



**KATHERINE WEST
HEALTH BOARD**
Aboriginal Corporation

Annual Report 2020/21

"All of Us Working Together"



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Commonly Used Acronyms

Acronym	Full Title		
AGM	Annual General Meeting	LEAP	Leveraging Effective Ambulatory Practices Research Project
AHP	Aboriginal Health Practitioner (formerly 'Aboriginal Health Worker' or 'AHW')	LIMH	Low Intensity Mental Health Project
AMSANT	Aboriginal Medical Services Alliance of the Northern Territory	MECSH	Maternal Early Childhood Sustained Home Visiting Program -Strong Beginnings for Strong Families KWHB
AOD	Alcohol and Other Drugs	MIC	Manager, Information and Communication (KWHB)
Aust Gov DoH	Commonwealth Department of Health	MRC	Management Review Committee (KWHB)
AWP	Annual Work Plan	NACCHO	National Alliance of Aboriginal Community Controlled Organisations
B Part of It NT	Research project on Meningococcal Vaccine	NBPU	National Best Practice Unit (for TIS)
CARPA	Central Australian Rural Practitioners Association	NDIS /A	National Disability Insurance Scheme / Agency
CD	Chronic Diseases	NIAA	National Indigenous Australians Agency (formerly in Dept Prime Minister and Cabinet)
CEO	Chief Executive Officer	nKPI	National Aboriginal Key Performance Indicators – Clinical measurements
CHC	Community Health Centres	NPC	National Police Certificate listing any offences committed by the person
CLHLRR	Cultural and Health Literacy Resource Review	NSQHS	National Safety and Quality Health Service (Standards)
CLAG	Cultural Leadership Advisory Group	NTAHKPI	Northern Territory Aboriginal Health Key Performance Indicators
CDoH	Commonwealth Department of Health	NTPHN / PHN	Northern Territory Primary Health Network (Funding Body)
COVID-19	Corona Virus Pandemic	NTG DoH	Northern Territory Government Department of Health
CRANA	Council of Remote Area Nurses of Australia	PAIS	Patient Surveys
DCE	Director, Community Engagement (KWHB)	PATS	Patient Assisted Travel Scheme
DMS	Director, Medical Services (KWHB)	PHC	Primary Health Care
DPHC	Director, Primary Health Care (KWHB)	PHCG	Primary Health Care Group (KWHB)
DPMC	Department of Prime Minister and Cabinet (Commonwealth Govt) now NIAA	RACGP	Royal Australian College of General Practitioners
DSS	Department of Social Security (Comm Govt)	RAN	Remote Area Nurse
EBM	Executive Board Meeting	RCEG	Regional Community Engagement Group
eGFR3	Research Study on Renal Health	RDH	Royal Darwin Hospital
ESR	Enhanced Syphilis Response program	SB4SF	Strong Beginnings for Strong Families
FBM	Full Board Meeting	SEWB	Social & Emotional Well Being
Fed DoH	Commonwealth Department of Health	SHBBV	Sexual Health and Blood Borne Viruses
GP	General Practitioner	SMP	Service Maintenance Program
HCC	Health Centre Coordinator	STI	Sexually Transmitted Infections
HCH	Health Care Homes	SU - SEWB	Substance Use - Social and Emotional Well Being
Hearing 4 Life	Research project on Hearing and Ear Health	TIS	Tackling Indigenous Smoking
HRM	Human Resources Manager	TA	Travel Allowance
ISO	International Standards Organisation	WH&S	Workplace Health and Safety
IAHP	Indigenous Australians Health Program	WWC	Working With Children (authentication for staff and Directors to have contact with children)
IAS	Indigenous Advancement Strategy		
ITC-SS	Integrated Team Care – Supplementary Services program to support people with Chronic Diseases		
KDH	Katherine District Hospital		
KPIs	Key Performance Indicators		
KWHBAC	Katherine West Health Board Aboriginal Corporation		



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.

Our Logo

The boomerang represents sickness.

The shield represents the Health Centres.

The shield stands protective against sickness as one.

The name of Jirntangku Miyrtta **"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

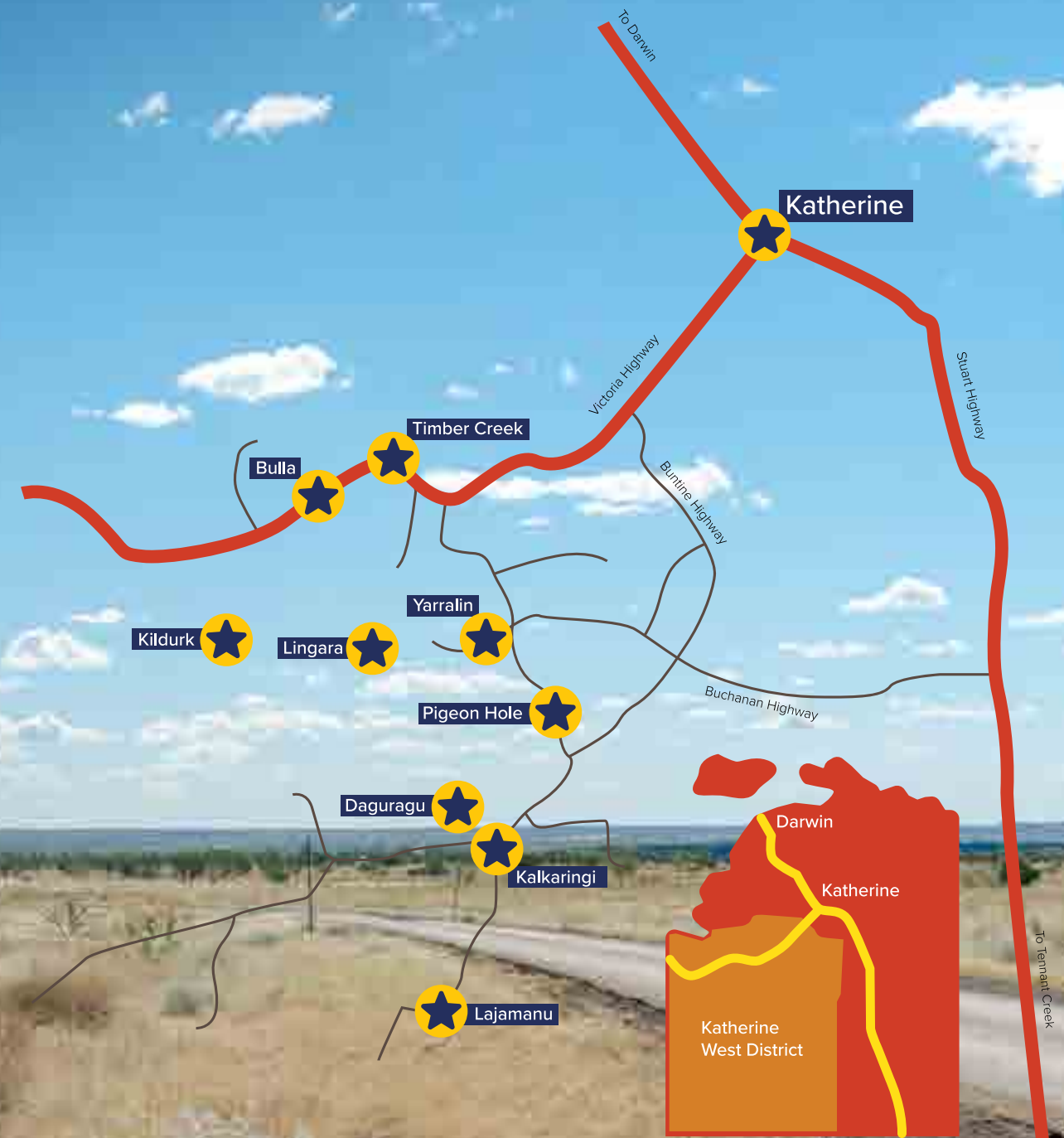
'Jirntangku Miyrtta: One Shield for all...'

- » All people of the region have long, healthy and happy lives.
- » Excellent health services under community control.
- » All people working together to care for our health.

Our 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 further south.

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



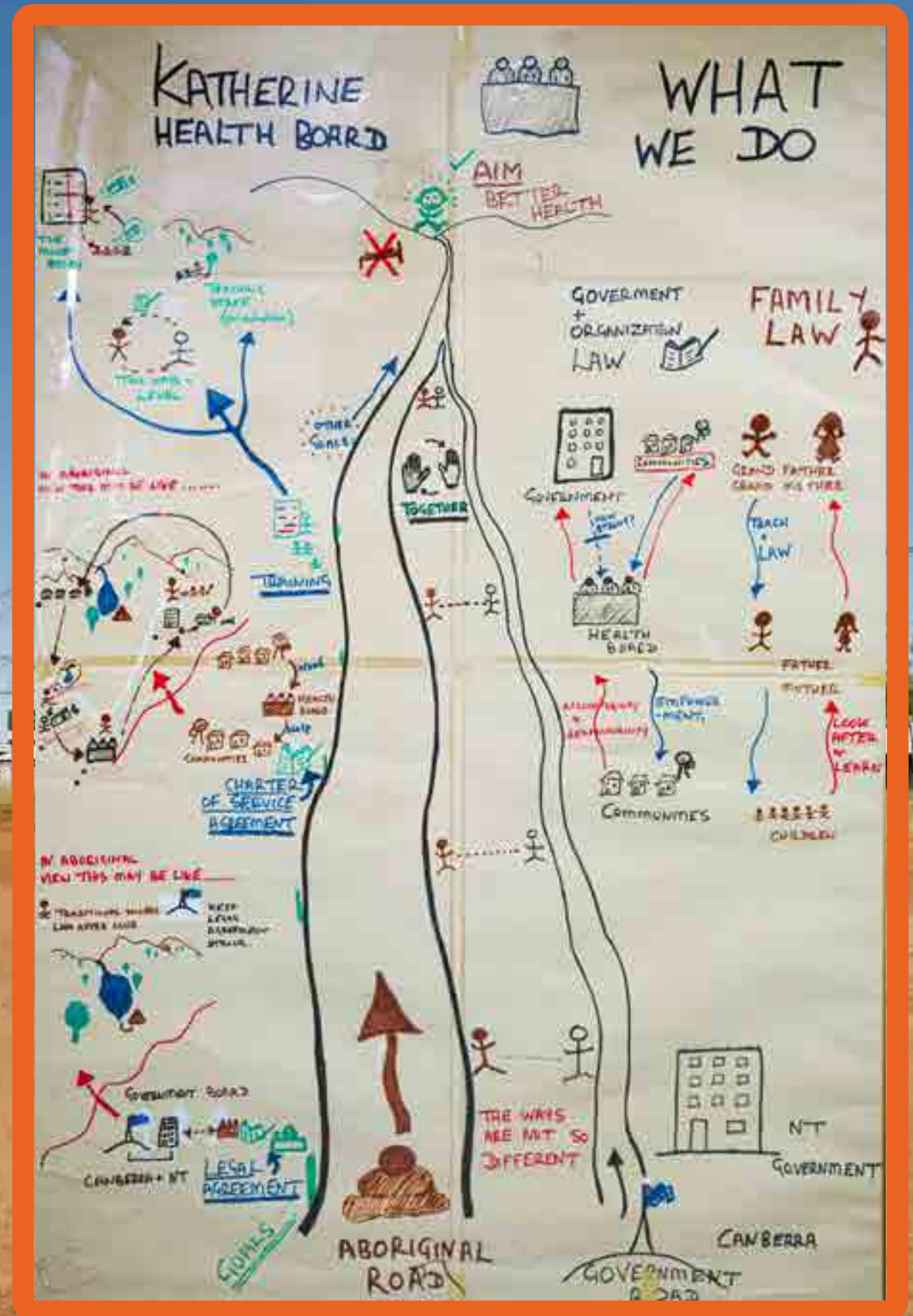
KWHB is an Aboriginal community controlled health organisation, governed by our Directors who are elected by our members.

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 13 Directors, who are elected by KWHB members from our region.

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



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

Katherine West Health Board has a 13 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.



Organisational Structure

CEO

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

Director Medical Services

- Timber Creek GP 0.8
- Kalkaringi GP 1.0
- Yarralin GP 0.5
- Lajamanu GP 1.5
- Child Health Coordinator
- Child Health Coordinator
- Maternal and Womens Health Coordinator
- Midwife
- Care Plan/SONT Coordinator
- Pharmacist 0.5

Manager Population Health

- AOD Coordinator
- Health Promotion Coordinator
- SEWB Support Worker
- Mental Health Nurse
- Mental Health Nurse
- SEWB Support Worker
- Health Programs Coordinator
- Health Programs Quality Coordinator
- Health Promotion Officer
- Health Promotion Officer
- Graphic Designer
- 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
- Primary Health Care Systems Coordinator
- Synergy Research Project Coordinator
- Diabetic Foot Program Health Promotion Coordinator
- PHC Operations Coordinator
- Project Officer - Strong Spirit through Art and Culture

Manager Public Health

- Chronic Disease Care Coordinator
- AHP Chronic Disease Care Coordinator
- Diabetes Educator
- Medicare/Communicare Officer
- Nutritionist
- Dietitian
- Exercise Physiologist
- Quality Coordinator
- Physiotherapist
- 2 x COVID-19 Vaccinators

Manager Primary Health Care

Yarralin/Lingara CHC

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

Timber Creek/Bulla/Kildurk CHC

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

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 0.5
- NDIS Remote Community 0.5 Connector

Kalkaringi/Pigeon Hole CHC

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

Director Community Engagement

- (CHC Admin staff, see PH column) in green
- Health Centre Cleaners
- NDIS Remote Community Connectors
- Wellbeing Engagement Workers
- Community Based Workers

Director Corporate Governance

- Senior Finance Officer
- Finance Officer
- Manager People Culture Safety
- HR Training Coordinator
- HR Officer
- Health Operations Support Officer
- Assets Coordinator
- Assets and Property Maintenance Officer





Roslyn Frith
Chairperson

Chairperson's Report



On behalf of the Directors of Katherine West Health Board, I'd like to welcome you to our Annual Report for the year covering 1 July 2020 – 30 June 2021.

I would like to start by thanking all of my fellow Directors for their guidance and strategic direction over the year. We have seen another excellent year of governance and leadership, which sees us in a strong position to work towards our vision of all people in our region having long and happy lives.

It is very important to note the strength of our community relationship which is central to our success. Working hand-in-hand with our communities is how we move forward, and each year we see this two-way partnership get stronger. Thank you to all of our communities for walking with us and supporting us on this journey.

I would also like to say a big thank you to our staff at Katherine West, who have worked long hours all year providing health care services to our mob in the bush. This was another hard year for everyone as the COVID-19 virus got more deadly and started to spread more quickly between people all over the world. This had a big impact on our staff, as many of them could not travel to see family, and I would like to take

this opportunity to thank everyone for their ongoing commitment and hard work in difficult times.

At the AGM we commemorated two big milestones with Charlie Newry and Jocelyn Victor celebrating 10 years each as KWHB Board Directors. Thank you to Randal and JV for your long time leadership working to improve health and wellbeing for our people out bush. We also took the opportunity to say goodbye and good luck to former Board Director and Aboriginal Health Practitioner Brian Pedwell. BP has been a big part of growing KWHB and has helped drive us to where we are today, and we are very grateful for him sharing his expertise and passion with us for over 20 years. We wish him luck as he leads the Victoria Daly Regional Council to a successful future as the Mayor.

The Board has continued to keep a close eye on our income and expenditure throughout the year, and are proud to deliver another well performing audit for the financial year. Our robust governance was assessed against the ISO 9001:2016 standard and passed with good feedback. Our processes will be further strengthened in the next financial year as we look to introduce a new online quality management and incident reporting system.

"It is very important to note the strength of our community relationship which is central to our success. Working hand-in-hand with our communities is how we move forward, and each year we see this two-way partnership get stronger." - Roslyn Frith

The COVID-19 travel restrictions prevented the mid-year RACGP accreditation from taking place, but we remain accredited until November 2021 and are working with RACGP to maintain our accreditation until a time when auditors can safely travel to visit our health centres.

This year we took some steps forward learning about good governance. We worked with Ambrose Solutions to create a Good Governance Guide booklet and video training package which helps strengthen our Board's understanding of governance. The videos are broken down into different areas of governance and explain what can happen if those areas of governance are not checked properly. The Good Governance Guide is now supporting our Board to make strong decisions, and ask hard and important questions of our management team. It is also going to support our future Board Directors to learn their roles and responsibilities on the KWHB Board.

The Board has also been working with Ambrose Solutions to develop a new Strategic Plan which will outline the future direction of KWHB and our goals

to improve health outcomes in our region. The new Strategic Plan will be further developed over the rest of the year, and I look forward to releasing it at the 2021 Annual General Meeting.

This year we have seen the rollout of the COVID-19 immunisation to help protect our communities from COVID-19 sickness. We have been very lucky in the Northern Territory and all of our remote communities in staying safe from COVID-19 in 2020-2021, but we know it is now time to prepare for the sickness coming to our communities. Our COVID-19 management team worked to negotiate vaccines for our mob all year, and started immunising people in the Katherine West region from April 2021. This was hard because of the long distances the vaccines needed to travel, and the high demand for COVID-19 vaccines in other towns and communities.

We saw a COVID-19 outbreak this year in the Tanami Mine near Lajamanu, which showed how quickly and easily the virus can get into our communities.



The KWHB staff have been working hard to yarn to all our mob about any worries they might have about the vaccine, and supporting them with all the information to make the right decision for themselves and their communities. Many of our mob have now chosen to get the immunisation.

The Board strongly supports initiatives to help our mob learn more about health and support them to make decisions to improve their wellbeing. It has been a busy year for our health promotions and program staff visiting communities and yarning about healthy food, exercise and activities to keep everyone safe and strong. We've loved seeing the trachoma trailer visiting all of the Katherine West communities to help KWHB children learn about Clean Faces, Strong Eyes. Life Education NT continues to provide excellent and engaging education activities to help our young ones learn about healthy lifestyles.

This year, the Deadly Choices program was introduced to the Katherine West communities and the shirts for annual health check ups are running off the shelves. It is great to see this program being so well supported by our community members, and our Board loves seeing the deadly shirts out and about in our communities.

Our health programs and services continue to expand and improve to better suit the needs of our clients. I am proud to lead an organisation that recognises health is big picture, and has specialised programs and staff visiting our communities for all the different areas that affect our health.

It takes many people to run our community health centres and health programs, and to make sure our mob get excellent health care that is culturally safe. We are so grateful to all of our staff – doctors, AHPs, nurses, social workers, visiting specialists, local staff, social and emotional wellbeing mob, support workers, office workers, drivers, cleaners – you all are a big part of the reason KWHB stands strong and proud, and we are very grateful for what you do for our mob every day.

"Thank you again to everyone, including our staff and Board Directors, who have contributed to keeping our organisation strong and forward moving this year. Although it has been a hard year, there have been many great stories of success and this Annual Report truly shows the positive direction we are moving in." - Roslyn Frith





Roslyn Frith
Chairperson
Kalkaringi



Jocelyn Victor
Vice Chairperson
Pigeon Hole



Dione Kelly
Executive Director
Lajamanu



Charlie Newry
Board Director
Yarralin



Jonathon Dixon
Board Director
Lajamanu



Caroline Jones
Executive Director
Timber Creek



Valerie Patterson
Executive Director
Lajamanu



Debra Victor
Board Director
Kalkaringi



Roy Harrington
Board Director
Timber Creek



Noleen Campbell
Board Director
Yarralin



Sandra Campbell
Executive Director
Yarralin

Board of Directors

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

Katherine West Health Board has a 13 member Board of Directors.

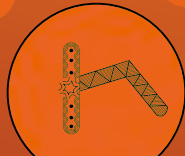
Our Board decides and oversees the strategic direction of the organisation, ensuring the highest standards of good governance are upheld to keep KWHB strong in the health sector.



Joyce Herbert
Board Director
Lajamanu



Joseph Archie
Board Director
Bulla



Board of Directors

The Directors present this report on Katherine West Health Board Aboriginal Corporation ("the Corporation") for the financial year ended 30 June 2021.

