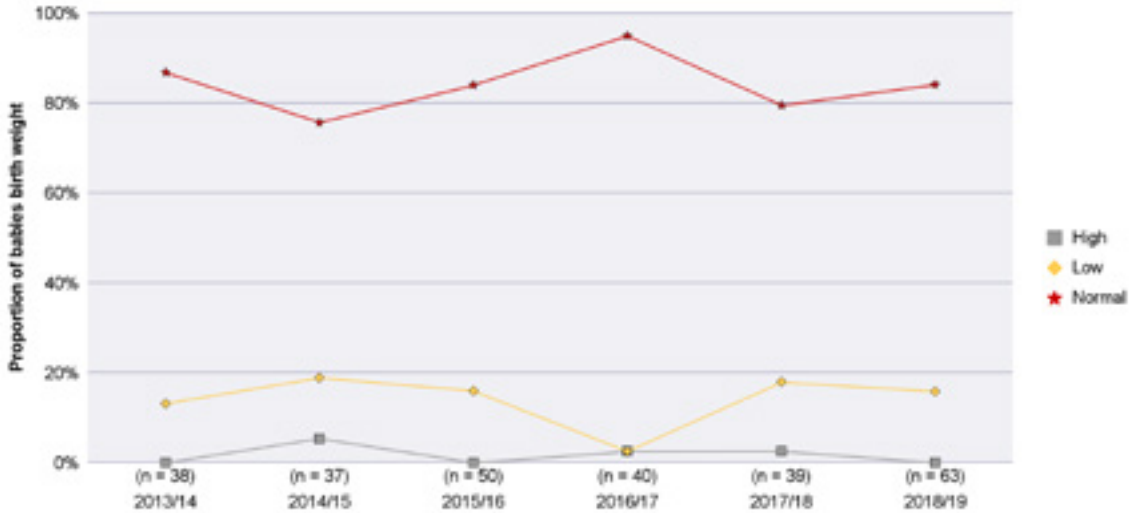
n = Population (denominator) is the number of resident Aboriginal women who recorded as resident of the community and who gave birth during the reporting period.

NT Aboriginal Health KPI

Trend Report 2018-2019

AHKPI 1.3 - Birth Weight

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

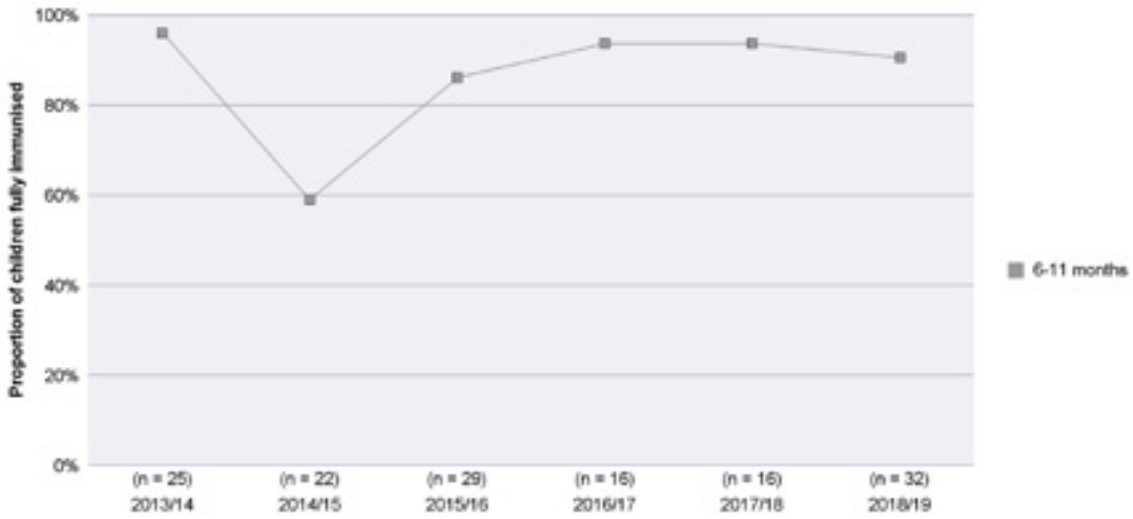


Reporting Year(s)	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Denominator	38	37	50	40	39	63
High	0%	5%	0%	3%	3%	0%
Low	13%	19%	16%	3%	18%	**16%**
Normal	87%	76%	84%	95%	79%	**84%**

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

AHKPI 1.4.1 - Fully Immunised Children

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

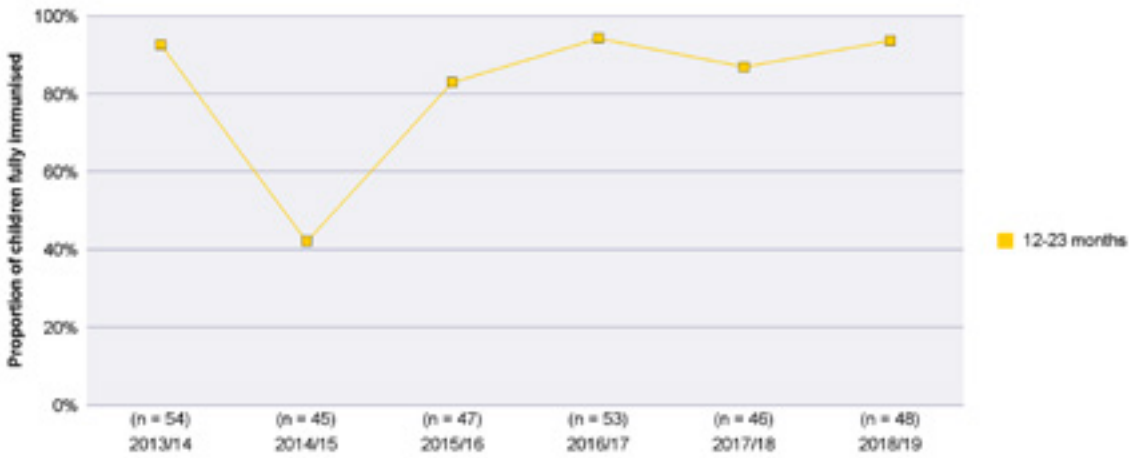


Reporting Year(s)	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Population (Denominator)	25	22	29	16	16	**32**
Fully immunised children at age : 6-11 months	96%	59%	86%	94%	94%	**91%**

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

AHKPI 1.4.1 - Fully Immunised Children

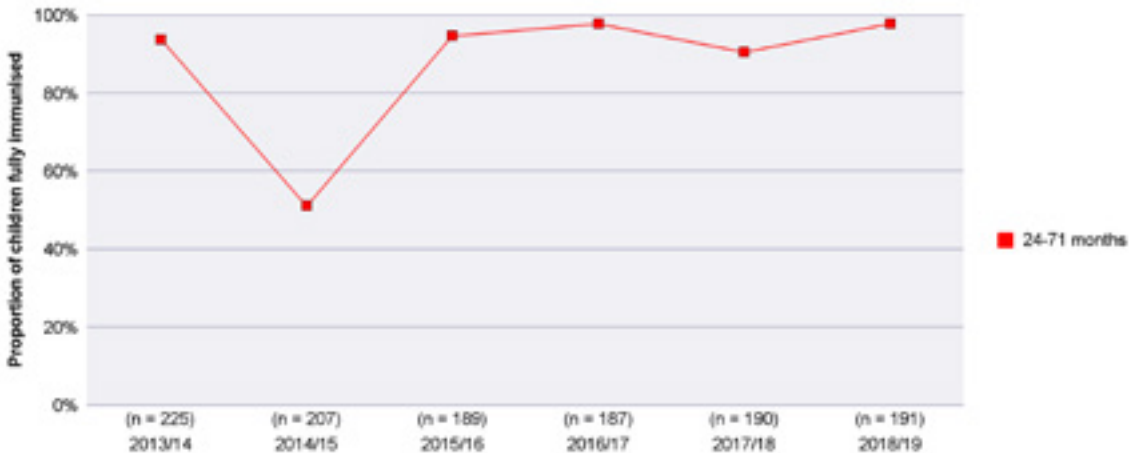
Figure 1.4.1c Trend of resident Aboriginal children 12 to 23 months of age fully immunised by reporting year



Reporting Year(s)	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Population (Denominator)	54	45	47	53	46	**48**
Fully immunised children at age : 12-23 months	93%	42%	83%	94%	87%	**94%**

n = Population (denominator) is the number of resident Aboriginal children aged 12-23 months.

