



**KATHERINE WEST
HEALTH BOARD**
Aboriginal Corporation

ANNUAL REPORT 2019/2020

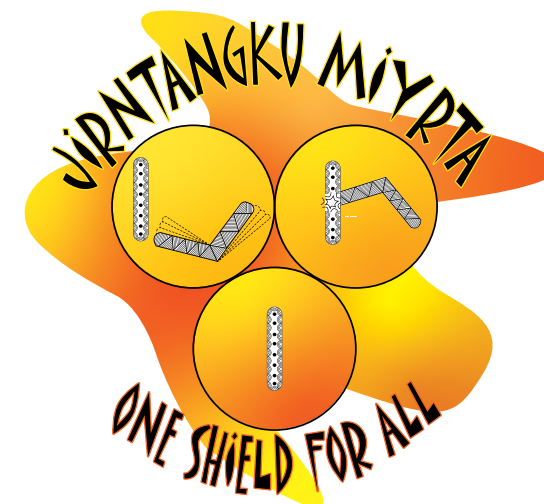


"We encourage Aboriginal people to please take caution when reading this document, as it does contain images of people who have passed away. All photos in this document have been taken and used in line with KWHB's Photo and Image Policy. If you have any concerns about a photo in this document, please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

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.



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.

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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
AOD	Alcohol and Other Drugs
CARPA	Central Australian Rural Practitioners Association
CD	Chronic Diseases
CEO	Chief Executive Officer
CHC	Community Health Clinics
CLAG	Cultural Leadership Advisory Group
DCE	Director, Community Engagement
DMS	Director, Medical Services
DPHC	Director, Primary Health Care
GP	General Practitioner
HCC	Health Centre Coordinator
HRM	Human Resources Manager
ISO	International Standards Organisation
IAHP	Indigenous Australians Health Program
KDH	Katherine District Hospital
NDIS	National Disability Insurance Scheme
NTAHKPI	Northern Territory Aboriginal Health Key Performance Indicators
NTPHN	Northern Territory Primary Health Network
NTG DoH	Northern Territory Government Department of Health
PATS	Patient Assisted Travel Scheme
PHC	Primary Health Care
RACGP	Royal Australian College of General Practitioners
RAN	Remote Area Nurse
RDH	Royal Darwin Hospital
SB4SF	Strong Beginnings for Strong Families
SEWB	Social and Emotional Well Being
SHBBV / STI	Sexual Health and Blood Borne Viruses / Sexually Transmitted Infections
SONT	Specialist Outreach, Northern Territory
TIS	Tackling Indigenous Smoking
WBE CBW	Well Being Emotional Community Based Worker
WH&S	Workplace Health and Safety
WWC	Working With Children – Authentication for staff and Directors to have contact with children



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.

**Kalkaringi Region**
Kalkaringi
Daguragu
Pigeon Hole

**Lajamanu Region**
Lajamanu

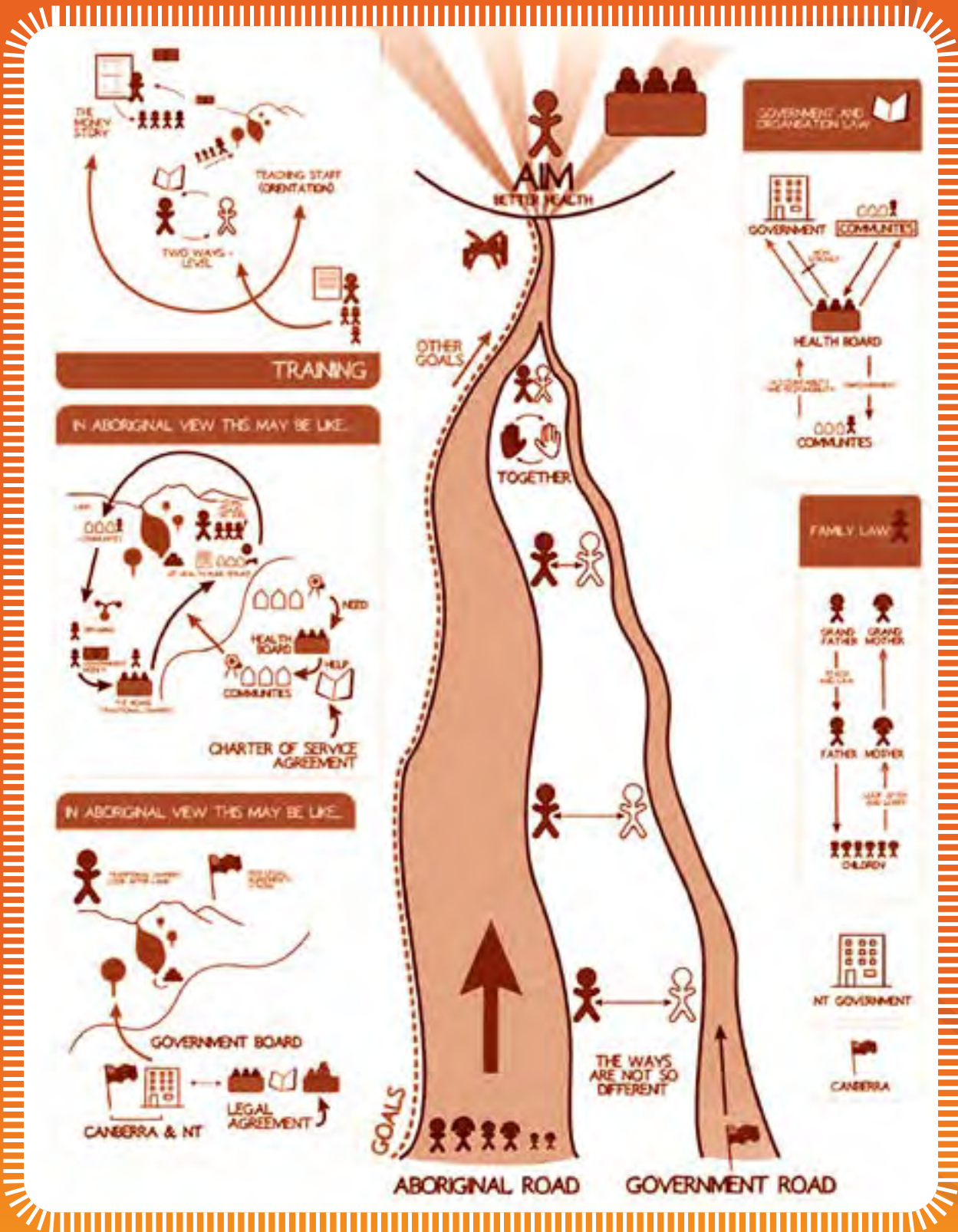
**Timber Creek Region**
Timber Creek and Surrounding Communities
Bulla
Kildurk

**Yarralin Region**
Yarralin
Lingara

“KWHB is located on the far western side of the Katherine region in Australia’s Northern Territory.”

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 2018-2021



Our Dream:

‘Jirntangku Miyrtta: One Shield for all...’

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- Excellent health services under community control.
- All people working together to care for our health.

Our Mission:

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

Priority 1: A Strong Voice For Our Communities

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

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

Priority 2: Delivering High Quality Health Care

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

- Providing high quality care for those who are sick.
- Preventing illness and 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.

Organisational Chart



CEO

- Aboriginal Clinician Lead AHC
- Aboriginal Health Coaching Curriculum Writer
- Manager of Compliance and Reporting
- Information and Communications Coordinator

Director Medical Services

- 0.7 Timber Creek GP
- 1.0 Kalkaringi GP
- 0.5 Yarralin GP
- 1.5 Lajamanu GP
- Child Health Coordinator
- Child Health Coordinator
- Maternal and Womens Health Coordinator
- Care Plan/ SONT Coordinator

Manager Primary Health Care

Kalkaringi/Pigeon Hole CHC

- Health Centre Coordinator
- 4 x Remote Area Nurse
- Aboriginal Health Practitioner
- **2 x Admin Officer x 0.5**
- **M Yappa Outrch Wkr 0.5**
- **F Yappa Outrch Wkr 0.5**
- **Driver/Cleaner 0.5**
- **Cleaner 0.5**
- **WBE CBW x 0.5**

Yarralin/Lingara CHC

- Health Centre Coordinator
- 2 x Remote Area Nurses
- **0.5 Admin Officer**
- **Wellbeing Engagement CBW 0.5**
- **Cleaner 0.25**
- **0.5 NDIS Remote Community Connector**

Lajamanu CHC

- Health Centre Coordinator
- 5 x Remote Area Nurse
- Health Operations Support Officer
- **2 x Admin Officer x 0.5**
- **M Yappa Outrch Wkr 0.5**
- **F Yappa Outrch Wkr 0.5**
- **Driver/Cleaner 0.5**
- **Cleaner 0.5**
- **WBE CBW x 0.5**
- **0.5 NDIS Remote Community Connector**

Timber Creek/Bulla/Kildurk CHC

- Health Centre Coordinator
- 3.7 x Remote Area Nurse
- **Admin Officer**
- **0.5 Wellbeing Engagement CBW**
- **0.5 NDIS Remote Community Connector**
- Mobile Team
- 2 x Remote Area Nurses
- Duncan Highway Mobile Team
- Remote Area Nurse

Manager Public Health

- Chronic Disease Care Coordinator
- AHP Chronic Disease Care Coordinator
- Medicare/Communicare Officer
- Diabetes Educator
- Nutritionist
- Dietitian
- Exercise Physiologist
- Quality Coordinator
- Physiotherapist

Manager Population Health

- Manager Primary Health Care
- AOD Coordinator
- TIS Program Coordinator
- SEWB Support Worker
- Mental Health Nurse
- Mental Health Nurse
- SEWB Support Worker
- Health Programs Coordinator

- Health Promotion Officer
- Health Promotion Officer
- Graphic Designer
- Art Therapy Project Officer
- Domestic and Family Violence Project Officer
- Sexual Health Coordinator
- Sexual Health Nurse
- SB4SF Coordinator
- SB4SF Registered Nurse
- SB4SF Registered Nurse
- SB4SF Registered Nurse
- SB4SF Social Worker
- SB4SF Cultural Leadership Officer

Director Corporate Governance

- Senior Finance Officer
- Finance Assistant
- Manager People and Culture
- HR Database Officer
- HR and Finance Officer
- PHC Operations Coordinator
- Health Operations Support Officer
- Assets Coordinator
- Assets and Property Maintenance Coordinator

Director Community Engagement

- **CHC Admin Staff (see PHC column in green)**
- Health Centre Cleaners
- NDIS Remote Community Connectors
- Wellbeing Engagement Workers
- Community Based Workers



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 2019 - 30 June 2020. This has been a big year for KWHB and indeed the world, and I would like to start by saying a huge thank you to our staff and my fellow Board Directors for taking KWHB through the year and keeping our mob in the bush safe from this deadly COVID-19 virus. We have had a tough year in our communities with lock-downs and fear of this virus taking hold, but we now feel strong and ready to fight if we were to get a case.

Early in the year our new Full Board Directors were confirmed at our AGM and I was elected as Chairperson by the Board, I appreciate the support to take on this role and look forward to continuing the good governance and sound leadership of our past Chairperson, the late Japananka. Our Board has led from the front with quick decision making with advice from public health leaders delivered to us from our CEO. This has meant that we continue to be COVID-19 free and will do our best to keep it this way.

We the Board can report a strong financial position which is great to see given the extra challenges that were thrown our way this year. KWHB maintains close monitoring of the budgets and income and expenditure throughout the year and ensuring compliance and sound financial management. We again deliver another well performing audit. Despite the challenges of COVID-19 we have continue to expand our health services to people in the bush and enjoy seeing the new programs being rolled out for our people.

One big focus this year was on seeking out a new governance trainer to continue the development of our Directors on the journey as governance leaders at KWHB. We have been working with Ambrose Solutions to develop best practice governance resources and are currently working on digitalising these to ensure our current and future Directors will have access to the wherever they are. Due to COVID-19 we decided to extend our current Strategic Plan until 2021 and will be doing a review and re-drafting it then.



As the Board we are responsible to ensure that KWHB is functioning well as an organisation, to do this we receive reports on organisational systems such as compliance, finance and reports from our staff who manage a range of areas. We make sure that KWHB is providing effective services but also that we are doing the right thing with our funders and ensuring that we continue to work towards realising our strategic plan. There are many documents, health data, correspondence and reports that we review each meeting.

Health literacy development is a strong focus of our Board and we love seeing the great activities being delivered in our communities throughout the year. Very notably are the murals that have been created with our mob to help spread the message of sharing your worries. We haven't yet got to complete the mural in Kalkaringi due to COVID-19 but expect to be able to get it done next year. We also love seeing Life Education NT working with our schools and helping our next generation learn about healthy lifestyle.

Our staff in communities and town deliver great services to our mob in the bush and we wouldn't be able to do it without you. The Board has heard and seen many of the great stories of how our staff have worked so hard to keep delivering services to our communities despite the challenges of COVID-19. We are so grateful for all our staff and appreciate all your efforts,

we know this means extra time away from family and friends at times and thank you for your commitment and compassion.

KWHB was assessed against the ISO 9001:2016 and passed again without any non-conformances, this shows how strong of a service we are and is an endorsement of all the hard work of our staff. Due to COVID-19 our RACGP accreditation was put on hold and will be reviewed again in early 2021.

Finally, I would like again to thank all who have made a contribution to the year that was and look forward to the year ahead. It was a tough year however; our Directors and staff have made the year a success and we are very pleased with our performance over the year.



Roslyn Frith
Chairperson

Board of Directors

Katherine West Health Board has a **14 member Board of Directors** which decide the strategic direction of the organisation, and ensure the highest standards of good governance are upheld to ensure KWHB remains strong in the health sector.

Updated 2019: All members voted in at community elections from April-August 2019. Endorsed at the AGM on 14/11/2019.



Roslyn Frith
Chairperson
Kalkaringi



Jocelyn Victor
Vice Chairperson
Pigeon Hole



Dione Kelly
Executive Director
Lajamanu



Caroline Jones
Executive Director
Timber Creek



Sandra Campbell
Executive Director
Yarralin



Valerie Patterson
Executive Director
Lajamanu



Debra Victor
Board Director
Kalkaringi



Charlie Newry
Board Director
Yarralin



Jonathon Dixon
Board Director
Lajamanu



Joyce Herbert
Board Director
Lajamanu



Joseph Archie
Board Director
Bulla



Roy Harrington
Board Director
Timber Creek



Noleen Campbell
Board Director
Yarralin



Veronica Leering
Board Director
Kildurk



Member	Position	Community	Appointment Date to the Board
Roslyn Frith	Chairperson	Kalkaringi	Re-Appointed at AGM 14/11/2019, Elected as Chair FBM - 14/9/2019
Jocelyn Victor	Vice Chairperson	Pigeon Hole	Re-Appointed at AGM 14/11/2019, Elected as VC FBM - 14/9/2019
Sandra Campbell	Executive Director	Yarralin	Re-Appointed at AGM 14/11/2019, Elected as ED - FBM - 14/9/2019
Valerie Patterson	Executive Director	Lajamanu	Re-Appointed at AGM 14/11/2019, Elected as ED FBM - 14/9/2019
Dione Kelly	Executive Director	Lajamanu	Re-Appointed at AGM 14/11/2019, Elected as ED FBM - 14/9/2019
Caroline Jones	Executive Director	Timber Creek	Re-Appointed at AGM 14/11/2019, Elected as ED FBM - 14/9/2019
Jonathon Dixon	Board Director	Lajamanu	AGM 14/11/2019
Joyce Herbert	Board Director	Lajamanu	Re-Appointed at AGM 14/11/2019
Debra Victor	Board Director	Kalkaringi	Re-Appointed at AGM 14/11/2019
Charlie Newry	Board Director	Yarralin	Re-Appointed at AGM 14/11/2019
Noleen Campbell	Board Director	Yarralin	Re-Appointed at AGM 14/11/2019
Veronica Leering	Board Director	Kildurk	AGM 14/11/2019
Joseph Archie	Board Director	Bulla	AGM 14/11/2019
Roy Harrington	Board Director	Timber Creek	AGM 14/11/2019
Doris Lewis	Director	Lajamanu	AGM 17 Nov 2016, Term ended AGM 14/11/2019
Geoffrey Barnes	Director	Lajamanu	AGM 17 Nov 2016, Term ended AGM 14/11/2019
Shauna King	Director	Timber Creek	AGM 17 Nov 2016, Term ended AGM 14/11/2019
Barbara Gundari	Director	Bulla	AGM 17 Nov 2016, Term ended AGM 14/11/2019
Angela Berd	Director	Kalkaringi	AGM 17 Nov 2016, Term ended AGM 14/11/2019
Kenivan Anthony	Director	Mialuni	AGM 17 Nov 2016, Term ended AGM 14/11/2019

All Board meetings held in Katherine.

Title	Date	Attendance
Executive Board Meeting	3/7/19	5 Executive Directors
Full Board Meeting	7/8/19	12 Directors
Executive Board Meeting	11/9/19	5 Executive Directors
Executive Board Meeting	13/11/19	6 Executive Directors
Annual General Meeting	14/11/19	24 Members Present
Full Board Meeting	14/11/19	12 Directors
Full Board Meeting	12/2/20	13 Directors
Executive Board Meeting	18/3/20	6 Executive Directors
Executive Board Meeting	13/5/20	6 Executive Directors

Title	Number of meetings throughout the year
Full Board Meeting	3
Executive Board Meeting	5
Primary Health Care Governance Meeting	7
Management Review Committee	4
Safety Team Meeting	0
Cultural Leadership Advisory Group	1
Finance Committee	7

Member Name	Meetings Attended
Roslyn Frith	9
Jocelyn Victor	9
Sandra Campbell	8
Valerie Patterson	6
Dione Kelly	7
Caroline Jones	8
Jonathon Dixon	1
Joyce Herbert	3
Debra Victor	7
Charlie Newry	4
Noleen Campbell	4
Veronica Leering	0
Joseph Archie	3
Roy Harrington	2
Doris Lewis	2
Geoffrey Barnes	1
Shauna King	2
Barbara Gundari	2
Angela Berd	1
Kenivan Anthony	1

In September 2019 KWHB commissioned an Organisational Health Check – which was a review of the organisation by an external, independent consultant Edward Tilton.

The outcome summary stated:

“Katherine West Health Board is in good health, with policies, procedures and systems in place to ensure that the organisation is well-run and effective.”



CEO's Report

Well, what can I say about 2019-2020, it's been quite a ride! Despite our numerous challenges I couldn't be prouder of how agile and adaptable we have been, as an organisation, in the face of great uncertainty and shifting sands. Normally, I would finish by thanking our staff and Board Directors. However, this year, I am going to start by saying a huge thank you to all our staff and Directors who have made such a strong contribution to our mob in the bush. So many stayed on longer than they would normally to ensure that our clients received services, while we hurriedly planned for the prospects of COVID-19 reaching our communities. Staff across the region worked so well together to ensure that our clients were taken care of. This meant longer times away from family and long hours for many. I am so grateful for the contribution of so many in our team and look forward to what next year will bring. Our Board Directors have provided us with sound leadership and have guided and supported decision making wisely even when it was rapid fire and difficult at times.

The year began with a strong focus on service expansion building on some solid work in the past and looking to the future direction of KWHB as an innovative and highly productive organisation. Our PHC space has continued to grow and our workforce increased with new staff who continue to support the delivery of high quality comprehensive primary health care. We also received some funding to support our community in the NDIS space with Remote Community Connector program as well as seeing the staged extension of the Maternal Early Childhood Sustained Home visiting program, MESCH.