The names of the directors throughout 2020/2021 and up to the date of this report are as follows:

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 VC 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
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
Joseph Archie	Board Director	Bulla	AGM 14/11/2019
Roy Harrington	Board Director	Timber Creek	AGM 14/11/2019
Joyce Herbert	Board Director	Lajamanu	Re-Appointed at AGM 14/11/2019. Resigned 23/6/21
Veronica Leering	Board Director	Kildurk	Appointed at AGM 14/11/2019. Resigned - 17/2/21



Board Meetings were held in Katherine and Darwin throughout 2020-2021.

Title	Date	Attendance
Full Board Meeting	12/8/20	11
Executive Board Meeting	23/9/20	6
Executive Board Meeting	21/10/20	5
Full Board Meeting	11/11/20	11
Annual General Meeting	12/11/20	25 members present (11 of which were Directors)
Executive Board Meeting	17/2/21	5
Executive Board Meeting	17/3/21	4
Full Board Meeting	13/5/21	11
Executive Board Meeting	24/6/21	4

Member Name	Meetings Attended
Roslyn Frith	9
Jocelyn Victor	7
Sandra Campbell	9
Valerie Patterson	6
Dione Kelly	7
Caroline Jones	6
Jonathon Dixon	4
Debra Victor	4
Charlie Newry	3
Noleen Campbell	4
Joseph Archie	4
Roy Harrington	3
Joyce Herbert	2 *resigned June 2021
Veronica Leering	0 *ineligible February 2021

Title	Number of meetings throughout the year
Full Board Meeting	3
Executive Board Meeting	5
Primary Health Care Governance Meeting	6
Management Review Committee	4
Annual General Meeting	1
Safety Team Meeting	0
Finance Committee	5





Simon Cooney
CEO

CEO's Report

In any year, our achievements are driven by the strength of our Board and the remarkable resilience and versatility of our staff. In a year where we battled the relentless challenges of a pandemic, staffing shortages and one of the most difficult vaccine rollouts in history, it is abundantly clear the role a strong Board and dedicated workforce plays in our success.

I would like to start by thanking our Board for their leadership, support and guidance over this last year. We continue to deliver quality primary health care that is culturally safe and tailored to the needs of our mob in the bush because we have you making strong decisions and keeping what is important at the forefront. This year you also went the extra mile to keep our health service strong with your contribution and commitment to future-proofing good governance.

Every day, over our vast 160,000km² footprint, we have dedicated staff providing quality primary health care services to our clients in the bush. This year, COVID-19 lockdowns made it difficult to get relief staff into our region, and our health professionals worked harder and longer to fill in the gaps. I can't thank you all enough for your commitment to the health and wellbeing of our communities, and your unwavering resilience through these testing times.

This year saw some exciting new developments in the governance space, with our Board collaborating with Ambrose Solutions to develop the KWHB Governance Guide, a suite of informative resources that break down the different aspects of governance and show what good governance looks like. We now have videos, booklets and interactive materials that can be used to support decision-making today and to train and support our Board Directors into the future.



Our Board is also the driving force behind our new Strategic Plan which is due for release later in the year. The plan outlines our vision and goals and maps out a journey over the next five years to realise them. Our senior managers will come together at the start of 2022 to develop an annual operational plan based on the Strategic Plan, which will give us a firm blueprint for what we need to deliver throughout the year.

This year, we were delighted to re-open the Lajamanu Community Health Centre after its restoration from the 2020 fire damage. Many people were involved in bringing the Community Health Centre back to life – and it's fantastic to see it back in action. I'd like to thank all of the staff involved in the logistics of equipping the clinic for service delivery.

It would be impossible to live through this year without mentioning the impact COVID-19 has had on us all. It was a year where many things happened – Australian eradication, hotel quarantine mishaps, the emergence of a dangerous and contagious variant, mystery cases, lockdowns, staff shortages, vaccine development and rollout, media wars, misinformation and hesitancy. All year we have been working to keep our mob safe from COVID-19, and to raise awareness about how vaccines can protect our communities from this deadly virus.

Our strong working relationships with the Australian and Northern Territory Governments ensured we were able to overcome significant logistical challenges and commence the rollout of COVID-19 vaccines in April. Due to the change in vaccine recommendations, we were only able to rollout to the over 50s in the initial stages. We were fortunately able to acquire Pfizer mid-year, which saw a good uptake throughout our region. However, like many other health care organisations, we soon encountered vaccine hesitancy and the spread of misinformation through social media. I'd like to thank our Board Directors and staff for the many conversations they have had, and sharing information about their personal choice to get the vaccine, which has greatly supported our mob to make an informed decision.

We know it's not a matter of if COVID-19 comes to our communities – it's when. We are doing everything in our power to keep our mob safe but the reality is that our future is one where COVID-19 is a part of our lives. For now, our focus is keeping COVID-19 out of our region and raising awareness about how the vaccine can protect our communities from the tragedies we have seen across the world.





Despite the constant uncertainties on the frontline, the high standard of clinical care delivered across our region this year was exceptional. Quality primary health care can only be achieved with quality health professionals, and you all must be congratulated for another outstanding year of health care provision.

We are accredited against the ISO 9001 standard of Quality Management as part of our commitment to quality improvement and safety in health care provision. I am pleased to report we passed our annual check with good feedback in May.

A solid amount of preparatory work was undertaken in advance of our expected RACGP accreditation site visit

in June. Unfortunately, the COVID-19 lockdown in New South Wales prevented this from taking place. We are working closely with RACGP to gain an extension and remain accredited until a site visit can be safely undertaken.

In the next financial year, we will engage an independent consultant to undertake a child safety review with view to seek accreditation against the National Principles for Child Safe Organisations. This is an important step forward for our organisation to put robust systems and processes in place to ensure our services are safe and accessible for children and young people.

This year saw a vast amount of operational progress as we implemented a suite of digital solutions to improve efficiencies across the organisation. The development and implementation of new systems takes extensive planning, consultation and administration – and we had three or four on the go at any one time, so I'd like to thank all of the staff who juggled the workload and made it happen. In the financial year, we:

- » Developed and launched a modern Wordpress website with a mobile-first interface
- » Transitioned over to the AMSED training platform, updating and migrating all of our training modules
- » Trialled and implemented Expense Manager, business expense software to improve finance and payment efficiencies
- » Commenced planning and project management to develop a Sharepoint online intranet and document filing system



- » Commenced planning and trialling of the Employment Hero HR software to digitise timesheets, leave and induction administration
- » Commenced research and planning to implement a Quality Management Platform to digitise audit checks, risk management and work health and safety reporting.

We are also working with Emerge ITS to deliver a faster and more robust IT network with ICT connectivity upgrades across our four major Community Health Centres.



I'd like to shout out to all of our staff who have worked on some fantastic resources to improve health literacy throughout the year. I am always hearing terrific feedback about the videos, posters, music and social media posts we have developed for our communities. In previous years, when you looked for health information that was accessible and relevant to remote Aboriginal communities, there was little available. I am proud to see our team trailblazing in this space, using local people, stories and voices to deliver health information that really means something to our mob. The development of these resources is led by our Health Promotions team, and the resources receive input from subject matter experts and cultural literacy staff from across the organisation – they're a true credit to the outstanding teamwork that happens behind the scenes. Thank you to everyone and keep up the great work.

This year, I am pleased once more to report strong financial performance, a clean audit and meticulous compliance with our funding agreements. We continue on our journey with ongoing incremental growth, expanding our services and delivering high quality programs suited to our clients' needs. We are also highly active in monitoring the funding that comes into our space, and identifying the most appropriate ways to strengthen our organisation and improve our service delivery to improve health outcomes for our mob in the bush.



"Thank you again to everyone working around the clock this year to deliver quality, safe and efficient health care. Your teamwork, commitment and dedication to keeping our clients safe, informed and empowered was central to our success."

Tough times really bring out the best in people - and it was fantastic to see and hear many great stories about our leaders and staff going above and beyond for our mob in the bush. I look forward to continuing our journey together into 2021-2022." - Sinon Cooney





Sean Heffernan

Director Corporate Governance

Corporate Governance Domain

Assets

Stable staffing, sound responsive and proactive leadership.

This domain is performing well especially in responding and supporting our staff in the remote health centres where we have had variable circumstances, pressures, and challenges due to the impact of COVID-19.

Our Asset register has also been updated and is now contemporaneous in meeting financial standards and insurance obligations.

Contracts, Purchasing, Leases

We have seen some improvement in our management and organisational oversight of our contracts, purchasing governance and maintaining up to date leases.

This is evidence by better documentation of this domain with a future planned improvement via the implementation of Sharepoint.



Finance

KWHB has transitioned successfully and largely seamlessly to a new Senior Finance leadership model which has meant we have brought this function within our internal operations. We are expecting that our 2020-2021 finance audit will reflect the success of this move.

There has been a solid performance in the finance domain at KWHB with excellent and accurate management of all our accounts. This positions us well to move forward with confidence in any new initiative or expansion. We are also heading towards better online finance functioning with the recent implementation of Expense Manager, an online purchasing tool.

IT/Telstra

KWHB has some limitations in being able to ensure this is a competitive environment for suppliers of goods and services. We are able to obtain most of the up to date efficiencies that Telstra has to offer and we work very closely with our IT provider, eMerge IT Solutions to ensure we have an optimal environment for online communication and maintaining excellent patient information systems.



People Culture Safety

We have had some challenges in identifying and maintaining effective leadership of this incredibly important HR function at KWHB over the past 12 years, but we have learnt a lot about what we believe is required and have interrogated ways of finding better approaches to this challenge. People are our most important asset in terms of our community clients and staff. KWHB leadership settled on the goal of recruiting an excellent communicator and organisational leader to this important role because of the centrality and significance of promoting respectful and professional communication both, in the workplace and externally. We have been able to recruit well to this area and hope to build an effective team around the leadership model.



PHC Operational/Administrative Support

This domain operated effectively for the most part over this 12-month period. With feedback from our staff working remotely and PHC leadership we acknowledge the need to support them more proactively, in a timelier manner. To this end, early in the next financial year, we will look at the alignment and core duties of staff in this area to find better ways to offer this administrative support.

Policy

All Corporate policies have been reviewed and amended where necessary in the past 12 months. They have also been endorsed by the CEO and Board of Directors for day to day use at KWHB.

Secretariat - KWHB Governance

All reporting and compliance with the Registrar of ORIC is well maintained and up to date with our elected Board operating well and effectively with the applicable CATSI Act, Commonwealth legislation.





Medical Services Report

General Practitioners

This year we were again presented with staffing challenges in the face of the COVID-19 pandemic, with sudden hotspot declarations and quarantine requirements cancelling or delaying the visits of locum and regular GPs to our Community Health Centres.

We successfully negotiated these challenges, in no small part due to a wonderful response from our regular GPs ensuring almost full coverage across our region for the year. I would like to take this opportunity to thank our regular GPs, AHPs and nurses who ensured smooth transitions, orientations and ongoing support to our locum and regular GPs.

We continued to have GP meetings throughout the year to collaborate and share important information about our practices, organisation and region. We also have open lines of communication and regular meetings to

discuss clinical matters and ensure peer professional development.

Sadly, we were not able to secure any GP registrars in 2020-21 but we are committed to providing a supportive workplace to train GPs in remote Aboriginal health care and continue to keep our accreditation up-to-date.

Our regular GPs in 2020-21 were:

- » Dr Andrew Boyden at Timber Creek
- » Dr Susan Clarke at Lajamanu
- » Dr Karen Fuller at Kalkaringi and Pigeon Hole
- » Dr Bruce Hocking at Timber Creek and Yarralin
- » Dr Ann Parker at Lajamanu
- » Dr John Purton at Kalkaringi and Pigeon Hole

Specialist Visits

We continue to work towards ensuring that all specialist visits to our remote health centres are relevant to our clients' needs, culturally safe and that those visiting work to develop strong working relationships with our staff. Dr Richard Budd and Dr Sunaina Parsons, who are both Respiratory Physicians and General Medicine Physicians at Katherine Hospital are greatly supporting our clients' continuity of care when our clients have to attend Katherine Hospital. Dr Budd and Dr Parsons assist with clinical enquiries and are easily contactable by our primary health care staff.

Unfortunately, the Ophthalmologist and Ear Nose and Throat visits were cancelled and one Cardiology visit and one Paediatric visit were also cancelled due to COVID-19 travel restrictions. We were however fortunate in being able to provide one other Cardiology and several other Paediatric visits. The Renal and Obstetrician-Gynaecological specialists visits were able to proceed to our region as planned .



A great advantage to having our permanent office in Darwin, is our ability to train visiting specialists from Darwin, or those travelling through, to use the Communicare client information system before their visit. This ensures that they are knowledgeable in our systems prior to seeing patients, ensuring maximum use of their time in a client centred capacity in our remote health centres.



Health Promotions

The health promotions team is pivotal to all of our efforts to improve knowledge and health awareness in our region. The team does an incredible job engaging our whole community, including the regular school visits with Life Education NT, and close collaboration with our Diabetes Educator, Nutritionist and Dietician to make a real impact in our communities. They have left



no stone unturned in ways to promote the importance of the COVID-19 immunisation rollout, including social media, videos, holding messages, pull up banners, posters and community cook ups.

They are always coming up with creative new ways to get community members talking about health and how lifestyle choices can influence long-term health.



KWHB Health Centres

Over this financial year, I managed to undertake direct clinical work in Timber Creek and Yarralin Community Health Centres but sadly was unable to visit our other centres due to the COVID-19 travel restrictions.

I am always grateful for this work as it gives me a clear idea of how we are working out in the bush. It gives me a better understanding of our client needs and helps me continue to build strong working relationships with our staff.

Partner Health Organisation Collaboration

I continue to maintain regular contact with our partner health organisations, including local Aboriginal Health Organisations Wurli Wurlinjang and Sunrise Aboriginal Health Service and the Royal Darwin and Katherine Hospitals. A strong working relationship with our health care partners ensures stronger advocacy and continuity of care for all of our clients.

Telehealth

Telehealth has proven to be a valuable asset to our service again in 2021, with ongoing COVID-19 travel restrictions preventing specialists and GPs from physically attending our Community Health Centres. We now have a regular roster of offsite GPs taking calls when there are GP shortages in our clinics. Continuity of care is also improved by offsite GPs sitting in on specialist visits via the Telehealth service.

Chronic Disease

The Health Care Homes program concluded at the end of June and we eagerly await to see what the results of that initiative may be, and the differences in funding that may eventuate for Katherine West Health Board. In remote communities we are working mostly with clients from culturally and linguistic diverse backgrounds, and the current funding model does not adequately account for communication difficulties.

Our GPs continue to complete chart reviews and care plans off site to improve patient health outcomes and to ensure appropriate funding.

Heidi Faulkner as the Care plan/SONT Coordinator has offered considerable support in developing the General Medicine, Cardiology and Renal specialist lists, while simultaneously assisting the offsite GPs with the development and renewal of care plans.



Maternity Health

Our Maternity and Women's Health team support the delivery of health care and information to our clients to improve prenatal and antenatal child and maternity health outcomes.

Our GPs and midwives continue to work closely with Katherine and Royal Darwin Hospitals, holding regular maternity case conferences to ensure continuity of care to our clients.

Judy Burke is well respected across our region as the Women's and Maternal Health Coordinator and provides exceptional coordination of women's and maternal health services throughout the year. In the last quarter, we were fortunate to employ two midwives to assist Judy and support the delivery of maternity and antenatal health care in our region.

Child Health

Improving child health outcomes is crucial to improving long term health and morbidity outcomes.

We work closely with the paediatricians from Darwin, with Dr Nick Fancourt looking after our clients from Timber Creek and Yarralin Health Centres and Dr Angela Titmus looking after Kalkaringi and Lajamanu Health Centres. They always make themselves available to assist our staff with paediatric enquiries.

Sue Gill has been a fantastic Child Health Coordinator over the past 12 months, and we are now beginning to employ part time paediatric nurses in our health centres to support our child health program.

Allied Health

Allied health staff reinforce the strength of our primary health care service by providing enhanced support and education to our clients.

Our allied health team has gone from strength to strength in recent years. We have built up a solid base of long-term staff regularly visiting our remote communities and building positive working relationships with our clients and stakeholders.

We have a Dietician, Diabetes Educator, Exercise Physiologist, Physiotherapist, Social Workers, Mental Health Nurse, Art Therapy Project, Sexual Health team, Health Promotions team and Alcohol and Other Drugs Coordinator supporting the delivery of holistic health and wellbeing education in our region.



ISO and RACGP Accreditation

All four major KWHB Community Health Centres are accredited with the Royal Australian College of General Practitioners (RACGP). The accreditation was extended to November 2021 owing to COVID-19 travel restrictions suspending RACGP visits in 2020 and 2021.

KWHB passed the annual ISO-9001 Quality Management Systems review in April 2021. This is a credit to all of our staff who work to ensure we maintain a strong and robust service committed to safety and quality health care provision.



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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CERTIFICATE OF ACCREDITATION

Lajamanu Health Centre

Lot 446

LAJAMANU NT 0852

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

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

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

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

Dr Tony Andrew
Advisory Board Chairperson
Quality Practice Accreditation Pty Ltd

Dr Paul Mara
Program Director
Quality Practice Accreditation Pty Ltd



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CERTIFICATE OF ACCREDITATION

Timber Creek Health Centre

Lot 93 Wilson Street

TIMBER CREEK NT 0852

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

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

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

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

Dr Tony Andrew
Advisory Board Chairperson
Quality Practice Accreditation Pty Ltd

Dr Paul Mara
Program Director
Quality Practice Accreditation Pty Ltd



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CERTIFICATE OF ACCREDITATION

Yarralin Health Centre

Lot 53

YARRALIN NT 0852

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

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

Certificate Number: QPA20-7336

Certified Date: 1 November 2017

Issue Date: 1 November 2017

Expiry Date: 15 December 2020

Dr Tony Andrew
Advisory Board Chairperson
Quality Practice Accreditation Pty Ltd

Dr Paul Mara
Program Director
Quality Practice Accreditation Pty Ltd



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David Lines
Director Community
Engagement

Community Engagement Report

We have seen a number of community engagement activities disrupted this year due to sudden COVID-19 lockdowns and travel restrictions. It has been a challenging time for our staff and community members navigating the new normal. I would like to say a big thank you to all past and present staff over the last year for your resilience and hard work in a changing and challenging work environment.

Cultural Leadership Advisory Group (CLAG) to Cultural and Health Literacy Resource Review (CaHLRR)

In March 2021, we launched an important process to ensure that KWHB resources are culturally appropriate, understandable and relevant to our audiences with the transition from the Cultural Leadership Advisory Group (CLAG) to the Cultural and Health Literacy Resource Review (CaHLRR).

CaHLRR provides support and guidance to our staff to develop culturally appropriate and evidence-based health promotion resources. The CaHLRR review

process is fluid, meaning that resources can be reviewed as they are developed instead of waiting for a meeting to take place. This continuous flow of materials means that meetings are no longer required, and resources can be approved within 7-30 days depending on their level of priority.

An important part of the process is that all materials will be developed through the essential collaboration of Aboriginal staff, community-based staff and health promotion officers. This will strengthen the cultural safety and relevance of our health promotion resources by putting the staff who are strongly connected to our communities and their health at the heart of their development.

The CaHLRR process includes the oversight of the Manager of Public Health and Health Promotions Coordinator, and the final review and approval of them by myself and Lynette Johns, our Cultural Liaison Officer before resources are published and distributed to the Katherine West communities.

Health Promotion

Health Promotion is an essential part of community engagement, as we liaise closely with schools, councils, family and children centres, Safe Houses and Community Development Programs to raise awareness about health and wellbeing, and how lifestyle choices can impact our health.

Some of the key health promotion materials developed this year include:

- » Grog in Pregnancy videos outlining why it's important to stay grog free while pregnant and breastfeeding, and how men can support their partners to stay grog free during pregnancy.
- » Anaemia videos explaining what 'weak blood' is and how it affects us at different stages of our life, treatment available and how we can eat better for strong blood.
- » Community-developed sexual health songs with Lajamanu men and Muso Magic.
- » Community-developed rebrand of the Tackling Indigenous Smoking and Strong Beginnings for Strong Families programs.
- » Re-development of Strong Beginnings for Strong Families Learning to Communicate booklets to support new families to grow up strong babies and children.
- » Car wraps with program artwork, including social and emotional wellbeing murals, Tackling Indigenous smoking artwork and Strong Beginnings for Strong Families logo.
- » COVID-19 immunisation resources, including regular social media posts about the importance of immunisation, community posters, pull-up banners and a video about how vaccinations work.
- » Reviewing LoveBites resources with Lajamanu elders to ensure cultural appropriateness and incorporate Warlpiri language.