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



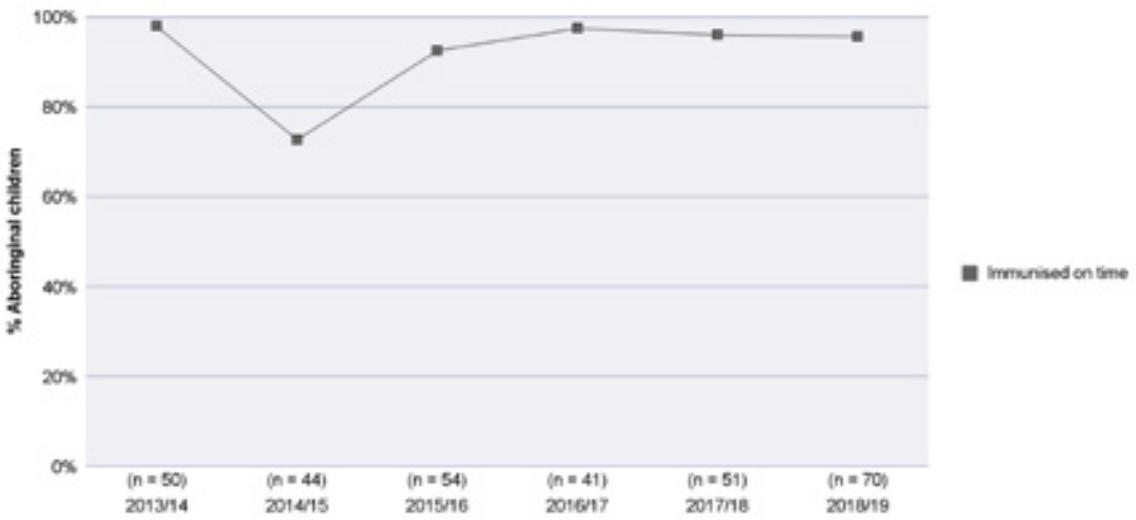
Reporting Year(s)	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Population (Denominator)	225	207	189	187	190	**191**
Fully immunised children at age : 24-71 months	94%	51%	95%	98%	91%	**98%**

n = Population (denominator) is the number of resident Aboriginal children aged 24-71 months.

Trend Report 2018-2019

AHKPI 1.4.2 - Timeliness of Immunisations

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

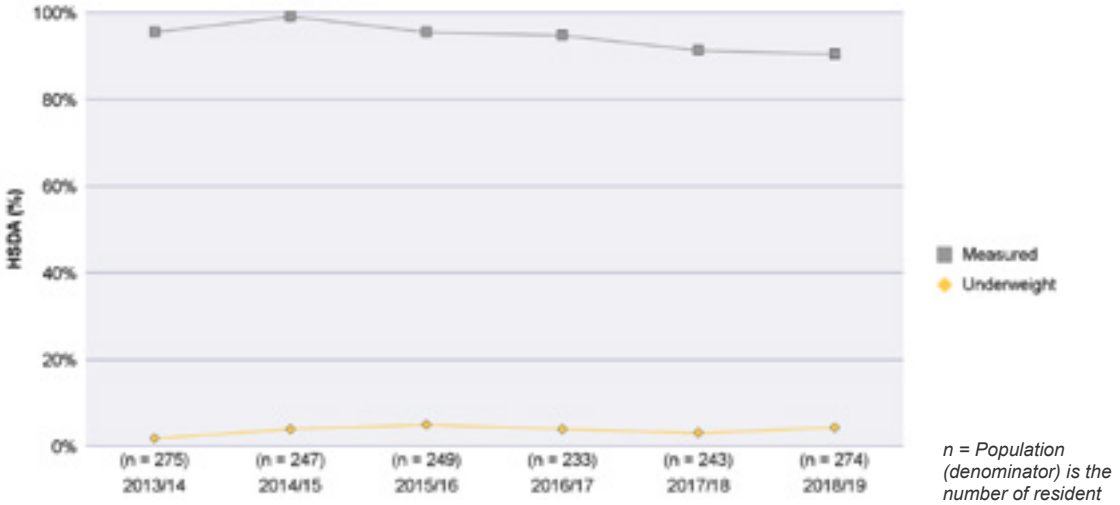


Reporting Year(s)	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Population (Denominator)	50	44	54	41	51	**70**
Immunised on time	98%	73%	93%	98%	96%	**96%**

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

AHKPI 1.5 - Underweight Children

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

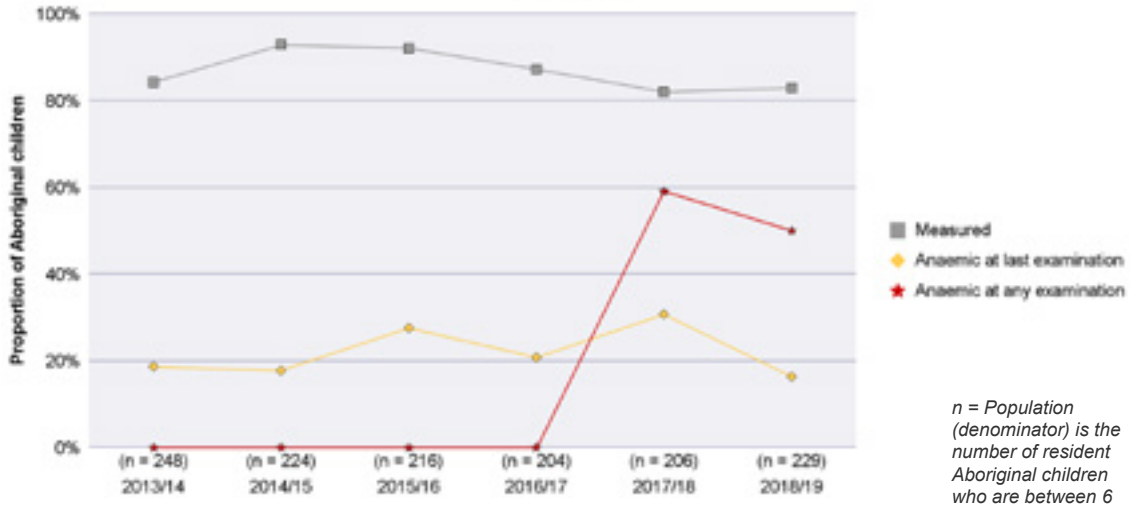


Reporting Year(s)	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Population (Denominator)	275	247	249	233	243	**274**
Coverage	263	245	238	221	222	**248**
Measured	96%	99%	96%	95%	91%	**91%**
Underweight	2%	4%	5%	4%	3%	**4%**

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

AHKPI 1.6 - Anaemic Children

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



Reporting Year(s)	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Population (Denominator)	248	224	216	204	206	**229**
Coverage	209	208	199	178	169	**190**
Anaemic at any examination	NA	NA	NA	NA	59%	**50%**
Anaemic at last examination	19%	18%	28%	21%	31%	**16%**
Measured	84%	93%	92%	87%	82%	**83%**

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

AHKPI 1.7 - Chronic Disease Management Plan

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

Reporting Years(s)	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Population (Coronary Heart Disease)	66	79	81	79	92	**100**
Population (Type II Diabetes)	305	305	281	283	305	**318**
Population (Type II Diabetes & Coronary Heart Disease)	47	54	54	50	61	**68**
Clients with CHD on GPMP/ALT GPMP	83%	70%	74%	85%	77%	**65%**
Clients with Diabetes & CHD on GPMP/ALT GPMP	87%	78%	81%	96%	87%	**72%**
Clients with Diabetes on GPMP/ALT GPMP	81%	72%	78%	83%	77%	**63%**

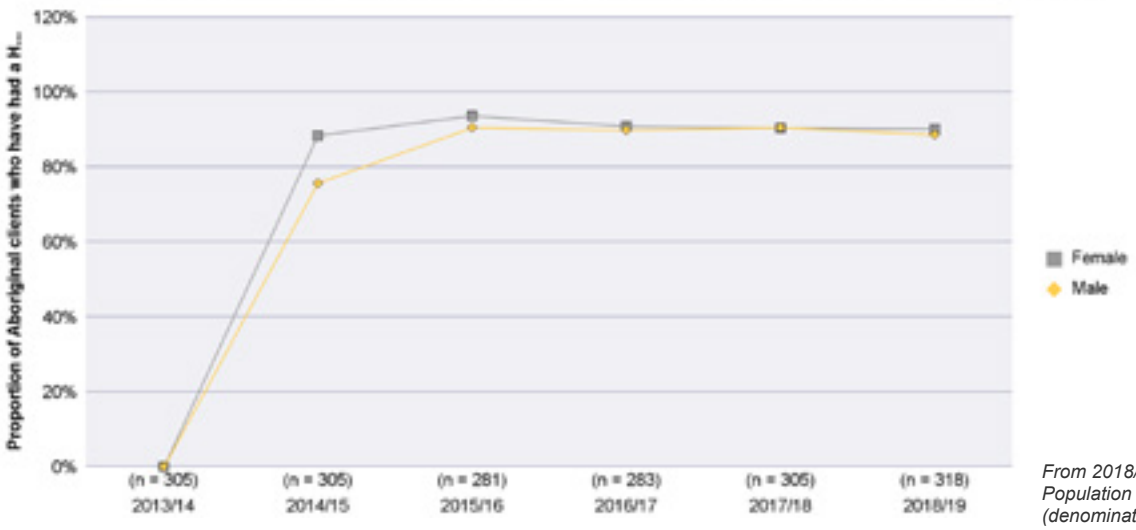
From 2018/19 population (Coronary Heart Disease) is the number of resident Aboriginal clients aged 15 years and over with Coronary Heart Disease.(Previously 15+ years)
From 2018/19 population (Type II Diabetes) is the number of resident Aboriginal clients aged 15 years and over with Type II Diabetes.(Previously 15+ years)
From 2018/19 population (Type II Diabetes and Coronary Heart Disease) is the number of resident Aboriginal clients aged 15 years and over with Type II Diabetes and Coronary Heart Disease. (Previously 15+ years)