Throughout the year we underwent some changes in our leadership domain with some new roles embedding stronger leadership across KWHB. We have now settled on a new organisational chart that demonstrates the Board's focus on having our community at the centre of all decision making and service delivery. I look forward to working with our leadership team into the future to continue the great work of KWHB for many years to come.

Our year was shaping up well with an extensive schedule of health program and health promotion activities across our region. Our strong start set us up for a big 2020 however COVID-19 had other ideas. Early in the year we enjoyed a great partnership with community to paint murals that told stories from our region with a very important message around social and emotional wellbeing, displayed in prominent sites. We also continued some important partnerships in our region to deliver important work with our youth and families around staying safe. Health literacy development remains a central focus of all our work in the health promotion domain as does expanding our reach into communities through the use of social media to deliver our health messages.

COVID-19 in 2020 certainly caused some disruption to what we do at KWHB. I thank our Board Directors for their support during this challenging time as we collectively made decisions to protect our communities and staff. These decisions were not easy, and time was not on our side, however being decisive and keeping our clients at the centre of our thoughts was paramount to ensuring that COVID-19 did not have an impact on us.

Some key decisions included:

- Reducing our outreach services to essential services only.
- Employing a COVID-19 director who worked tirelessly with myself to lead the KWHB COVID-19 response.
- Putting all annual leave and professional development on hold.
- Screening of staff to limit the risk of covert COVID-19 transmission.
- Working extensively with NTG and Commonwealth Government Departments to secure adequate medical supplies and participation in planning.
- Supporting the biosecurity zones to protect community members.

- Expanding our telehealth and videoconferencing capacity including delivering board meetings over the zoom platform.

Whilst it is not yet over, we are in a much better position now to manage a potential future outbreak, however we remain focused on preventing this for as long as possible and hope we are able to hold off COVID-19 indefinitely.

Another big event for us this year was the near full destruction of the Lajamanu Health Centre due to fire. This occurred right around the same time as the pandemic was taking hold and caused a significant amount of upheaval for the community and our staff. The timing was bad, but the response from our team was brilliant. Within 24 hours our Lajamanu team had set up a temporary clinic in a house and were seeing clients and working round the clock to ensure our clients' needs were met.

The Lajamanu community provided great support and made sure our staff were able to operate effectively in such tough conditions. I would like to thank the Northern Territory Government and the Commonwealth Government for their support in getting us back into the refurbished "Old Clinic" as well as providing resources and support to get a demountable to support our PHC programs and COVID-19 response. Under such trying circumstances our staff in Lajamanu led by Rachael Ismael as Health Centre Coordinator and Dr Susan Clarke as our GP, never wavered and I sincerely thank the team for their professionalism and hard work during this time, without such sound and careful support we would not have been able to navigate this difficult period so effectively.

We sadly also said farewell to our Chairperson of many years Japanangka in Lajamanu, this was a sad event for our Board and staff and difficult to say our final goodbyes. We thank Japanangka for his years of service to his people and KWHB and send our condolences to his family Robyn and children. We remember the great times, and many laughs we had along the way. Japanangka was a steady influence and a great leader. He will be greatly missed.



Financially, KWHB has again had a strong year maintaining a high standard of compliance and sound financial systems. Together with our consultant accountants we have managed our finances well despite the unexpected expenditure with COVID-19 while at the same time expanding our health services from the previous year. Medicare income increased again this year and we have our hard-working primary health care teams to thank for this as well as the ongoing involvement in the Health Care Homes program and continued utilisation of Practice Incentive Payments for clients with chronic disease. We also maximised both our service delivery and income by utilising the telehealth stream items introduced during COVID-19.

I would like to give a special thanks to our Board Directors for their strong leadership and strategic direction which keeps us on the right path and guides all we do at KWHB. We have been led strongly by a new Board and new Chairperson in Roslyn Frith (RF) and appreciate them looking out for us along the way. There were many decisions this year that were difficult, they were made with sound governance principles at their core and have resulted in positive outcomes. The Board have been working closely with a governance consultant to develop best practice digitalised governance resources to support good governance at KWHB. I look forward to supporting this work and the other great Board initiatives next year.

Our Leadership team have gone from strength to strength and have worked so hard given the

challenges the year has presented, and I am so thankful for the support and commitment shown to KWHB during the year. I thank Dr Odette Phillips (Director, Medical Services), Sean Heffernan (Director, Corporate Governance), David Lines (Director, Community Engagement) David McGuinness (Director KWHB COVID-19 Response), Zoe Evans (Director Primary Health Care), Jenn Silcock (Manager Primary Health Care) and Megan Green (Manager Population Health) for their leadership in the face of adversity and the laughs along the way, even when things were tough.

Again, thank you to everyone for all you have contributed throughout the year to deliver a safe and effective health service, the teamwork, collaboration and commitment has been second to none and we have achieved a great deal. I am very much looking forward to the next year, to what it will bring and to working with such a great bunch of people.



Sinon Cooney
Chief Executive Officer





Corporate Governance Domain

Finance

This financial year KWHB have been utilising the services of an external financial services company while still retaining a small workforce in Katherine to work locally and to liaise with the accountant. There has been functioning well for most purposes but KWHB has decided to bring in a Senior Finance Officer. It is expected that the SFO will be able to take on bookkeeping, accounting and reporting functions of this domain.

External accounting services which worked well to all ends but placed a greater burden on our internal staffing

KWHB is in a sound financial position especially evidenced by our Medicare income which we hope will form the foundation of expansion of comprehensive PHC services with needed infrastructure.

*See more re: financial audit.

Assets

Security Enhancement

A private contractor has taken over the servicing of all our house alarms, especially all of the houses occupied by KWHB staff in remote communities.

All of our health centres in the bush have CCTV security cameras.

Carport sensor lights were installed at TC, Kalkaringi and Yarralin with 19 in total.

Introduction and installation of SPOT Gen3 Safety Devices is underway. They are GPS devices which work to keep our remote staff located and safe at all times.

Lot 109 house in Kalkaringi community has received a new perimeter fence

New shade cloth and perimeter fence Lot 87 Kalkaringi.



General

KWHB has two new rental properties in Katherine 9 Cox Cres & 1/32A Fourth St.

Vehicle trade-in is complete 7 new vehicles 5 of them trade-in

IHP Grant for KWHB Assets was approved for the following:

- Repairs to ceiling at Dr House lot 85/5 Timber Creek
- New bathroom, fence, air con and curtains at Lingara clinic
- New bathroom, shade cloth, Pigeon Hole house Lot 25

KWHB Asset Register is up to date.

Service Maintenance Program is progressing although behind on some services due to COVID-19.

Lajamanu received a near-new demountable to be used for COVID-19 and program support staff thereby adding to our capacity to deliver services in Lajamanu.

In addition to this the rebuild of the Lajamanu clinic is well underway after a destructive fire.

Telehealth iPad's have been rolled out.

Corporate Wi-Fi has been set up in all remote clinics.

Contracts and Purchasing

KWHB ensures we use the best available suppliers of goods and services across our organisation whilst getting value for money through continuous evaluation.

We presently have good value for money through ongoing contractual arrangements in place for:

- Medical equipment maintenance
- Pest control for all remote community and Katherine sites
- Yard maintenance
- Ongoing IT and Telecommunication services

Telstra is the only real telephone service provider across the remote NT, so we are limited in the options we have for this vital service.

HR

- More permanent RANs.
- Longer contract durations for relief RANs
- Stability of community staff out in the bush (cleaners, admin and driver etc).
- Safe working environment for all our employees.
- 90% 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.
- KWHB actively supported staff for career development including transition to RAN courses.
- Introduced shift work at Lajamanu Clinic to be more accessible. Shift starts from 7am to 3:30 pm, 8am to 4:30pm and 10:30am to 7pm.
- We hired more FIFO Remote Area Nurses on a continuing contract.
- Flexible leave policy for all our staff.
- KWHB covered quarantine cost for FIFO workers during COVID-19 Pandemic. Also, staff were paid during their time in quarantine.

- Prioritise health and wellbeing of our staff. Staff who were out in the remote communities for a long time and participated in the on-call roster, KWHB supported them by offering some recreational time in Katherine.
- Introduced Remote Community connector positions which aims to engage, inform and assist participants from CALD, Aboriginal and Torres Strait Islander backgrounds and remote communities through NDIS pathway process.

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.

Information and Communication

Some significant achievements from this area include:

- 100% compliance with reporting requirements for KWHB funding bodies
- Submission of 26 applications for new funding grants with 17 being successful and a further 5 expiring grants being renewed.
- 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 3 yearly ISO Quality Management Systems Accreditation Audit
- Documentation of all KWHB PHC Governance Committee and Board Director meetings and availability on the KWHB Intranet for staff access
- Continued improvement and updating of the documentation and usability of the KWHB Intranet with high usage and positive feedback from KWHB staff
- Part way through implementation of new IT systems – Project management and Human Resources software.

This year KWHB employed a Graphic Designer who has certainly lifted the appearance of the organisation's documentation - Health Promotion posters and videos, educational information (eg COVID-19), Annual Report, and assisted with ensuring these resources reach and are understood by the required target audience.

WHS

The KWHB Safety Team have successfully dealt with all WHS issues and challenges that have presented at the community health centre level through usual management and communication channels.

There were no Safety Team meetings in 2020 due to the onset of COVID-19, but Safety Team members were able to raise issues outside of Committee processes.

The KWHB Safety Team has had new members endorsed to this Committee and the next scheduled meeting is due late September 2020.



Sean Heffernan

Director Corporate Governance





Medical Services Report

General Practitioners

Throughout 2019 KWHB had an excellent complement of consistently returning quality Locum GPs plus our 3 part time regular GPs for our Health Centres. We had built up a core of regular and returning GPs by ensuring that our short term Locum GPs received good orientation and support whilst they are new to our clinics and we encourage them to return.

However COVID-19 came into our lives in March 2020 and many of the shorter term locums cancelled due to travel difficulties or concerns for their own health and their own clinic considerations. Thanks to a wonderful response and dedication from 4 of our GPs we have almost had full coverage for the clinics.

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.

Once again 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 to date 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 Anne Parker at Lajamanu and Timber Creek
- Dr Andrew Boyden Lajamanu and Timber Creek

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 Gynecologists.

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

Chronic Disease

Chronic disease is a significant part of Katherine West’s work.

This year (2019-20) we continued 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 care plans off site to direct client centered 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 continued to have greater communication with external Allied Health visitors and as a consequence their visits have been more streamlined and well attended. Their notes are now linked in with our care plans. This way information and services they provide are integrated into KWHB’s system.

We have our own Dietitian, Exercise Physiologist, Social Worker, Mental Health Nurse 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 is the Health Promotions team.

KWHB Clinics

Over 2019 -2020 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 KWHB’s partner health organisations - Royal Darwin Hospital, Katherine Hospital, Wurli Wurlijang and Sunrise Aboriginal Health Services. This ensures continuity of best practice care and advocacy for our clients.

Telehealth

2020 has seen more telehealth being conducted due to some GP “on the ground” shortages plus difficulty for people to travel to Katherine or Darwin for visits during the stricter times of lock down. We are arranging a roster of off site GPs to take calls for when there are GP shortages in the clinics. Plus these off site GPs can “sit in” on the specialist visits, which greatly helps with patient continuity.



Odette Phillips
Director Medical Services

RACGP Accreditation



All 4 Major KWHB Health Centres hold RACGP Accreditation. It was to be reaccredited in September 2020, however this has been suspended until travel is permissible with COVID-19 and accreditation has been extended until November 2021.

KWHB was reaccredited for ISO-9001 Quality Management Systems Certification in April 2020. This is a fantastic achievement by the whole KWHB team.



Certificate of Approval

This certificate confirms that the organisation below complies with the following standard:

Company Name	Katherine West Health Board Aboriginal Corporation		
Company Other Name			
Client ID	102402		
Certification Standard	AS/NZS ISO 9001-2016: Quality management systems - Requirements		
Scope of Certification	Comprehensive primary health care.		
Type of Certification	Management System – Human Services Program		

CERTIFICATE DATES:			
Original / Initial	14/02/2014	Last Certificate update	21/04/2020
Certification / Re Certification	25/03/2020	Expiry	24/03/2023
Last Certification Decision	21/04/2020		

APPROVED ORGANISATION/SITE ADDRESS (ES):

Unit 10 Riverbank Office Village Corner, O'Shea Terrace & First Street Katherine NT 0851 Australia
 Bulla Community Health Centre, PMB 53 Katherine NT 0852 Australia
 Kalkarindji Community Health Centre, PMB 107 Katherine NT 0852 Australia
 Lajamanu Community Health Centre, PMB 108 Katherine NT 0852 Australia
 Mialuni Community Health Centre, PMB 22 Katherine NT 0852 Australia
 Nitjputtu Community Health Centre, PMB 22 Katherine NT 0852 Australia
 Timber Creek Community Health Centre, PMB 53 Katherine NT 0852 Australia
 Yarralin Community Health Centre, PMB 195 Katherine NT 0852 Australia

This certification remains valid until the above mentioned expiry date and subject to the organisation's continued compliance with the certification standard, and Global-Mark's Terms and Conditions.

This Certificate of Approval remains the property of Global-Mark Pty Ltd, Company Number: ACN.108-087-654



Certification Manager



Unique Certificate Code: C44607EDA5B97803CA25853D007B1E49

Global-Mark Pty Ltd, - 407, 32 Delhi Road, North Ryde NSW 2113, Australia





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

RACGP 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



www.jas-anz.org/register



77896



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



www.jas-anz.org/register



77897

RACGP 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



www.jas-anz.org/register



77898





Community Engagement Report

In the second half of 2019 the Director Community Engagement continued with the planning, raising community awareness, the coordination and providing support around the stages of the Board Director Elections in Lajamanu, Kalkaringi/Dagaragu, Yarralin and Pigeon Hole Communities. The DCE has continued to provide support to remote Indigenous non clinical staff, community development, cultural security leadership around health promotion and health programs and contact for community feedback into KWHB health service delivery.

With COVID-19 affecting the Northern Territory from March 2020, KWHB has had a strong focus pre and post biosecurity remote communities lock down with raising awareness in each community around COVID-19 and preventative measures for individuals and families to keep safe in their communities. The KWHB Health Promotion team worked hard producing and continues to produce COVID-19 specific resources, posters, video clips and Facebook posts to raise awareness of how this virus may affect community members.

Community Consultation

The purpose of doing community consultation is to be present to listen and have discussions

with community members around health service delivery in their community, what KWHB does well and to identify challenge areas that may be impacting on them. Community consultation took place in 2019 in all Katherine West communities during 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 CEO and Director COVID-19 Response was available in all KWHB communities at the end of March 2020 pre-COVID-19 community biosecurity lock down and the Director Community Engagement joined them for post COVID-19 community biosecurity lock down in June 2020 to discuss any community health service delivery feedback.

All 15 Board Directors that reside in KWHB Communities across the region are always available for community members to provide feedback regarding health service delivery. Board Directors will raise issues with senior management when issues arise in their community at the time or at Board Meetings and are then delegated to Executive staff to act on if an action is required. The actions are recorded

in an Action Register, that is monitored by the Management Review Committee and reported to Board Meetings.

2019 Board Director Elections

Board Director Elections are held every 3 years in all KWHB Communities. There are 4 stages to the elections, leading up to the election there is a new member 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. Additionally, this year the elections process was highlighted through video clip Facebook posts for all KWHB communities prior to each election to highlight the different stages and timeframes of the election in communities. 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.

Community members that have signed as new members in 2019 are eligible to vote at the next Board Director Elections in 3 years.

Katherine West Health Board 2019 dates of Community Election:

Community	Date
Bulla	14/5/19
Mialuni	15/5/19
Timber Creek & Surrounding Areas	16/5/19
Lajamanu	10/7/19
Kalkaringi & Dagaragu	11/7/19
Yarralin	14/8/19
Pigeon Hole	28/8/19

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 one-to-one cultural orientation is provided by Strong Beginnings for Strong Families/Cultural Leadership Officer Lynette Johns and supported by the Director Community Engagement David Lines when required.

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

In this reporting period there were 34 new staff provided with Katherine West communities specific cultural orientation.

Cultural Leadership Advisory Group (CLAG) 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 was 1 CLAG Meeting held on the 15 October 2019. This committee is now a subcommittee made up of key indigenous staff and management. Due to the COVID-19 situation and requirement for social distancing the scheduled CLAG Meeting for the 12 May 2020 was cancelled.

The Director Community Engagement reviews all resources presented for interim approval by staff then staff don't have to wait for a long period for the next CLAG Meeting. Moving forward in 2020 the CLAG Meeting make up and approval process will be reviewed to improve the approval waiting time frames.

Cultural Leadership Advisory Group approved resources under the following health topics:

- Tobacco**
- I DreamX6 Video clips for Kildurk, Bulla, Timber Creek, Yarralin, Lajamanu, Kalkaringi Communities – iPads in all Health Centres
 - Quit Stories video clips from the region – Renita Johns, Margaret Johnson

Child Health

- United Nations A Child’s Right to be Healthy/ Safe poster – displayed in community areas
- Vaccination Schedule Handouts – Clinicians to provide to parents/carers post vaccination
- KWHB Child Development Posters – displayed in community areas
- Protect Your Mob posters – displayed in clinics and community areas
- Safe4Kids Resources, video clips X9 – Uploaded to all iPads
- Wet Cough video clip – uploaded to all iPads

Chronic Disease

- Heart Story Book – For use during clinic consults and group education
- Heart Foundation Brochures and books – For use during clinic consults
- KWHB Anaemia Poster – displayed in clinics
- Cancer Council Fact Sheets – consults in clinics
- Diabetes WA video clips X5 – loaded to all iPads

Maternal

- Pregnancy: Bubba’s movements and what they mean brochure – clinical consults

MECSH

- Raising Children Fact Sheets – loaded to all iPads

Skin and Eyes

- Crusted Scabies Isolation Video Clip – loaded to all iPads
- Milpa 6 Steps posters and stickers – displayed in community areas

Social and Emotional Wellbeing

- Screening Tool for Depression (aPHQ-9) – clinical consults

Sexual Health

- T Tango Brochures and Posters – displayed in clinics
- Young Deadly Free STI Factsheets – Uploaded to all iPads

Social Work

- Family and Domestic Violence Cards – Social Worker using when discussing violence
- Blurred Borders Story Cards- Social Worker using when discussing legal processes

Women’s Health

- CST Posters and Brochures – display in clinic woman’s areas
- Maternal Game – Maternal Nurse using during education sessions

Remote Administration Officer Orientation and Training Strategy

The KWHB Administration Officer orientation and administration training program continued for 2019/2020. The program provides an opportunity for our remote Administration Officers to gain on the job administration training and orientation in the Katherine Office, the training is provided by the Katherine based administration staff.

Remote administration staff that have been through the program:

Staff	Health Centre	Date
Christine Tchooga	Lajamanu Health Centre	16 – 20 Sept. 2019
Marie Berd	Kalkaringi Health Centre	11 – 15 Nov. 2019
Kasey Henry	Yarralin Health Centre	09 – 13 Mar. 2020
Leeva Blitner	Timber Creek Health Centre	16 – 20 Mar. 2020

Health Promotion

There has been a strong focus in early 2020 to develop new KWHB COVID-19 resources to raise awareness and address the health literacy challenge around this important issue that may affect the wellbeing of community members in

KWHB Communities. The KWHB Health Promotion Team has led the space in the development of a suite of COVID-19 resources specific to the KWHB Region by using social media like Facebook to raise awareness around what COVID-19 is and how to keep yourself, family and community safe from the virus. By using Facebook to get the COVID-19 updates and messages out to people it has also reached a wider audience in the NT and Australia.