Some of the key health promotion activities delivered this year include:

- » Deadly Choices Fit program in Kalkaringi, reaching 350 people.
- » Celebration of smoke free stores with strong blood cook ups in Yarralin and Nitjpurru.
- » Nutritionist and dietician delivering anaemia education to community groups.



- » Delivery of the Safe4Kids program to teach children about bodily autonomy and how to protect themselves as well as empowering communities to keep children safe.
- » Trachoma education about the Six Steps to Stop Germs delivered through the new interactive water trailer.
- » Life Education NT continued their excellent health promotion activities in schools and over school holiday periods, covering social and emotional wellbeing, tobacco, alcohol and other drugs, women's health and trachoma.
- » Mental Health First Aid courses delivered to community members and stakeholders to assist with improving knowledge and response around social and emotional wellbeing concerns.
- » Cook ups with a range of community groups to further develop the Good Food for Strong Blood cookbook, expected to be finalised by the end of the year.



We have also delivered key activities and resources for staff to assist with raising awareness about health, including:

- » Anaemia staff training videos
- » Mental Health First Aid training
- » Health Promotion Body Systems Workshop

Thank you to our Health Promotions team, programs staff and local staff who have supported our health promotions activities throughout the region in 2020-21. We've seen excellent engagement in all of our communities as we strive to improve health outcomes for all of our people.

Health Promotion Body Systems Workshop

We brought together key Aboriginal staff from our communities with our Health Promotions team for a three day Body Systems Workshop in July 2020 to explore new ways of developing resources to improve the health literacy around complex body systems for our people in communities.

This was an excellent workshop which paved the way for the development of health promotion resources, and raised awareness around specific health issues affecting our communities.



Cultural Orientation

Cultural safety for our staff and community members is central to the way we deliver health services in our region. Cultural orientations prepare all of our new full-time, part-time and casual staff for the unique cultural way of life in Katherine West Communities. They are essential for introducing staff to our region, preparing them for communicating with our clients and to help them address any misunderstandings that may occur

Staff are required to complete a series of different orientation components as part of their cultural induction: introductory videos, face-to-face orientation, online training module and access to a suite of cultural information on the intranet.

The Cultural Orientation training module was updated in this financial year and has now transitioned to the new Aboriginal Medical Services Education platform (AMSED). The Cultural Leadership Officer leads the face-to-face KWHB cultural orientation which provides an excellent opportunity for asking questions and considering ways to incorporate cultural safety into practice.

This year has seen another busy year with our Cultural Leadership Officer providing Katherine West specific cultural orientation to 63 new staff compared to 43 from the previous year.

National Disability Insurance Scheme (NDIS) Remote Community Connector Program

We have seen the introduction of the NDIS Remote Community Connector Program in 2020. Community connectors were recruited in the second half of 2020 after the COVID-19 biosecurity zones were lifted. There are now part time Community Connectors based in the Kalkaringi, Lajamanu, Yarralin and Timber Creek Health Centres.

The role of the Community Connectors is to work with NDIS staff and Local Area Coordinators to identify Aboriginal and Torres Strait Islander participants and families that are eligible for the scheme and explore and support access through the pathway process.

Two full day training sessions were provided to Community Connectors on 28 July 2020 and 20 April 2021.



Hearing for Learning Initiative Community Based Ear Health Facilitator Program

The Ear Health Facilitator Program commenced through Kalkaringi Health Centre in February 2021.

The primary aim of the initiative is to reduce ear disease and hearing loss amongst Aboriginal children in the Northern Territory to help children with their language development, and to learn well at school. The Ear Health Facilitator will check the ears of all children regularly and test the hearing of school age children annually. Where hearing problems are identified in children, they will be referred to a health professional at the Health Centre.

A local community reference group identified community members that would be suitable to

undertake ear health training. The training was delivered by Menzies School of Health Research trainers in the community. A part time Ear Health Facilitator was recruited to the program through a selection process, and now works from Kalkaringi Health Centre.

The Ear Health Facilitator Program model of training and employment has now been extended to Lajamanu Community. A community reference group was established in March 2021, trainees were identified, and Ear Health Facilitator training commenced in Lajamanu in May 2021.



COVID-19 Safety Plan Community Engagement

I travelled with the Chief Executive Officer and Manager of Public Health in 2020 to discuss the COVID-19 safety plan with key stakeholders from 7-10 September. The community consultations, supported by NT Police and Top End Health Service, were to help our communities understand what will be put in place if there is a COVID-19 outbreak in one of our communities.



COVID-19 Immunisation Community Engagement

In March 2021, the Manager of Public Health and myself travelled to our communities to discuss the COVID-19 immunisation and answer questions and concerns.

The rollout has faced some challenges, owing to changes in health advice, eligibility, vaccination supply, difficulty recruiting vaccinators due to COVID-19 travel restrictions, misinformation on social media

and other factors. Despite this, our staff have worked hard to spread the message on how the COVID-19 immunisation can protect people, their families and their communities.

Our community engagement has been well supported by Board Directors, community members and staff who have chosen to get the immunisation and share a photo of themselves on our social media pages.



Community Consultations

Community consultation provides me with an excellent opportunity to speak directly with our people in communities about their health service and how they think it could be improved. It drives change to continually improve the services that we deliver, and puts cultural safety at the heart of our health service. It also gives me the opportunity to talk about how Katherine West Health Board is governed, and encourage membership and voting at elections.

I undertook community consultations in Timber Creek in April 2021 and Yarralin in May 2021.



There were plans for further consultations in Kalkaringi and Nitjpurru which were cancelled due to COVID-19 travel restrictions. I look forward to rescheduling these visits prior to the elections in 2022.

Board Director Elections

We will be undertaking a Katherine West Health Board Membership drive coming into our 2022 full Board Director election, where we will look to trial new ways to encourage community members to get involved with the governance of our organisation – through becoming a member, voting and standing for election.



"As always, I look forward to engaging closely with our communities as we work together to improve health outcomes for all people in the Katherine West region." - David Lines





David McGuinness
Manager of Public Health

Covid-19 Response Report

As expected, it's been a busy year for public health with the COVID-19 pandemic and response in full swing.

In July 2020, the biosecurity restrictions were removed, allowing freedom of movement in and out of our communities. We also had to consider how to manage the opening of interstate borders, and plan how we would respond to a potential positive COVID-19 outbreak in the Katherine West region.

The KWHB team travelled to our communities with the CEO, Director of Community Engagement, Manager Public Health, Police and NT Health in September to discuss our plans for managing a COVID-19 outbreak in our communities.

Testing

The GeneXpert machines on-site have provided point-of-care testing for COVID-19 throughout the year. These machines are able to give a highly accurate result within an hour of testing.

Staff have been testing any person presenting to the health centre with respiratory symptoms, in addition to testing those who had recently arrived from or transited through a declared COVID-19 hotspot.

Interstate hotspots were frequently declared with backdating, which meant that residents returning from interstate and passing travellers required testing after they had arrived in the community. Having these machines in community have helped keep everybody safe and eliminated the need for specific isolation facilities while people await test results.



Staffing

The COVID-19 pandemic has created significant staffing challenges due to sudden interstate border closures throughout the year. Staff from hotspots, which included Victoria and parts of New South Wales for a large part of the financial year, were required to undertake 14 days of mandatory quarantine in the Howard Springs facility.

The uncertainty and speed with which borders could close affected our ability to recruit health professionals and interrupted returning staff and specialist visits to the region.

The opening of interstate borders also meant we had to then consider how we could best protect our communities while ensuring our staff could travel interstate for personal and recreational leave.

As an organisation, we took extra precautions to keep our communities safe. We mandated that all staff arriving from interstate had to return a negative COVID-19 test before returning physically to the office. No staff could commence their journey into the Katherine West region without a negative COVID-19 swab.

The COVID-19 vaccination became available for front line health workers in March, and staff were encouraged to get vaccinated early to protect our communities.

The commencement of the community vaccination program also meant that we needed to use our permanent staff as nurse vaccinators, taking them away from their regular work. In the later half of 2021, we were able to secure funding from NACCHO to hire two additional vaccinators who have now commenced this important role.



Tanami Mine Outbreak

We were fortunate over the 2020-21 year not to have a positive COVID-19 case in our communities.

However, we had a close call with the Tanami Mine outbreak which caused the 5-day Greater Darwin lockdown in June. The Tanami Mine is located just 325km south-west of Lajamanu.

The outbreak placed 700 employees on-site, and a further 900 contacts who were interstate, into mandatory isolation. The outbreak also resulted in a

3-day lockdown in Alice Springs due to an infected worker transiting through the airport. There were two casual contact in Lajamanu who had been in the mine during the period in question; they had to return to the mine for a 14 day quarantine period.

We saw an uptake in COVID-19 immunisations after the Tanami Mine outbreak, as community members started to see the reality and ease with which COVID-19 could enter our communities.



Vaccination

The KWHB CEO, Director of Community Engagement and myself travelled to the communities in April to hold community information sessions about the COVID-19 immunisations. At that point, we were expected to roll out the Astra Zeneca vaccine to all community members aged 18 years and over the following week.

Before we commenced our immunisation program, the Australian Technical Advisory Group on Immunisations (ATAGI) recommended the Pfizer (Comirnaty) vaccine for all people aged under 50 years, owing to safety concerns with Astra Zeneca around clotting with those aged under 50.

This meant the advice that we had given in our community information sessions did not align with ATAGI's new recommendation. We had to abruptly change our rollout and communications strategy to address this change and suspected this created some initial vaccine hesitancy in our communities.

There were some logistical challenges with the rollout of vaccines owing to the cold chain process and travelling times permitted for Astra Zeneca and Pfizer.

The distribution of Pfizer to all people aged 16 years and over in our communities commenced in June 2021. Due to the TGA regulations, we were not able to advertise the distribution of the vaccine by its name. As we were able to vaccinate more community members, the distribution of Pfizer to our health centres coincided with larger promotional campaigns about the importance of immunisation in protecting our communities.



As the vaccine rollout continued, we noted a spread of misinformation about COVID-19 and vaccines being distributed through social media platforms. We have been working to demonstrate the safety of vaccines, which has been supported by the promotion of community members receiving their vaccination and displaying photos on our Facebook page and the walls of health centres. KWHB Board Directors have supported the rollout of the immunisation by sharing photos of themselves getting their COVID-19 immunisation.

The rollout of the COVID-19 immunisations has impacted our seasonal influenza immunisation program as it means three vaccinations which need to be separated for those eligible. We focused our campaign on COVID-19 immunisations due to the severe impact it will likely have on vulnerable people, which has seen a decrease in flu vaccinations in 2021.



"The vaccination rollout has been an ongoing challenge, but I would like to thank all of our staff for pitching in to keep up the progress through these difficult times." - David McGuinness

Looking forward, we will continue to encourage people in our communities to get their COVID-19 immunisations and find creative ways to encourage two-way conversations about the vaccine to counter misinformation. We know it is no longer a matter

of if but a matter of when COVID-19 arrives in the Katherine West region – and immunisation offers our communities the best chance of protection.



10 Years with KWHB!!

Charlie Newry and Jocelyn Victor Celebrate 10 years as KWHB Board Directors



Charlie Newry and Jocelyn Victor celebrated 10 year milestones as KWHB Board Directors at the 2020 Annual General Meeting.

Charlie (Randal) is a Board Director from Yarralin community, providing essential advice and input into the governance of our organisation. He has also been known to bring Christmas cheer to the KWHB communities as Santa Claus. His daughter, Jenny works for KWHB as a social and emotional wellbeing support worker, travelling the region with the mental health team, Healthy Harold and the trachoma trailer.

"Congratulations on celebrating 10 years of service with us, Charlie!"



JV is a Board Director from Nitjpurru community, and is passionate about improving health and wellbeing for all people in the Katherine West region.

JV has served the organisation as an Executive Director and Vice Chairperson, one of the six Executive Directors attending regular meetings to make key decisions about the organisation's strategic direction and focus.

"Congratulations on your 10 year milestone with us, JV!"

Brian Pedwell (BP) Farewell

At the AGM, we all wished Brian Pedwell (BP) great success as he continues his great work in the role of Mayor at Victoria Daly Regional Council.

BP is from Yarralin community and has been a prominent member of the KWHB family as a Board Director and Aboriginal Health Practitioner. He is greatly respected and admired by his clients and colleagues alike, and we're incredibly grateful for his contribution to the health and wellbeing of all people in the Katherine West region.



"Thank you BP for all your years of hard work to in improving health outcomes at KWHB. We will miss you and wish you all the best for your future endeavours!"





Megan Green
Manager Population
Health

Population Health Report

The first year of the transition from KWHB Worry Nurse to Manager of Population Health has been a huge one and such a steep learning curve. Hope all can forgive the blunders and remain patient whilst I hopefully improve as time goes on.

Our KWHB team continues to grow not only professionally but in other ways also. This year has seen us welcome new babies into our extended KWHB family – with Martika Rockman, Marilla Appleby, Jennifer Silcock, Rebecca Cooney and Elisa Cottrill all welcoming new additions over the past year.

2021 quickly jumped on the back of 2020 as one of our most challenging years to date, with staffing challenges, quarantine restrictions, lockdowns and the added pressure of the COVID-19 vaccination rollout impacting our service delivery. I really cannot thank our staff enough for the hard work put in to ensure every client could be seen, whilst also adhering to the work and travel regulations to keep our mob safe from COVID-19. Your resilience and adaptability in the

face of ongoing adversity, often with the consequence of not being able to see your own families, has been second to none.



It is well known to anyone working in health care that staff retention and permanency has a significant impact on service delivery and relationships with clients. We work hard to minimise staff turnover and have made significant advances in this space. Although we continue to employ locums and short-term agency staff to fill gaps in our health centres, we can boast

that 54% of our staff have been working with us for two years or more which is a significant achievement.

As always, there are many people working behind the scenes who keep our organisation rolling along with an ongoing quality improvement focus of which we are now accustomed.

Our assets, HR, finance, administration and health operation teams continue to book vehicles, travel, cleaning, accommodation, tradespeople, specialists, agency nurses and that is only scratching the surface of the day-to-day administration happening in the Katherine and Darwin offices. Many of our staff are also working to ensure that KWHB practices remain contemporary and research focussed to ensure we remain up-to-date with current models of care.

It takes a big team with an immense range of skills to deliver exceptional health services to our remote communities, and everyone in our organisation continues to contribute in a huge way.

Out Bush

I'd like to shout out to all of our primary health care staff and local support staff who have worked tirelessly throughout the year to contribute to the provision of exceptional health care to our mob in the bush. We rely on staff rolling up their sleeves to get a job done whenever it is needed – often at short notice – and you all continue to go above and beyond to provide seamless care to our clients.

Our Aboriginal Health Practitioners, nurses and General Practitioners continue to lead the way in providing primary, preventative and emergency health care out in the bush. You're a true credit to our organisation and the health care profession, and we greatly appreciate the many hours you put in improving health outcomes for our clients.

Our AHPs, local staff and cultural liaison and support workers continue to be a significant strength in our workforce, providing essential cultural brokerage and two-way communication that maximises cultural safety in our health centres and beyond. Thank you for your continued hard work and generosity in sharing your valuable insight and knowledge with all of us.

Our Mobile Teams continue to travel far and wide across the region to provide specialised health service delivery to remote communities and outstations. Your dedication to our most remote and isolated clients is outstanding, and we are so appreciative of the work that you do.





Programs

Over the last year, we have seen the ongoing development of our specialised health and wellbeing programs as we work towards a holistic approach to improving health literacy and overall outcomes in our region.

We were successful in securing a full time Mental Health Nurse, an additional Sexual Health Nurse and a Local Research Coordinator (Synergy Project) who provide essential and specialised support to our primary health care teams.

We commenced the implementation of the Safe Families and Safe Communities program with the employment of a social worker who works directly with our clients, families and stakeholders to prevent and respond to domestic and family violence in our region. This program has also supported the delivery of the Safe4Kids program, which teaches children to understand body safety and learn valuable strategies to protect themselves.

We have seen ongoing development with our Strong Beginnings for Strong Families program, with the employment of an additional social worker and SB4SF nurse to work with new families to provide information and support around growing healthy babies. This program builds on the exceptional work

of the Womens and Maternal Health team, who work directly with maternal health clients to ensure a healthy and supported pregnancy and early start to life for Katherine West babies and their mums.

Our health promotion team continues to deliver a creative array of resources for our clients in addition to running engaging activities and events throughout the region. We have seen strong engagement in all of our communities for the Good Food for Strong Blood anaemia cook ups, of which the cookbook will be ready to roll out at the end of 2021. Our dietitian, nutritionist and Diabetes educator have also provided excellent feedback and input into this project and it's always fantastic to see our specialist program staff working closely together to create excellent resources for our communities.

The KWHB health literacy program continues to ensure a wide range of culturally appropriate and relevant resources are available to our clinicians and our communities. We have worked with external agencies and our own graphic designer to produce some deadly videos, songs, posters and social media. A special mention to Nikita Newry must be given – Nikita has been involved in the production of many of our localised resources and her title of “The Voice and Face of Katherine West” is well deserved.



KWHB continue to partner with Life Education NT to deliver health education through schools, with a strong focus on tobacco reduction as the Tackling Indigenous Smoking program realigns to a population health approach. We have seen a number of shops, cars and homes go smoke free over this past year, and it's great to see so many community members empowered and supported to make the choice to reduce their tobacco use.

This year has also seen the addition of the Trachoma Trailer, which has interactive water games to help teach children about the importance of Clean Faces, Strong Eyes. I would like to thank the University of Melbourne, Monash University, Rotary Clubs, INPEX and Ventia for their support in bringing this excellent health promotion tool to life. It is always an absolute highlight as a health promotion activity in our communities.

We have also built a solid working relationship with Deadly Choices, which has seen an uptake in annual



health checks and educational activities in schools. The Deadly Choices shirts have been a big hit in the Katherine West region, encouraging conversations and raising awareness about getting health checks.

We have also been working with Remote Laundries to help support the initial implementation of a permanent laundry in Yarralin. Our Executive Board visited the Remote Laundry in Darwin in June 2021 and we are continuing to look at ways in which we can help evaluate the effectiveness of the Remote Laundry in Yarralin which we hope will see potential expansion to our other communities.

The use of video conferencing technology has allowed for excellent continuity of care throughout the COVID-19 pandemic. We continue to build strong working relationships with stakeholders and specialists to ensure our clients can always access the services they need.

Emerging Health Issues

One major emerging issue in the KWHB region is the prevalence of type 2 diabetes in young people. We are strategising around raising the profile of this important issue and will be focusing increased health promotions delivery around diabetes and diabetes in pregnancy. Our health promotions team has been working closely with our Diabetes Educator and clinicians to develop culturally safe materials to raise awareness about choices that impact diabetes, and the importance of growing up strong babies and children.

We are undertaking considerable work to empower our communities and workforce to raise awareness about sexual health and remove the stigma and shame associated with sexual health. We understand that the sensitive nature of sexual health means that community buy-in and feedback is essential to success.



The enhanced syphilis response funding has enabled us to develop our sexual health workforce and programs on-the-ground to respond to the concerning trend of syphilis in our region.

In this financial year, we have entered an agreement with the University of Queensland to employ a local study coordinator who will engage with the community to ascertain how we can better raise awareness about sexual health, improve testing rates and reduce infection rates in our communities.



Governance

The Primary Health Care Governance meetings continue to be an excellent platform for encouraging two-way conversations between staff and managers around all aspects of our service. This is a core meeting for discussing the NT Aboriginal Health KPIs and data trends, as well as pharmaceutical challenges and developments.

The initial biannual face-to-face meetings have been a true highlight in the 2020-21 financial year, with the energetic addition of the RAW innovation team to help strengthen our internal mechanisms to better support our staff and use constructive feedback to continually improve our organisation. Through our engagement with the RAW innovation team, we have listened and taken on board staff feedback about ways to improve our induction, orientation and support mechanisms. This has seen the digitisation of our HR processes with

the adoption of the Employment Hero platform, and the transition of our online learning and onboarding to the AMSED platform. We have also seen the development of a modern website, gradual transition to the Sharepoint document management system and the delivery of a staff newsletter.