NT Aboriginal Health KPI

Trend Report 2018-2019

AHKPI 1.8.1 - HbA1c Tests

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

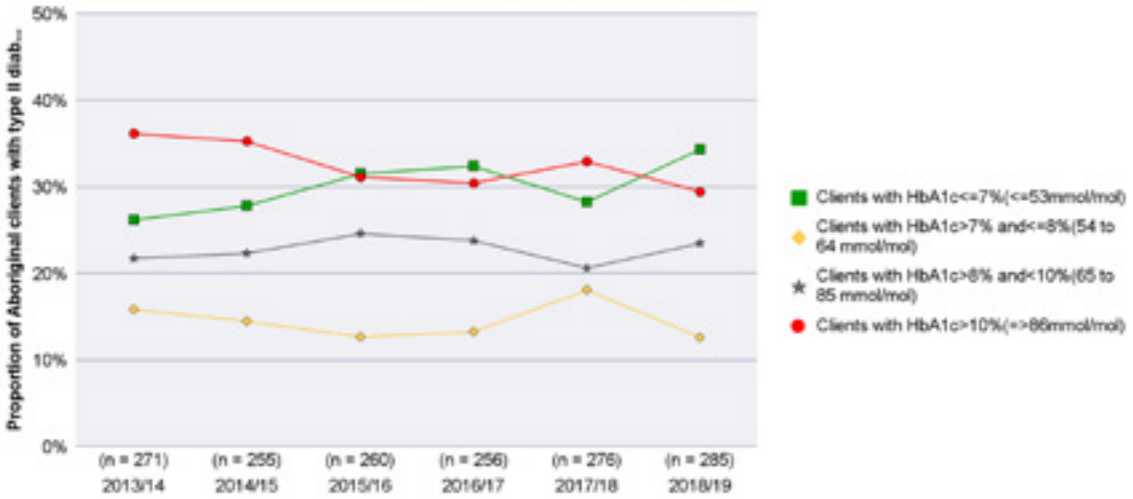


Reporting Year(s)	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Population (Denominator)	305	305	281	283	305	**318**
HbA1c Total Coverage	NA	84%	93%	90%	90%	**90%**
Female	NA	88%	94%	91%	90%	**90%**
Male	NA	76%	91%	90%	91%	**89%**

From 2018/19,n = Population (denominator) is the number of Aboriginal clients who have been diagnosed with Type II diabetes aged 5 years and over.(Previously 15+ years)

AHKPI 1.8.2 - HbA1c Measurements

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

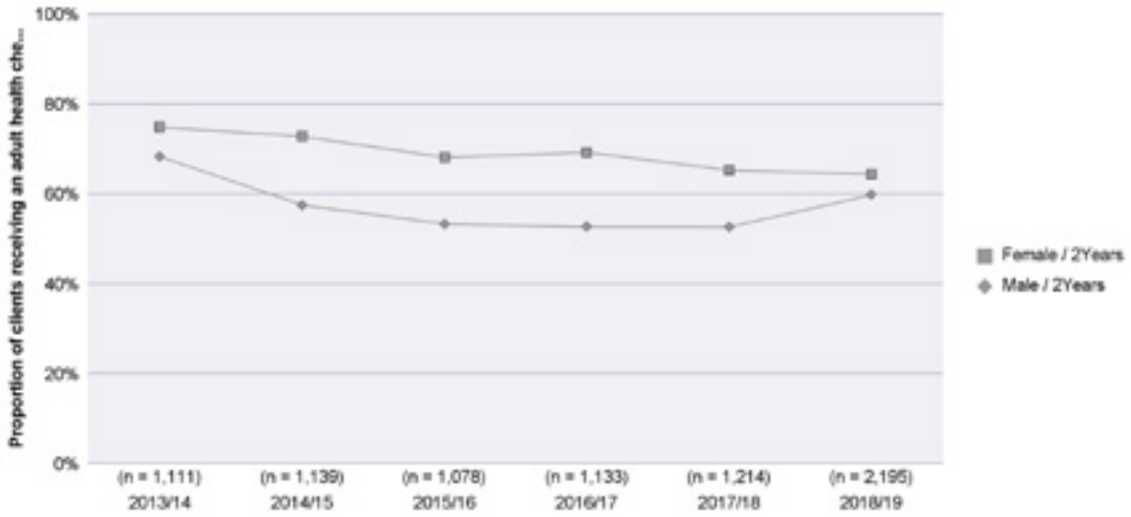


Reporting Year(s)	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Population (Denominator)	271	255	260	256	276	**285**
Clients with HbA1c<=7%(<=53mmol/mol)	26%	28%	32%	32%	28%	**34%**
Clients with HbA1c>7% and<=8%(54 to 64 mmc	16%	15%	13%	13%	18%	**13%**
Clients with HbA1c>8% and<10%(65 to 85 mmc	22%	22%	25%	24%	21%	**24%**
Clients with HbA1c>10%(=>86mmol/mol)	36%	35%	31%	30%	33%	**29%**

From 2018/19,n = Population (denominator) is the number of resident Aboringinal clients with type II diabetes. (Previously 15+ years)

AHKPI 1.10 - Health Check

Figure 1.10b Trend of resident Aboriginal clients who have a complete health check by sex and reporting period

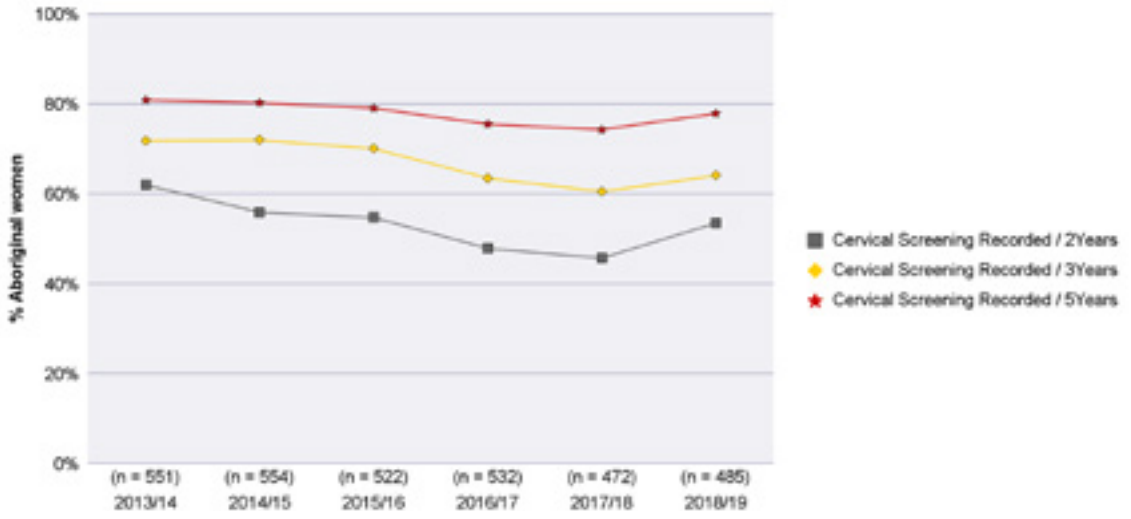


Reporting Year(s)	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Population (Denominator)	1,111	1,139	1,078	1,133	1,214	**2,195**
AHC Coverage Total	72%	66%	61%	61%	59%	**62%**
Female completed AHC in previous 2 Years	75%	73%	68%	69%	65%	**64%**
Male completed AHC in previous 2 Years	68%	58%	53%	53%	53%	**60%**

From 2018/19,n = Population (denominator) is the number of resident Aboriginal clients. (Previously aged 15-54 years)