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
- Health Centres Health’s education wall
- Colour Fun Run Festivals in communities
- KWHB Sponsorship of the Freedom Festival Smoke Free Event 2019 and display of smoke free signage in the designated smoke free areas
- Smoke free homes and 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
- Yarralin and Timber Creek Social and Emotional Mural Project
- Gurindji Freedom Festival 23 – 25 August 2019
- Safe4Kids
- Filming of the Grog in Pregnancy video with community members

- Filming of the Community anaemia and anaemia staff training videos with community members

Passing of Katherine West Health Board Chairperson

Acknowledging the sad passing of Japanangka Johnson in 2019. He was involved with Katherine West Health Board for over 20 years as a member, Board Director and in more recent times the Chairperson. He provided a strong, steady and stable leadership to Katherine West Health Board during his period as a Board Director and Chairperson. He was very generous with his time, often giving up his own time to attend meetings and to support staff. Japanangka was from Lajamanu Community, a humble and well-respected Warlpiri elder throughout the region and the Northern Territory.

Your sense of humour and stories that you shared about the early days of Lajamanu and people in the region on our many work-related travels will always be remembered with a smile.

Thank you for your contribution to Katherine West Health Board and the people in the Katherine West Region, and to Japanangka’s family, wife Robyn and daughters Mena, Venisha and Margaret enabling him to share his journey with us all.

Thank you to all our staff over the last year for your dedication and hard work, especially in the uncertain COVID-19 times.



David Lines
Director Community Engagement



COVID-19 Response Report

COVID-19 has had an unprecedented effect across Australia and around the world. The impact of this has been felt at Katherine West Health Board (KWHB) across several areas including service delivery, staffing and training.

In March, as an initial response to the rapidly developing and constantly shifting COVID-19 environment, I was appointed to the Director of COVID-19 Response role. The initial planning phase required the development of a KWHB Public Health Threat Plan as well as plans for how each individual Health Centre would process and treat COVID-19 clients. Stock take of essential COVID-19 supplies was conducted and revealed a shortage of several key items such as masks, gowns and hand sanitiser, with international supply being very limited this required a considerable amount of work to ensure KWHB were able to source adequate supplies. With the addition of resources from outside the usual channels of procurement and donations from several areas, we are now well stocked across all Health Centres.

Very early in the pandemic response our CEO Simon and myself attended community meetings

in all of the KWHB communities to brief everyone about COVID-19 and ways to stay safe during the uncertain times ahead, as well as to hear and respond to any concerns from people in the bush. Our program staff also quickly mobilised and were redirected to deliver the COVID-19 message door to door as well as distribute soap to encourage handwashing.

The NT Government established biosecurity areas around all remote NT communities in March to help limit the spread of COVID-19. This meant that all staff crossing into a remote community had to apply for approved worker permits and land permits. This significant undertaking required substantial work from the KWHB team. The process itself was fraught with delays which led to decreased number of staff on the ground in communities during this time. The biosecurity borders were lifted by the NT Government on the 5th of June.

Impact on Health Service Delivery

Due to the limitations imposed by the biosecurity borders and to help protect our vulnerable populations, health service delivery at the Health Centre level was reduced to essential services only, these essential services included:

- Emergency Care
- Walk in Consultations
- Chronic Disease Management/Medication Distribution
- Immunisations
- Maternal Health and Antenatal Care
- Child Health

Other services such as the Exercise Physiologist, Dietician and Health Promotion teams were supporting the Health Centres online and clients through telehealth. Medical specialist visits were suspended for the lockdown period however after some investment in forging new telehealth pathways some of these specialist consultations could continue remotely. The new telehealth systems established continue to enable a more flexible service delivery model even though face to face visits to communities have resumed.

Many outpatient and elective surgery departments reduced services to only those needing urgent or semi-urgent attention. Bush buses to communities were suspended and patients were required to fly or drive themselves into Katherine or Darwin for their appointments. People in hospital were not allowed escorts or visitors unless there were extenuating circumstances. Community members wishing to return to community had to spend 14 days in isolation before crossing the biosecurity border. This made it very difficult for some people to return home and led to many people spending a prolonged period outside of their home community. This period included ongoing advocacy for our clients in the bush to make sure their medical needs were met whilst limiting the risk of being required to spend time in quarantine.

Outpatient consultations and day to day Health Centre activities have resumed and are functioning with COVID-19 plans in place. Part of these plans includes daily screening of staff and the ability to adapt services to the changing environment as needed.

Staffing and Isolation

The remote workforce is made up of a largely mobile staffing base who often work on a rotational or short-term contract basis. Hard state borders and the uncertainty of the future of travel, led to a lot of RANs and GPs cancelling or changing their contracts with us. Conversely, we also saw some of our part time KWHB staff take on full time duties for extended periods which provided much needed continuity at the Health Centre level and for this we are very grateful. This effect was pronounced in the KWHB New Zealand workforce, some of whom have not been able to re-enter the country since the pandemic began and others have stayed on in community without returning home to see their families for an extended period.

Arrivals from interstate have had to undergo various forms of isolation and quarantine, including strict quarantine at Howard Springs or a hotel, light quarantine in Katherine or isolation at home whilst unwell. This has had an impact on the length of contracts staff are able to do and ultimately affecting staffing numbers on the ground. KWHB has covered the cost of quarantining all staff members. On certain occasions staff have been able to work offline whilst in quarantine with activities such as reviewing care plans or consulting with Health Centre staff on call. Whilst this has been challenging our aim is to keep COVID-19 out of our communities and so far we have been successful.

Local Emergency Committees

The local police sergeant in each community is appointed to be the incident controller in the event that a large scale COVID-19 response was required. However, the health care sector will be taking the lead and guiding the process in several areas. The KWHB team has been engaged in the preparedness and outbreak planning process on all levels including local emergency, regional and NT wide COVID-19 action plans. Every Health Centre Coordinator sits on the Local Emergency Committee for their respective community. As part of this committee, coordinators have taken place in community education sessions and scenario exercises.

Training

Initial Health Centre level COVID-19 response plans were drafted with Health Centre Coordinators. Ongoing infection control training, and discussions around COVID-19 plans were undertaken across the KWHB region. Additional training for personal protective equipment as well as taking COVID-19 swabs is continuing to be rolled out through the workforce.

There has been opportunities for staff to undertake Rapid Response Team (RRT) training with AUSMAT to be part of an RRT in the event of a COVID-19 outbreak within the NT. Due to staffing shortages on the ground only one person has undertaken this training to date however we continue to explore this option for staff moving forward.

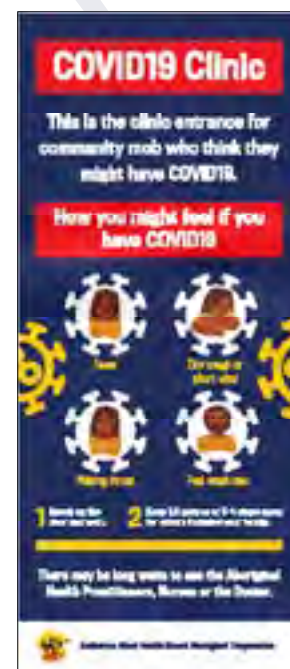
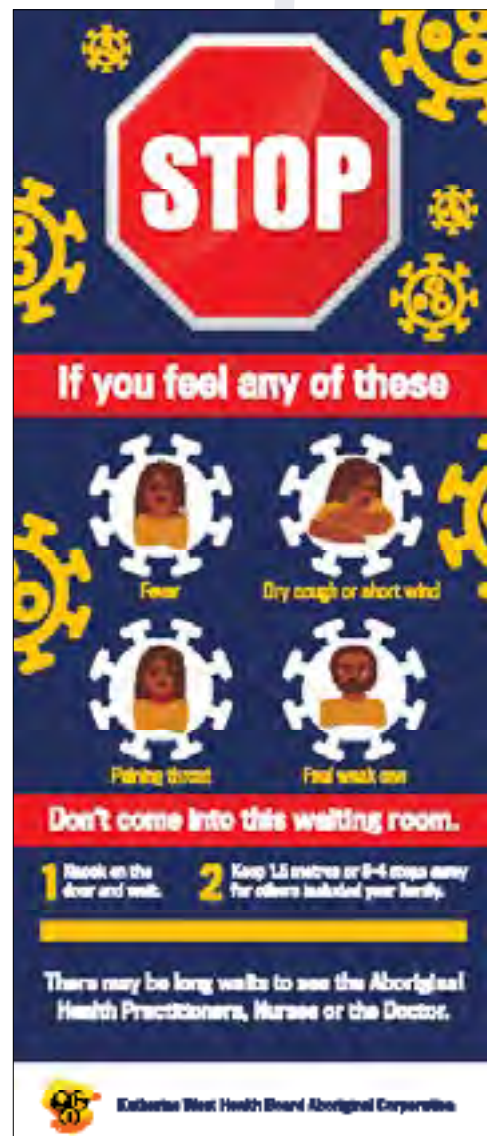
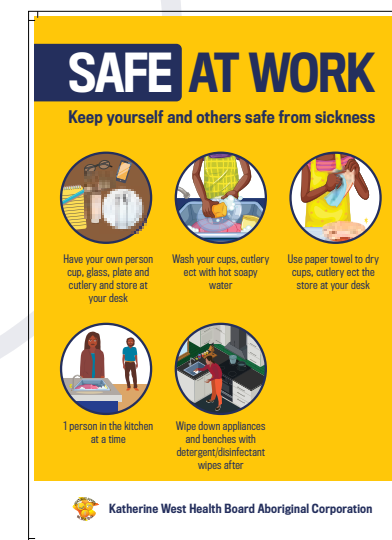
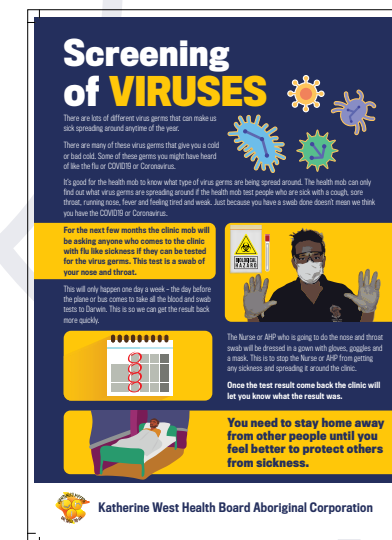
Testing

Three of the KWHB Health Centres had previously been using GeneXpert machines for point of care STI results, these machines have been updated to also test for COVID-19. Yarralin, Kalkaringi and Timber Creek are all able to do point of care tests. Lajamanu is expected to come online with these tests in October 2020. This testing capability has transformed COVID-19 plans across the NT, bringing the wait time for results down from several days to less than an hour. The reduction in wait times has redesigned the isolation plans for people awaiting results, allowing them to return to their regular activities of daily living much quicker.

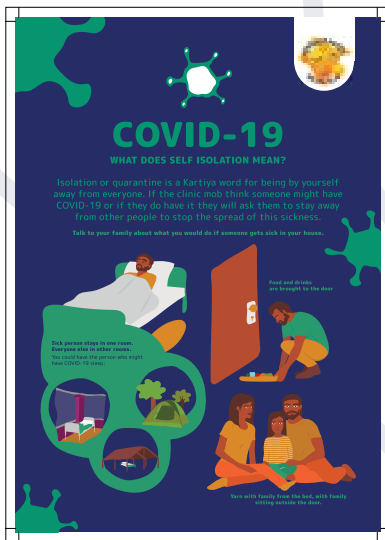
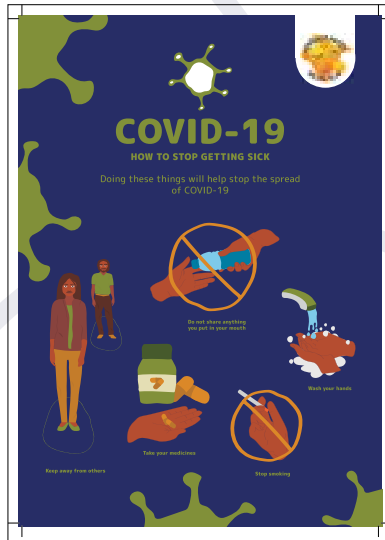
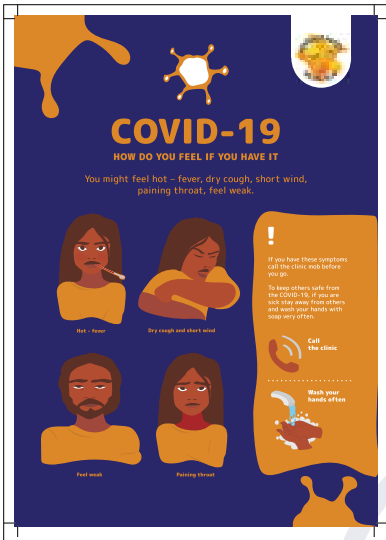


David McGuinness
Director COVID-19 Response

COVID-19 Response Communication Materials



COVID-19 Response Communication Materials



COVID-19 Response Communication Materials

COVID19 or CORONAVIRUS: There may be COVID19 In your community

How you might feel if you have COVID19

If you feel any of these please call the clinic before coming to the clinic.

The clinic number is **8975 0910**
Parramatta

When Clinic Mobs are at the clinic, go to the COVID19 Clinic door.

If Clinic Mobs are NOT at the clinic, use emergency phone-to-call Clinic Mob.

Karriwest West Health Board Aboriginal Corporation

Fever, Dry cough or short wind, Painful throat, Feel weak one

COVID19 or CORONAVIRUS: There may be COVID19 In your community

How you might feel if you have COVID19

If you feel any of these please call the clinic before coming to the clinic.

The clinic number is **8975 0727**
Timber Creek

When Clinic Mobs are at the clinic, go to the COVID19 Clinic door.

If Clinic Mobs are NOT at the clinic, use emergency phone-to-call Clinic Mob.

Karriwest West Health Board Aboriginal Corporation

Fever, Dry cough or short wind, Painful throat, Feel weak one

COVID19 or CORONAVIRUS: There may be COVID19 In your community

How you might feel if you have COVID19

If you feel any of these please call the clinic before coming to the clinic.

The clinic number is **8975 0893**
Yerrin

When Clinic Mobs are at the clinic, go to the COVID19 Clinic door.

If Clinic Mobs are NOT at the clinic, use emergency phone-to-call Clinic Mob.

Karriwest West Health Board Aboriginal Corporation

Fever, Dry cough or short wind, Painful throat, Feel weak one



ARRIVAL, QUARANTINE, & ISOLATION INFORMATION.

Name: _____

Isolation Location: _____

Head Office Phone Number:
08 8971 9300 (Australia) or +61 8 8971 9300 (Overseas)

Karriwest West Health Board Aboriginal Corporation

ARRIVAL, QUARANTINE, & ISOLATION INFORMATION.

Name: _____

Isolation Location: _____



Lorraine Johns 20th Year Anniversary with KWHB

This year at the Primary Health Care Meeting in Katherine we celebrated an important milestone of our Registered Aboriginal Health Practitioner for her 20 year anniversary of working with Katherine West Health Board.

During her journey with KWHB, Lorraine Johns has made a valuable contribution to improving the health and well being of her people in the Katherine West Region and in particular the communities of Nitjpurru and Yarralin Communities where she has lived and worked.

Congratulations Lorraine and thank you for the work you have done and continue to do with KWHB.



Joyce Herbert 10th Year Anniversary as Board Member with KWHB

Congratulations to Joyce Herbert for achieving an important 10 year milestone as a Board Director with Katherine West Health Board. Joyce's outstanding leadership and service as a Lajamanu Board Director has contributed to the high standard of governance at KWHB. We appreciate the genuine sound advice, support and cultural guidance that you provide to the Board, management and staff especially at the Lajamanu Health Centre.

Thank you Joyce, and look forward to you being part of the KWHB journey for another 10 years.





Primary Health Care Report

Not unlike the rest of the world, KWHB has experienced a very challenging time since the COVID-19 global pandemic announcement in March 2020.

In order to keep our bush communities safe and plan for any eventuality, a Director of COVID-19 Response was appointed to oversee the huge amount of work required. Our CEO, Sinon Cooney, provided fantastic leadership throughout this period and spent long hours in the bush with many other members of the KWHB team to make sure everyone was informed. For further detail about COVID-19, please see report by David McGuinness.

Despite the ongoing challenges of COVID-19, KWHB has continued to maintain a strong clinical, population health and public health focus dedicated to delivering high quality clinical support and a broad range of health programs for all people in the bush. Due to the biosecurity restrictions on travel into the communities, we have utilised various Telehealth options to ensure people have had access to specialised services when needed. The increasing use of Telehealth is something we will continue to explore where appropriate.

It has been exciting to see a number of new staff joining KWHB in some existing and brand new

roles. Expansion of our Allied Health Services includes a new physiotherapist, exercise physiologist and dietician. We have also been successful in obtaining some additional funding to employ two Project Officers (Low Intensity Mental Health and Specialist Family Violence) which will work within our region to support all communities. Extra resources have been added to some existing Programs including a male Sexual Health Nurse, expansion of the SB4SF (MECSH) team and an additional Health Promotion Officer. KWHB continue to employ several contracted allied health and medical specialist staff who all contribute to a sound model of safe, effective and innovative health service delivery.

KWHB continues to work hard to retain our much valued longer term employees. We have continued to implement job share arrangements for a number of roles in our Health Centres which remains a successful workforce retention strategy for our Doctors and Nurses. We have also developed a RAN relief team who have experience in our region and are known to our communities.

Trial changes to the staff starting times for the RANs in Lajamanu has been a successful initiative and the team have reported less after- hours call outs. This has resulted in the Health Centre having a full ratio of staff more frequently during

the week. Given its success we will implement the same system in Kalkaringi later this year.

Our AHPs are an integral part of the Health Centre team and continue to deliver high quality care to our clients in the bush. Local employees in various roles make an invaluable contribution to our Health Centre operations which keeps things ticking along to the benefit of all clients. I would like to acknowledge each and every one of our Health Centre staffing members who work extremely hard (in some tough conditions at times) to provide the very best of service to our mob in the bush.

Continuous Quality Improvement remains the key component of KWHB's Primary Health Care system delivery and we have again reached Accreditation against ISO 9001:2016 and RACGP standards. We maintain the Quality Management System through regular Management Review Committees and Primary Health Care Governance group meetings. We closely monitor our NT Key Performance Indicators (NTKPI) reports with our clinicians, Management team and Board Directors on a regular basis to identify whether there are gaps that can be addressed.

KWHB remains committed to Health Promotion and Early Intervention strategies across all levels of service delivery. Our social media campaigns and television commercials have enabled us to reach a larger number of our clients with health information and positive stories from the bush. Our ongoing work with Healthy Harold from Life Education NT in all KWHB schools each term aims to educate children around potential harms from tobacco and alcohol and other drugs and the benefits of strong social and emotional well-being. Community wide screening and treatment of trachoma continues yearly. A number of school holiday programs have been run in order to help all KWHB kids grow up healthy, happy and strong.