We passed our ISO 9001 review during 2021 with positive feedback, demonstrating that our robust mechanisms for ensuring a high quality standard of service for clients are operating as they should.

In this financial year, we have also made a significant commitment to the wellbeing of children and young people by procuring ChildWise to undertake an independent review of our structures, policies and procedures. We are striving to strengthen our internal mechanisms to safeguard all children and young people accessing our services.

In Summary

The year 2020-2021 has certainly had its ups and downs as life always does.

I continue to consider myself extremely privileged to work for such a progressive organisation and with such great bunch of people who remain committed to improving the health of our communities and providing the very best of services to our mob out bush.

"I'd like to thank our Chairperson, KWHB Board and CEO for their support and leadership throughout the year and am confident that the year 2021-2022 will be bigger and better than ever." - Megan Green





Primary Health Care Activity

Visiting Specialist 2020-2021



Specialty Type	Bulla		Bun-bidee		Kalkar-ingi		Kather-ine		Lajama-nu		Mialuni		Timber Ck		Yarralin		Total	
2021	DAYS	PTS	DAYS	PTS	DAYS	PTS	DAYS	PTS	DAYS	PTS	DAYS	PTS	DAYS	PTS	DAYS	PTS	DAYS	PTS
Allied Health Aide					4	44							5	8	15	54	24	106
Audiologist	4	16	4	19	17	95			10	64	1	4	6	18	6	28	48	244
Cardiac Educator																		
Cardiologist					1	3			2	30							3	33
Counsellor																		
Dental Therapist					1	7	1	3	5	9					2	9	9	28
Dentist					7	42							2	4	2	13	11	59
Diabetes Educator	4	7	3	3	59	219	112	516	22	89	1	2	20	102	19	81	240	1019
Dietitian	4	12	6	33	24	132	11	13	23	98	4	20	20	76	16	78	108	462
ENT Specialist					1	12			2	16							3	28
Exercise Physiologist	5	22	5	25	21	94	3	3	17	61	1	13	14	30	12	40	78	288
Obstetrician and Gynaecologist					2	14			2	17							4	31
Occupational Therapy																		
Ophthalmologist																		
Optometrist	2	13	3	14	13	95			9	70	1	1	4	29	5	76	37	298
Paediatrician					4	58			10	97			7	51	5	48	26	254
Pharmacist							1	1									1	1
Physiotherapist	6	14	3	11	36	125	2	2	36	83	5	9	26	58	30	62	144	364
Podiatrist	7	24	1	9	26	96			20	81	4	12	19	51	12	76	89	349
Renal Med Specialist					1	2											1	2
Respiratory Physician																		
Smoking Cessation Coordinator			1	6	2	5	1	1	3	9					2	19	9	40
Smoking Cessation Officer																		
Social Worker	3	5			26	28	125	182	17	41			11	13	16	22	198	291
Specialist Physician					1	51			4	51			4	31	3	13	12	146
Total	35	113	26	120	246	1122	256	721	182	816	16	61	138	471	145	619	1045	4043



Primary Health Care Data 2020-2021

NT Aboriginal Health Key Performance Indicators (KWHB) 2020-2021

AHKPI 1.1 - Episodes of Health Care and Client Contacts



36,317
Episodes of health care



50,687
Client Contacts



2,740
Resident client population

AHKPI 1.2.1 - First Antenatal Visit



42%
< 13 weeks

11%
< 20 weeks

7%
20+ weeks

AHKPI 1.3 - Birth Weight



0%
High

10%
Low

90%
Normal

AHKPI 1.4.1 - Fully Immunised Children



95%
6-11 months



91%
12-23 months



97%
24-71 months

AHKPI 1.4.2 - Timeliness of Immunisations



60%
Immunised on time

AHKPI 1.5 - Underweight Children



94%
Measured

3%
Underweight

AHKPI 1.6 - Anaemic Children



84%
Measured

46%
Anaemic at any examination

22%
Anaemic at last examination



95%
Clients with CHD on GPMP/ALT GPMP

97%

Clients with Diabetes & CHD on GPMP/ALT GPMP

96%

Clients with Diabetes on GPMP/ALT GPMP

Primary Health Care Data 2020-2021

NT Aboriginal Health Key Performance Indicators (KWHB) 2020-2021

AHKPI 1.8.1 - HbA1c Tests



92%
HbA1c Test

AHKPI 1.8.2 - HbA1c Measurements



30%

Clients with HbA1c ≤ 7% (≤ 53 mmol/mol)

16%

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

22%

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

32%

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

AHKPI 1.10 - Health Check



41%
Completed Health Check

28%
Completed ALT Health Check

AHKPI 1.12 - Cervical Screening



71%
Cervical Screening Recorded

29%
Cervical Screening Not Recorded

AHKPI 1.13 - Blood Pressure Control



89%

Blood Pressure Recorded

38%

Blood Pressure less than or equal to 130/80 mmHg

AHKPI 1.15 - Rheumatic Heart Disease

33%

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

28%

Clients with ARF/RHD receiving 80% prescribed BPG

38%

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



Primary Health Care Data 2020-2021

NT Aboriginal Health Key Performance Indicators (KWHB) 2020-2021

AHKPI 1.16 - Smoking Status Recorded



76%
Smoking Status
Recorded



56%
Smoker

33%
Non-Smoker

4%

Ex-Smoker less
than 12 Months

7%

Ex-Smoker greater
than or equal to
12 Months

AHKPI 1.17 - STI Test Recorded

50%

All STI Test
Recorded

63%

Chlamydia and
Gonorrhoea Test
Recorded



51%

HIV Test Recorded

61%

Syphilis Test
Recorded

AHKPI 1.18 - Cardiovascular Risk Assessment



54%
CVD Assessment
Recorded



54%
High

37%
Low

10%
Moderate

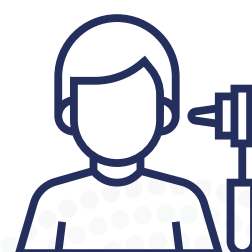
AHKPI 1.19 - Retinal Screening



35%
Retinal eye
exam

21%

Ear discharge at
any examination



8%

Ear discharge at
last examination

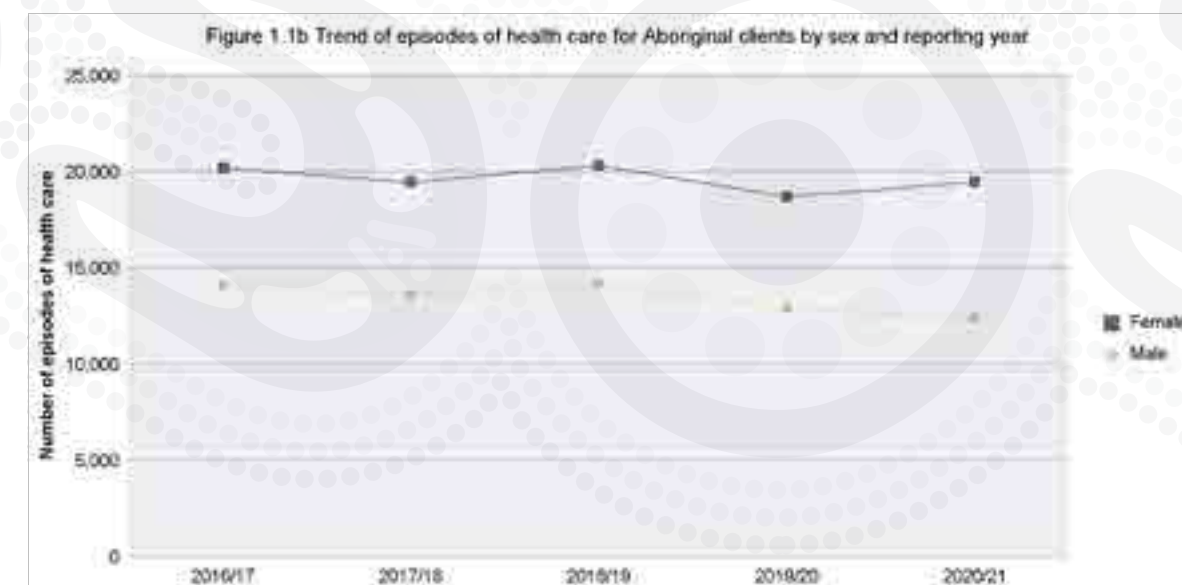
89%

Ear discharge test
recorded

Primary Health Care Trend Report 2020-2021

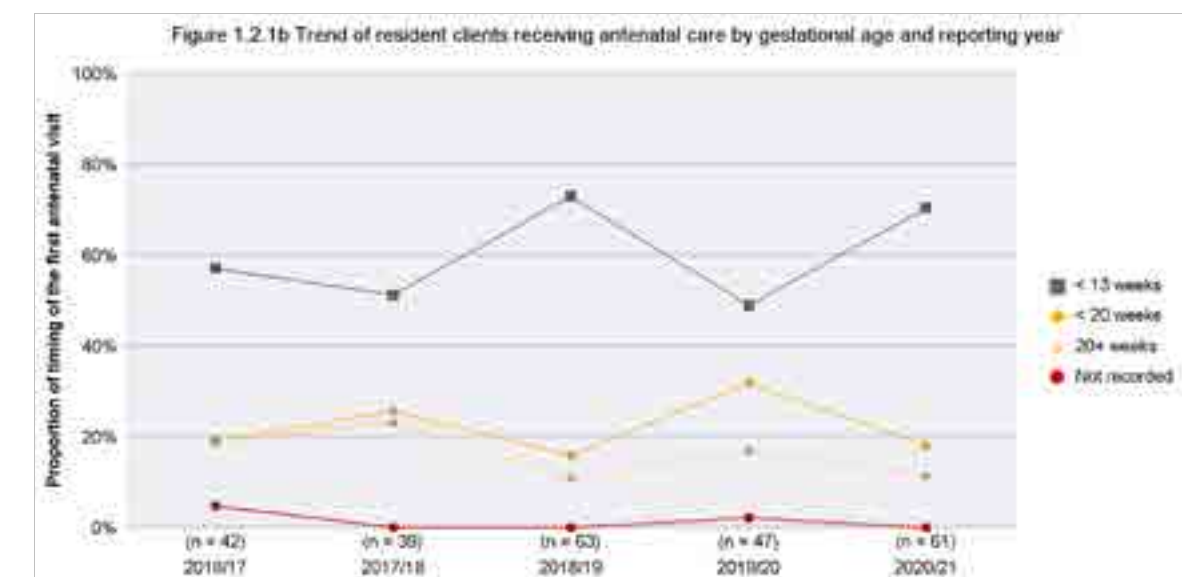
NT Aboriginal Health Key Performance Indicators (KWHB) 2020-2021

AHKPI 1.1 - Episodes of Health Care and Client Contacts



Reporting Year(s)	2016/17	2017/18	2018/19	2019/20	2020/21
Female	20,220	19,466	20,349	18,708	19,479
Male	14,138	13,607	14,219	12,927	12,402

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.

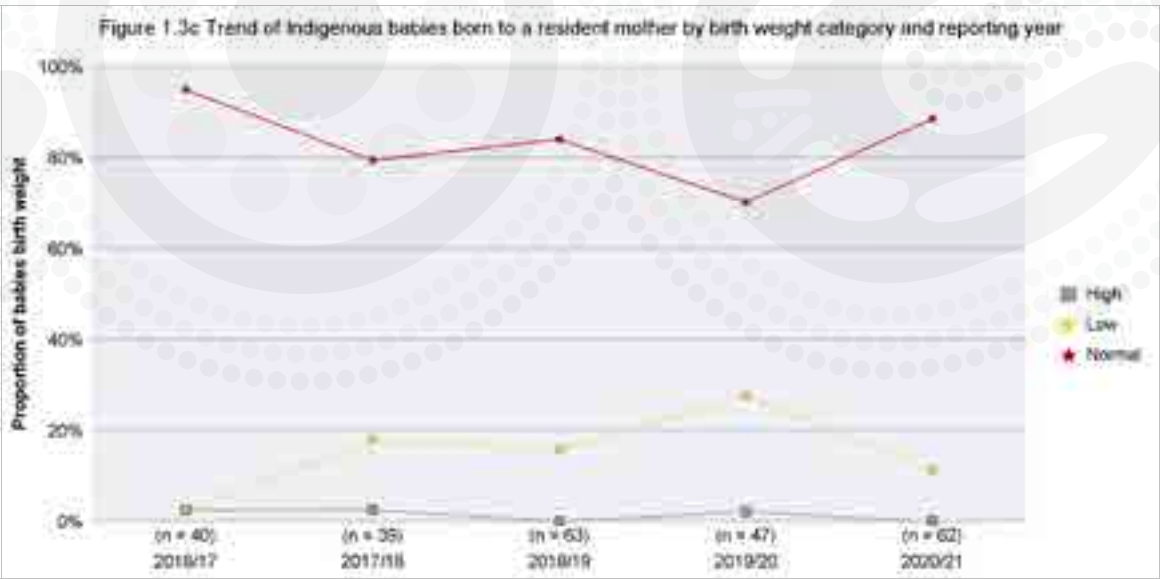
Reporting Year(s)	2016/17	2017/18	2018/19	2019/20	2020/21
Population (Denominator)	42	39	63	47	61
< 13 weeks	57%	51%	73%	49%	70%
< 20 weeks	19%	26%	16%	32%	18%
20+ weeks	19%	23%	11%	17%	11%
Not recorded	5%	0%	0%	2%	0%

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

Primary Health Care Trend Report 2020-2021

NT Aboriginal Health Key Performance Indicators (KWHB) 2020-2021

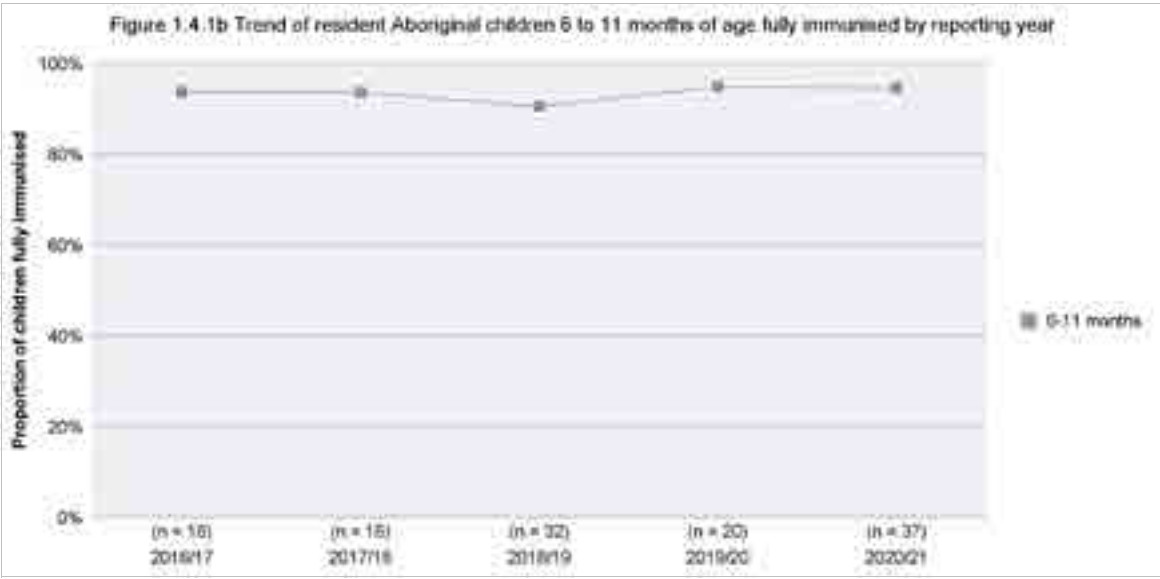
AHKPI 1.3 - Birth Weight



Reporting Year(s)	2016/17	2017/18	2018/19	2019/20	2020/21
Population (Denominator)	40	39	63	47	62
High	3%	3%	0%	2%	0%
Low	3%	18%	16%	28%	11%
Normal	95%	79%	84%	70%	89%

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



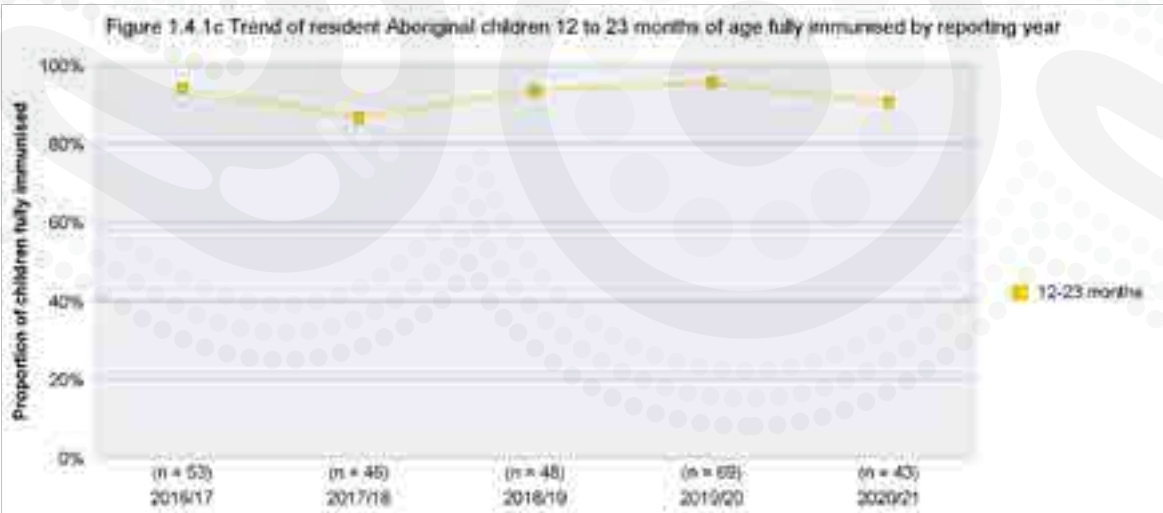
Reporting Year(s)	2016/17	2017/18	2018/19	2019/20	2020/21
Population (Denominator)	16	16	32	20	37
Fully immunised children at age : 6-11 months	94%	94%	91%	95%	95%

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

Primary Health Care Trend Report 2020-2021

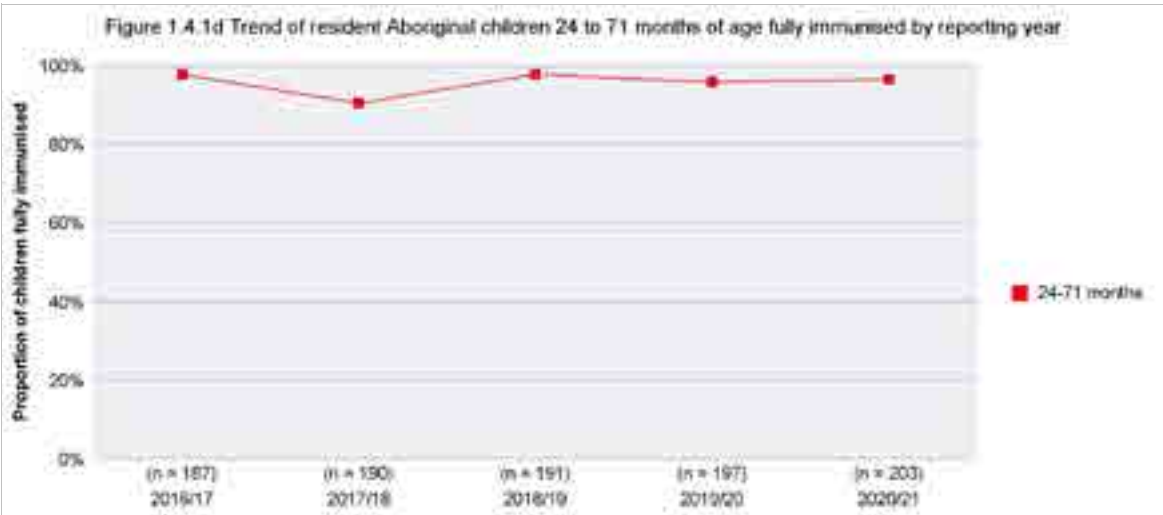
NT Aboriginal Health Key Performance Indicators (KWHB) 2020-2021