AHKPI 1.12 - Cervical Screening

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



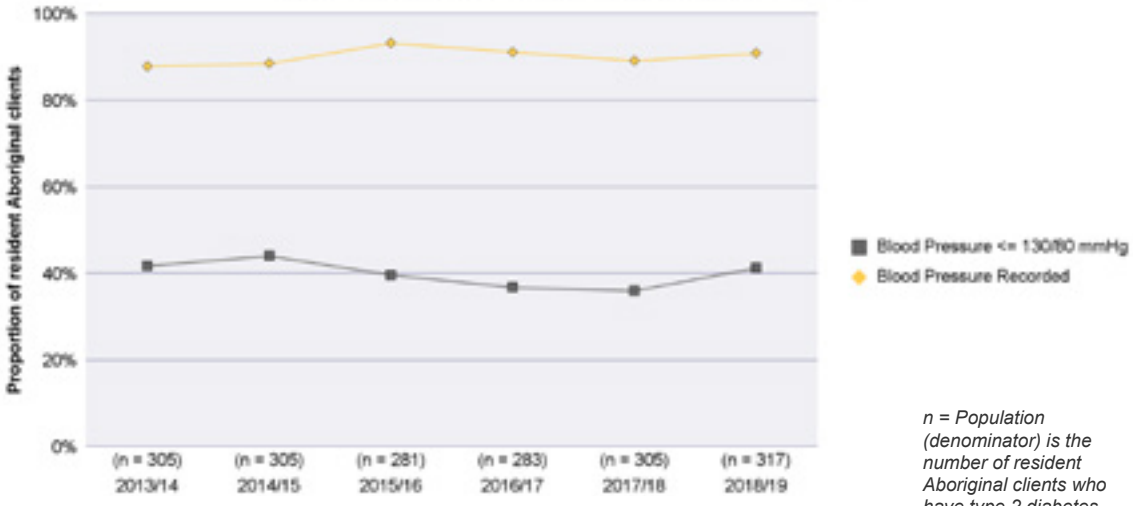
Reporting Year(s)	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Population (Denominator)	551	554	522	532	472	**485**
Cervical Screening Recorded 2 Years	62%	56%	55%	48%	46%	**54%**
Cervical Screening Recorded 3 Years	72%	72%	70%	64%	61%	**64%**
Cervical Screening Recorded 5 Years	81%	80%	79%	76%	74%	**78%**

n = Population (denominator) is the number of resident Aboriginal women who were aged 25 to 74 years inclusive.

Trend Report 2018-2019

AHKPI 1.13 - Blood Pressure Control

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

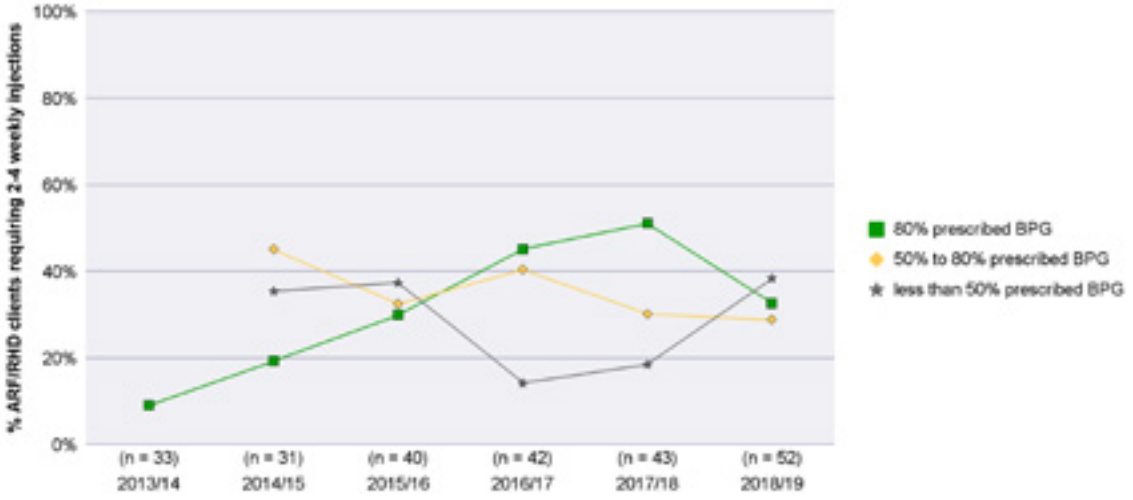


Reporting Year(s)	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Population (Denominator)	305	305	281	283	305	**317**
Coverage	268	270	262	258	272	**288**
Blood Pressure less than or equal to 130/80	42%	44%	40%	37%	36%	**41%**
Blood Pressure Recorded	88%	89%	93%	91%	89%	**91%**

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

AHKPI 1.15 - Rheumatic Heart Disease

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

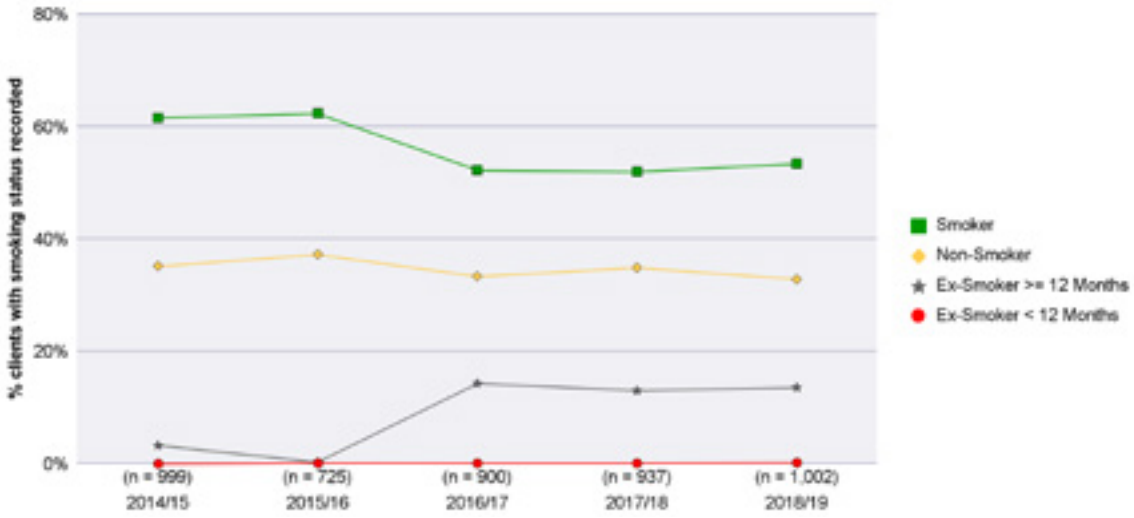


n = Population (denominator) is the number of Aboriginal ARF/RHD clients.

Reporting Year(s)	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Population (Denominator)	33	31	40	42	43	**52**
Clients with ARF/RHD receiving 50% to 80% prescribed BPG	N/A	45%	33%	40%	30%	**29%**
Clients with ARF/RHD receiving 80% prescribed BPG	9%	19%	30%	45%	51%	**33%**
Clients with ARF/RHD receiving less than 50% prescribed BP	N/A	35%	38%	14%	19%	**38%**

AHKPI 1.16 - Smoking Status Recorded

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

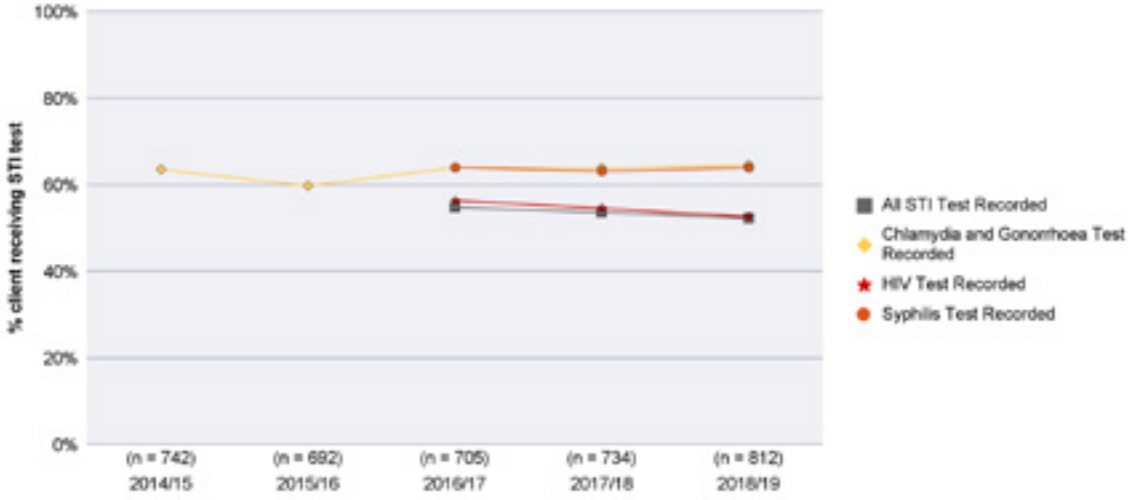


Reporting Year(s)	2014/15	2015/16	2016/17	2017/18	2018/19
Population (Denominator)	999	725	900	937	**1,002**
Ex-Smoker < 12 Months	0%	0%	0%	0%	**0%**
Ex-Smoker >= 12 Months	3%	0%	14%	13%	**14%**
Non-Smoker	35%	37%	33%	35%	**33%**
Smoker	62%	62%	52%	52%	**53%**
Smoking Status Recorded	NA	58%	68%	67%	**69%**