The KWHB Nutrition program team works closely with the schools, stores and Aged Care to improve food security and healthy food options. The market basket surveys provide valuable insights into the challenges our clients face with access to good quality, healthy and reasonably priced food. The Nutrition Program has been

working with other members of the KWHB team to help reduce the incidence of anaemia within our communities. One strategy has been the development of a cookbook designed by our community members. Recipes in the cookbook have been specifically tailored using ingredients that are available in local stores and all recipes have also been trialed by community members. The Nutrition program has also worked closely with the schools to review the school menus and update KWHB's organisational nutrition policy.

Our Tackling Indigenous Smoking (TIS) team continues to work hard in promoting the health benefits of quitting the smokes both on an individual and community level. Increasing awareness of the health risks of passive smoking has seen a number of cars and homes within our communities become smoke free. We have seen a decrease in the population who are smoking which is very encouraging and continue to work with community stakeholders to increase the number of smoke free venues and events.

As a priority, the KWHB Chronic Disease team provides ongoing support to individual clients and provides community-based education. The NT KPI data shows a significant improvement of nearly 100% of clients with a chronic disease now having a current care plan which assists all clinicians in providing the best possible treatment. Telehealth appointments for clients with the GP (when none available on site) has been implemented with great success. Our Diabetes Educator has also been available via Telehealth with many clients engaging well.

The KWHB Social and Emotional Wellbeing (SEWB) and Alcohol and Other Drugs (AOD) programs have worked hard to ensure clients and their families are receiving support and care when it is needed. Mental Health First Aid continues to be delivered in the communities, local agencies and remote stations. Our SEWB Support Officers (Nikita and Martika) have delivered Wesley LifeForce Suicide Prevention training in Kalkaringi and Lajamanu. Our AOD Coordinator has run a number of community yarning groups when travel restrictions have permitted. The SEWB Community Mural Projects have been a great

success with completed murals at Yarralin, Timber Creek and Lajamanu. Unfortunately, the plans to complete the Kalkaringi and Daguragu murals over the Freedom Festival this year had to be changed due to COVID-19 however fingers crossed we can do this during 2021!

Our Mobile Team continues to provide a comprehensive health service for clients living on cattle stations and outstations of our region. The team provides holistic services to all those challenged by distance who may not be able to attend the local Health centres.

The KWHB Child Health Program has seen an increase in staffing with an additional Child Health Coordinator being appointed which has increased the overall total of visits to all communities. The Child Health Coordinators have been working in conjunction with all of our Health Centre and Program staff to improve the overall physical and emotional well-being of all KWHB children.

We have also seen the expansion of the Maternal Early Childhood Sustained Home-visiting (MECSH) program throughout the entire KWHB region. Feedback from our communities has seen the renaming of the MECSH to “Strong Beginnings for Strong Families” (SB4SF) and the team have been working hard to adapt the program resources into a culturally appropriate format. The SB4SF team consists of a social worker, three nurses and a cultural support worker who will all work in providing ongoing support to pregnant women, their babies and family throughout the first three years of the baby’s life.

KWHB’s Womens and Maternal Health Coordinator (Midwife) continues to oversee care for all pregnant clients and their families. Strong relationships with Katherine/Darwin hospitals and other key stakeholders have been consolidated in order to ensure all women receive the very best care possible. Our Midwife also works closely with the SB4SF team and Child Health Coordinators.

KWHB’s Sexual Health Program staffing has also increased which is great news for our communities. We now have a two sexual health

nurses (one female and one male) and four community Wellbeing Support Officers who help connect clients with the program. Our Sexual Health Coordinator works hard with our Health Centre doctors and nurses to ensure that we are testing and treating our at-risk clients promptly. NT KPI data shows good coverage of our at-risk clients and will continue to be a focus of our program. We are working towards having a mobile clinic targeted towards Men’s Health soon.

Despite the ongoing challenges that remain due to the COVID-19 and the ever-changing nature of health care delivery, KWHB’s Primary Health Care Team members both in the bush and in town remain dedicated to providing the very best possible level of health care to our region. I would like to thank all staff for their contribution and hard work throughout 2020 and am confident that KWHB will continue to go from strength to strength with such a fantastic team!

I would also like to thank our Board Directors for their ongoing leadership and assistance.

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 NTAH KPI’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) and to the Board Directors meetings.

PHCG meetings were held this year on:

- 21 August 2019
- 25 September 2019
- 5-7 November 2019

- 4 February 2020
- 10-12 March 2020
- 29 April 2020
- 10 June 2020

Report on training activity undertaken this year: 152 attendances.

Report on professional development activity undertaken this year:

- 18 staff took 450 hours (60 days) of core training.
- 21 staff took 627.5 hours (83.6 days) of study leave.

KWHB Staff Training

Training Program	Number of Staff in Attendance
4WD	11
Access readiness for and effect behavior change	1
AGV- About Giving Vaccines	2
AVEC Conference	-
ALS - Advanced Life Support	3
Anti-Discrimination	-
ATSI MHFS	-
Basic Life Support (CPR)	13
Baker institute Conference	2
Brief Intervention	-
Cardiac Care Conference	1
Clinical Supervision	-
Child wise training in Leading a Child Safe	2
Emergency Care Course	-
Emergency Management of Burns	-
Emergency PAED	1
FASD Workshop	2
Finance Fundamentals	-
Government Writing for impact (Virtual)	2
Hand Hygiene	-
Health Under 5's Program	-
Hepatitis B	7
Health Promotions Course	2
Immunisations Program	2
InDesign Introduction	-
i-Stat/ Point of Care	12
Joint Australian Sexual Health and HIV & AIDS Conference	1
Leap Conference	3
Leadership in Nursing	2
Mandatory Reporting – Child Abuse	-
Master of Public Health	1



Zoe Evans
Director Primary Health Care

Training Program	Number of Staff in Attendance
Maternal Emergency Course	2
MEC- Maternal Emergency Care	2
Mental Health and Suicide Prevention	1
Mental Health Emergencies	1
MESCH	6
MHFA	2
MHFA for the Suicidal Person	1
MHFA Refresher	-
MHFA Youth	-
Microsoft Excel	4
Mondial stretcher Training	4
Neonatal Resuscitation	-
NAPCAN	3
NT Jurisdiction	1
OHP Dual Diagnosis	-
Our health our way	1
Pediatrics	1
PEC	3
Pharmacotherapeutics	4
Preventing Child health abuse	2
Quitskills	-
REC- Remote Emergency Course	8
Remote Hospital Trauma	2
Remote Managers Program	-
REST – Trauma Course	1
STI Training	1
TNCC	-
Transfer of Infectious Substances by Air	2
Tobacco Conference	2
TTANGO	2
Transition to RAN	5
Well Women's Health Unit	5
WHS Representative Training	12

Primary Health Care Training

KWHB Staff Training



KWHB Internal Training – Moodle. Aligned with KWHB’s Mandatory Training Schedule. KWHB uses *Moodle* an internal training module system located on the staff intranet. Numbers of staff that have completed each module during 2019-2020:

Training Program	Number of staff completing training Jul 2019 – Jun 2020
ARF/RHD	24
Anaemia	24
Deteriorating Client, Pressure area care, Falls prevention, Client identification	22
Brief Intervention	15
Clinical Handover	18
Safety and Quality in Primary Health Care	35
Pathology and Point-of-Care Testing (POCT)	18
Medication Calculations	15
Basic Life Support Plus	18
Manual Handling	30
Infection control and hand hygiene	37
Fire and emergency procedures	22
Growth faltering	16

Primary Health Care Activity

Visiting Specialists 2019-20

Specialty Type	Bulla		Bun-bidee		Kalkar-indji		Kath-erine		Laja-manu		Mial-uni		Timber Ck		Yar-ralin		Total	
2020	DAYS	PTS	DAYS	PTS	DAYS	PTS	DAYS	PTS	DAYS	PTS	DAYS	PTS	DAYS	PTS	DAYS	PTS	DAYS	PTS
Allied Health Aide					15	78			3	3			6	10	3	4	27	95
Audiologist	3	9	3	10	13	98			21	109	1	6	5	13	4	37	50	282
Cardiac Educator																		
Cardiologist					1	22			1	10							2	32
Counsellor					15	64	11	18	6	30	1	1	12	45	12	40	57	198
Dental Therapist					6	14			8	55			2	2	4	37	20	121
Dentist					13	102			8	58			4	23	5	28	30	211
Diabetes Educator	6	22	2	13	57	206	101	471	43	248	1	1	33	92	38	118	281	1175
Dietitian	4	39	3	24	13	107	12	13	14	54	3	37	14	119	8	37	71	430
ENT Specialist									2	15							2	15
Exercise Physiologist	6	9	1	3	13	97	6	6	8	15	1	6	20	39	8	23	63	198
Obstetrician and Gynaecologist					2	9			2	15							4	24
Occupational Therapy									2	21	1	1					3	22
Ophthalmologist					1	15									1	10	2	16
Optometrist					5	33			5	32	1	6	3	13	7	56	21	140
Paediatrician	1	8			5	50			4	39			3	39	4	35	17	171
Pharmacist					7	19	7	19	70	331			1	4	2	2	87	375
Physiotherapist	3	7	3	3	23	148	1	1	31	175			26	82	12	86	102	505
Podiatrist	4	13			10	71			14	69	1	2	12	39	12	59	53	253
Renal Med Specialist					3	15			3	12							6	27
Respiratory Physician																		
Smoking Cessation Coordinator	1	3	2	4	9	28	14	70	11	49	2	8	1	2	13	58	53	222
Smoking Cessation Officer																		
Social Worker	2	2	1	1	5	9	72	116	7	9	2	3	1	1	13	21	103	162
Specialist Physician					5	67			2	27			2	19	2	20	11	133
Total	30	112	15	58	221	1252	224	714	265	1376	14	71	145	542	148	671	1142	4816

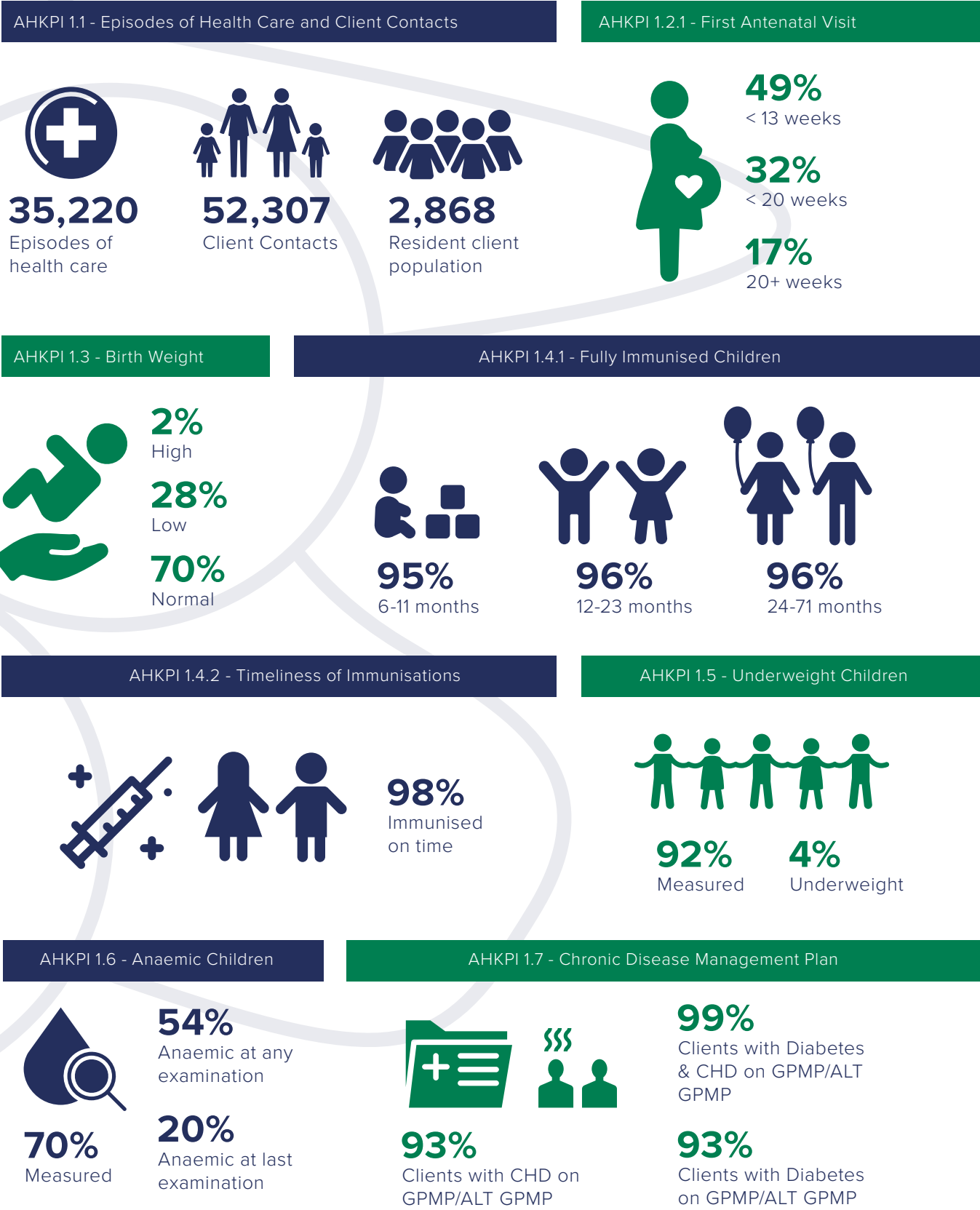
Primary Health Care Weekly Training

Number of weekly “Collaboratives” (Friday Clinical Quality Improvement Teleconferences) – 40

Topic	Date	Topic	Date
Medicare Claiming	26/07/2019	Case Study	13/12/2019
Leap Project Info	02/08/2019	Resuscitation and Care Flight	31/01/2020
Volatile Substance Use	09/08/2019	Syphilis	14/02/2020
SISTAQUIT Program	16/08/2019	Brief Interventions	21/02/2020
Data Wizard Role	23/08/2019	AOD Brief Interventions	28/02/2020
Pathology	30/08/2019	COVID-19	13/03/2020
HCH	06/09/2019	COVID-19 Health Promotion	20/03/2020
Social Worker Role	13/09/2019	COVID-19 Pandemic Plan	27/03/2020
CQI Audit & Reports	20/09/2019	Sports Physiologist - Health and Exercise	03/04/2020
Case Study	27/09/2019	Headspace Katherine	17/04/2020
Flu Vax	04/10/2019	Nutrition	24/04/202
Communicare	11/10/2019	Diabetes	01/05/202
Dietitian Role	18/10/2019	Dietetics - Healthy Eating	08/05/2020
NDIS	25/10/2019	Social Work Services / Back to Country	15/05/2020
Case Study	01/11/2019	Sexual Health	22/05/2020
MH Case Study	08/11/2019	Crusted Scabies	29/05/2020
Diabetes Education	15/11/2019	TIS Program	05/06/2020
Communicare Report Data	22/11/2019	Child Health	12/06/2020
Case Study	29/11/2019	Hep B Project Update	19/06/2020
Case Study	06/12/2019	Maternity	26/06/202

Primary Health Care Data

NT Aboriginal Health Key Performance Indicators (KWHB) 2019-2020



Primary Health Care Data

NT Aboriginal Health Key Performance Indicators (KWHB) 2019-2020

AHKPI 1.8.1 - HbA1c Tests



94%
HbA1c Test

AHKPI 1.8.2 - HbA1c Measurements



30%
Clients with
HbA1c<=7%(<=53mmol/mol)

19%
Clients with HbA1c>7%
and<=8%(54 to 64 mmol/mol)

20%
Clients with HbA1c>8%
and<10%(65 to 85 mmol/mol)

31%
Clients with
HbA1c>10%(=>86mmol/mol)

AHKPI 1.10 - Health Check



40%
Completed
Health Check

30%
Completed ALT
Health Check

AHKPI 1.12 - Cervical Screening



67%
Cervical Screening
Recorded

33%
Cervical Screening
Not Recorded

AHKPI 1.13 - Blood Pressure Control



91%
Blood Pressure
Recorded

40%
Blood Pressure less than or
equal to 130/80 mmHg

AHKPI 1.15 - Rheumatic Heart Disease

30%
Clients with ARF/RHD
receiving 50% to 80%
prescribed BPG

36%
Clients with ARF/
RHD receiving 80%
prescribed BPG

34%
Clients with ARF/RHD
receiving less than
50% prescribed BPG



AHKPI 1.16 - Smoking Status Recorded



76%
Smoking Status
Recorded



55%
Smoker

33%
Non-Smoker

5%
Ex-Smoker less
than 12 Months

8%
Ex-Smoker greater
than or equal to
12 Months

AHKPI 1.17 - STI Test Recorded

54%
All STI Test
Recorded

67%
Chlamydia and
Gonorrhoea Test
Recorded



55%
HIV Test
Recorded

67%
Syphilis Test
Recorded

AHKPI 1.18 - Cardiovascular Risk Assessment



53%
CVD
Assessment
Recorded



53%
High

36%
Low

11%
Moderate

AHKPI 1.19 - Retinal Screening



17%
Retinal eye
exam

21%
Ear discharge at
any examination



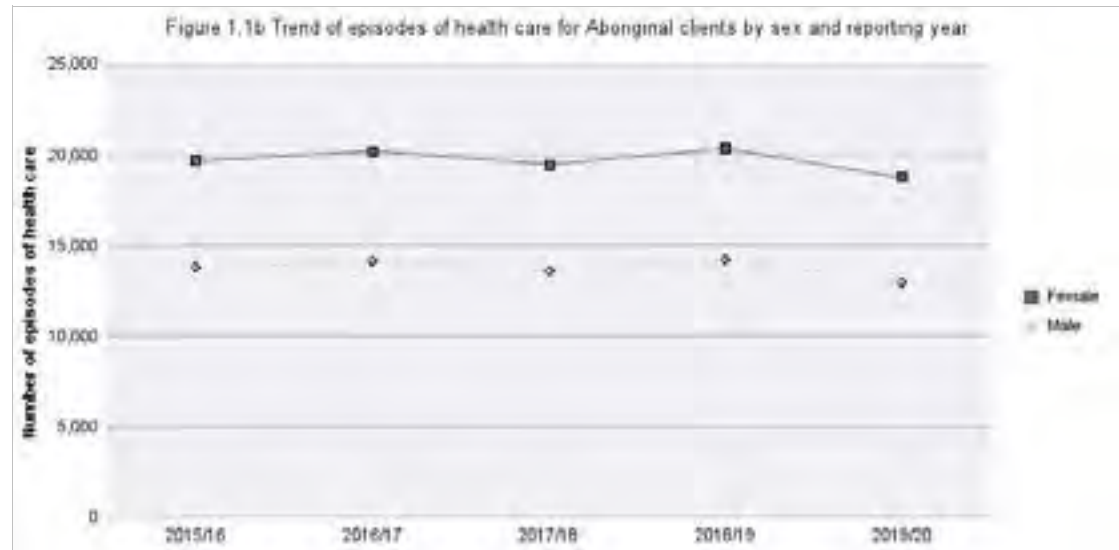
8%
Ear discharge at
last examination

83%
Ear discharge
test recorded

Primary Health Care Trend Report 2019-2020

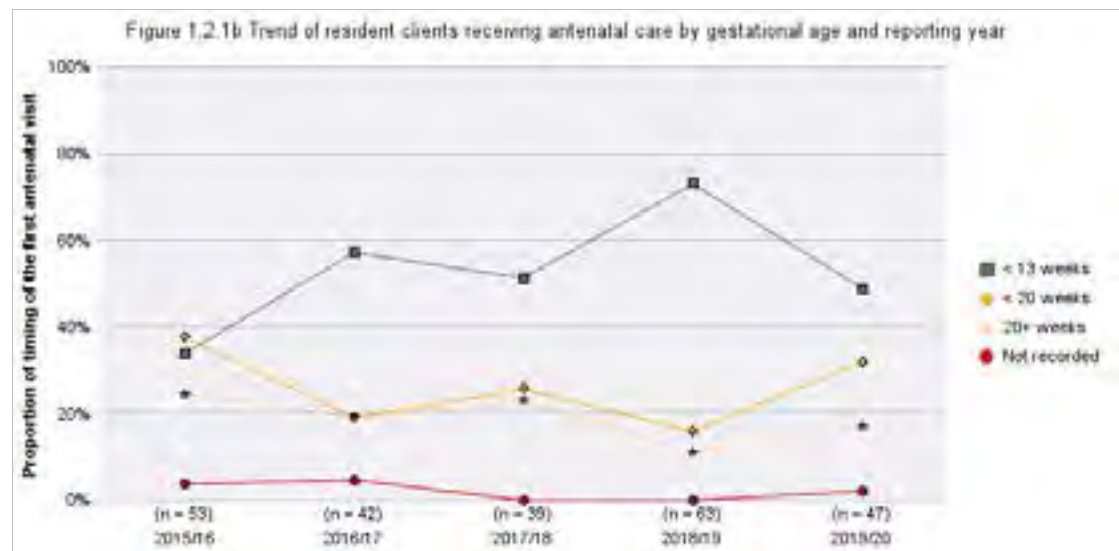
NT Aboriginal Health Key Performance Indicators (KWHB) 2019-2020

