



**KATHERINE WEST
HEALTH BOARD**

Aboriginal Corporation

**2021
2022**

ANNUAL REPORT



We encourage Aboriginal people to please take caution when reading this document, as it may contain images of people who have passed away.

This Annual Report was compiled for Katherine West Health Board Aboriginal Corporation (KWHB). The KWHB Board Directors present this document as a true and accurate summary and report for the financial year ended 30 June 2022.

The cover image features the Chicken Drumstick Stew from the iconic Good Food for Strong Blood cookbook. This cookbook (published in October 2021) was a great success story over the 2021-22 financial year. We worked closely with community members and local stakeholders to raise awareness and support Katherine West families to tackle the high rates of anemia in our region. You can read more on page 36.

In many ways, an annual report is like a recipe. There are diverse and nutritious ingredients, spices and herbs which make up our organisation. Expert team members source those ingredients and break them down into digestible pieces. A team of cooks works with the content, mixing and preparing the ingredients until they are plated up as a comprehensive Annual Report. A big thank you to everyone in the ‘kitchen’ who has been involved in that industrious process.

Before you go ahead and enjoy this meticulously consolidated and flavourful Annual Report, please take note:

- There is a full list of acronyms on the inside back page of this report (page 155).
- Unless otherwise stated, all photographs are copyright of KWHB.
- All photos in this document have been taken and used in line with KWHB’s photo, video and audio policy. If you have any concerns about a photo in this document, please contact our office on (08) 8971 9300.

A special thank you to community mob from across the Katherine West Health Board region for permission to use these spectacular images of people, family, community and country in this Annual Report.



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Roslyn Frith Chairperson

Welcome from our Chairperson

On behalf of the Directors of Katherine West Health Board (KWHB), I would like to welcome you to our 2021-2022 Annual Report. To begin with, I wish to thank my fellow Directors for their guidance and strategic direction over the past year, and for their support of our newly elected Board Directors.

We were pleased to welcome our new Board Directors Matrina Robertson (Lajamanu), Lisa Smiler (Kalkaringi/Daguragu) and Denise Humbert (Amanbidji/Kildurk). Matrina, Lisa and Denise were elected in the 2021 by-election.

It would not be the 2021-22 Annual Report without mentioning COVID-19 and the challenges the virus brought to our communities. While we have come a long way in our understanding of COVID-19 and how to manage it in our region, it continues to be at the forefront of our day-to-day. Our Board Directors work tirelessly with the KWHB leadership team and staff on the best advice on preventative practices and approaches to communicating those guidelines to our communities to help keep them safe.

Our staff have responded and managed COVID-19 in an outstanding way from its onset and continue to work diligently to provide our Katherine West communities with quality primary health care services (PHC).

COVID-19 impacted not only our life in communities but also staff recruitment. Staff shortages and COVID-19 related sick leave had a noticeable impact on our frontline. As the Chairperson of Katherine West Health Board, it has given me great pride to see when staff from across our different organisational domains step in and support our short-staffed Health Centres to ensure we can continue to provide PHC services to our mob.

“Our staff have responded and managed COVID-19 in an outstanding way from its onset and continue to work diligently to provide our Katherine West communities with quality primary health care services.”

Early this year the Board Directors endorsed KWHB's new Strategic Plan 2022-2027, which we are excited to see operationalised. The Board continues its governance training with Ambrose Solutions, who worked with us to develop our new Strategic Plan. This governance training has strengthened our understanding of governance structures and our responsibilities as Board Directors. It has also provided us greater insight into how we can work with the KWHB Secretariat to ensure our communities receive optimal, self-determined and comprehensive care. I am pleased to say that we will continue this training into 2023.

The Board keeps a close eye on our income and expenditure throughout the year and is happy to deliver another well performing audit for the financial year. Our processes will keep strengthening as we continue to implement new online quality management systems. KWHB passed both The Royal Australian College of General Practitioners (RACGP) and ISO Accreditations held earlier in 2022 with positive feedback.

KWHB has remained compliant to its funders, with strong oversight by the Board, with our compliance systems currently being systemised to better manage our reporting requirements and allow for our expanding services and staff growth.

The year 2022 fell on a community election year, with all our communities invited to nominate their new Board Directors. We focused on recruiting a mix of Directors with different backgrounds, interests and ages. It has been pleasing to see a diverse mix of previous and new Board nominees. The new Board will be endorsed at this year's

‘We focused on recruiting a mix of Directors with different backgrounds, interests and ages. It has been pleasing to see a good variety of previous and new Board nominees.’

Annual General Meeting (AGM). Our new Directors are going to join the Governance Training, and will be guided by our re-elected Board Directors to set them up with the knowledge and skills they need to represent their communities as KWHB Directors.