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

AHKPI 1.17 - STI Test Recorded

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



Reporting Year(s)	2014/15	2015/16	2016/17	2017/18	2018/19
Population (Denominator)	742	692	705	734	**812**
All STI Test Recorded	NA	NA	55%	54%	**52%**
Chlamydia and Gonorrhoea Test Recorde	64%	60%	64%	64%	**65%**
HIV Test Recorded	NA	NA	56%	55%	**53%**
Syphilis Test Recorded	NA	NA	64%	63%	**64%**

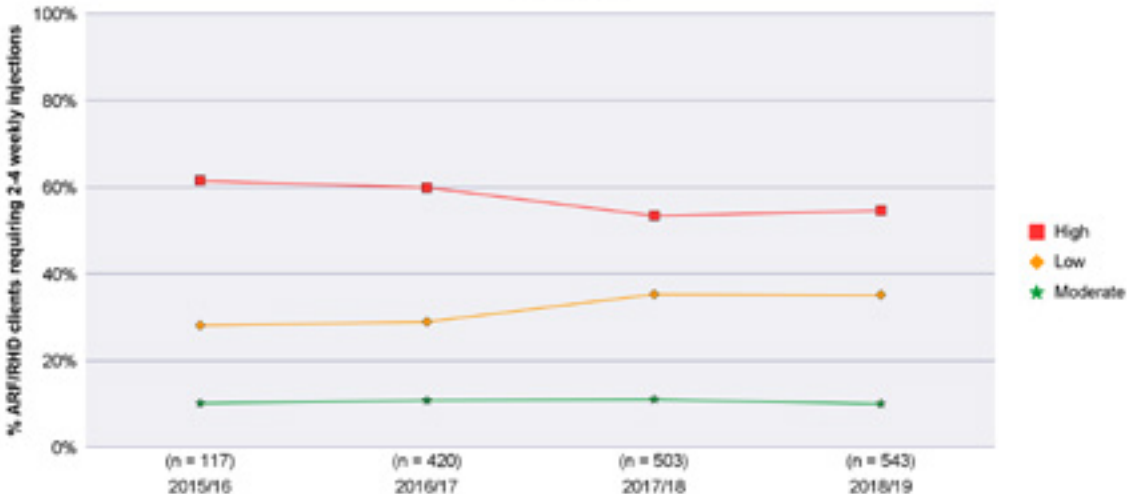
n = Population (denominator) is the number of resident clients aged between 15 and 35

NT Aboriginal Health KPI

Trend Report 2018-2019

AHKPI 1.18 - Cardiovascular Risk Assessment

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

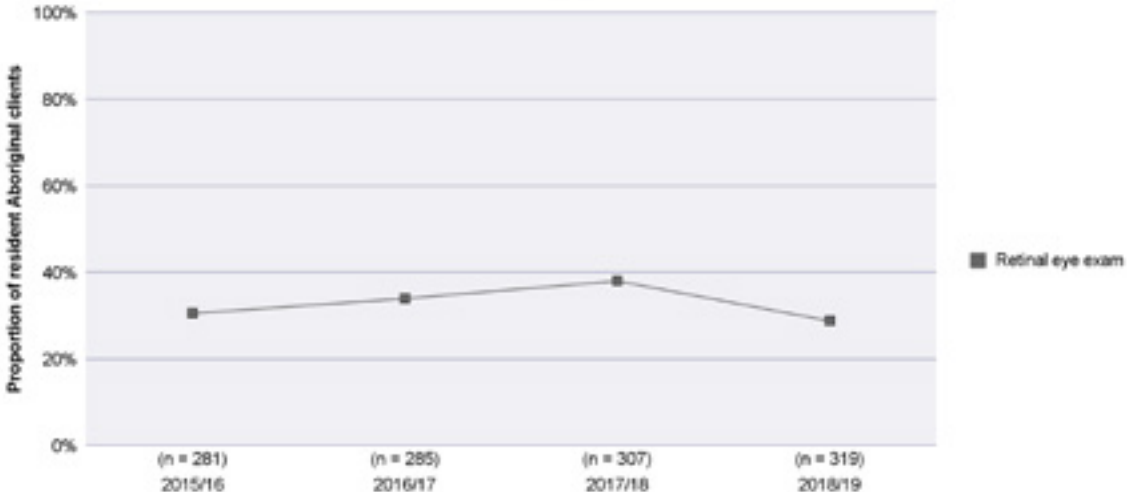


Reporting Year(s)	2015/16	2016/17	2017/18	2018/19
Population (Denominator)	1,049	1,071	1,130	**1,147**
Coverage	**117**	**420**	**503**	**543**
CVD Assessment Recorded	11%	39%	45%	**47%**
High	62%	60%	53%	**55%**
Low	28%	29%	35%	**35%**
Moderate	10%	11%	11%	**10%**

n = Population (denominator) is the number of resident Aboriginal clients who are aged 20 years and over during the reporting period.
Coverage is the number of resident Aboriginal clients aged 20 and over whose CVD status has been recorded during the reporting period.

AHKPI 1.19 - Retinal Screening

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

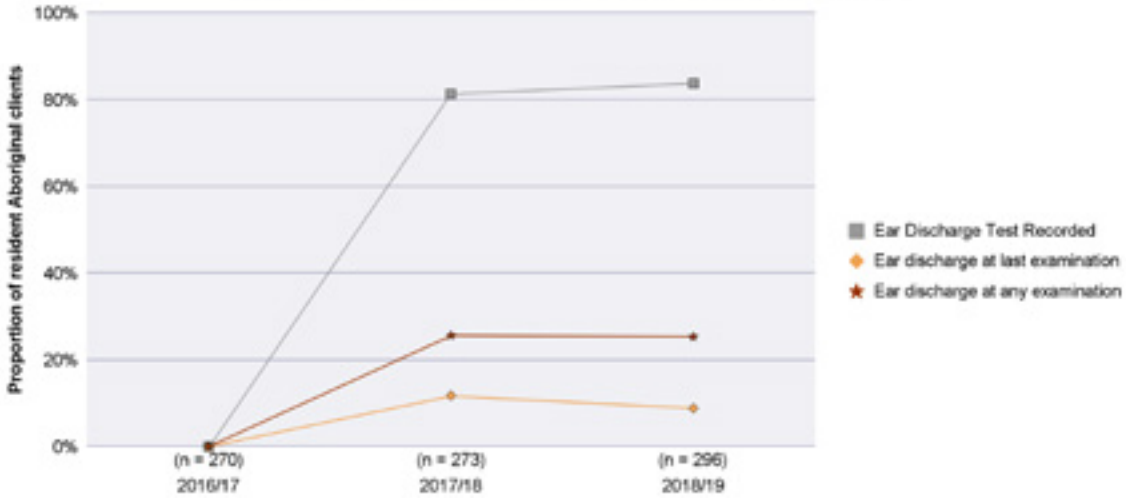


Reporting Year(s)	2015/16	2016/17	2017/18	2018/19
Population (Denominator)	281	285	307	**319**
Retinal eye exam	31%	34%	38%	**29%**

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

AHKPI 1.20 - Ear Disease in Children

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



Reporting Year(s)	2016/17	2017/18	2018/19
Population (Denominator)	270	273	**296**
Ear discharge at any examination	0%	26%	**25%**
Ear discharge at last examination	0%	12%	**9%**
Ear Discharge Test Recorded	0%	81%	**84%**

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

Children enjoying another Health Promotion event in Yarralin.

Financial Report 2018-2019

DIRECTORS REPORT

The Directors present this report on Katherine West Health Board Aboriginal Corporation ("the Corporation") for the financial year ended 30 June 2019.