AHKPI 1.1 - Episodes of Health Care and Client Contacts



Reporting Year(s)	2015/16	2016/17	2017/18	2018/19	2019/20
Female	19,637	20,220	19,466	20,349	18,708
Male	13,767	14,138	13,607	14,219	12,927

AHKPI 1.2.1 - First Antenatal Visit

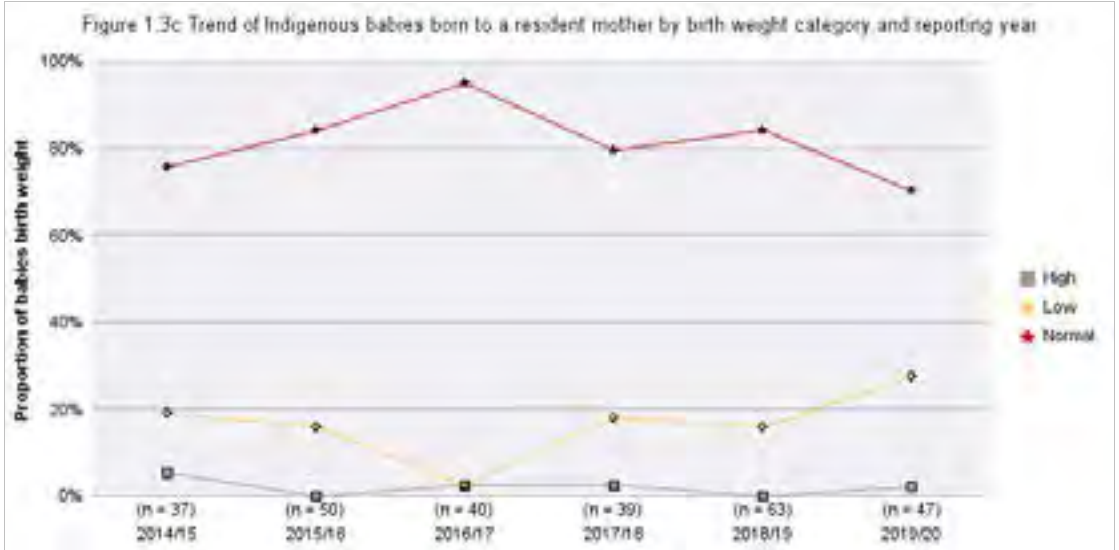


The above trend graph displays resident clients who gave birth to Indigenous babies during each reporting year and received antenatal care prior to 20 weeks gestation, or are not recorded as receiving any antenatal care, for the current and previous reporting years.

Reporting Year(s)	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	53	42	39	63	47
< 13 weeks	34%	57%	51%	73%	49%
< 20 weeks	38%	19%	26%	16%	32%
20+ weeks	25%	19%	23%	11%	17%
Not recorded	4%	5%	0%	0%	2%

n = Population (denominator) is the number of resident women who gave birth to Indigenous babies during the reporting period.

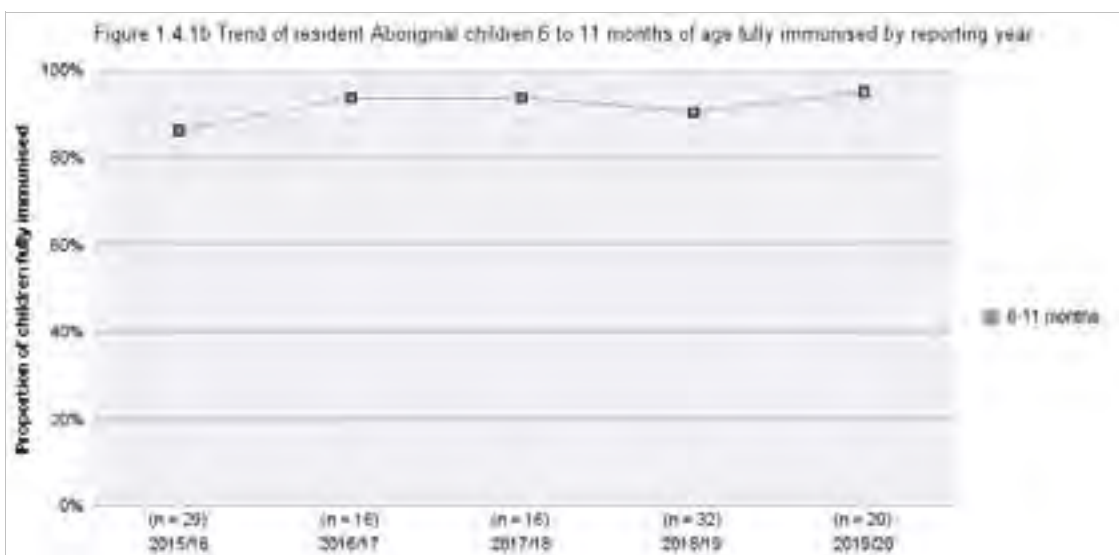
AHKPI 1.3 - Birth Weight



Reporting Year(s)	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	37	50	40	39	63	47
High	5%	0%	3%	3%	0%	2%
Low	19%	16%	3%	18%	16%	28%
Normal	76%	84%	95%	79%	84%	70%

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

AHKPI 1.4.1 - Fully Immunised Children



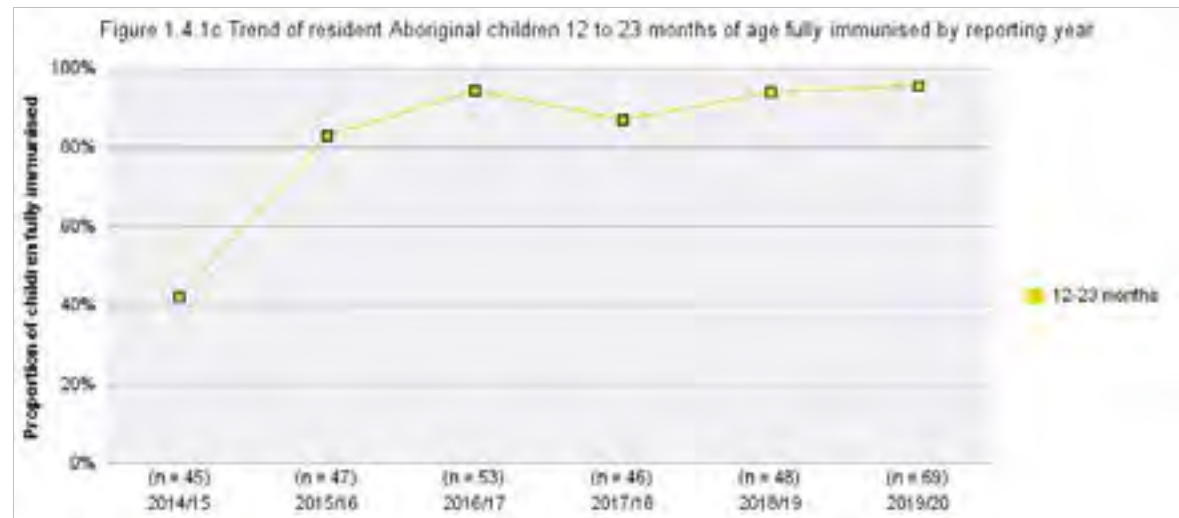
Reporting Year(s)	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	29	16	16	32	20
Fully immunised children at age : 6-11 months	86%	94%	94%	91%	95%

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

Primary Health Care Trend Report 2019-2020

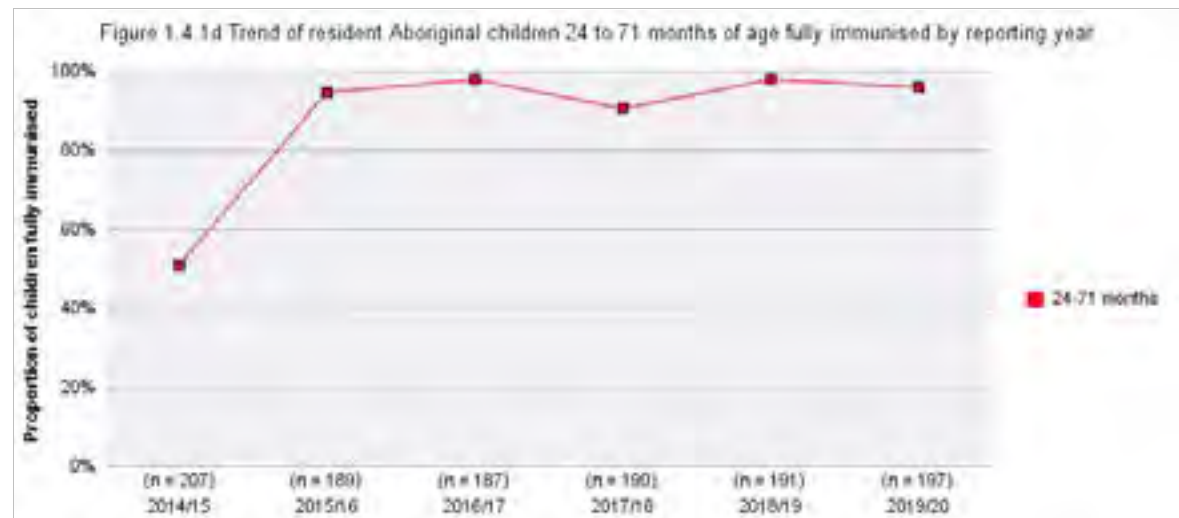
NT Aboriginal Health Key Performance Indicators (KWHB) 2019-2020

AHKPI 1.4.1 - Fully Immunised Children



Reporting Year(s)	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	45	47	53	46	48	69
Fully immunised children at age : 12-23 months	42%	83%	94%	87%	94%	96%

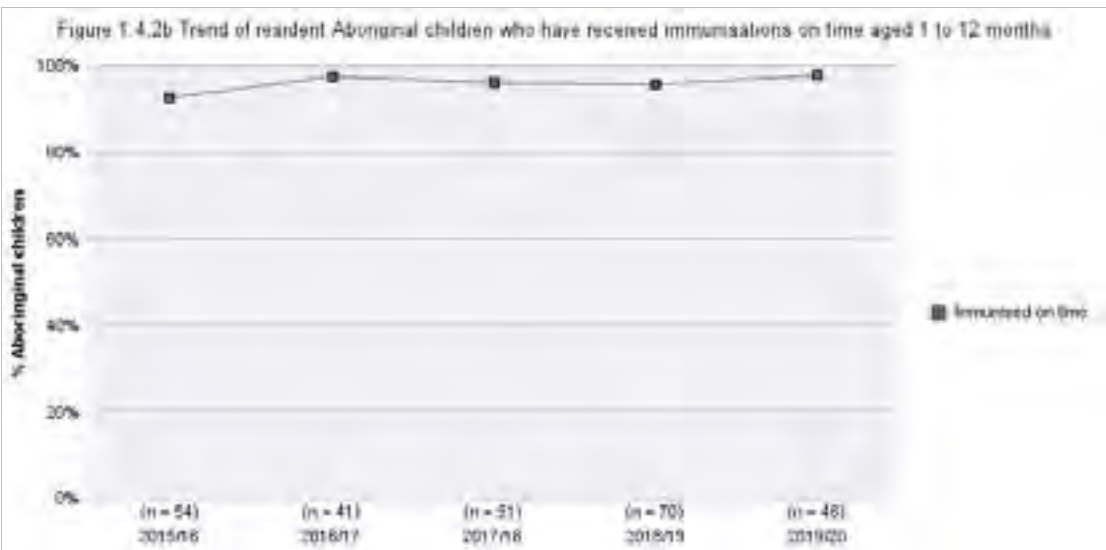
n = Population (denominator) is the number of resident Aboriginal children aged 12-23 months.



Reporting Year(s)	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	207	189	187	190	191	197
Fully immunised children at age : 24-71 months	51%	95%	98%	91%	98%	96%

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

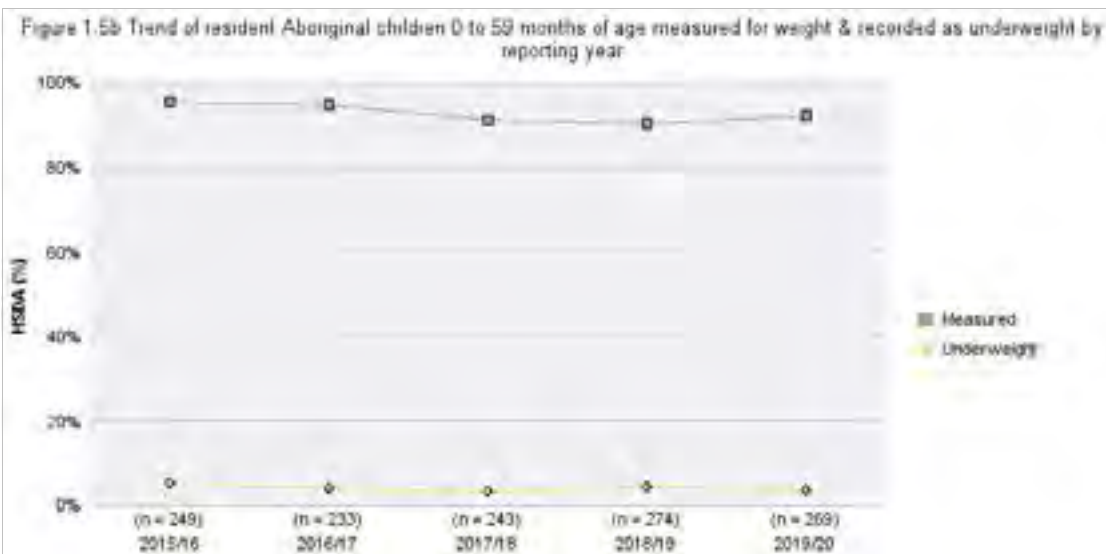
AHKPI 1.4.2 - Timeliness of Immunisations



Reporting Year(s)	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	54	41	51	70	46
Immunised on time	93%	98%	96%	96%	98%

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

AHKPI 1.5 - Underweight Children



Reporting Year(s)	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	249	233	243	274	269
Coverage	238	221	222	248	248
Measured	96%	95%	91%	91%	92%
Underweight	5%	4%	3%	4%	4%

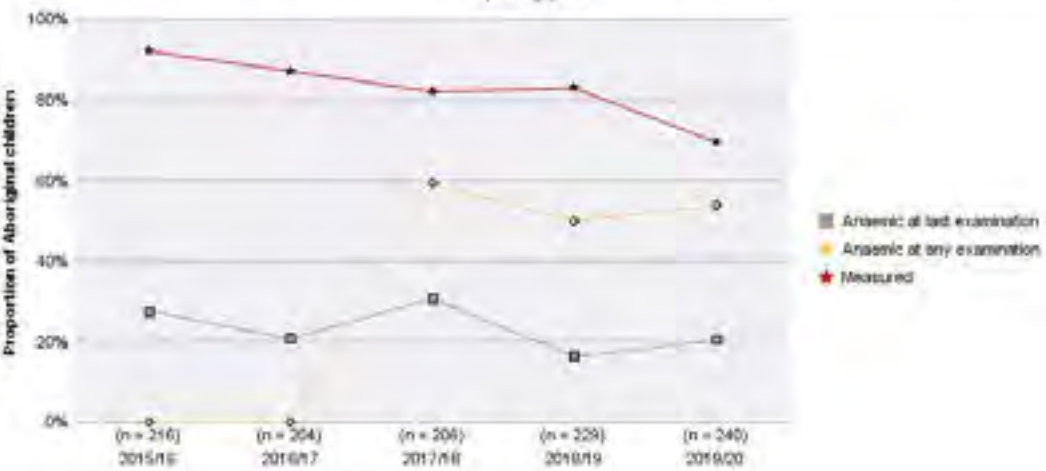
n = Population (denominator) is the number of resident Aboriginal children who are less than 5 years of age during the reporting period. Coverage is the number of resident Aboriginal children who have been measured for weight at least once during the reporting period.