AHKPI 1.4.1 - Fully Immunised Children



Reporting Year(s)	2016/17	2017/18	2018/19	2019/20	2020/21
Population (Denominator)	53	46	48	69	43
Fully immunised children at age : 12-23 months	94%	87%	94%	96%	91%

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



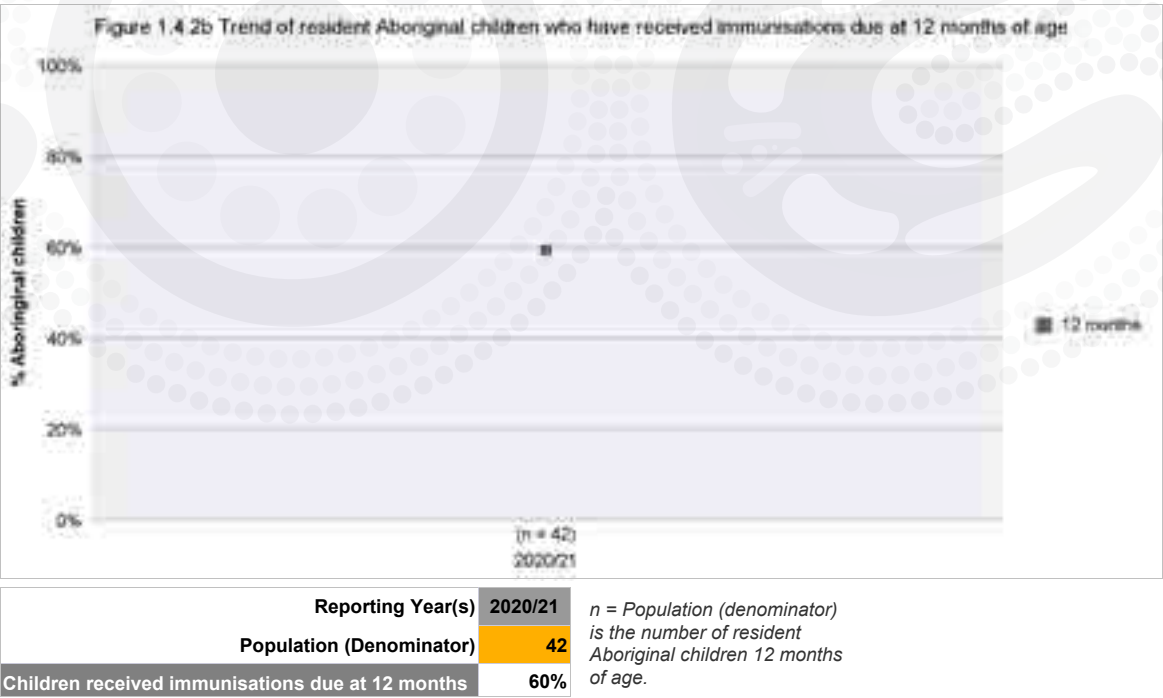
Reporting Year(s)	2016/17	2017/18	2018/19	2019/20	2020/21
Population (Denominator)	187	190	191	197	203
Fully immunised children at age : 24-71 months	98%	91%	98%	96%	97%

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

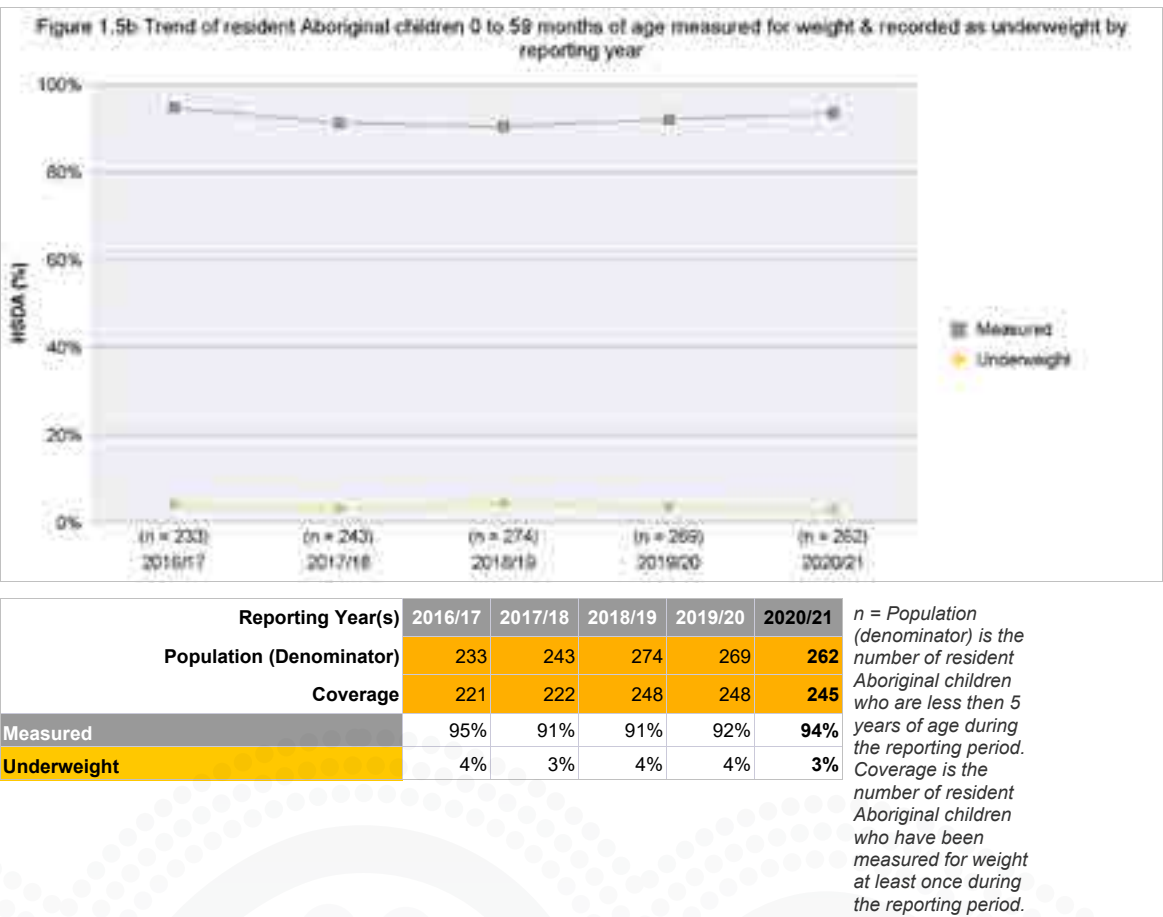


Primary Health Care Trend Report 2020-2021
NT Aboriginal Health Key Performance Indicators (KWHB) 2020-2021

AHKPI 1.4.2 - Timeliness of Immunisations

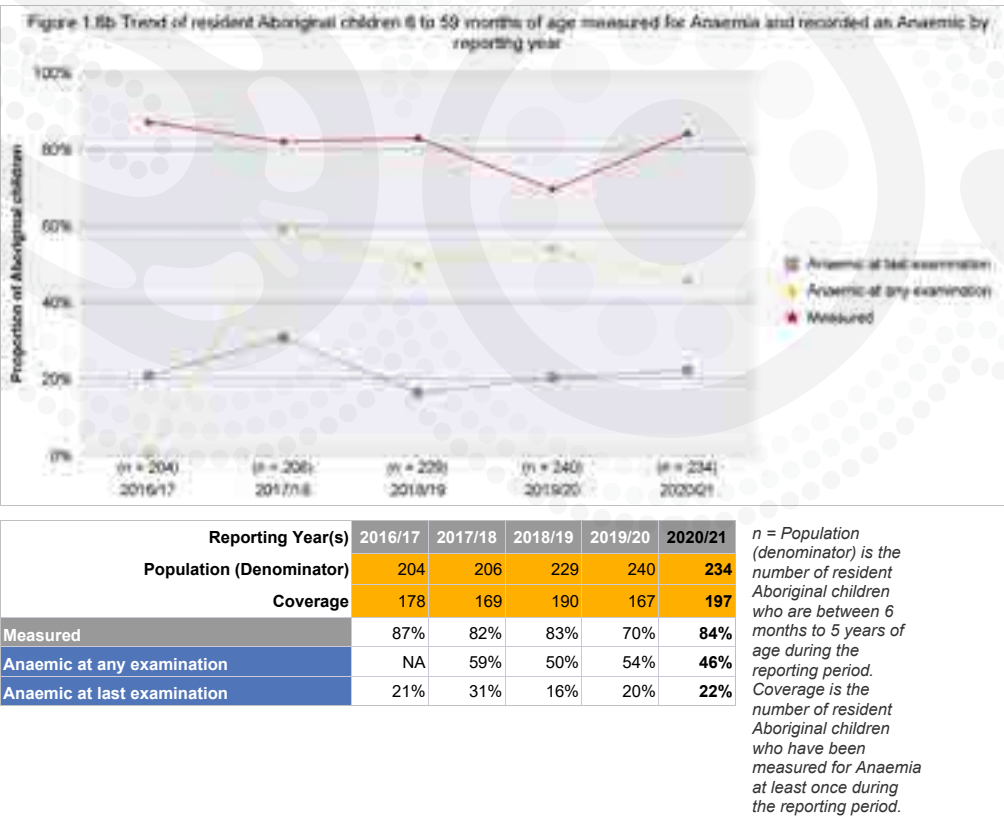


AHKPI 1.5 - Underweight Children

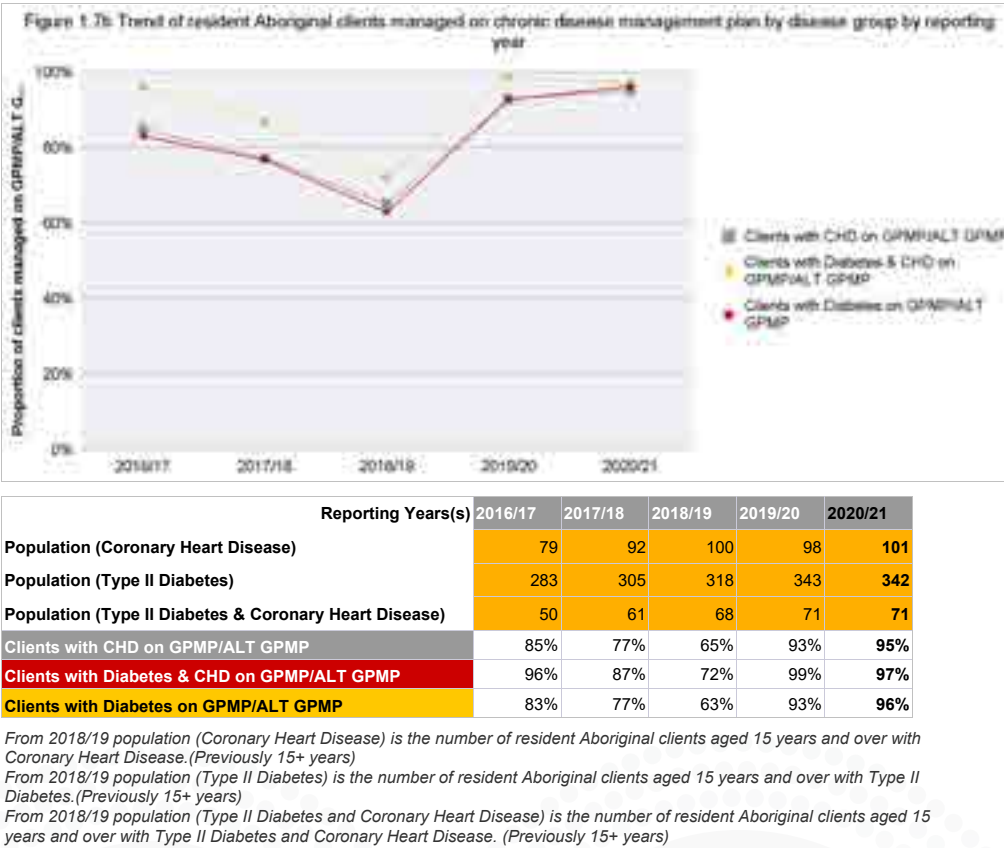


Primary Health Care Trend Report 2020-2021
NT Aboriginal Health Key Performance Indicators (KWHB) 2020-2021

AHKPI 1.6 - Anaemic Children



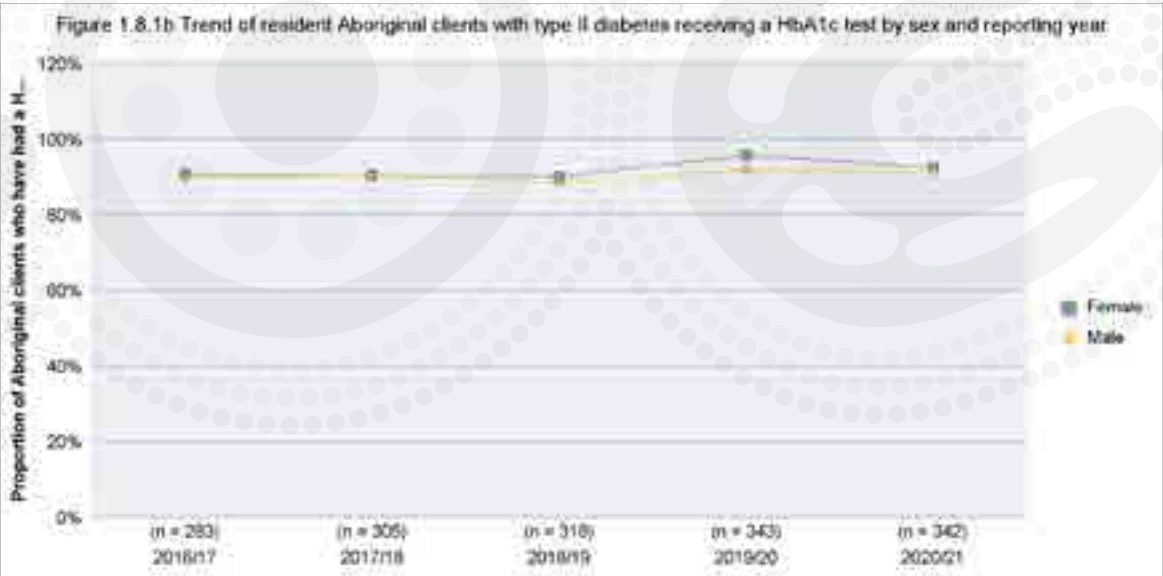
AHKPI 1.7 - Chronic Disease Management Plan



Primary Health Care Trend Report 2020-2021

NT Aboriginal Health Key Performance Indicators (KWHB) 2020-2021

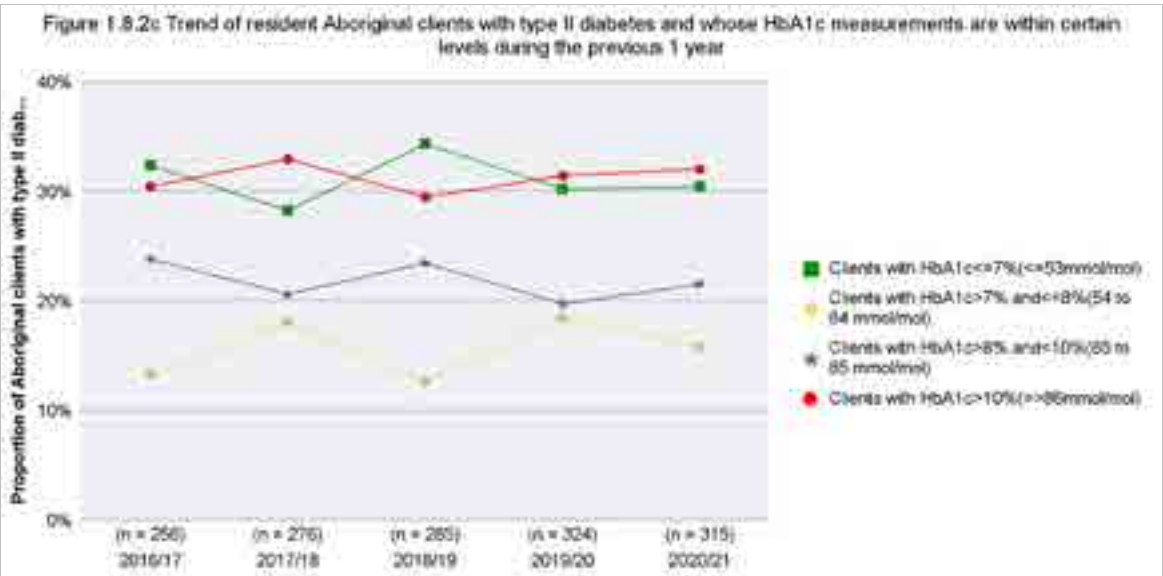
AHKPI 1.8.1 - HbA1c Tests



Reporting Year(s)	2016/17	2017/18	2018/19	2019/20	2020/21
Population (Denominator)	283	305	318	343	342
HbA1c Total Coverage	90%	90%	90%	94%	92%
Female	91%	90%	90%	96%	93%
Male	90%	91%	89%	92%	91%

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



Reporting Year(s)	2016/17	2017/18	2018/19	2019/20	2020/21
Population (Denominator)	256	276	285	324	315
Clients with HbA1c <= 7% (<= 53 mmol/mol)	32%	28%	34%	30%	30%
Clients with HbA1c > 7% and <= 8% (54 to 64 mmol/mol)	13%	18%	13%	19%	16%
Clients with HbA1c > 8% and < 10% (65 to 85 mmol/mol)	24%	21%	24%	20%	22%
Clients with HbA1c > 10% (>= 86 mmol/mol)	30%	33%	29%	31%	32%

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 2020-2021

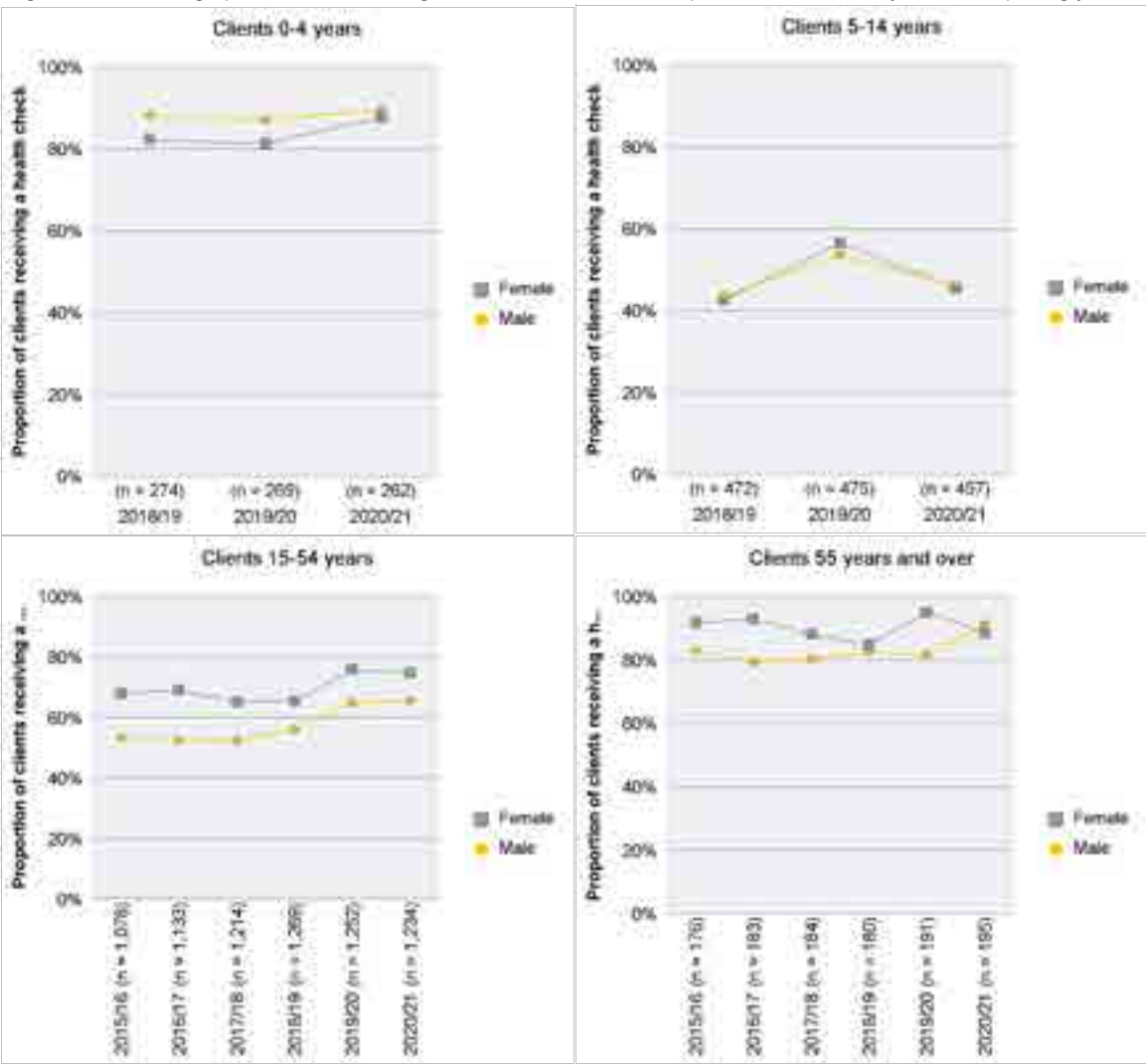
NT Aboriginal Health Key Performance Indicators (KWHB) 2020-2021