The names of the directors throughout 2018/2019 and up to the date of this report are as follows:

Name	Position	Community	
Roslyn Frith	Vice Chairperson / Acting Chairperson	Kalkaringi	*appointed at AGM 17 Nov 2016, appointed to executive 15 Feb 2017
Jocelyn Victor	Executive Director / Acting V Chairperson	Pigeon Hole	*re-appointed at AGM 17 Nov 2016, vice chair to 17 Nov 2016
Debra Victor	Executive Director	Kalkaringi	*re-appointed at AGM 17 Nov 2016, appointed to executive 15 Feb 2017
Dione Kelly	Executive Director	Lajamanu	*appointed at AGM 17 Nov 2016, appointed to executive 15 Feb 2017
Sandra Campbell	Executive Director	Yarralin	*appointed at AGM 17 Nov 2016, appointed to executive 15 Feb 2017
Joyce Herbert	Director	Lajamanu	*re-appointed at AGM 17 Nov 2016
Charlie Newry	Director	Yarralin	*re-appointed at AGM 17 Nov 2016
Doris Lewis	Director	Lajamanu	*appointed at AGM 17 Nov 2016
Geoffrey Barnes	Director	Lajamanu	*appointed at AGM 17 Nov 2016
Angela Berd	Director	Kalkaringi	*appointed at AGM 17 Nov 2016
Caroline Jones	Director	Timber Creek	*appointed at AGM 17 Nov 2016
Shauna King	Director	Timber Creek	*appointed at AGM 17 Nov 2016
Barbara Gundari	Director	Bulla	*appointed at AGM 17 Nov 2016
Kenivan Anthony	Director	Mialuni	*appointed at AGM 17 Nov 2016
Noelene Campbell	Director	Yarralin	*appointed at EBM 6 Feb 2019 as replacement for Lindsey Daly
Lindsey Daly	Director	Yarralin	*appointed at FBM 14 March 2018. Completed term at 6 Feb 2019 due to ineligibility.
Willie Johnson	Chairperson	Lajamanu (Deceased 21/6/2019)	*re-appointed at FBM 15 Feb 2017

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

DIRECTORS' REPORT – Contd.

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 for 2019-2019 financial year.

Principal Activity
The principal activity of the Corporation during the financial year was the provision of a holistic clinical, preventative and public health service to clients in the Katherine West Region of the Northern Territory of Australia.
No significant changes in the Corporation's state of affairs occurred during the financial year.

Operating Result
The deficit of the Corporation amounted to $452,849 (2018: surplus $640,748)

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 2018/2019 financial year.

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

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

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

Meetings of Directors

Board Member	
Willie Johnson	6
Jocelyn Victor	6
Roslyn Frith	7
Debra Victor	7
Dione Kelly	7
Sandra Campbell	7
Joyce Herbert	1
Charlie Newry	1
Doris Lewis	0

Board Member	
Geoffrey Barnes	1
Shauna King	2
Barbara Gundari	1
Caroline Jones	2
Angela Berd	2
Kenivan Anthony	2
Noelene Campbell	1
Lindsey Daly	1

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

DIRECTORS' REPORT – Contd.

Indemnifying Officers of the Corporation
No indemnities have been given, or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the Corporation.

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

Auditor's Independence Declaration
A copy of the auditor's independence declaration is set out on page 6.

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

……
Director
Dated this 10th day of October 2019

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 28, are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and regulations:

  (a) comply with Australian Accounting Standards; and
  (b) give a true and fair view of the financial position as at 30 June 2019 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 October 2019.

……
Director
Dated this 10th day of October 2019

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 2019, 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: 10 October 2019

Level 2, 9 Cavenagh Street Darwin NT 0800 GPO Box 3470 Darwin NT 0801
+ 61 8 8982 1444 meritpartners.com.au ABN 16 107 240 522

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 2019, 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 2019 and of its financial performance for the year then ended in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and its Regulations and Australian Accounting Standards;

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

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

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

Basis for Opinion

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

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

Responsibilities of the Directors for the Financial Report

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

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

Auditor's Responsibilities for the Audit of the Financial Report

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

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

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

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

Merit Partners

Merit Partners

Matthew Kennon
Director

DARWIN
Date: 10 October 2019

STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2019

	Notes	2019 $	2018 $
Revenue and other income	2	17,962,956	16,384,213
Employee benefits expenses	3	(10,379,567)	(9,298,582)
Depreciation	8	(952,879)	(1,036,388)
Motor vehicle expenses	3	(364,458)	(270,410)
Travel and accommodation	3	(978,306)	(809,822)
Other expenses	3	(5,811,542)	(4,397,265)
Results from operating activities		(523,796)	571,746
Finance income		74,050	69,185
Finance expense		(3,103)	(183)
	2a	70,947	69,002
(Deficit)/Surplus for the year		(452,849)	640,748
Other Comprehensive Income		0	0
Total Comprehensive Income		(452,849)	640,748

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2019

	Notes	2019 $	2018 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	10,356,729	10,504,606
Trade and other receivables	6	62,967	119,159
Other current assets	7	332,457	289,100
TOTAL CURRENT ASSETS		10,752,153	10,912,865
NON-CURRENT ASSETS			
Property, plant and equipment	8	6,556,901	6,989,864
TOTAL NON-CURRENT ASSETS		6,556,901	6,989,864
TOTAL ASSETS		17,309,054	17,902,729
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	2,329,447	2,776,531
Provisions	10	834,217	627,174
TOTAL CURRENT LIABILITIES		3,163,664	3,403,705
NON CURRENT LIABILITIES			
Provisions	11	240,229	141,014
TOTAL NON-CURRENT LIABILITIES		240,229	141,014
TOTAL LIABILITIES		3,403,893	3,544,719
NET ASSETS		13,905,161	14,358,010
ACCUMULATED FUNDS			
Accumulated funds		13,905,161	14,358,010
TOTAL ACCUMULATED FUNDS		13,905,161	14,358,010

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2019

	Accumulated Funds $	Total $
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
(Deficit) 2019	(452,849)	(452,849)
Balance 30 June 2019	13,905,161	13,905,161

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2019

	Notes	2019 $	2018 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		2,166,990	1,401,461
Grants received		15,249,399	15,218,894
Payments to suppliers and employees		(17,034,022)	(15,163,001)
Interest received		74,536	69,185
Interest paid		(3,103)	(183)
NET CASH FLOWS FROM OPERATING ACTIVITIES	12(b)	453,800	1,526,356
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition of property, plant and equipment		(678,040)	(772,138)
Proceeds on sale of plant and equipment		76,363	119,546
NET CASH FLOWS USED IN INVESTING ACTIVITIES		(601,677)	(652,592)
NET INCREASE/(DECREASE)IN CASH HELD		(147,877)	873,764
Cash at the beginning of the financial year		10,504,606	9,630,842
Cash at the end of the financial year	12(a)	10,356,729	10,504,606

The accompanying notes form part of these financial statements

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

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 October 2019.

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 disposals 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.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES - contd

Depreciation
The depreciable amount of all property, plant and equipment are depreciated on a straight-line basis over the asset's 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 have been raised as a liability.

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

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES - contd

Goods and Services Tax (GST)

Revenues, 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 gross 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 the date that the entity commits itself to either the purchase or sale of the asset (ie trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified “at fair value through profit or loss”, in which case transaction costs are expensed to profit or loss immediately. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Classification and subsequent measurement

Financial liabilities

Financial liabilities are subsequently measured at:
- amortised cost; or
- fair value through profit or loss.

A financial liability is measured at fair value through profit or loss if the financial liability is:
- held for trading; or
- initially designated as at fair value through profit or loss.

All other financial liabilities are subsequently measured at amortised cost using the effective interest method.

Financial assets

Financial assets are subsequently measured at:
- amortised cost;
- fair value through other comprehensive income; or
- fair value through profit or loss.

Measurement is on the basis of two primary criteria:
- the contractual cash flow characteristics of the financial asset; and
- the business model for managing the financial assets.

A financial asset that meets the following conditions is subsequently measured at amortised cost:
- the financial asset is managed solely to collect contractual cash flows; and
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

A financial asset that meets the following conditions is subsequently measured at fair value through other comprehensive income:
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates; and
- the business model for managing the financial asset comprises both contractual cash flows collection and the selling of the financial asset.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES - contd

By default, all other financial assets that do not meet the measurement conditions of amortised cost and fair value through other comprehensive income are subsequently measured at fair value through profit or loss.

The initial designation of financial instruments to measure at fair value through profit or loss is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

Derecognition
Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement of financial position.
Derecognition of financial liabilities
A liability is derecognised when it is extinguished (ie when the obligation in the contract is discharged, cancelled or expires). An exchange of an existing financial liability for a new one with substantially modified terms, or a substantial modification to the terms of a financial liability, is treated as an extinguishment of the existing liability and recognition of a new financial liability.

The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

Derecognition of financial assets
A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All the following criteria need to be satisfied for the derecognition of a financial asset:
- the right to receive cash flows from the asset has expired or been transferred;
- all risk and rewards of ownership of the asset have been substantially transferred; and
- the entity no longer controls the asset (ie has no practical ability to make unilateral decision to sell the asset to a third party).