Primary Health Care Trend Report 2019-2020

NT Aboriginal Health Key Performance Indicators (KWHB) 2019-2020

AHKPI 1.6 - Anaemic Children

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

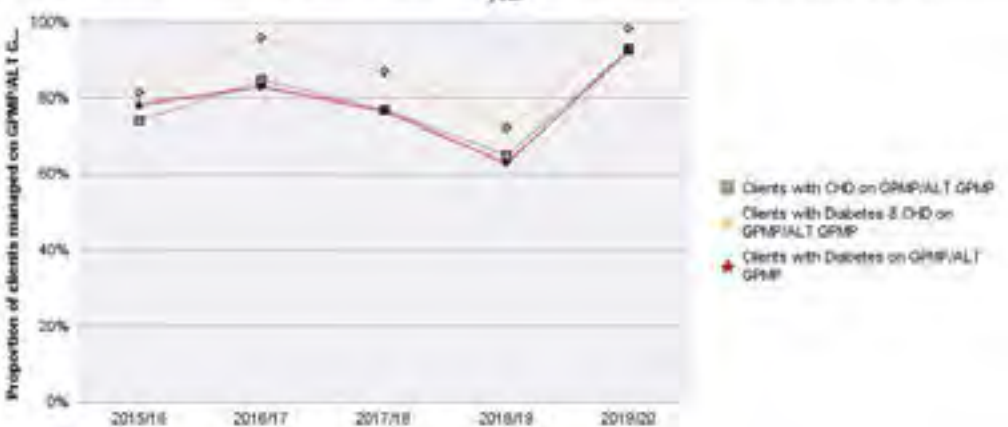


Reporting Year(s)	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	216	204	206	229	240
Coverage	199	178	169	190	167
Measured	92%	87%	82%	83%	70%
Anaemic at any examination	NA	NA	59%	50%	54%
Anaemic at last examination	28%	21%	31%	16%	20%

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

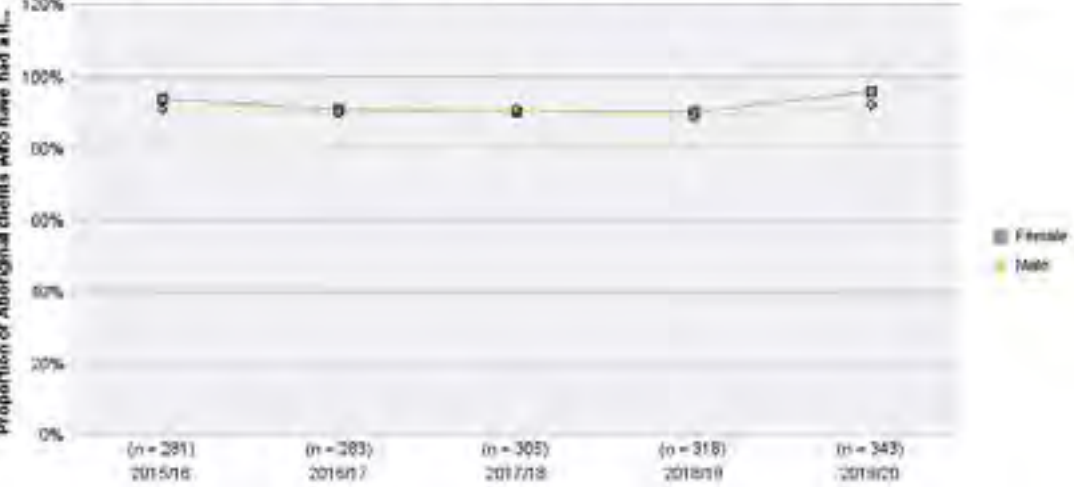
Figure 1.7a Trend of resident Aboriginal clients managed on chronic disease management plan by disease group by reporting year



Reporting Years(s)	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Coronary Heart Disease)	81	79	92	100	98
Population (Type II Diabetes)	281	283	305	318	343
Population (Type II Diabetes & Coronary Heart Disease)	54	50	61	68	71
Clients with CHD on GPMP/ALT GPMP	74%	85%	77%	65%	93%
Clients with Diabetes & CHD on GPMP/ALT GPMP	81%	96%	87%	72%	99%
Clients with Diabetes on GPMP/ALT GPMP	78%	83%	77%	63%	93%

AHKPI 1.8.1 - HbA1c Tests

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

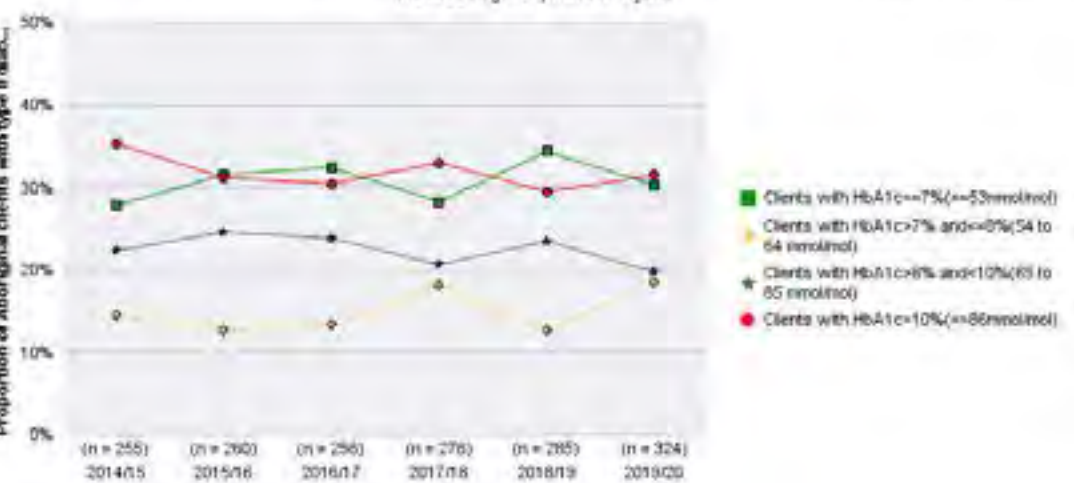


Reporting Year(s)	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	281	283	305	318	343
HbA1c Total Coverage	93%	90%	90%	90%	94%
Female	94%	91%	90%	90%	96%
Male	91%	90%	91%	89%	92%

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 1.8.2a 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)	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	255	260	256	276	285	324
Clients with HbA1c <= 7% (<= 53 mmol/mol)	28%	32%	32%	28%	34%	30%
Clients with HbA1c > 7% and <= 8% (54 to 64 mmol/mol)	15%	13%	13%	18%	13%	19%
Clients with HbA1c > 8% and <= 10% (65 to 85 mmol/mol)	22%	25%	24%	21%	24%	20%
Clients with HbA1c > 10% (>= 86 mmol/mol)	35%	31%	30%	33%	29%	31%

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

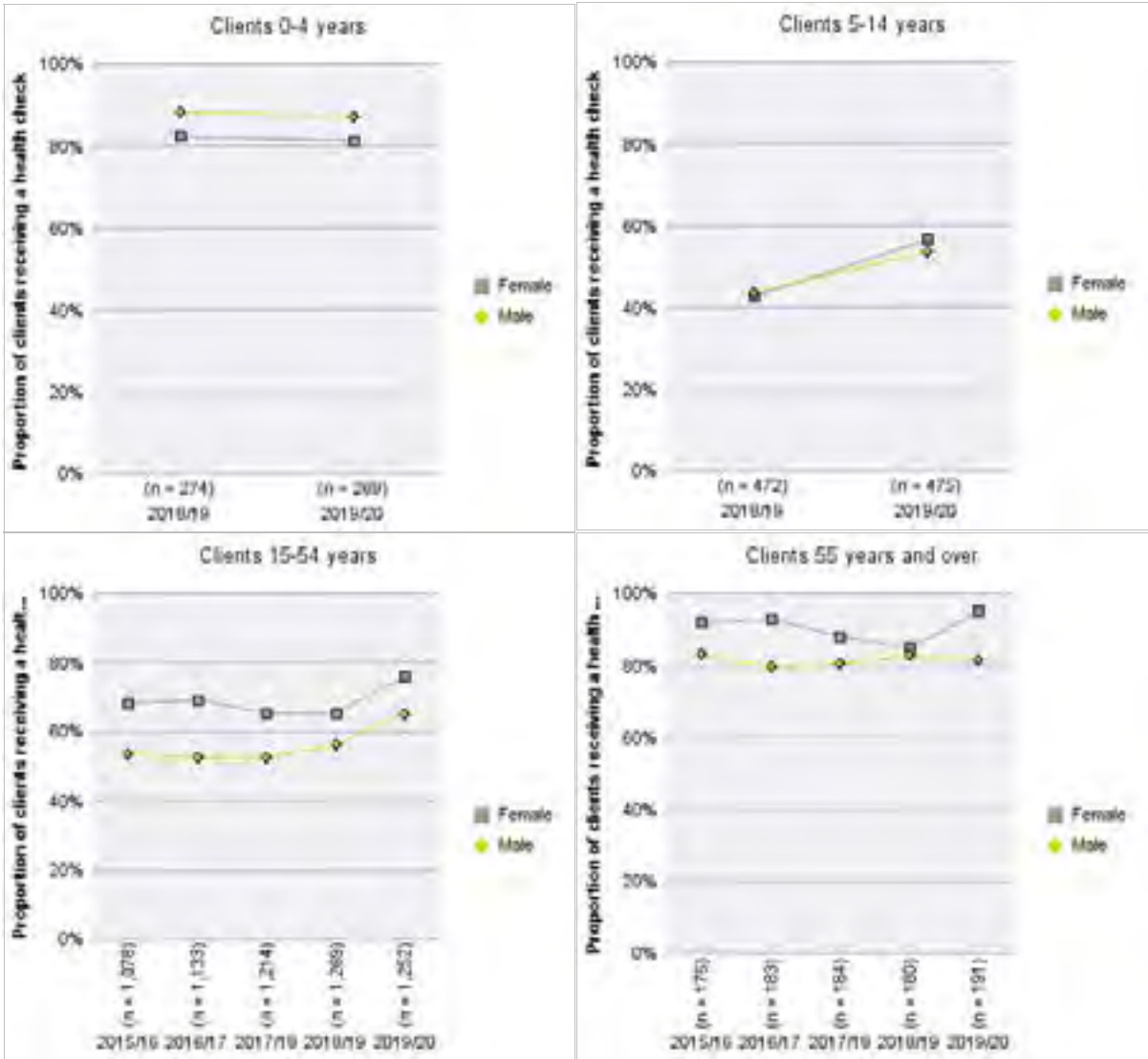
Primary Health Care Trend Report 2019-2020

NT Aboriginal Health Key Performance Indicators (KWHB) 2019-2020

AHKPI 1.10 - Health Check

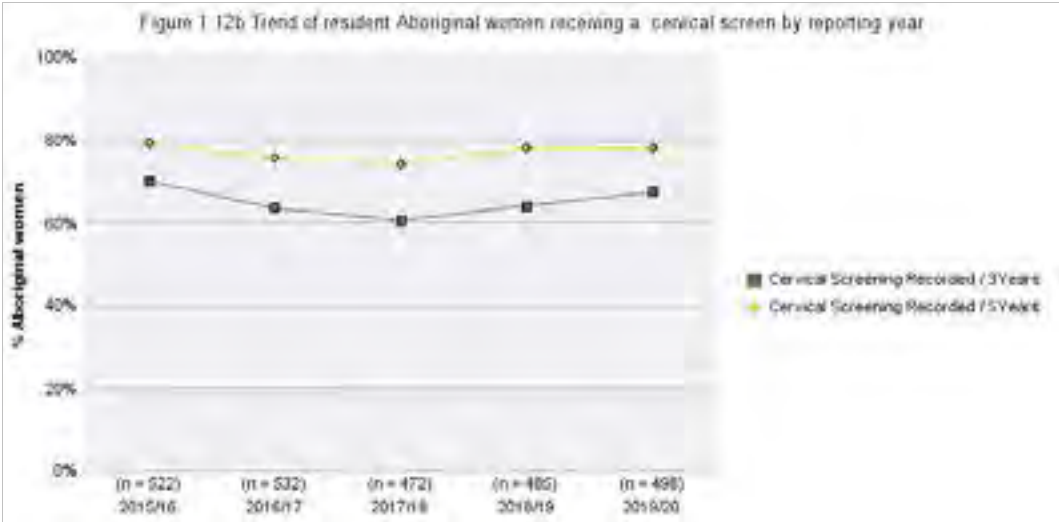
AGE 15-54 -- Reporting Year(s)	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	1,078	1,133	1,214	1,269	1,252
Health Check Coverage Total	61%	61%	59%	61%	71%
Female completed Health Check	68%	69%	65%	66%	76%
Male completed Health Check	53%	53%	53%	56%	65%
AGE 55+ -- Reporting Year(s)	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	176	183	184	180	191
Health Check Coverage Total	88%	87%	85%	84%	89%
Female completed Health Check	92%	93%	88%	85%	95%
Male completed Health Check	83%	80%	80%	83%	82%

Figure 1.10b Trend graphs of resident Aboriginal clients who have a completed health check by sex and reporting year



n = Population (denominator) in each of the tables/graphs above is the number of clients in each age group.

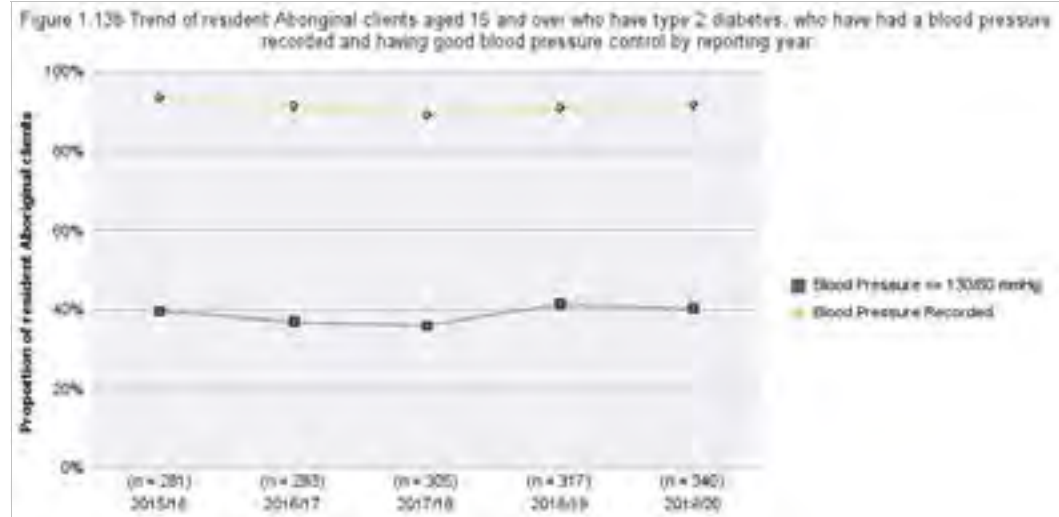
AHKPI 1.12 - Cervical Screening



Reporting Year(s)	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	522	532	472	485	498
Cervical Screening Recorded 3 Years	70%	64%	61%	64%	67%
Cervical Screening Recorded 5 Years	79%	76%	74%	78%	78%

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

AHKPI 1.13 - Blood Pressure Control



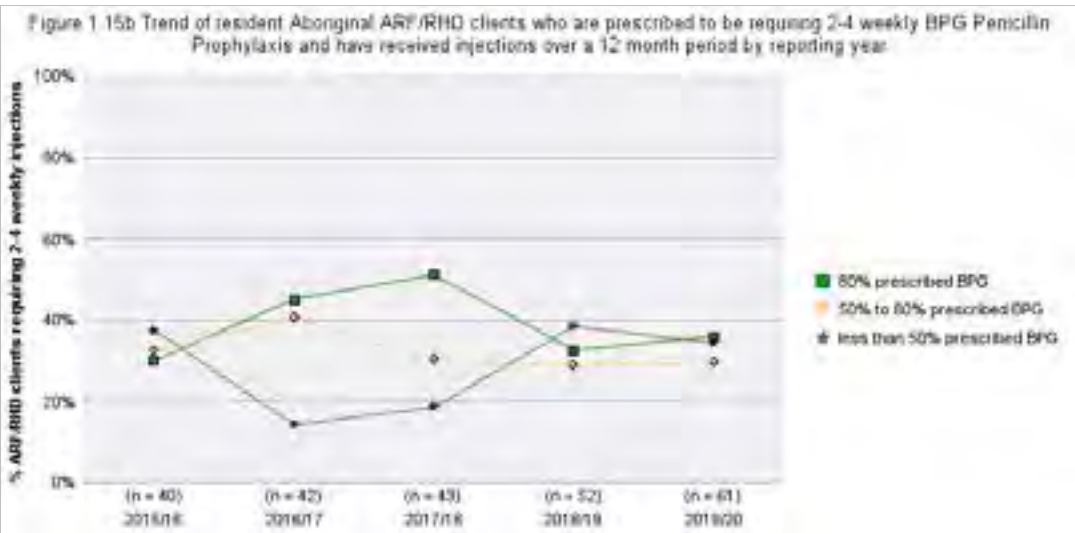
Reporting Year(s)	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	281	283	305	317	340
Coverage	262	258	272	288	311
Blood Pressure Recorded	93%	91%	89%	91%	91%
Blood Pressure less than or equal to 130/80	40%	37%	36%	41%	40%

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.

Primary Health Care Trend Report 2019-2020

NT Aboriginal Health Key Performance Indicators (KWHB) 2019-2020

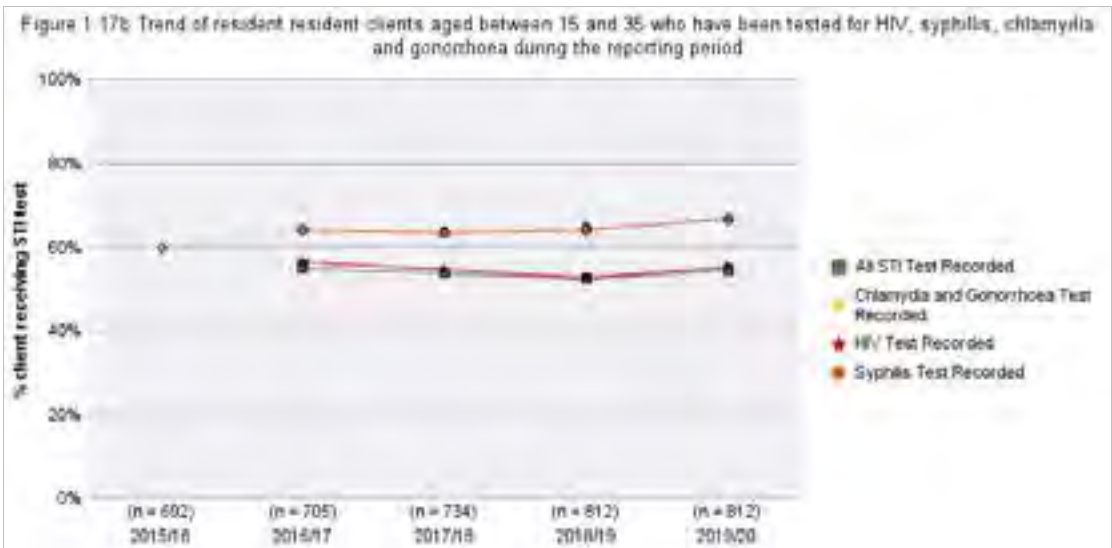
AHKPI 1.15 - Rheumatic Heart Disease



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

Reporting Year(s)	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	40	42	43	52	61
Clients with ARF/RHD receiving 50% to 80% prescribed BPG	33%	40%	30%	29%	30%
Clients with ARF/RHD receiving 80% prescribed BPG	30%	45%	51%	33%	36%
Clients with ARF/RHD receiving less than 50% prescribed BP	38%	14%	19%	38%	34%

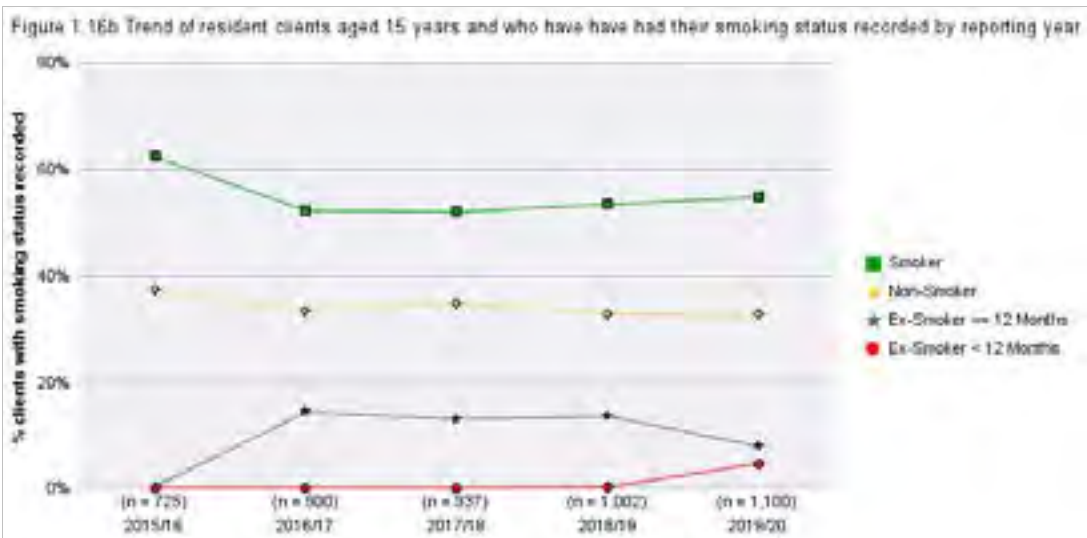
AHKPI 1.17 - STI Test Recorded



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

Reporting Year(s)	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	692	705	734	812	812
All STI Test Recorded	NA	55%	54%	52%	54%
Chlamydia and Gonorrhoea Test Recorded	60%	64%	64%	65%	67%
HIV Test Recorded	NA	56%	55%	53%	55%
Syphilis Test Recorded	NA	64%	63%	64%	67%