AHKPI 1.10 - Health Check

Katherine West Health Board HSDA - for period 01 July 2020 to 30 June 2021

AGE 15-54 -- Reporting Year(s)	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Population (Denominator)	1,078	1,133	1,214	1,269	1,252	1,234
Health Check Coverage Total	61%	61%	59%	61%	71%	70%
Female completed Health Check	68%	69%	65%	66%	76%	75%
Male completed Health Check	53%	53%	53%	56%	65%	66%
AGE 55+ -- Reporting Year(s)	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Population (Denominator)	176	183	184	180	191	195
Health Check Coverage Total	88%	87%	85%	84%	89%	90%
Female completed Health Check	92%	93%	88%	85%	95%	89%
Male completed Health Check	83%	80%	80%	83%	82%	91%

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

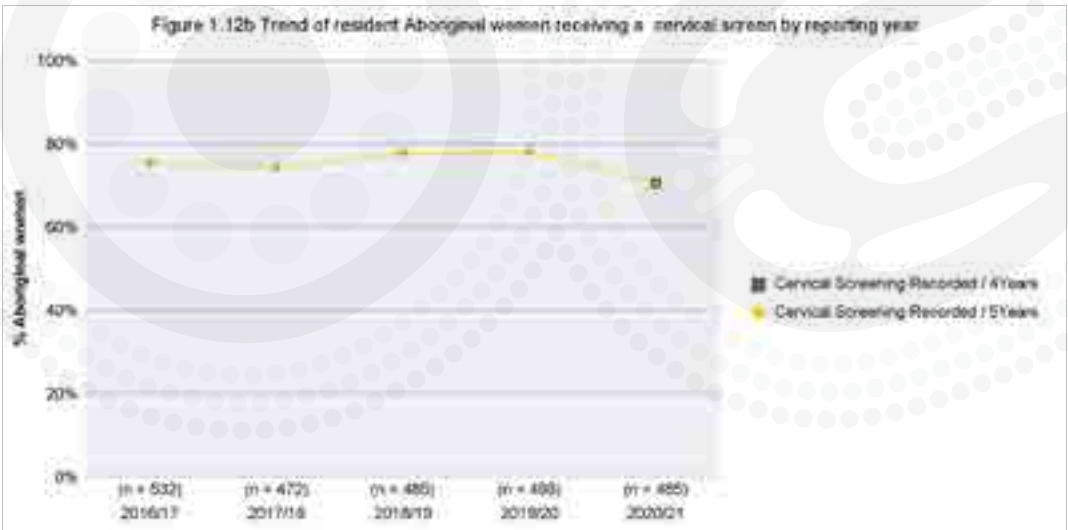


n = Population (denominator) in each of the tables/graphs above is the number of clients in each age group.

Primary Health Care Trend Report 2020-2021

NT Aboriginal Health Key Performance Indicators (KWHB) 2020-2021

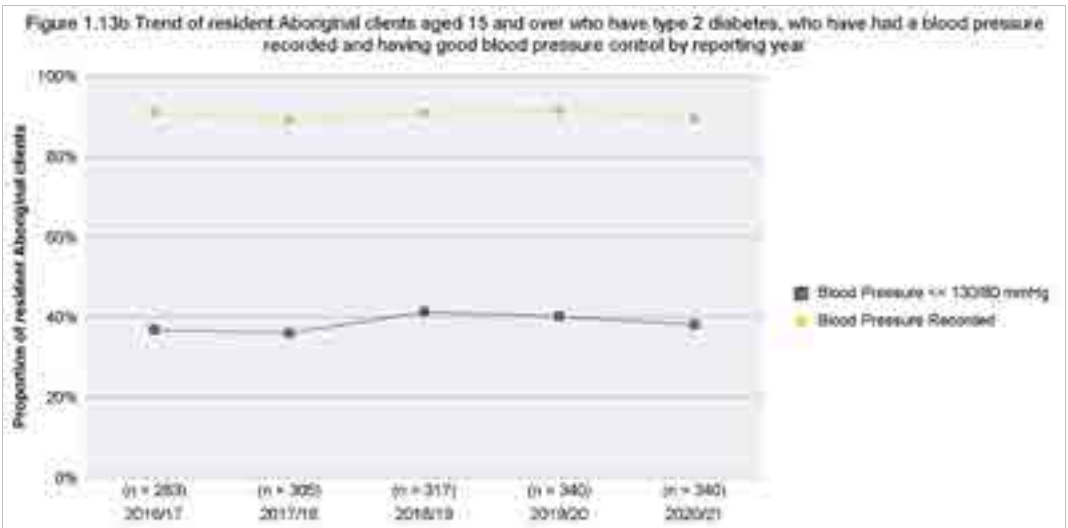
AHKPI 1.12 - Cervical Screening



Reporting Year(s)	2016/17	2017/18	2018/19	2019/20	2020/21
Population (Denominator)	532	472	485	498	485
Cervical Screening Recorded 4 Years	N/A	N/A	N/A	N/A	71%
Cervical Screening Recorded 5 Years	76%	74%	78%	78%	71%

n = Population (denominator) is the number of resident Aboriginal women who were aged 25 to 74 years inclusive. From 2020/21, removal of 3 years reporting, and addition of 4 years reporting.

AHKPI 1.13 - Blood Pressure Control



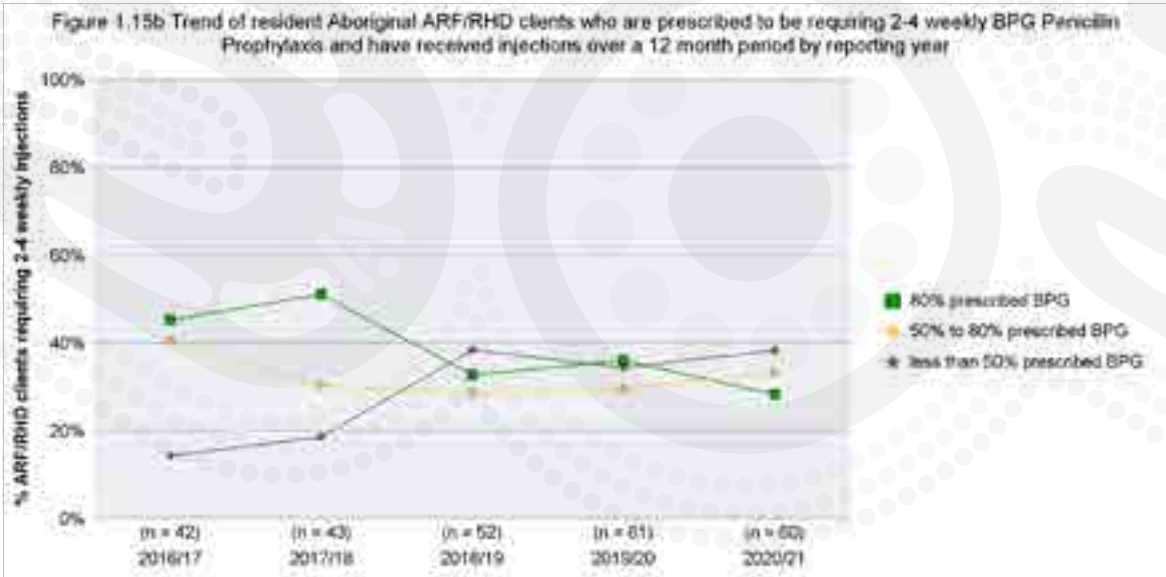
Reporting Year(s)	2016/17	2017/18	2018/19	2019/20	2020/21
Population (Denominator)	283	305	317	340	340
Coverage	258	272	288	311	304
Blood Pressure Recorded	91%	89%	91%	91%	89%
Blood Pressure less than or equal to 130/80	37%	36%	41%	40%	38%

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 2020-2021

NT Aboriginal Health Key Performance Indicators (KWHB) 2020-2021

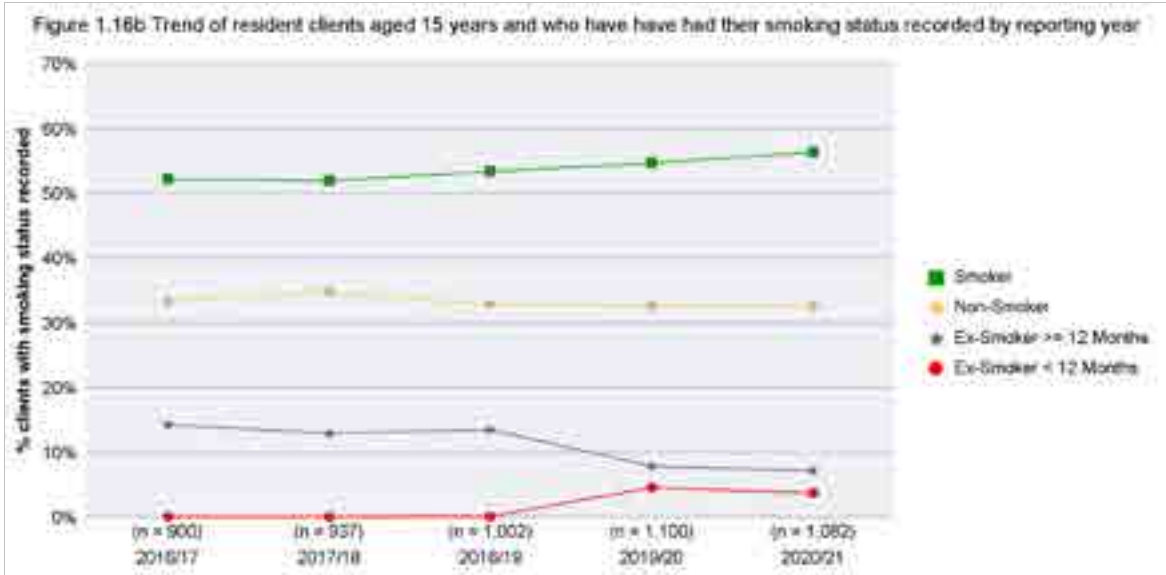
AHKPI 1.15 - Rheumatic Heart Disease



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

Reporting Year(s)	2016/17	2017/18	2018/19	2019/20	2020/21
Population (Denominator)	42	43	52	61	60
Clients with ARF/RHD receiving 50% to 80% prescribed BPG	40%	30%	29%	30%	33%
Clients with ARF/RHD receiving 80% prescribed BPG	45%	51%	33%	36%	28%
Clients with ARF/RHD receiving less than 50% prescribed BP	14%	19%	38%	34%	38%

AHKPI 1.16 - Smoking Status Recorded



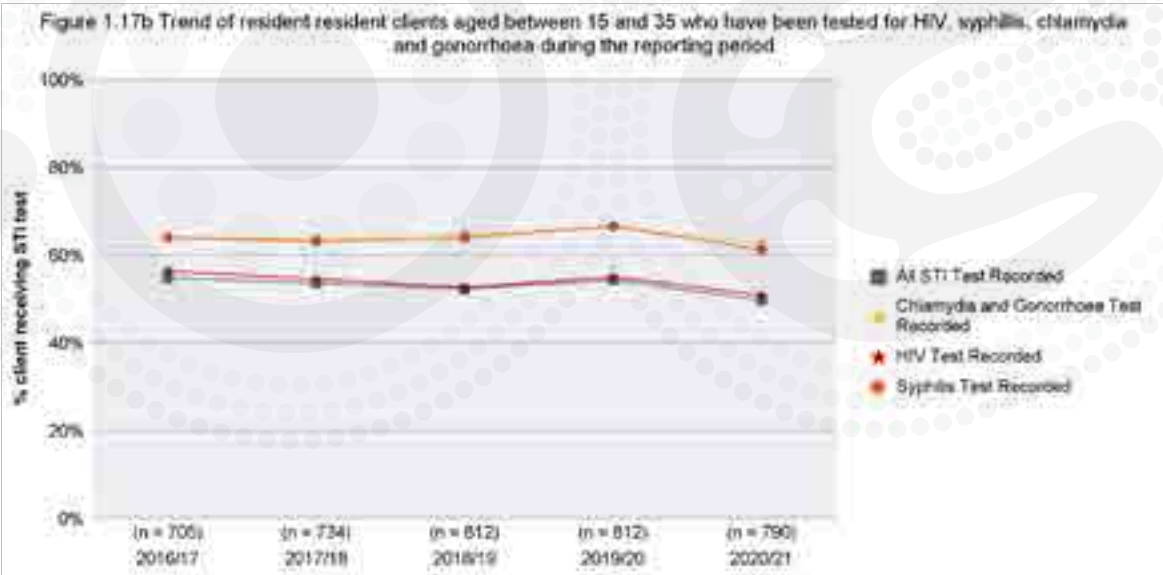
Reporting Year(s)	2016/17	2017/18	2018/19	2019/20	2020/21
Population (Denominator)	900	937	1,002	1,100	1,082
Ex-Smoker < 12 Months	0%	0%	0%	5%	4%
Ex-Smoker >= 12 Months	14%	13%	14%	8%	7%
Non-Smoker	33%	35%	33%	33%	33%
Smoker	52%	52%	53%	55%	56%
Smoking Status Recorded	68%	67%	69%	76%	76%

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

Primary Health Care Trend Report 2020-2021

NT Aboriginal Health Key Performance Indicators (KWHB) 2020-2021

AHKPI 1.17 - STI Test Recorded



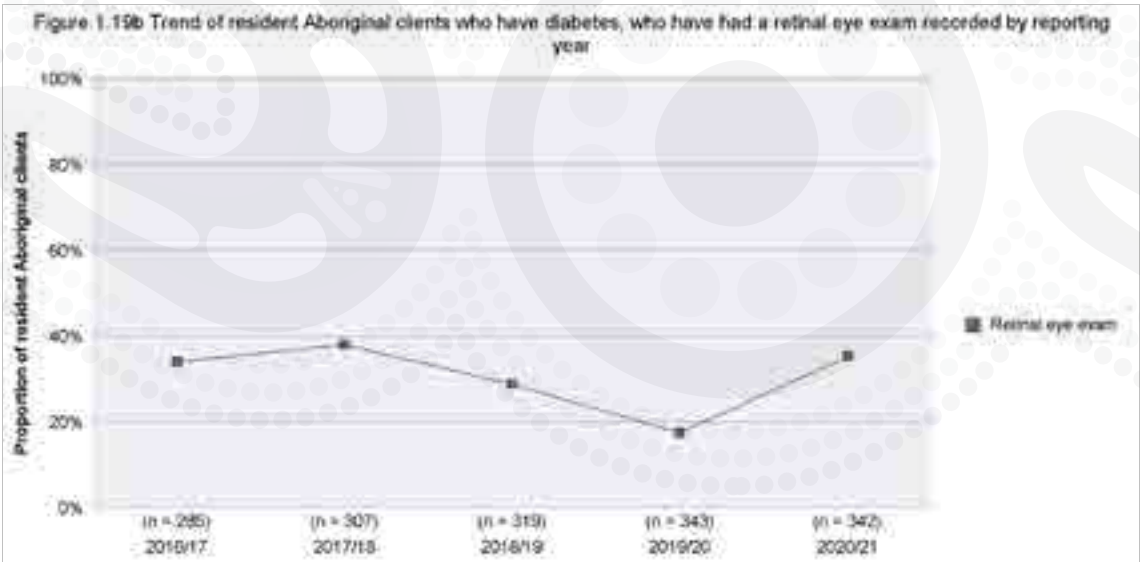
Reporting Year(s)	2016/17	2017/18	2018/19	2019/20	2020/21
Population (Denominator)	705	734	812	812	790
All STI Test Recorded	55%	54%	52%	54%	50%
Chlamydia and Gonorrhoea Test Recorded	64%	64%	65%	67%	63%
HIV Test Recorded	56%	55%	53%	55%	51%
Syphilis Test Recorded	64%	63%	64%	67%	61%

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

Primary Health Care Trend Report 2020-2021

NT Aboriginal Health Key Performance Indicators (KWHB) 2020-2021

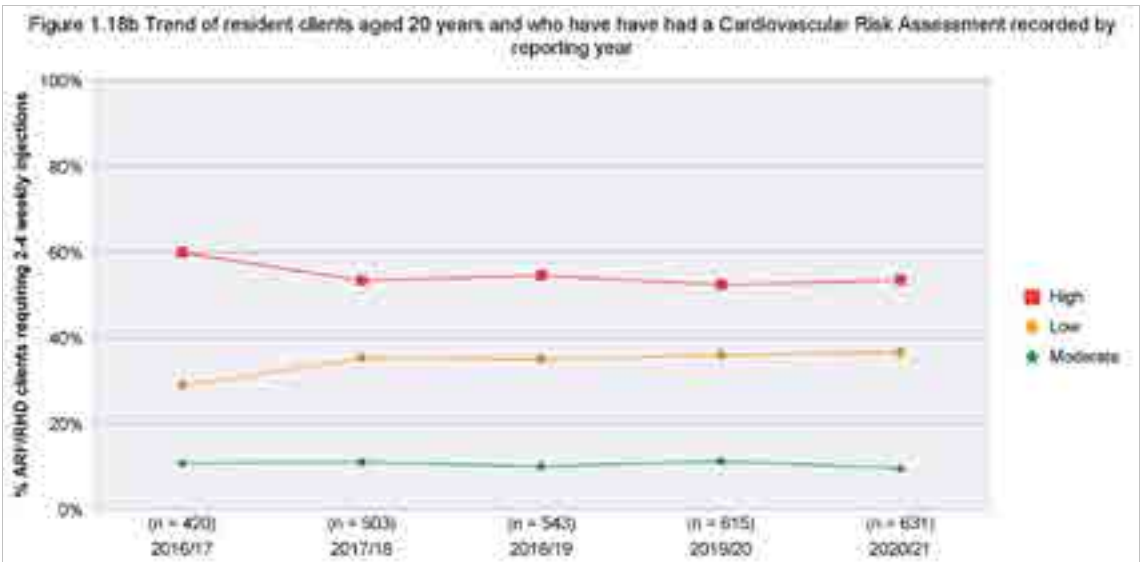
AHKPI 1.19 - Retinal Screening



Reporting Year(s)	2016/17	2017/18	2018/19	2019/20	2020/21
Population (Denominator)	285	307	319	343	342
Retinal eye exam	34%	38%	29%	17%	35%

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

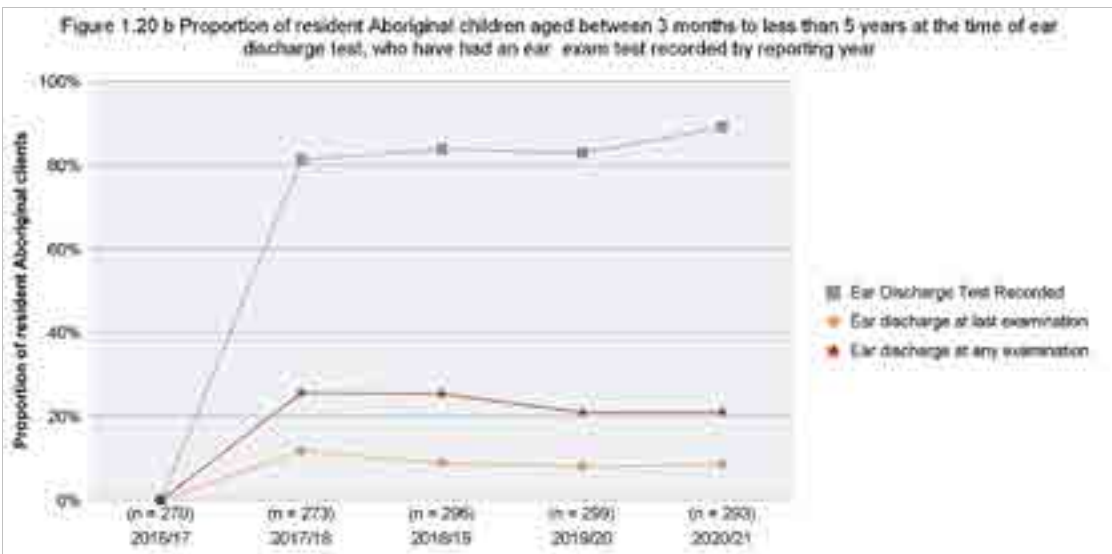
AHKPI 1.18 - Cardiovascular Risk Assessment



Reporting Year(s)	2016/17	2017/18	2018/19	2019/20	2020/21
Population (Denominator)	1,071	1,130	1,147	1,159	1,168
Coverage	420	503	543	615	631
CVD Assessment Recorded	39%	45%	47%	53%	54%
High	60%	53%	55%	53%	54%
Low	29%	35%	35%	36%	37%
Moderate	11%	11%	10%	11%	10%

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

AHKPI 1.20 - Ear Disease in Children



Reporting Year(s)	2016/17	2017/18	2018/19	2019/20	2020/21
Population (Denominator)	270	273	296	299	293
Ear discharge at any examination	0%	26%	25%	21%	21%
Ear discharge at last examination	0%	12%	9%	8%	8%
Ear Discharge Test Recorded	0%	81%	84%	83%	89%

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

Financial Report

The following pages are an extract from our 2020-2021 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

2019-2020 Audit conducted by Merit Partners in September 2020. Submitted and accepted by all KWHB funding bodies.