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

On derecognition of a debt instrument classified as fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the investment revaluation reserve is reclassified to profit or loss.

On derecognition of an investment in equity which the entity elected to classify under fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the investments revaluation reserve is not reclassified to profit or loss, but is transferred to retained earnings.

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES - contd

The entity recognises a loss allowance for expected credit losses on:
- financial assets that are measured at amortised cost or fair value through other comprehensive income;
- lease receivables;
- loan commitments that are not measured at fair value through profit or loss.

Loss allowance is not recognised for:
- financial assets measured at fair value through profit or loss; or
- equity instruments measured at fair value through other comprehensive income.

Expected credit losses are the probability-weighted estimate of credit losses over the expected life of a financial instrument. A credit loss is the difference between all contractual cash flows that are due and all cash flows expected to be received, all discounted at the original effective interest rate of the financial instrument. This expected credit loss approach with the adoption of AASB 9 replaces AASB 139's incurred loss approach.

Recognition of expected credit losses in financial statements
At each reporting date, the entity recognises the movement in the loss allowance as an impairment gain or loss in the statement of profit or loss and other comprehensive income.
The carrying amount of financial assets measured at amortised cost includes the loss allowance relating to that asset.

Assets measured at fair value through other comprehensive income are recognised at fair value with changes in fair value recognised in other comprehensive income. The amount in relation to change in credit risk is transferred from other comprehensive income to profit or loss at every reporting period.

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.

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.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES - contd

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
An assessment of Accounting Standards issued by the AASB that are not yet mandatorily applicable and their potential impact on the Corporation when adopted in future periods is discussed below:

- *AASB 16: Leases* (applicable to annual reporting periods beginning on or after 1 January 2019).
When effective, this Standard will replace the current accounting requirements applicable to leases in *AASB 117: Leases and related Interpretations*. AASB 16 introduces a single lessee accounting model that eliminates the requirement for leases to be classified as operating or finance leases.

The main changes introduced by the new Standard are as follows:

- recognition of a right-of-use asset and liability for all leases (excluding short-term leases with less than 12 months of tenure and leases relating to low-value assets);
- depreciation of right-of-use assets in line with *AASB 116: Property, Plant and Equipment* in profit or loss and unwinding of the liability in principal and interest components;
- inclusion of variable lease payments that depend on an index or a rate in the initial measurement of the lease liability using the index or rate at the commencement date;
- application of a practical expedient to permit a lessee to elect not to separate non-lease components and instead account for all components as a lease; and
- inclusion of additional disclosure requirements.

The transitional provisions of AASB 16 allow a lessee to either retrospectively apply the Standard to comparatives in line with *AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors* or recognise the cumulative effect of retrospective application as an adjustment to opening equity on the date of initial application.

Although members of the board anticipate that the adoption of AASB 16 will impact the entity's financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.

- AASB 1058: Income of Not-for-Profit Entities (applicable to annual reporting periods beginning on or after 1 January 2019).
This Standard is applicable to transactions that do not arise from enforceable contracts with customers involving performance obligations.

The significant accounting requirements of AASB 1058 are as follows:

- Income arising from an excess of the initial carrying amount of an asset over the related contributions by owners, increases in liabilities, decreases in assets and revenue should be immediately recognised in profit or loss. For this purpose, the assets, liabilities and revenue are to be measured in accordance with other applicable Standards.

Liabilities should be recognised for the excess of the initial carrying amount of a financial asset (received in a transfer to enable the entity to acquire or construct a recognisable non-financial asset that is to be controlled by the entity) over any related amounts recognised in accordance with the applicable Standards. The liabilities must be amortised to profit or loss as income when the entity satisfies its obligations under the transfer.

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES - contd

An entity may elect to recognise volunteer services or a class of volunteer services as an accounting policy choice if the fair value of those services can be measured reliably, whether or not the services would have been purchased if they had not been donated. Recognised volunteer services should be measured at fair value and any excess over the related amounts (such as contributions by owners or revenue) immediately recognised as income in profit or loss.

The transitional provisions of this Standard permit an entity to either: restate the contracts that existed in each prior period presented in accordance with AASB 108 (subject to certain practical expedients); or recognise the cumulative effect of retrospective application to incomplete contracts on the date of initial application. For this purpose, a completed contract is a contract or transaction for which the entity has recognised all of the income in accordance with *AASB 1004 Contributions*.

Although members of the board anticipate that the adoption of AASB 1058 may have an impact on the entity's financial statements, it is impracticable at this stage to provide a reasonable estimate of such impact.

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.

	2019 $	2018 $
NOTE 2. REVENUE AND OTHER INCOME		
Grants		
DoH –Federal Operational	8,721,565	7,885,028
- Federal Capital	0	0
DoH – Territory Operational	4,801,409	5,126,817
NTG Infrastructure, Planning	0	403,930
Dept. of Prime Minister and Cabinet	177,721	287,721
General Practice Network	0	474,153
Northern Territory PHN	1,547,979	1,515,399
NT General Practice Education	6,890	38,540
General Practice & Primary Care	6,760	0
Centre Link	38,845	12,510
Unexpended grants B/F	1,640,111	0
Unexpended grant C/F	(1,114,197)	(427,426)
Insurance recoveries	109,229	3,173
AMSANT	1,818	0
Work Cover Consultations	1,684	1,307
Medical reports	1,620	0
Medicare	1,141,920	802,963
Profit on the sale of assets	76,363	119,545
KWHB Medicare Contribution	783,186	582,406
Miscellaneous income	20,053	32,300
TOTAL REVENUE	17,962,956	16,384,213

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019 $	2018 $
NOTE 2a. FINANCE INCOME		
Interest on bank accounts	74,050	69,185
Interest paid	(3,103)	(183)
Net Finance Income	70,947	69,002
NOTE 3. EXPENDITURE		
Employee benefits expenses		
Wages and salaries	8,945,006	7,885,592
Airfares	2,807	3,812
Superannuation	771,752	695,373
FBT	115,712	69,377
Professional development	68,349	175,459
Recruitment and relocation	335,609	323,938
Flight out of isolated land	21,675	34,488
Insurance -Workers compensation	118,657	110,543
	10,379,567	9,298,582
Motor vehicle expenses		
Fuel and oil	179,901	114,599
Repairs and maintenance	131,410	124,476
Registration	53,147	26,335
	364,458	270,410
Travel		
Travel and accommodation – staff	885,824	691,434
Travel and accommodation – board	91,751	116,956
Travel and accommodation – patients	731	1,432
	978,306	809,822
Other expenses		
Accounting fees	206,665	1,941
Advertising	11	8,869
Annual report	2,505	1,190
Audit fees	23,339	19,896
Bank charges	1,945	850
Cleaning	61,405	72,458
Consultants	51,032	98,215
Communications	8,136	12,407
Consumables	3,111	0
Electricity, water and sewerage	301,552	307,808
Freight	87,017	76,426
Ground maintenance	2,927	13,798
Hire of equipment	31,428	42,067
Insurance	203,136	144,643
IT Hosting / support	365,143	404,396

	2019 $	2018 $
NOTE 3. EXPENDITURE- contd.		
IT Computer equipment	70,133	4,101
Bad debts	0	2,056
Postage	1,837	1,150
Legal expenses	375	0
Loss on write-off of assets	158,125	0
Meeting costs	13,614	11,848
Rates	2,050	0
Rent – Head office	234,671	217,900
Rent – Storage facilities	15,946	15,777
Rent – Housing	265,001	267,714
Subscriptions and membership	6,727	4,475
Service charges	26,109	44,817
Telephone and facsimile	272,407	126,667
Training	64,545	4,842
Uniforms	4,601	10,240
Security	19,472	15,564
Repairs and Maintenance - Plant & Equipment	11,208	10,818
- Computer/office equip	16,616	0
- Furniture & Fittings	45,530	26,092
- Buildings	168,856	350,433
- Medical equipment	60,564	77,969
Supplies		
Medical and dental supplies	349,423	327,497
RAHC	495,446	182,414
Office supplies	45,420	34,767
Repay unspent grant	443,144	0
Health and Other Program		
Doctors Locum	505,000	507,751
Health Promotions	182,512	127,515
Services purchased	199,673	247,728
Medicare Contributions Health Clinics	783,185	582,406
	5,811,542	4,397,265

NOTE 4. AUDITORS REMUNERATION

Remuneration of the auditors of the corporation for		
- Auditing or reviewing the financial report – Merit Partners	19,500	19,896
	19,500	19,896

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019 $	2018 $
NOTE 5. CASH AND CASH EQUIVALENTS		
ANZ- Operating account	2,950,166	4,058,782
ANZ - Medicare Bulk Bill	4,872,308	3,971,773
PCCU- Investment Account	2,533,857	2,473,551
Petty Cash	398	500
	10,356,729	10,504,606

The effective interest rate on the PCCU Investment account was 2.27% as at 30 June 2019 (30 June 2018: 2.48%) the investment is rolled forward quarterly.