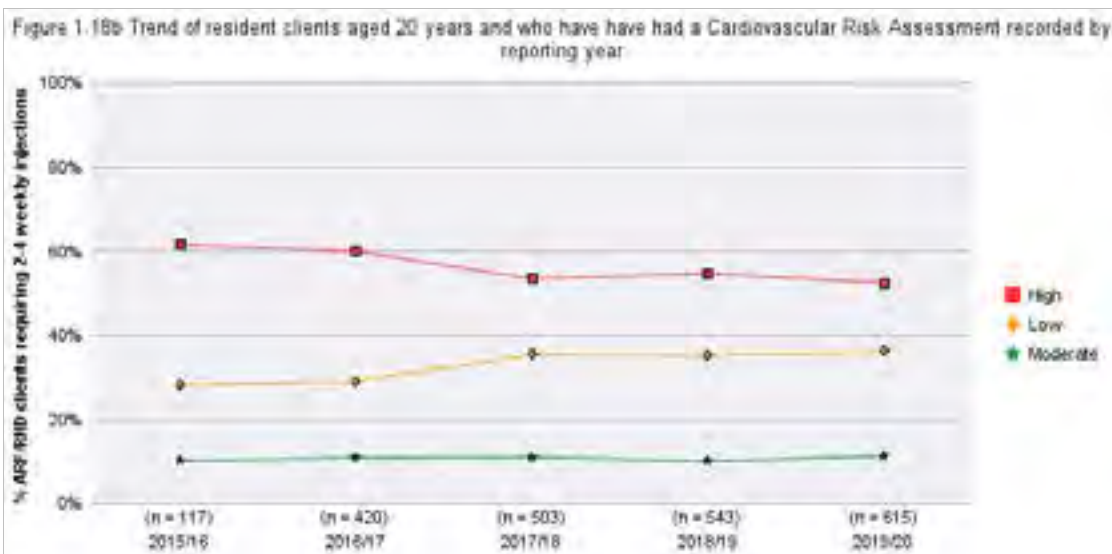
AHKPI 1.16 - Smoking Status Recorded



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

Reporting Year(s)	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	725	900	937	1,002	1,100
Ex-Smoker < 12 Months	0%	0%	0%	0%	5%
Ex-Smoker >= 12 Months	0%	14%	13%	14%	8%
Non-Smoker	37%	33%	35%	33%	33%
Smoker	62%	52%	52%	53%	55%
Smoking Status Recorded	58%	68%	67%	69%	76%

AHKPI 1.18 - Cardiovascular Risk Assessment



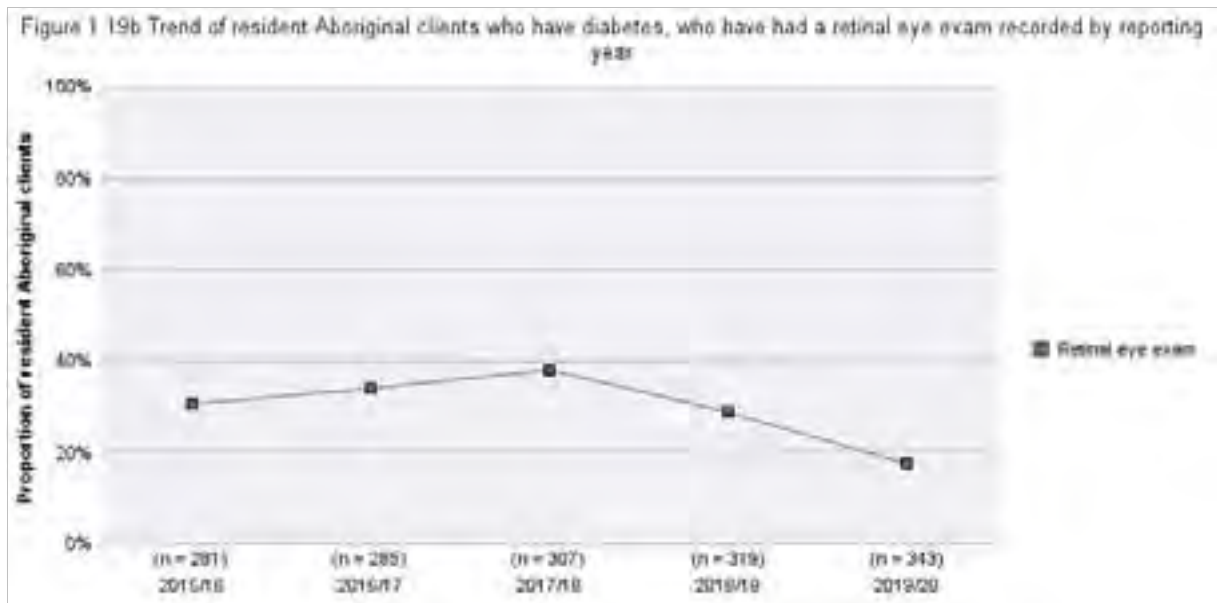
n = Population (denominator) is the number of resident Aboriginal clients who are aged 20 years and over during the reporting period. Coverage is the number of resident Aboriginal clients aged 20 and over whose CVD status has been recorded during the reporting period.

Reporting Year(s)	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	1,049	1,071	1,130	1,147	1,159
Coverage	117	420	503	543	615
CVD Assessment Recorded	11%	39%	45%	47%	53%
High	62%	60%	53%	55%	53%
Low	28%	29%	35%	35%	36%
Moderate	10%	11%	11%	10%	11%

Primary Health Care Trend Report 2019-2020

NT Aboriginal Health Key Performance Indicators (KWHB) 2019-2020

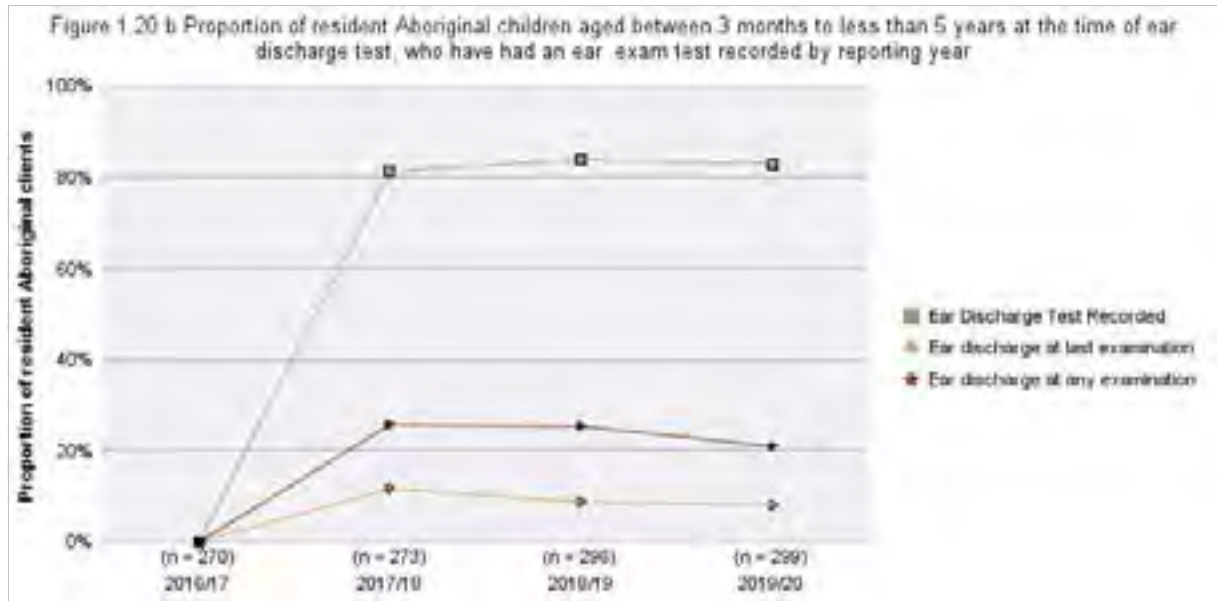
AHKPI 1.19 - Retinal Screening



Reporting Year(s)	2015/16	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	281	285	307	319	343
Retinal eye exam	31%	34%	38%	29%	17%

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



Reporting Year(s)	2016/17	2017/18	2018/19	2019/20
Population (Denominator)	270	273	296	299
Ear discharge at any examination	0%	26%	25%	21%
Ear discharge at last examination	0%	12%	9%	8%
Ear Discharge Test Recorded	0%	81%	84%	83%

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



Financial Report 2019-2020



The following pages are an extract from our 2019-2020 Financial Report, prepared by independent auditor Merit Partners. A full copy of this document can be made available upon request to hr@kwhb.com.au

2018-2019 Audit conducted by Merit Partners in September 2019. Submitted and accepted by all KWHB funding bodies.

2019-2020 Audit conducted by Merit Partners in September 2020. Will be submitted to all KWHB funding bodies when completed and accepted by Board.

Merit Partners are the KWHB auditors until 2021.

All Income and Expenditure Reports to funders have been completed within the timeframe required by funders and have been accepted by them.

Strategies to manage KWHB finances have been successful.



KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

DIRECTORS REPORT

The Directors present this report on Katherine West Health Board Aboriginal Corporation (“the Corporation”) for the financial year ended 30 June 2020.

The names of the directors throughout 2019/2020 and up to the date of this report are as follows:

Name	Position	Community	
Roslyn Frith	Chairperson	Kalkaringi	Re-Appointed at AGM 14/11/2019, Elected as Chair FBM - 14/9/2019
Jocelyn Victor	Vice Chairperson	Pigeon Hole	Re-Appointed at AGM 14/11/2019, Elected as VC FBM - 14/9/2019
Sandra Campbell	Executive Director	Yarralin	Re-Appointed at AGM 14/11/2019, Elected as ED - FBM - 14/9/2019
Valerie Patterson	Executive Director	Lajamanu	Re-Appointed at AGM 14/11/2019, Elected as ED FBM - 14/9/2019
Dione Kelly	Executive Director	Lajamanu	Re-Appointed at AGM 14/11/2019, Elected as ED FBM - 14/9/2019
Caroline Jones	Executive Director	Timber Creek	Re-Appointed at AGM 14/11/2019, Elected as ED FBM - 14/9/2019
Jonathon Dixon	Board Director	Lajamanu	AGM 14/11/2019
Joyce Herbert	Board Director	Lajamanu	Re-Appointed at AGM 14/11/2019
Debra Victor	Board Director	Kalkaringi	Re-Appointed at AGM 14/11/2019
Charlie Newry	Board Director	Yarralin	Re-Appointed at AGM 14/11/2019
Noleen Campbell	Board Director	Yarralin	Re-Appointed at AGM 14/11/2019
Veronica Leering	Board Director	Kildurk	AGM 14/11/2019
Joseph Archie	Board Director	Bulla	AGM 14/11/2019
Roy Harrington	Board Director	Timber Creek	AGM 14/11/2019
Doris Lewis	Director	Lajamanu	AGM 17 Nov 2016, Term ended AGM 14/11/2019
Geoffrey Barnes	Director	Lajamanu	AGM 17 Nov 2016, Term ended AGM 14/11/2019
Shauna King	Director	Timber Creek	AGM 17 Nov 2016, Term ended AGM 14/11/2019
Barbara Gundari	Director	Bulla	AGM 17 Nov 2016, Term ended AGM 14/11/2019
Angela Berd	Director	Kalkaringi	AGM 17 Nov 2016, Term ended AGM 14/11/2019
Kenivan Anthony	Director	Mialuni	AGM 17 Nov 2016, Term ended AGM 14/11/2019

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 the 2019-2020 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 \$683,797 (2019: deficit \$452,849)

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 2019/2020 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	
Roslyn Frith	9
Jocelyn Victor	9
Sandra Campbell	8
Valerie Patterson	6
Dione Kelly	7
Caroline Jones	8
Jonathon Dixon	1
Joyce Herbert	3
Debra Victor	7
Charlie Newry	4

Board Member	
Noleen Campbell	4
Veronica Leering	0
Joseph Archie	3
Roy Harrington	2
Doris Lewis	2
Geoffrey Barnes	1
Shauna King	2
Barbara Gundari	2
Angela Berd	1
Kenivan Anthony	1

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 20th day of October 2020

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

DIRECTORS' DECLARATION

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

- (i) The financial statements and notes, as set out on pages 9 to 35, 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 2020 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 20 October 2020.



.....
Director

Dated this 20th day of October 2020



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 2020, 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: 20 October 2020



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 2020, 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 2020 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

Matthew Kennon
Director

DARWIN
Date: 20 October 2020

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2020

	Notes	2020 \$	2019 \$
Revenue and other income	2	21,951,075	17,170,770
Employee benefits expenses	3	(12,118,874)	(10,379,567)
Depreciation and amortisation	8	(1,222,815)	(952,879)
Impairment of property	8	(3,094,361)	0
Motor vehicle expenses	3	(374,151)	(364,458)
Travel and accommodation	3	(860,962)	(978,306)
Other expenses	3	(4,999,134)	(5,028,357)
		-----	-----
Results from operating activities		(719,222)	(523,796)
Finance income		49,736	74,050
Finance expense		(14,311)	(3,103)
		-----	-----
	2a	35,425	70,947
Surplus/(Deficit) for the year		(683,797)	(452,849)
Other Comprehensive Income		0	0
		-----	-----
Total Comprehensive Income		(683,797)	(452,849)
		-----	-----

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2020

	Notes	2020 \$	2019 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	10,421,785	10,356,729
Trade and other receivables	6	3,253,726	62,967
Other current assets	7	381,199	332,457
		-----	-----
TOTAL CURRENT ASSETS		14,056,710	10,752,153
		-----	-----
NON-CURRENT ASSETS			
Property, plant and equipment	8	3,374,018	6,556,901
		-----	-----
TOTAL NON-CURRENT ASSETS		3,374,018	6,556,901
		-----	-----
TOTAL ASSETS		17,430,728	17,309,054
		-----	-----
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	1,421,961	2,329,447
Lease liabilities	10	162,581	0
Employee benefits	11	1,178,180	834,217
		-----	-----
TOTAL CURRENT LIABILITIES		2,762,722	3,163,664
		-----	-----
NON CURRENT LIABILITIES			
Lease liabilities	10	81,343	0
Employee benefits	12	354,324	240,229
		-----	-----
TOTAL NON-CURRENT LIABILITIES		435,667	240,229
		-----	-----
TOTAL LIABILITIES		3,198,389	3,403,893
		-----	-----
NET ASSETS		14,232,339	13,905,161
		=====	=====
ACCUMULATED FUNDS			
Accumulated funds		14,232,339	13,905,161
		-----	-----
TOTAL ACCUMULATED FUNDS		14,232,339	13,905,161
		=====	=====

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2020

	Accumulated Funds \$	Total \$
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
Adjustment for AASB 1058	1,010,975	1,010,975
Restated Opening Balance	14,916,136	14,916,136
(Deficit) 2020	(683,797)	(683,797)
Balance 30 June 2020	14,232,339	14,232,339

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2020

	Notes	2020 \$	2019 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		2,210,768	2,166,990
Grants received		16,555,422	15,249,399
Payments to suppliers and employees		(17,937,456)	(17,034,022)
Interest received		56,242	74,536
Interest paid		(956)	(3,103)
		-----	-----
NET CASH FLOWS FROM OPERATING ACTIVITIES	12(b)	884,020	453,800
		-----	-----
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition of property, plant and equipment		(747,358)	(678,040)
Proceeds on sale of plant and equipment		103,636	76,363
		-----	-----
NET CASH FLOWS USED IN INVESTING ACTIVITIES		(643,722)	(601,677)
		-----	-----
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of leasing liabilities		(161,887)	(678,040)
Interest paid		(13,355)	0
		-----	-----
NET CASH FLOWS USED IN FINANCING ACTIVITIES		(175,242)	(601,677)
		-----	-----
NET INCREASE/(DECREASE)IN CASH HELD		65,056	(147,877)
Cash at the beginning of the financial year		10,356,729	10,504,606
		-----	-----
Cash at the end of the financial year	12(a)	10,421,785	10,356,729
		=====	=====

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

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 16 October 2020.

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 2020

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:

<i>Class of Non- Current Asset</i>	<i>Depreciation Rate</i>
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.

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

The Company has adopted *AASB 15 Revenue from Contracts with Customers* and *AASB 1058 Income of Not-for-Profit Entities* for the first time in the current year with a date of initial application of 1 July 2019.

The Company has applied AASB 15 and AASB 1058 using the cumulative effect method which means the comparative information has not been restated and continues to be reported under AASB 111, AASB 118, AASB 1004 and related interpretations. All adjustments on adoption of AASB 15 and AASB 1058 have been taken to retained earnings at 1 July 2019.

Revenue from the sale of goods or services is recognised at the point of delivery of the goods or services to patients. Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed.

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.

Grant revenue is recognised in the statement of income and expenditure when controlled. Where binding conditions, or specific milestones, exist relating to the specific purpose for which the grant funds may be applied, grant revenues are recognised in the balance sheet as a liability until such time that all conditions of the grant are met.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES – contd

Revenue - contd

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

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.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES - contd

Classification and subsequent measurement - Cont

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.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES - contd

Derecognition - Cont

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.

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.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020

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.

Leased assets

The Corporation as a lessee

For any new contracts entered into on or after 1 July 2019, the Corporation considers whether a contract is, or contains a lease. A lease is defined as ‘a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration’. To apply this definition the Corporation assesses whether the contract meets three key evaluations which are whether:

- the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to the Corporation
- the Corporation has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract
- the Corporation has the right to direct the use of the identified asset throughout the period of use.

The Corporation assess whether it has the right to direct ‘how and for what purpose’ the asset is used throughout the period of use.

Measurement and recognition of leases as a lessee

At lease commencement date, the Corporation recognises a right-of-use asset and a lease liability on the balance sheet. The right-of-use asset is measured at cost, which is made up of the initial measurement of the lease liability, any initial direct costs incurred by the Corporation, an estimate of any costs to dismantle and remove the asset at the end of the lease, and any lease payments made in advance of the lease commencement date (net of any incentives received).

The Corporation depreciates the right-of-use assets on a straight-line basis from the lease commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. The Corporation also assesses the right-of-use asset for impairment when such indicators exist.

At the commencement date, the Corporation measures the lease liability at the present value of the lease payments unpaid at that date, discounted using the interest rate implicit in the lease if that rate is readily available or the Corporation’s incremental borrowing rate.

Lease payments included in the measurement of the lease liability are made up of fixed payments (including in substance fixed), variable payments based on an index or rate, amounts expected to be payable under a residual value guarantee and payments arising from options reasonably certain to be exercised.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in in-substance fixed payments.

When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right-of-use asset is already reduced to zero.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES - contd

Measurement and recognition of leases as a lessee - contd

The Corporation has elected to account for short-term leases and leases of low-value assets using the practical expedients. Instead of recognising a right-of-use asset and lease liability, the payments in relation to these are recognised as an expense in profit or loss on a straight-line basis over the lease term.