2020-2021 Audit conducted by Merit Partners in September 2021. 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 2021.

The names of the directors throughout 2020/2021 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	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
Joseph Archie	Board Director	Bulla	Appointed at AGM 14/11/2019
Roy Harrington	Board Director	Timber Creek	Appointed at AGM 14/11/2019
Joyce Herbert	Board Director	Lajamanu	Re-Appointed at AGM 14/11/2019. Resigned 23/6/21
Veronica Leering	Board Director	Kildurk	Appointed at AGM 14/11/2019. Ceased being Director due to ineligibility - 17/2/21

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 2020-2021 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 surplus of the Corporation amounted to \$453,463 (2020: deficit \$683,797)

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 2020/2021 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	7
Sandra Campbell	9
Valerie Patterson	6
Dione Kelly	7
Caroline Jones	6
Jonathon Dixon	4

Board Member	
Debra Victor	4
Charlie Newry	3
Noleen Campbell	4
Joseph Archie	4
Roy Harrington	3
Joyce Herbert	2
Veronica Leering	0

**KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
DIRECTORS' REPORT – Contd.**

Indemnifying Officers of the Corporation

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

Proceedings on Behalf of the Corporation

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

Auditor's Independence Declaration

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

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


.....
Roslyn Frith
Director

Dated this 9th day of November, 2021

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 2021 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



.....
Roslyn Frith
Director

Dated this 9th day of November, 2021



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 2021, 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: 9 November 2021

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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 2021, 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 2021 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: 9 November 2021

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KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2021

	Notes	2021 \$	2020 \$
Revenue and other income	2	21,397,617	21,951,075
Employee benefits expenses	3	(13,693,507)	(12,118,874)
Depreciation and amortisation	8	(1,008,502)	(1,222,815)
Impairment of property	8	0	(3,094,361)
Motor vehicle expenses	3	(414,864)	(374,151)
Travel and accommodation	3	(1,226,427)	(860,962)
Other expenses	3	(4,606,771)	(4,999,134)
		-----	-----
Results from operating activities		447,546	(719,222)
Finance income		16,970	49,736
Finance expense		(11,053)	(14,311)
		-----	-----
	2a	5,917	35,425
Surplus/(Deficit) for the year		453,463	(683,797)
Other Comprehensive Income		0	0
		-----	-----
Total Comprehensive Income		453,463	(683,797)
		-----	-----

The accompanying notes form part of these financial statements

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2021

	Notes	2021 \$	2020 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	10,768,635	10,421,785
Trade and other receivables	6	507,872	3,253,726
Other current assets	7	269,342	381,199
		-----	-----
TOTAL CURRENT ASSETS		11,545,849	14,056,710
		-----	-----
NON-CURRENT ASSETS			
Property, plant and equipment	8	6,902,191	3,374,018
		-----	-----
TOTAL NON-CURRENT ASSETS		6,902,191	3,374,018
		-----	-----
TOTAL ASSETS		18,448,040	17,430,728
		-----	-----
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	1,705,042	1,421,961
Lease liabilities	10	93,516	162,581
Employee benefits	11	1,280,804	1,178,180
		-----	-----
TOTAL CURRENT LIABILITIES		3,079,362	2,762,722
		-----	-----
NON CURRENT LIABILITIES			
Lease liabilities	10	303,148	81,343
Employee benefits	12	379,728	354,324
		-----	-----
TOTAL NON-CURRENT LIABILITIES		682,876	435,667
		-----	-----
TOTAL LIABILITIES		3,762,238	3,198,389
		-----	-----
NET ASSETS		14,685,802	14,232,339
		=====	=====
ACCUMULATED FUNDS			
Accumulated funds		14,685,802	14,232,339
		-----	-----
TOTAL ACCUMULATED FUNDS		14,685,802	14,232,339
		=====	=====

The accompanying notes form part of these financial statements

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2021

	Accumulated Funds \$	Total \$
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
Surplus 2021	453,463	453,463
Balance 30 June 2021	14,685,802	14,685,802

The accompanying notes form part of these financial statements

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2021

	Notes	2021 \$	2020 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		5,026,657	2,210,768
Grants received		19,064,812	16,555,422
Payments to suppliers and employees		(19,406,230)	(17,937,456)
Interest received		16,970	56,242
Interest paid		(933)	(956)
		-----	-----
NET CASH FLOWS FROM OPERATING ACTIVITIES	13(b)	4,701,276	884,020
		-----	-----
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition of property, plant and equipment		(4,211,240)	(747,358)
Proceeds on sale of plant and equipment		47,273	103,636
		-----	-----
NET CASH FLOWS USED IN INVESTING ACTIVITIES		(4,163,967)	(643,722)
		-----	-----
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of leasing liabilities		(180,339)	(161,887)
Interest paid		(10,120)	(13,355)
		-----	-----
NET CASH FLOWS USED IN FINANCING ACTIVITIES		(190,459)	(175,242)
		-----	-----
NET INCREASE/(DECREASE)IN CASH HELD		346,850	65,056
Cash at the beginning of the financial year		10,421,785	10,356,729
		-----	-----
Cash at the end of the financial year	13(a)	10,768,635	10,421,785
		=====	=====

The accompanying notes form part of these financial statements

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

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

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.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

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 differs from the prior year as follows:

Class of Non- Current Asset	Depreciation Rate	
	2021	2020
Furniture and equipment	20%	20%
Computer and software	33.33%	20%
Motor Vehicles	20%	33.33%
Buildings	5%	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

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.



KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

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 2021

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 2021

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 2021

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.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

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	0-5 years	3.1 years	6
Residential Accommodation	4	6-10 years	7.8 years	4
Photocopiers	11	2-3 years	2.8 years	0

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES - contd

Measurement and recognition of leases as a lessee - contd

	Asset	Carrying amount	Amortisation	WDV
Office Building	610,732	610,732	(317,903)	292,829
Residential Accommodation	65,811	65,811	(12,202)	53,609
Photocopiers	62,357	62,357	(13,857)	48,500
Total	738,900	738,900	(343,962)	394,938

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 2021
	\$
Current	93,516
Non-current	303,148
	<u>396,664</u>

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

	2021 \$	2020 \$
NOTE 2. REVENUE AND OTHER INCOME		
Grants		
DoH – Federal Capital	15,000	0
DoH –Federal Operational	9,549,705	8,837,863
Top End Health Service/DoH – Territory Operational	5,944,932	5,266,686
Dept. of Prime Minister and Cabinet/Dept of Social Services	790,000	154,914
National Indigenous Australians Agency	90,000	0
NDIS	280,000	60,000
NACCHO	110,000	0
SAHMRI	150,000	0
Northern Territory PHN	2,135,175	2,172,809
Menzies School of Health Research	22,091	0
NT General Practice Education	(1,800)	4,200
Centre Link	34,671	0
Unexpended grants B/F	224,401	66,372
Contract liabilities C/F	0	(124,401)
Insurance recoveries	497,857	3,710,721
AMSANT	0	5,455
Work Cover Consultations	111	2,270
Medical reports	130	60
Medicare	1,443,018	1,567,731
Profit on the sale of assets	45,862	103,636
Cash Flow Boost - ATO	37,500	62,500
Miscellaneous income	28,964	60,259
	-----	-----
TOTAL REVENUE	21,397,617	21,951,075
	-----	-----

NOTE 2a. FINANCE INCOME

Interest on bank accounts	16,970	49,736
Interest paid	(933)	(956)
Interest expense for leasing arrangements	(10,120)	(13,355)
	-----	-----
Net Finance Income	5,917	35,425
	-----	-----

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

	2021 \$	2020 \$
NOTE 3. EXPENDITURE		
Employee benefits expenses		
Wages and salaries	11,811,309	10,556,134
Airfares	11,175	15,349
Superannuation	1,017,205	885,718
FBT	151,369	181,950
Professional development	83,858	77,174
Recruitment	358,368	258,798
Flight out of isolated land	30,127	14,552
Insurance -Workers compensation	230,096	129,199
	-----	-----
	13,693,507	12,118,874
	-----	-----
Motor vehicle expenses		
Fuel and oil	164,027	208,656
Repairs and maintenance	216,435	131,809
Registration	34,402	33,686
	-----	-----
	414,864	374,151
	-----	-----
Travel and accommodation		
Travel and accommodation – staff	1,104,522	766,377
Travel and accommodation – board	120,489	94,162
Travel and accommodation – patients	1,416	423
	-----	-----
	1,226,427	860,962
	-----	-----
Other expenses		
Accounting fees	122,400	240,090
Advertising	1,175	535
Annual report	1,495	7,545
Audit fees	20,546	27,401
Bank charges	1,672	1,881
Cleaning	60,829	54,136
Consultants	221,967	57,334
Communications	27,570	20,032
Electricity, water and sewerage	272,201	299,256
Freight	40,926	51,210
Ground maintenance	19,179	421
Hire of equipment	13,324	41,419
Insurance	266,366	273,878
IT Hosting / support	412,136	358,537

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

NOTE 3. EXPENDITURE- contd.

	2021 \$	2020 \$
IT Computer equipment	212,999	73,463
Provision for doubtful debts	11,529	5,163
Postage	1,401	1,450
Legal expenses	19,152	720
Loss on disposal / write-off of assets	6,233	18,876
Meeting costs	18,325	6,410
Rent – Head office	71,662	66,113
Rent – Storage facilities	18,294	16,562
Rent – Housing	298,514	278,198
Subscriptions and membership	47,542	34,670
Service charges	53,507	61,826
Telephone and facsimile	285,108	226,309
Training	55,027	86,432
Uniforms	12,271	6,033
Security	13,298	11,899
Repairs and Maintenance - Plant & Equipment	7,592	34,356
- Computer/office equip	0	3,757
- Furniture & Fittings	57,333	49,989
- Buildings	236,688	276,769
- Medical equipment	118,614	91,027
Supplies		
Medical and dental supplies	357,962	381,388
RAHC	124,282	451,437
Office supplies	47,672	52,944
Repay unspent grant	0	89,513
Health and Other Program		
Doctors Locum	516,023	371,275
Health Promotions	338,376	544,843
Services purchased	195,581	324,037
	4,606,771	4,999,134

NOTE 4. AUDITORS REMUNERATION

Remuneration of the auditors of the corporation for

- Auditing or reviewing the financial report – Merit Partners	20,546	20,000
	20,546	20,000

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

NOTE 5. CASH AND CASH EQUIVALENTS

	2021 \$	2020 \$
ANZ- Operating account	294,284	1,374,022
ANZ - Medicare Bulk Bill	7,892,834	6,446,656
ANZ- VISA	(15,255)	20,546
PCCU- Investment Account	2,596,381	2,580,170
Petty Cash	391	391
	10,768,635	10,421,785

The effective interest rate on the PCCU Investment account was 0.23% as at 30 June 2021 (30 June 2020: 1.26%) the investment is rolled forward quarterly.

NOTE 6. TRADE AND OTHER RECEIVABLES

CURRENT

Trade Debtors	482,164	5,439
Sundry Debtors	4,388	3,247,310
Rental Bond	21,320	6,140
Less Provision for doubtful debts	0	(5,163)
	507,872	3,253,726

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 2021

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						
2021	Gross Amount	Past due & Impaired	Within initial trade terms	31-60	61-90	>90
	\$	\$	\$	\$	\$	\$
Trade and Other receivables	507,872	0	479,709	27,797	66	300

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

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.

NOTE 7. OTHER CURRENT ASSETS

GST paid	163,837	185,905
Prepayments	105,505	195,294
	-----	-----
	269,342	381,199
	=====	=====

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

NOTE 8. PROPERTY, PLANT AND EQUIPMENT

	2021 \$	2020 \$
Furniture and equipment – at cost	922,997	898,392
Accumulated depreciation	(856,270)	(840,125)
	-----	-----
	66,727	58,267
	-----	-----
Land – at valuation	8,000	8,000
	-----	-----
	8,000	8,000
	-----	-----
Building – at cost	8,646,299	8,164,123
Impairment – Fire Damage	0	(3,094,361)
Accumulated depreciation	(3,401,821)	(3,101,076)
	-----	-----
	5,244,478	1,968,686
	-----	-----
Computers and software – at cost	580,134	580,134
Accumulated depreciation	(580,134)	(579,792)
	-----	-----
	0	342
	-----	-----
Motor vehicles – at cost	3,038,047	2,832,137
Accumulated depreciation	(2,143,151)	(2,056,743)
	-----	-----
	894,896	775,394
	-----	-----
Medical equipment – at cost	637,341	610,575
Accumulated depreciation	(344,189)	(413,861)
	-----	-----
	293,152	196,714
	-----	-----
Right of Use Assets	738,900	405,811
Amortisation	(343,962)	(164,796)
	-----	-----
	394,938	241,015
	-----	-----
	6,902,191	3,248,418
	-----	-----
Work in Progress	0	125,600
	-----	-----
WDV	6,902,191	3,374,018
	=====	=====

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

Impairment Losses

The total Impairment loss recognised in the Statement of profit and loss and other comprehensive income during the year amounted to \$0.



KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

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 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 Depn. Expense	0 (11,009)	0	0 (407,477)	0 (12,627)	0 (60,752)	(164,796) 0	0 (566,154)	0 0	(164,796) (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
Balance at the beginning of year 1 July 2020	58,267	8,000	1,968,686	342	196,714	241,015	775,394	125,600	3,374,018
Additions	24,605	0	3,450,937	0	185,463	333,089	550,235	0	4,544,329
Disposals & Impairment	0	0	0	0	(158,696)	0	(344,026)		(628,322)
Transfer between classes	0	0	125,600	0	0	0	0	(125,600)	0
Impairment	0	0	0	0	0	0	0	0	0
Writeback	0	0	0	0	152,461	0	342,618	0	495,080
Amortisation	0	0	0	0	0	(179,156)	0	0	(179,156)
Depn. Expense	(16,145)	0	(300,744)	(342)	(82,790)	0	(429,325)	0	(829,346)
Carrying amount at the end of the year 30 June 2021	66,727	8,000	5,244,478	0	293,152	394,938	894,896	0	6,902,191

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

NOTE 9. TRADE AND OTHER PAYABLES

	2021 \$	2020 \$
Trade creditors	496,314	174,300
GST Collected	474,185	460,262
Accruals	452,920	562,998
Other payables – contract liabilities	281,623	224,401
	<u>1,705,042</u>	<u>1,421,961</u>
Financial liabilities at amortised cost classified as trade and other payables		
- Total current	1,705,042	1,421,961
- Total non-current	0	0
	<u>1,705,042</u>	<u>1,421,961</u>

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	93,516	162,581
Non-current	303,148	81,343
	<u>396,664</u>	<u>243,924</u>

NOTE 11. EMPLOYEE BENEFITS

Current		
Long Service Leave	371,572	312,038
Annual Leave	909,232	866,142
	<u>1,280,804</u>	<u>1,178,180</u>

NOTE 12. EMPLOYEE BENEFITS

Non Current		
Long Service Leave	379,728	354,324

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

NOTE 13. CASH FLOW INFORMATION

a) Reconciliation of cash

Cash balance comprises:
- Cash (Note 5)

b) Reconciliation of the surplus to the net cash flows used in operating activities

	2021 \$	2020 \$
Surplus/(Deficit)	453,463	(683,797)
Depreciation	829,346	1,058,019
Amortisation	179,156	164,796
(Profit)/Loss on disposal of assets	(39,629)	(84,760)
Impairment loss	0	3,094,361
Interest on lease liability	10,120	13,355
Change in assets and liabilities		
Trade and other receivables	2,745,854	(3,190,759)
Other current assets	111,857	(48,742)
Trade and other payables	283,081	103,489
Provision for employee benefits	128,028	458,058
Net Cash Flows from operating activities	4,701,276	884,020

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.

	2021 \$	2020 \$
Financial Assets		
Cash and cash equivalents	10,768,635	10,421,785
Trade and other receivables	507,872	3,253,726
	11,276,507	13,675,511
Financial Liabilities		
Trade and other payables	1,230,856	1,421,961
Lease liability – ROU	396,664	243,924
	1,627,520	1,665,885

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2021

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 2021

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	
	2021 \$	2020 \$	2021 \$	2020 \$	2021 \$	2020 \$	2021 \$	2020 \$
Financial Liabilities due for payment								
Trade & other payables	1,230,856	1,421,961	0	0	0	0	1,230,856	1,421,961
Lease Liability	93,516	162,581	225,582	51,858	77,566	29,485	396,664	243,924
Total contractual outflows	1,324,372	1,584,542	225,582	51,858	77,566	29,485	1,627,520	1,665,885
Financial Assets – cash flows realisable								
Cash & cash equivalents	10,768,635	10,421,785	0	0	0	0	10,768,635	10,421,785
Trade and other receivables	507,872	3,253,726	0	0	0	0	507,872	3,253,726
Total anticipated cash in flows	11,276,507	13,675,511	0	0	0	0	11,250,408	13,675,511

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

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

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

Refer to Note 6 for credit risk disclosures.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

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	271,738	0	0	0	0	0	271,738
Finance Charges	0	0	0	0	0	0	0
Net Present Values	271,738	0	0	0	0	0	271,738

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:

	\$ 2021
Short term leases being for rental of office equipment, housing	271,738

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2021

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 2021.

NOTE 18. RELATED PARTY DISCLOSURES

During the year ended 30 June 2021, the Corporation paid directors fees and travel allowances to its board of directors who attended meetings for and behalf of the Corporation.

	2021 \$	2020 \$
Directors Fees	22,557	15,535
Travel Allowances	120,489	94,162
	-----	-----
	143,046	109,697
	=====	=====
Key Management Personnel Compensation		
Short Term Benefits	1,003,046	1,360,902
Long Term Benefits	22,417	42,349
Post-Employment Benefits	60,181	85,529
	-----	-----
Total	1,085,644	1,488,780
	=====	=====

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

FUNDS ACQUITTANCE CERTIFICATE
FOR THE YEAR ENDED 30 JUNE 2021

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.