NOTE 6. TRADE AND OTHER RECEIVABLES

CURRENT		
Trade Debtors	17,288	119,159
Sundry Debtors	41,179	0
Rental Bond	4,500	0
Less Provision for doubtful debts	(0)	(0)
	62,967	119,159

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.

NOTE 6. TRADE AND OTHER RECEIVABLES – Contd.

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			
2019	**Gross Amount**	**Past due & Impaired**	**Within initial trade terms**	**31-60**	**61-90**	**>90**
	$	**$**	**$**	**$**	**$**	**$**
Trade and Other receivables	62,967	0	60,313	1,750	80	824

			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	0	94,373	20,546	80	4,160

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.

	2019	**2018**
	$	**$**
Financial assets		
Trade and other receivables	62,967	119,159

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

NOTE 7. OTHER CURRENT ASSETS

GST paid	177,935	532
Prepayments	154,522	288,568
	332,457	289,100

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

NOTE 8. PROPERTY, PLANT AND EQUIPMENT

	2019 $	2018 $
Furniture and equipment – at cost	842,869	1,362,708
Accumulated depreciation	(829,116)	(1,292,076)
	13,753	70,632
Land – at valuation	8,000	8,000
Accumulated depreciation	(0)	(0)
	8,000	8,000
Building – at cost	8,110,086	8,110,085
Accumulated depreciation	(2,693,599)	(2,288,095)
	5,416,487	5,821,990
Computers and software – at cost	580,134	1,068,100
Accumulated depreciation	(567,165)	(981,222)
	12,969	86,878
Motor vehicles – at cost	2,770,565	2,408,837
Accumulated depreciation	(1,806,173)	(1,639,067)
	964,392	769,230
Medical equipment – at cost	687,737	858,291
Accumulated depreciation	(546,437)	(625,157)
	141,300	233,134
	6,556,901	6,989,864

NOTE 8. PROPERTY, PLANT AND EQUIPMENT – contd.

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.

	Furnt. / Equip $	Land At Cost $	Building At Cost. $	Computer/ Software $	Medical Equip $	Motor Vehicles $	Total $
Balance 1 July 2017	68,409	8,000	5,839,752	104,507	267,797	965,649	7,254,114
Additions	33,798	0	380,536	31,050	62,446	264,308	772,138
Disposals	0	0	0	0	0	(406,473)	(406,473)
Writeback	0	0	0	0	0	406,473	406,473
Depn. Expense	(31,575)	0	(398,298)	(48,679)	(97,109)	(460,727)	(1,036,388)
Carrying amount at the end of 30 June 2018	70,632	8,000	5,821,990	86,879	233,134	769,230	6,989,864
Balance at the beginning of year 1 July 2018	70,632	8,000	5,821,990	86,879	233,134	769,230	6,989,864
Additions	0	0	0	0	13,437	664,603	678,040
Disposals	(519,840)	0	0	(487,966)	(183,991)	(302,874)	(1,494,671)
Writeback	470,775	0	0	427,004	135,894	302,874	1,336,547
Depn. Expense	(7,814)	0	(405,503)	(12,948)	(57,174)	(469,440)	(952,879)
Carrying amount at the end of the year 30 June 2019	13,753	8,000	5,416,487	12,969	141,300	964,392	6,556,901

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

	2019 $	2018 $
NOTE 9. TRADE AND OTHER PAYABLES		
Trade creditors	434,490	924,214
GST Collected	423,951	0
Accruals	356,809	212,206
Other payables – unspent grants	1,114,197	1,640,111
	2,329,447	2,776,531
Financial liabilities at amortised cost classified as trade and other payables		
- Total current	2,329,447	2,776,531
- Total non-current	0	0
	2,329,447	2,776,531

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	262,100	249,398
Annual Leave	572,117	377,776
	834,217	627,174
NOTE 11. PROVISIONS		
Non Current		
Long Service Leave	240,229	141,014

NOTE 12. CASH FLOW INFORMATION

	2019 $	2018 $
a) Reconciliation of cash		
Cash balance comprises:		
- Cash (Note 5)	10,356,729	10,504,606
b) Reconciliation of the surplus to the net cash flows used in operating activities		
(Deficit)/Surplus	(452,849)	640,748
Depreciation	952,879	1,036,388
Loss/(Profit) on disposal of assets	81,761	(119,546)
Change in assets and liabilities		
Trade and other receivables	56,192	(52,914)
Other current assets	(43,357)	(69,589)
Trade and other payables	(447,084)	(26,613)
Provision for employee entitlements	306,258	117,882
Net Cash Flows from operating activities	453,800	1,526,356

c) The Corporation has no credit or stand - by or 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 9 as detailed in the accounting policies to these financial statements, are as follows.

	2019 $	2018 $
Financial Assets		
Cash and cash equivalents	10,356,729	10,504,606
Trade and other receivables	62,967	119,159
	10,419,696	10,623,765
Financial Liabilities		
Trade and other payables	2,329,447	2,776,471
	2,329,447	2,776,471

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

NOTE 13. FINANCIAL RISK MANAGEMENT – contd.

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 Financial Risk Exposures and Management
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.

Liquidity Risk
Liquidity risk arises from the possibility that the corporation might encounter difficulty in settling its debts or otherwise meeting 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.

NOTE 13. FINANCIAL RISK MANAGEMENT – contd.

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	
	2019 $	2018 $	2019 $	2018 $	2019 $	2018 $	2019 $	2018 $
Financial Liabilities due for payment								
Trade & other payables	2,329,447	2,776,471	0	0	0	0	2,329,447	2,776,471
Total contractual outflows	2,329,447	2,776,471	0	0	0	0	2,329,447	2,776,471
Financial Assets – cash flows realisable								
Cash & cash equivalents	10,356,729	10,504,606	0	0	0	0	10,356,729	10,504,606
Trade and other receivables	62,967	119,159	0	0	0	0	62,967	119,159
Total anticipated cash in flows	10,419,696	10,623,765	0	0	0	0	10,419,696	10,623,765

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.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

NOTE 13. FINANCIAL RISK MANAGEMENT – contd.

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

	2019 $	2018 $
(a) Operating Lease commitments:		
Non cancellable operating leases contracted for:		
Being for rental of motor vehicles, office, housing		
Payable:		
- not later than 12 months	280,717	101,389
- between 12 months and 5 years	256,303	51,286
- greater than 5 years	57,293	0

NOTE 16. EVENTS SUBSEQUENT TO REPORTING DATE

There were no events after balance sheet date.

NOTE 17. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There were no contingent liabilities or assets at 30 June 2019.

NOTE 18. RELATED PARTY DISCLOSURES

During the year ended 30 June 2019, the Corporation paid directors fees and travel allowances to its board of directors who attended meetings for and behalf of the Corporation.

	2019 $	2018 $
Directors Fees	17,417	16,079
Travel Allowances	91,751	116,956
	109,168	133,035
Key Management Personnel Compensation		
Short Term Benefits	1,116,272	1,062,362
Total	1,116,272	1,062,362

FUNDS ACQUITTANCE CERTIFICATE

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

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

That all accounts represent a true and fair record;

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

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

The financial controls in place within the Corporation are adequate;

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

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

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

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

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

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

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

……
Chief Executive Officer
Date: 10/10/2019

…….
Chairperson
Date: 10/10/2019

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 2019 as set out on pages 35 to 59, using the accruals basis of accounting.

In our opinion the attached Statements as set out on pages 35 to 59 present fairly, in all material respects, the financial transactions for the year ended 30 June 2019.

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.

Level 2, 9 Cavenagh Street Darwin NT 0800 GPO Box 3470 Darwin NT 0801
+61 8 8982 1444 meritpartners.com.au ABN 16 107 240 522

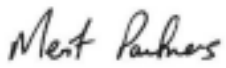
Auditor's Responsibility for the Audit of the Statement

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

Matthew Kennon

Registered Company Auditor

Darwin

10 October 2019

Healthcare Associated Infections

KWHB Statement 2018-2019

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
- Staffscreening - immunisation form

Filming of a KWHB Health Promotion video in Myatt community.

Katherine West Health Board Aboriginal Corporation

Riverbank Office Village
Unit 10, 38 First Street
Katherine, Northern Territory 0891

PO Box 147
Katherine, Northern Territory 0891
Phone: 08 8971 9300
Fax: 08 8971 9340
ICN 3068 / ABN 23 351 866 925
www.kwhb.com.au