On the statement of financial position, right-of-use assets have been included in property, plant and equipment and lease liabilities have been disclosed separately.

The Corporation has leases for offices in Katherine and in Darwin. It also leases residential accommodation at Lajamanu for its doctors. With the exception of short term leases and leases of low-value underlying assets, each lease is reflected on the balance sheet as a right-of-use asset and a lease liability. Variable lease payments which do not depend on an index or a rate are excluded from the initial measurement of the lease liability and asset. The Corporation classifies its right-of-use assets in a consistent manner to its property, plant and equipment (see Note 8).

Each lease generally imposes a restriction that, unless there is a contractual right for the Corporation to sublet the asset to another party, the right-of-use asset can only be used by the Corporation. Leases are either non-cancellable or may only be cancelled by incurring a substantive termination fee. The Corporation is prohibited from selling or pledging the underlying leased assets as security. For leases over office buildings and residential premises the Corporation must keep those properties in a good state of repair and return the properties in their original condition at the end of the lease.

The table below describes the nature of the Corporation's leasing activities by type of right-of-use asset recognised on balance sheet:

Right of Use Asset	No of Right of Use assets leased	Range of remaining term	Average remaining lease term	No of leases with options to extend
Office Building	6	1-2 years	1.1 years	6
Residential Accommodation	4	7-11 years	10 years	4

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES - contd

Measurement and recognition of leases as a lessee - contd

	Asset	Carrying amount	Amortisation	WDV
Office Building	343,035	343,035	158,904	184,131
Residential Accommodation	62,776	62,776	5,892	56,884
Total	405,811	405,811	164,796	241,015

The right-of-use assets are included in the same line item as where the corresponding underlying assets would be presented if they were owned.

Lease Liabilities

Lease liabilities are presented in the statement of financial position as follows:

	30 June 2020
	\$
Current	162,581
Non-current	81,343
	<u>243,924</u>

Administration Fee

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

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

	2020 \$	2019 \$
NOTE 2. REVENUE AND OTHER INCOME		
Grants		
DoH –Federal Operational	8,937,863	8,721,565
DoH – Territory Operational	5,266,686	4,801,409
Dept. of Prime Minister and Cabinet	154,914	177,721
NDIS	60,000	0
Northern Territory PHN	2,172,809	1,547,979
NT General Practice Education	4,200	6,890
General Practice & Primary Care	0	6,760
Centre Link	0	38,845
Unexpended grants B/F	1,077,347	1,640,111
Contract liabilities C/F	(224,401)	(1,114,197)
Insurance recoveries	3,710,721	109,229
AMSANT	5,455	1,818
Work Cover Consultations	2,270	1,684
Medical reports	60	1,620
Medicare	1,567,731	1,141,920
Profit on the sale of assets	103,636	76,363
Cash Flow Boost - ATO	62,500	0
Miscellaneous income	60,259	20,053
	-----	-----
TOTAL REVENUE	22,962,050	17,179,770
	-----	-----

NOTE 2a. FINANCE INCOME

Interest on bank accounts	49,736	74,050
Interest paid	(956)	(3,103)
Interest expense for leasing arrangements	(13,355)	0
	-----	-----
Net Finance Income	35,425	70,947
	-----	-----

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

	2020 \$	2019 \$
NOTE 3. EXPENDITURE		
Employee benefits expenses		
Wages and salaries	10,556,134	8,945,006
Airfares	15,349	2,807
Superannuation	885,718	771,752
FBT	181,950	115,712
Professional development	77,174	68,349
Recruitment	258,798	335,609
Flight out of isolated land	14,552	21,675
Insurance -Workers compensation	129,199	118,657
	-----	-----
	12,118,874	10,379,567
	-----	-----
Motor vehicle expenses		
Fuel and oil	208,656	179,901
Repairs and maintenance	131,809	131,410
Registration	33,686	53,147
	-----	-----
	374,151	364,458
	-----	-----
Travel and accommodation		
Travel and accommodation – staff	766,377	885,824
Travel and accommodation – board	94,162	91,751
Travel and accommodation – patients	423	731
	-----	-----
	860,962	978,306
	-----	-----
Other expenses		
Accounting fees	240,090	206,665
Advertising	535	11
Annual report	7,545	2,505
Audit fees	27,401	23,339
Bank charges	1,881	1,945
Cleaning	54,136	61,405
Consultants	57,334	51,032
Communications	20,032	8,136
Consumables	0	3,111
Electricity, water and sewerage	299,256	301,552
Freight	51,210	87,017
Ground maintenance	421	2,927
Hire of equipment	41,419	31,428
Insurance	273,878	203,136
IT Hosting / support	358,537	365,143

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

	2020 \$	2019 \$
NOTE 3. EXPENDITURE- contd.		
IT Computer equipment	73,463	70,133
Provision for doubtful debts	5,163	0
Postage	1,450	1,837
Legal expenses	720	375
Loss on disposal / write-off of assets	18,876	158,125
Meeting costs	6,410	13,614
Rent – Head office	66,113	234,671
Rent – Storage facilities	16,562	15,946
Rent – Housing	278,198	265,001
Subscriptions and membership	34,670	6,727
Service charges	61,826	26,109
Telephone and facsimile	226,309	272,407
Training	86,432	64,545
Uniforms	6,033	4,601
Security	11,899	19,472
Repairs and Maintenance - Plant & Equipment	34,356	11,208
- Computer/office equip	3,757	16,616
- Furniture & Fittings	49,989	45,530
- Buildings	276,769	168,856
- Medical equipment	91,027	60,564
Supplies		
Medical and dental supplies	381,388	349,423
RAHC	451,437	495,446
Office supplies	52,944	45,420
Repay unspent grant	89,513	443,144
Health and Other Program		
Doctors Locum	371,275	505,000
Health Promotions	544,843	182,512
Services purchased	324,037	199,673
	-----	-----
	4,999,134	5,028,357
	=====	=====

NOTE 4. AUDITORS REMUNERATION

Remuneration of the auditors of the corporation for

- Auditing or reviewing the financial report – Merit Partners	20,000	19,500
	-----	-----
	20,000	19,500
	=====	=====

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

	2020 \$	2019 \$
NOTE 5. CASH AND CASH EQUIVALENTS		
ANZ- Operating account	1,374,022	2,950,166
ANZ - Medicare Bulk Bill	6,446,656	4,872,308
ANZ- VISA	20,546	0
PCCU- Investment Account	2,580,170	2,533,857
Petty Cash	391	398
	-----	-----
	10,421,785	10,356,729
	=====	=====

The effective interest rate on the PCCU Investment account was 1.26% as at 30 June 2020 (30 June 2019: 2.27%) the investment is rolled forward quarterly.

NOTE 6. TRADE AND OTHER RECEIVABLES

CURRENT		
Trade Debtors	5,439	17,288
Sundry Debtors	3,247,310	41,179
Rental Bond	6,140	4,500
Less Provision for doubtful debts	(5,163)	(0)
	-----	-----
	3,253,726	62,967
	=====	=====

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.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

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

2020	Gross Amount	Past due & Impaired	Within initial trade terms	31-60	61-90	>90
	\$	\$	\$	\$	\$	\$
Trade and Other receivables	3,258,889	(5,163)	3,243,124	0	85	10,517

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

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.

	2020 \$	2019 \$
Financial assets		
Trade and other receivables	3,253,726	62,967

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

NOTE 7. OTHER CURRENT ASSETS

GST paid	185,905	177,935
Prepayments	195,294	154,522
	-----	-----
	381,199	332,457
	=====	=====

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

	2020 \$	2019 \$
NOTE 8. PROPERTY, PLANT AND EQUIPMENT		
Furniture and equipment – at cost	898,392	842,869
Accumulated depreciation	(840,125)	(829,116)
	-----	-----
	58,267	13,753
	-----	-----
Land – at valuation	8,000	8,000
	-----	-----
	8,000	8,000
	-----	-----
Building – at cost	8,164,123	8,110,086
Impairment – Fire Damage	(3,094,361)	0
Accumulated depreciation	(3,101,076)	(2,693,599)
	-----	-----
	1,968,686	5,416,487
	-----	-----
Computers and software – at cost	580,134	580,134
Accumulated depreciation	(579,792)	(567,165)
	-----	-----
	342	12,969
	-----	-----
Motor vehicles – at cost	2,832,137	2,770,565
Accumulated depreciation	(2,056,743)	(1,806,173)
	-----	-----
	775,394	964,392
	-----	-----
Medical equipment – at cost	610,575	687,737
Accumulated depreciation	(413,861)	(546,437)
	-----	-----
	196,714	141,300
	-----	-----
Right of Use Assets	405,811	0
Amortisation	(164,796)	0
	-----	-----
	241,015	0
	-----	-----
	3,248,418	6,556,901
	-----	-----
Work in Progress	125,600	0
	-----	-----
WDV	3,374,018	6,556,901
	=====	=====

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

Impairment Losses

The total Impairment loss recognised in the Statement of profit and loss and other comprehensive income during the year amounted to \$3,094,361 and is separately presented in the Statement of profit and loss and other comprehensive income as impairment of property.

During the year there was a fire at the clinic in Lajamanu severely damaging the building and equipment. Fire damaged equipment has been written off and an insurance claim has been submitted. The building has however suffered extensive damage and is currently being repaired. This has resulted in an impairment loss being recognised in respect of the building amounting to \$3,094,361. The fire damage is subject to an insurance claim. As at 30 June 2020 an amount of \$3,185,805 has been recognised as a receivable based on estimates provided by the insurer.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2020**

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 \$	Right of use assets \$	Motor Vehicles \$	WIP \$	Total \$
Balance at the beginning of year 1 July 2018	70,632	8,000	5,821,990	86,879	233,134	0	769,230	0	6,989,864
Additions	0	0	0	0	13,437	0	664,603	0	678,040
Disposals	(519,840)	0	0	(487,966)	(183,991)	0	(302,874)	0	(1,494,671)
Writeback	470,775	0	0	427,004	135,894	0	302,874	0	1,336,547
Depn. Expense	(7,814)	0	(405,503)	(12,948)	(57,174)	0	(469,440)	0	(952,879)
Carrying amount at the end of the year 30 June 2019	13,753	8,000	5,416,487	12,969	141,300	0	964,392	0	6,556,901
Balance at the beginning of year 1 July 2019	13753	8,000	5,416,487	12,969	141,300	0	964,392	0	6,556,901
Additions	55,523	0	54,037	0	135,042	405,811	377,156	125,600	1,027,569
Disposals & Impairment	0	0	0	0	(212,204)	0	(315,582)	0	(527,786)
Impairment	0	0	(3,094,361)	0	0	0	0	0	(3,094,361)
Writeback	0	0	0	0	193,328	0	315,582	0	508,910
Amortisation	0	0	0	0	0	(164,796)	0	0	(164,796)
Depn. Expense	(11,009)	0	(407,477)	(12,627)	(60,752)	0	(566,154)	0	(1,058,019)
Carrying amount at the end of the year 30 June 2020	58,267	8,000	1,968,686	342	196,714	241,015	775,394	125,600	3,374,018

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

	2020 \$	2019 \$
NOTE 9. TRADE AND OTHER PAYABLES		
Trade creditors	174,300	434,490
GST Collected	460,262	423,951
Accruals	562,998	356,809
Other payables – contract liabilities	224,401	1,114,197
	-----	-----
	1,421,961	2,329,447
	=====	=====
Financial liabilities at amortised cost classified as trade and other payables		
- Total current	1,421,961	2,329,447
- Total non-current	0	0
	-----	-----
	1,421,961	2,329,447
	-----	-----
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. LEASE LIABILITIES		
Current	162,581	0
Non-current	81,343	0
	-----	-----
	243,924	0
	=====	=====
NOTE 11. EMPLOYEE BENEFITS		
Current		
Long Service Leave	312,038	262,100
Annual Leave	866,142	572,117
	-----	-----
	1,178,180	834,217
	=====	=====
NOTE 12. EMPLOYEE BENEFITS		
Non Current		
Long Service Leave	354,324	240,229
	=====	=====

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

	2020 \$	2019 \$
NOTE 13. CASH FLOW INFORMATION		
a) Reconciliation of cash		
Cash balance comprises:		
- Cash (Note 5)	10,421,785	10,356,729
	-----	-----
b) Reconciliation of the surplus to the net cash flows used in operating activities		
(Deficit)	(683,797)	(452,849)
Depreciation	1,058,019	952,879
Amortisation	164,796	0
(Profit)/Loss on disposal of assets	(84,760)	81,761
Impairment loss	3,094,361	0
Interest on lease liability	13,355	0
Change in assets and liabilities		
Trade and other receivables	(3,190,759)	56,192
Other current assets	(48,742)	(43,357)
Trade and other payables	103,489	(447,084)
Provision for employee benefits	458,058	306,258
	-----	-----
Net Cash Flows from operating activities	884,020	453,800
	=====	=====
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 14. 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.		
	2020 \$	2019 \$
Financial Assets		
Cash and cash equivalents	10,421,785	10,356,729
Trade and other receivables	3,253,726	62,967
	-----	-----
	13,675,511	10,419,696
	=====	=====
Financial Liabilities		
Trade and other payables	1,421,961	2,329,447
Lease liability – ROU	243,924	0
	-----	-----
	1,665,885	2,329,447
	=====	=====

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 14. 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.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 14. 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	
	2020 \$	2019 \$	2020 \$	2019 \$	2020 \$	2019 \$	2020 \$	2019 \$
Financial Liabilities due for payment								
Trade & other payables	1,421,961	2,329,447	0	0	0	0	1,421,961	2,329,447
Lease Liability	162,581	0	51,858	0	29,485	0	243,924	0
Total contractual outflows	1,584,542	2,329,447	51,858	0	29,485	0	1,665,885	2,329,447
Financial Assets – cash flows realisable								
Cash & cash equivalents	10,421,785	10,356,729	0	0	0	0	10,421,785	10,356,729
Trade and other receivables	3,253,726	62,967	0	0	0	0	3,253,726	62,967
Total anticipated cash in flows	13,675,511	10,419,696	0	0	0	0	13,675,511	10,419,696

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.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 14. 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 15. LEASING COMMITMENTS

Minimum Leasing Payments	Within one year	One to two years	Two to three years	Three to four years	Four to five years	After Five Years	Total
Lease Payments	171,442	38,148	7,650	7,650	7,650	34,346	266,886
Finance Charges	(8,861)	(2,919)	(2,391)	(2,112)	(1,818)	(4,861)	(22,962)
Net Present Values	162,581	35,229	5,259	5,538	5,832	29,485	243,924

The Corporation has elected not to recognise a lease liability for short term leases (leases of expected term of 12 months or less) or for leases of low value assets. Payments made under such leases are expensed on a straight-line basis. In addition, certain variable lease payments are not permitted to be recognised as lease liabilities and are expenses as incurred.

The expense relating to payments not included in the measurement of a lease liability is as follows:

	\$
	2020
Short term leases being for rental of office equipment, housing	360,873

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

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 2020.

NOTE 18. RELATED PARTY DISCLOSURES

During the year ended 30 June 2020, the Corporation paid directors fees and travel allowances to its board of directors who attended meetings for and behalf of the Corporation.

	2020 \$	2019 \$
Directors Fees	15,535	17,417
Travel Allowances	94,162	91,751
	-----	-----
	109,697	109,168
	=====	=====
Key Management Personnel Compensation		
Short Term Benefits	1,360,902	1,008,694
Long Term Benefits	42,349	25,076
Post-Employment Benefits	85,529	66,056
	-----	-----
Total	1,488,780	1,116,272
	=====	=====

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

FUNDS ACQUITTANCE CERTIFICATE FOR THE YEAR ENDED 30 JUNE 2020

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

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

That all accounts represent a true and fair record;

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

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

The financial controls in place within the Corporation are adequate;

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

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

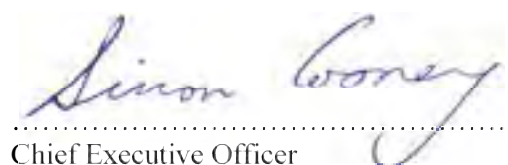
The Corporation has discharged its statutory obligations in relation to taxation, insurance, employee entitlements and including the lodgement of statutory returns and accounts where applicable;

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


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

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

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


.....
Chief Executive Officer

Date: 20/10/2020


.....
Chairperson

Date: 20/10/2020



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 2020 as set out on pages 38 to 70, using the accruals basis of accounting.

In our opinion the attached Statements as set out on pages 38 to 70 present fairly, in all material respects, the financial transactions for the year ended 30 June 2020.

Basis for Opinion

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

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

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

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

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

Responsibilities of Management for the Statements

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

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

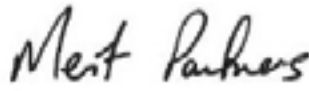
Auditor's Responsibility for the Audit of the Statement

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

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

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

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


Merit Partners


Matthew Kennon
Registered Company Auditor
Darwin
20 October 2020

Statement of Income and Expenditure Year Ended 30 June 2020

	Budget 2020 \$	Actual 2020 \$
370 Remote Morgues		
Income		
DoH (Territory) - Operational	36,854	36,854
Unexpended grant b/f	766	766
Total Income	37,620	37,620
Expenditure		
Electricity/Water/Sewerage	10,180	10,180
Wages & Salaries	20,000	20,000
R&M - Buildings	7,440	7,440
Total Expenditure	37,620	37,620
Net Profit (Loss)	0	0

Healthcare Associated Infections

KWHB Statement 2019-2020

KWHB has a robust 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 infection that could be present in our health system.

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.

KWHBs Policy suite for Healthcare Associated Infections are:

- Antimicrobial stewardship
- Appropriate handling of linen
- Aseptic non-touch technique
- Environmental routine cleaning
- Hand hygiene policy
- Hazardous Substances and Dangerous Goods
- Health centre waste management
- Implanon - Training for Implanon Insertion and Removal
- Implanon - Practical Skill Assessment for Insertion and Removal of Implanon NXT
- Implanon - Progestogen-only Contraceptive Implant Insertion Guidelines
- Implanon - SSTP Implanon Nxt. Etonogestrel implant 68mg
- Management of blood or body substance spills Policy

- Management of invasive devices - Inserting Therapeutic Devices
- Needle and Syringe Policy
- Occupational hazards for healthcare workers
- Outbreaks or unusual clusters of diseases
- Personal Protective Equipment
- Reporting of communicable diseases
- Reprocessing of reusable instruments and equipment policy
- Respiratory Hygiene and Cough Etiquette
- Safe Handling and Disposal of Sharps
- Staff Screening and Vaccination Policy
- Transmission Based Precautions

COVID-19 Related

- New Staff COVID-19 Isolation Booklet
- Suspect Case Flowchart
- Taking a COVID-19 Swab
- Enhanced Testing Guideline
- KWHB GeneXpert COVID-19 Guideline
- COVID-19 Contact Tracing Guideline
- Travel Arrival and Accommodation Guide
- KWHB Weekly Clinic COVID-19 Checklist
- COVID-19 SitRep in Action Phase
- Procedure for Sending Out Urgent Pathology
- KWHB Vehicles and COVID-19
- COVID-19 Cleaning Guide
- KWHB Public Health Threat Action
- Public health Threat Health Centre Activity and Staffing Contingency Plan
- Public Health Threat Health Centre Management Plan
- KWHB Death of a Client Pandemic Policy



KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

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