.....
Sinon Cooney
Chief Executive Officer
Date: 9/11/2021


.....
Roslyn Frith
Chairperson
Date: 9/11/2021



DISCLAIMER ON ADDITIONAL FINANCIAL INFORMATION

The additional financial information, on pages 37 – 66, being the attached Statements of Income and Expenditure for funded programs for the year ended 30 June 2021, has been compiled by the management of Katherine West Health Board Aboriginal Corporation.

No audit or review has been performed by us and accordingly no assurance is expressed.

To the extent permitted by law, we do not accept liability for any loss or damage which any person, other than Katherine West Health Board Aboriginal Corporation may suffer arising from any negligence on our part. No person should rely on the additional financial information without having an audit or review conducted.

Merit Partners

MERIT PARTNERS
Chartered Accountants
Date: 9 November 2021

Level 2, 9 Cavenagh Street Darwin NT 0800 GPO Box 1470 Darwin NT 0801
+ 61 8 8982 1444 meritpartners.com.au ABN 16 107 240 522



Katherine West Health Board Aboriginal Corporation Statement of Income and Expenditure Year Ended 30 June 2021

		Budget 2021 \$	Actual 2021 \$
337	IAHP PHC Safety Supports		
Income			
	Unexpended grant b/f	76,539	76,539
Total Income		76,539	76,539
Expenditure			
	Services Purchased	0	5,387
	Capital - Furniture & Fittings	0	13,252
	Capital - Buildings	76,539	44,388
	R&M - Buildings	0	14,105
Total Expenditure		76,539	77,132
Net Profit (Loss)		0	(593)

		Budget 2021 \$	Actual 2021 \$
338	IAHP - SMP		
Income			
	Unexpended grant b/f	113,691	113,691
Total Income		113,691	113,691
Expenditure			
	Capital - Furniture & Fittings	13,440	13,440
	Capital - Buildings	83,599	83,600
	R&M - Buildings	16,651	16,651
Total Expenditure		113,691	113,691
Net Profit (Loss)		0	0

		Budget 2021 \$	Actual 2021 \$
365	Child and Maternal Health		
Income			
	DoH (Territory) - Operational	208,633	208,633
Total Income		208,633	208,633
Expenditure			
	Admin Fee	41,727	41,727
	Wages & Salaries	146,761	131,728
	Superannuation	13,943	15,628
	Motor Vehicle Expenses	0	753
	Travel & Accommodation-Staff	6,202	18,816
Total Expenditure		208,633	208,652
Net Profit (Loss)		0	(19)

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

	Budget 2021 \$	Actual 2021 \$
367 Maternal Early Childhood MECSH		
Income		
DoH (Territory) - Operational	1,000,000	1,000,000
DoH (Territory) - Non Recurrent	0	16,000
Total Income	1,000,000	1,016,000
Expenditure		
Admin Fee	200,000	200,000
Health Promotions	70,654	24,693
Wages & Salaries	620,864	663,123
Staff Training	6,000	3,335
Superannuation	58,982	50,934
Staff Recruitment	0	5,324
Motor Vehicle Expenses	8,500	10,903
Travel & Accommodation-Staff	35,000	41,355
Total Expenditure	1,000,000	999,667
Net Profit (Loss)	0	16,333

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

	Budget 2021 \$	Actual 2021 \$
369 Midwifery and Obstetrics		
Income		
DOH (Federal) - Capital	15,000	15,000
DOH (Federal) - Operational	104,951	104,951
Total Income	119,951	119,951
Expenditure		
Admin Fee	23,990	23,990
Health Promotions	15,697	7,000
Wages & Salaries	30,000	39,428
Superannuation	2,764	3,485
Staff Recruitment	5,000	3,964
Professional Development	2,500	0
Motor Vehicle Expenses	5,000	3,300
Travel & Accommodation-Staff	20,000	23,241
Capital - Medical & Equipment	15,000	0
Total Expenditure	119,951	104,408
Net Profit (Loss)	0	15,543

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

	Budget 2021 \$	Actual 2021 \$
368 Specialised Domestic Violence		
Income		
Department of Social Services	250,000	250,000
Total Income	250,000	250,000
Expenditure		
Admin Fee	50,000	50,000
Health Promotions	75,735	5,082
Wages & Salaries	63,810	76,796
Superannuation	7,955	6,839
Staff Recruitment	3,000	2,848
Professional Development	6,000	3,839
Motor Vehicle Expenses	8,500	2,011
Travel & Accommodation-Staff	35,000	18,063
Total Expenditure	250,000	165,478
Net Profit (Loss)	0	84,522

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

	Budget 2021 \$	Actual 2021 \$
386 Tackling Indigenous Smoking		
Income		
DOH (Federal) - Operational	442,020	442,020
Unexpended grant b/f	11,260	11,260
Total Income	453,280	453,280
Expenditure		
Admin Fee	88,404	88,404
Health Promotions	33,000	35,807
Wages & Salaries	267,466	258,897
Staff Training	3,000	2,918
Superannuation	25,410	23,438
Staff Recruitment	0	2,175
Motor Vehicle Expenses	6,000	6,070
Travel & Accommodation-Staff	30,000	35,580
Total Expenditure	453,280	453,289
Net Profit (Loss)	0	(9)



Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

		Budget 2021 \$	Actual 2021 \$
395	AOD		
Income			
	DoH (Territory) - Operational	300,000	300,000
	Unexpended grant b/f	157,314	157,314
Total Income		457,314	457,314
Expenditure			
	Admin Fee	60,000	60,000
	Health Promotions	123,191	126,273
	Wages & Salaries	224,770	166,833
	Staff Training	14,000	1,832
	Superannuation	21,353	14,090
	Staff Recruitment	0	2,302
	Capital - Motor Vehicles	0	69,000
	Motor Vehicle Expenses	2,000	3,154
	Travel & Accommodation-Staff	12,000	14,439
Total Expenditure		457,314	457,923
Net Profit (Loss)		0	(609)

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

		Budget 2021 \$	Actual 2021 \$
396	RAOD - One Off		
Income			
	Unexpended grant b/f	45,102	45,102
Total Income		45,102	45,102
Expenditure			
	Health Promotions	45,102	44,965
Total Expenditure		45,102	44,965
Net Profit (Loss)		0	137

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

		Budget 2021 \$	Actual 2021 \$
399	SU-SEWB		
Income			
	National Indigenous Australians Agency	540,000	630,000
	Interest	500	9
Total Income		540,500	630,009
Expenditure			
	Admin Fee	108,000	108,000
	Health Promotions	40,000	17,681
	Capital - Motor Vehicles	0	90,000
	Wages & Salaries	331,531	314,988
	Staff Training	3,469	951
	Staff Recruitment	0	14,182
	Motor Vehicle Expenses	7,500	7,249
	Travel & Accommodation-Staff	50,000	76,953
Total Expenditure		540,500	630,004
Net Profit (Loss)		0	5

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

		Budget 2021 \$	Actual 2021 \$
705/710/711	Rural Primary Health Service		
Income			
	Northern Territory PHN	736,028	736,028
	KWHB Medicare Contribution	59,187	0
Total Income		795,215	736,028
Expenditure			
	Admin Fee	147,205	147,205
	Medical / Dental Supplies	22,146	10,124
	Wages & Salaries	487,719	460,639
	Staff Training	8,000	5,805
	Superannuation	46,334	41,182
	Staff Recruitment	0	550
	Travel Costs	83,811	70,966
Total Expenditure		795,215	736,471
Net Profit (Loss)		0	(443)

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

		Budget 2021 \$	Actual 2021 \$
726	Care Coordination		
Income			
	Northern Territory PHN	306,420	306,420
	Unexpended grant b/f	10,392	10,392
Total Income		316,812	316,812
Expenditure			
	Admin Fee	61,284	61,284
	Health Promotions	1,000	1,144
	Wages & Salaries	212,349	207,487
	Staff Training	2,006	1,273
	Superannuation	20,173	20,845
	Motor Vehicle Expenses	5,000	4,353
	Travel & Accommodation-Staff	15,000	20,019
Total Expenditure		316,812	316,405
Net Profit (Loss)		0	407

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

		Budget 2021 \$	Actual 2021 \$
728	Drug and Alcohol Treatment Activities Funding delivered through a Social and Emotional Wellbeing Model		
Income			
	Northern Territory PHN	287,385	287,385
	Unexpended grant b/f	93,028	93,028
Total Income		380,413	380,413
Expenditure			
	Admin Fee	57,477	57,477
	Health Promotions	83,663	12,168
	Wages & Salaries	199,587	187,323
	Staff Training	2,000	2,664
	Superannuation	18,961	16,773
	Staff Recruitment	0	9,600
	Motor Vehicle Expenses	7,500	1,305
	Travel & Accommodation-Staff	11,225	0
Total Expenditure		380,413	287,310
Net Profit (Loss)		0	93,103
	SEWB Informed Art Therapy (to be completed by 30/06/22)		93,028
			75

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

		Budget 2021 \$	Actual 2021 \$
729	NTPHN - Outreach Program		
Income			
	Northern Territory PHN	426,809	426,809
	Unexpended Grant b/f	64,762	0
Total Income		491,571	426,809
Expenditure			
	Admin Fee	85,362	85,362
	Health Promotions	56,028	7,220
	Wages & Salaries	288,293	266,204
	Superannuation	27,388	24,938
	Staff Recruitment	2,000	72
	Professional Development	7,500	3,257
	Travel & Accommodation-Staff	25,000	39,701
Total Expenditure		491,571	426,754
Net Profit (Loss)		0	55

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

		Budget 2021 \$	Actual 2021 \$
730	Care Coordination Improvement Grant		
Income			
	Northern Territory PHN	25,200	25,200
Total Income		25,200	25,200
Expenditure			
	Doctors - Locum	25,200	25,200
Total Expenditure		25,200	25,200
Net Profit (Loss)		0	0

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

		Budget 2021 \$	Actual 2021 \$
732	Diabetes Related Foot Care		
Income			
	SAHMRI	150,000	150,000
Total Income		150,000	150,000
Expenditure			
	Admin Fee	15,000	15,000
	Health Promotions	17,500	0
	Wages & Salaries	59,809	28,741
	Professional Development	10,000	0
	Superannuation	6,766	2,456
	Staff Recruitment	3,425	550
	Motor Vehicle Expenses	22,500	0
	Travel & Accommodation-Staff	15,000	2,838
Total Expenditure		150,000	49,585
Net Profit (Loss)		0	100,415

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

		Budget 2021 \$	Actual 2021 \$
731	Workforce Improvement Grant		
Income			
	Northern Territory PHN	0	40,000
	Unexpended grant b/f	40,000	40,000
Total Income		40,000	80,000
Expenditure			
	Consultant / Advisory Services	30,000	71,886
	Travel & Accommodation-Staff	10,000	7,887
Total Expenditure		40,000	79,773
Net Profit (Loss)		0	227

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

		Budget 2021 \$	Actual 2021 \$
735	Low Intensity Mental Health		
Income			
	Northern Territory PHN	113,333	113,333
	Unexpended Grant b/f	86,667	86,667
Total Income		200,000	200,000
Expenditure			
	Admin Fee	40,000	40,000
	Health Promotions	48,350	6,864
	Wages & Salaries	87,351	44,791
	Staff Training	1,000	408
	Superannuation	8,299	4,125
	Staff Recruitment	0	2,563
	Travel Costs	15,000	14,591
Total Expenditure		200,000	113,342
Net Profit (Loss)		0	86,658
	SEWB Informed Art Therapy (to be completed by 30/06/22)		86,667
			(9)

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

		Budget 2021 \$	Actual 2021 \$
737	Care Flight Chronic Disease Coordinator		
Income			
	Care Flight	150,000	0
Total Income		150,000	0
Expenditure			
	Admin Fee	30,000	0
	Health Promotions	875	0
	Wages & Salaries	84,125	6,774
	Superannuation	7,660	617
	Motor Vehicle Expenses	1,840	64
	Staff Recruitment	0	1,735
	Travel & Accommodation-Staff	25,500	1,400
Total Expenditure		150,000	10,590
Net Profit (Loss)		0	(10,590)

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

		Budget 2021 \$	Actual 2021 \$
772	Trachoma		
Income			
	DoH (Territory) - Operational	140,000	176,490
Total Income		140,000	176,490
Expenditure			
	Admin Fee	28,000	28,000
	Health Promotions	15,000	5,674
	Wages & Salaries	77,000	95,785
	Superannuation	7,315	7,351
	Motor Vehicle Expenses	5,000	2,487
	Travel & Accommodation-Staff	7,685	37,193
Total Expenditure		140,000	176,490
Net Profit (Loss)		0	0

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

		Budget 2021 \$	Actual 2021 \$
740	Hearing 4 Health		
Income			
	Menzies School of Health Research	20,500	20,500
Total Income		20,500	20,500
Expenditure			
	Admin Fee	4,100	4,100
	Wages & Salaries	14,975	5,497
	Superannuation	1,425	375
Total Expenditure		20,500	9,972
Net Profit (Loss)		0	10,528

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

		Budget 2021 \$	Actual 2021 \$
773	Sexual Health and Blood Borne Viruses		
Income			
	DoH (Territory) - Operational	149,016	149,016
Total Income		149,016	149,016
Expenditure			
	Admin Fee	29,803	29,803
	Wages & Salaries	93,995	92,120
	Staff Training	1,289	0
	Superannuation	8,929	11,405
	Motor Vehicle Expenses	5,000	2,998
	Travel & Accommodation-Staff	10,000	12,690
Total Expenditure		149,016	149,016
Net Profit (Loss)		0	0

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

	Budget 2021 \$	Actual 2021 \$
774 Syphilis Treatment Prevention		
Income		
DOH (Federal) - Operational	395,977	395,977
Unexpended grant b/f	212,924	212,924
Total Income	608,901	608,901
Expenditure		
Admin Fee	39,598	39,598
Communications	2,500	0
Health Promotions	67,497	21,339
Capital - Motor Vehicles	70,000	70,000
Wages & Salaries	348,287	419,579
Staff Training	3,930	205
Superannuation	33,089	36,278
Staff Recruitment	5,000	495
Motor Vehicle Expenses	18,000	3,660
Travel & Accommodation-Staff	21,000	17,265
Total Expenditure	608,901	608,419
Net Profit (Loss)	0	482

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

	Budget 2021 \$	Actual 2021 \$
775 NDIS		
Income		
NDIS	280,000	280,000
Unexpended Grant b/f	60,000	60,000
Total Income	340,000	340,000
Expenditure		
Admin Fee	51,000	51,000
Wages & Salaries	242,200	112,307
Superannuation	23,010	9,439
Staff Recruitment	5,000	137
Staff Training	3,000	0
Motor Vehicle Expenses	7,500	0
Travel & Accommodation-Staff	8,290	219
Total Expenditure	340,000	173,102
Net Profit (Loss)	0	166,898

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

	Budget 2021 \$	Actual 2021 \$
785 Lajamanu Insurance Claim		
Income		
Unexpended Grant b/f	3,209,716	0
Insurance Recoveries	0	385,045
Total Income	3,209,716	385,045
Expenditure		
Communications	0	8,940
Freight	0	5,230
IT - Computer Equipment	0	97,240
Medical / Dental Supplies	0	1,108
Capital - Furniture & Fittings	0	7,314
Capital - Medical & Equipment	0	187,194
Capital - Motor Vehicles	0	135,270
Capital - Plant & Machinery	0	3,818
Capital - Buildings	0	82,198
Motor Vehicle Expenses	0	758
R&M - Buildings	3,209,716	18,888
Total Expenditure	3,209,716	547,958
Net Profit (Loss)	0	(162,913)

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

	Budget 2021 \$	Actual 2021 \$
786 Lajamanu Demountable		
Income		
Unexpended Grant b/f	124,401	124,401
Total Income	124,401	124,401
Expenditure		
Capital - Furniture & Fittings	0	4,139
Capital - Buildings	124,401	120,143
R&M - Buildings	0	119
Total Expenditure	124,401	124,401
Net Profit (Loss)	0	0

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

		Budget 2021 \$	Actual 2021 \$
795	COVID		
Income			
	NACCHO	49,800	110,000
Total Income		49,800	110,000
Expenditure			
	Health Promotions	13,100	11,442
	Capital - Furniture & Fittings	0	908
	Wages & Salaries	33,516	57,816
	Superannuation	3,184	3,568
	Staff Recruitment	0	550
	Motor Vehicle Expenses	0	388
	Travel & Accommodation-Staff	0	278
Total Expenditure		49,800	74,950
Net Profit (Loss)		0	35,050

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

		Budget 2021 \$	Actual 2021 \$
796	Emerging Priorities IAHP		
Income			
	DOH (Federal) - Operational	335,563	335,563
	Unexpended Grant b/f	100,000	100,000
Total Income		435,563	435,563
Expenditure			
	Admin Fee	87,113	87,113
	Consultant / Advisory Services	9,000	36,000
	IT - Computer Equipment	6,000	0
	Meeting Costs	2,400	0
	Health Promotions	43,000	395
	Wages & Salaries	221,968	199,795
	Superannuation	21,082	12,425
	Staff Recruitment	0	1,612
	Professional Development	5,000	0
	Motor Vehicle Expenses	10,000	0
	Travel & Accommodation-Staff	30,000	0
Total Expenditure		435,563	337,340
Net Profit (Loss)		0	98,223

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

		Budget 2021 \$	Actual 2021 \$
	Indigenous Primary Health Care - Top End Health Service		
Income			
	Grants (NT) Operating – Recurrent	4,021,657	4,094,793
	Medicare Benefits Schedule (MBS) income	434,087	434,087
Total Income		4,455,744	4,528,880
Expenditure			
	Accounting Fees	43,740	46,828
	Advertising & Promotion	1,412	353
	Bank Charges	282	246
	Cleaning & Pest Control	14,864	18,263
	Client Support Services	84,855	96,669
	Client Support Consumables	172,816	142,368
	Computer Expenses	14,119	33,902
	Consultancy Fees	62,368	60,543
	Depreciation - Motor Vehicle	148,108	124,143
	Depreciation - Plant & Equipment	35,439	74,331
	Equipment Hire/Lease	11,295	4,000
	Insurance - General	37,711	40,648
	Insurance - Professional Indemnity	11,193	14,390
	Interest Paid	847	14,871
	Legal Fees	282	5,750
	Meeting Expenses	32,474	41,677
	Motor Vehicle Expenses	113,815	114,062
	Postage, Freight and Courier	12,848	11,138
	Printing & Stationery	16,943	14,313
	Rates & Taxes	10,557	16,065
	Rent	67,902	27,008
	Rent - Rental Properties	79,351	93,171
	Repairs & Maintenance	78,439	80,640
	Security Expenses	3,727	3,992
	S&W Salaries & Wages	2,909,112	2,913,871
	Telephone & Fax Charges & Internet	116,560	129,331
	Training & Development (Staff)	56,617	33,840
	Travel & Accommodation	160,956	205,152
	Utilities	157,113	167,315
Total Expenditure		4,455,744	4,528,880
Net Profit (Loss)		0	0

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2021

	Budget 2021 \$	Actual 2021 \$
Indigenous Primary Health Care - Department of Health		
Income		
IAHP Primary Health Care program funding	8,165,048	8,271,193
Medicare Benefits Schedule (MBS) income	926,559	911,628
Total Income	9,091,607	9,182,821
Expenditure		
Salaries / Wages & On-Costs	5,933,730	5,908,206
Accounting / Audit fees	91,522	125,600
Advertising & Promotion	2,880	716
Board / Governance (Travel, Accommodation & Training)	66,236	84,504
Client Support Services/Consumables	560,994	445,157
Communications & IT	289,585	339,085
Consultants & Contractors	165,711	179,542
Depreciation	374,380	402,430
Insurance (excl Motor Vehicle)	102,952	111,597
Motor Vehicle Expenses	232,150	231,274
Rent	300,352	243,677
Repairs & Maintenance (excl Motor Vehicles)	159,993	232,899
Travel & Accommodation (excl Board / Governance)	328,302	415,970
Training & Development (excl Board / Governance)	115,482	68,615
Utilities	367,339	393,549
Total Expenditure	9,091,607	9,182,821
Net Profit (Loss)	0	0

Pigeon Hole Community





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