While there has been exciting progress at KWHB this past year, it hasn't been without its hardships. I would like to take this opportunity to extend my sincerest condolences to our staff and communities who have lost some exceptional, and strong leaders and supporters of our communities.

I will finish by thanking our Katherine West communities and members. With your direction, we are striving to continuously improve our delivery of PHC services in the communities. Your input and feedback allow us Board Directors to clearly articulate, and guide Katherine West staff across all levels of the organisation, especially our leadership team, and to continue to strengthen the health services provided in our communities.

We as Board Directors would not be able to operate as effectively without the direction and guidance from our communities. I look forward to working closely with our community members to continue this great work to achieve our dream of all our mob living long, healthy and happy lives.



Board of Directors

2021 - 2022

Katherine West Health Board has a 14 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.

The Directors present this report on Katherine West Health Board Aboriginal Corporation ("the Corporation") for the financial year ended 30 June 2022.



Roslyn Frith
Chairperson
Kalkaringi



Jocelyn Victor
Vice Chairperson
Pigeon Hole



Dione Kelly
Executive Director
Lajamanu



Noleen Campbell
Board Director
Yarralin



Joseph Archie
Board Director
Bulla



Caroline Jones
Executive Director
Timber Creek



Valerie Patterson
Executive Director
Lajamanu



Debra Victor
Board Director
Kalkaringi



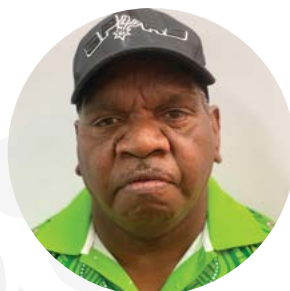
Lisa Smiler
Board Director
Kalkaringi



Matrina Robertson
Board Director
Lajamanu



Charlie Newry
Board Director
Yarralin



Jonathon Dixon
Board Director
Lajamanu



Roy Harrington
Board Director
Timber Creek



Denise Humbert
Board Director
Kildurk

In 2021, KWHB held a bi-election and welcomed 3 new Board Directors, Lisa Smiler, Matrina Robertson and Denise Humbert.

Board Appointments

The names of the Directors throughout 2021/2022 and up to the date of this report are as follows:

Member	Position	Community	Appointment Date to the Board
Roslyn Frith	Executive Director (Chairperson)	Kalkaringi	Re-appointed at AGM 14 Nov 2019, Re-appointed to Chairperson, 14 Nov 2019
Jocelyn Victor	Executive Director (Vice Chairperson)	Pigeon Hole	Re-appointed at AGM 14/11/2019, Elected as VC FBM - 14/9/2019
Charlie Newry	Executive Director	Yarralin	Re-appointed at AGM 14/11/2019 Appointed to Exec 20/10/21
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 Crk	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
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
Matrina Robertson	Board Director	Lajamanu	Appointed at FBM 2 Feb 2022
Lisa Smiler	Board Director	Kalkaringi	Appointed at FBM 2 Feb 2022
Denise Humbert	Board Director	Kildurk	Appointed at FBM 2 Feb 2022
Sandra Campbell	Executive Director - resigned 02.02.2022	Yarralin	Re-appointed at AGM 14/11/2019, Elected as VC FBM - 14/9/2019
Joyce Herbert	Board Director - resigned 02.02.2022	Lajamanu	Re-appointed at AGM 14/11/2019. Resigned 23/6/21

*AGM - Annual General Meeting, VC - Vice Chair, ED - Executive Director FBM - Full Board Meeting



Board Meetings and Attendance

Title	Date	Attendance	Member Name	Meetings Attended
Executive Board Meeting	28/7/21	5	Roslyn Frith	5
Full Board Meeting	28/10/21	9	Jocelyn Victor	6
Full Board Meeting	2/02/21	10	Charlie Newry	5
Annual General Meeting	3/02/22	10 and 9 Members	Valerie Patterson	5
Full Board Meeting	4/05/22	10	Dione Kelly	7
Executive Board Meeting	22/6/22	4	Caroline Jones	7
			Jonathon Dixon	2
			Debra Victor	5
			Noleen Campbell	1
			Joseph Archie	5
			Roy Harrington	4
			Matrina Robertson	2
			Lisa Smiler	2
			Denise Humbert	4

Title	Number of meetings throughout the year
Full Board Meeting	4
Executive Board Meeting	2
Primary Health Care Governance Meeting	5
Management Review Committee	3
Annual General Meeting	1
Safety Team Meeting	0
Finance Committee	7

Board Meetings were held in Katherine and Darwin throughout 2021-2022.



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 Miyrtá "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 Miyrtá: 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 operates eight health centres across our very large region, with the four main centres located in Kalkaringi, Lajamanu, Timber Creek and Yarralin.



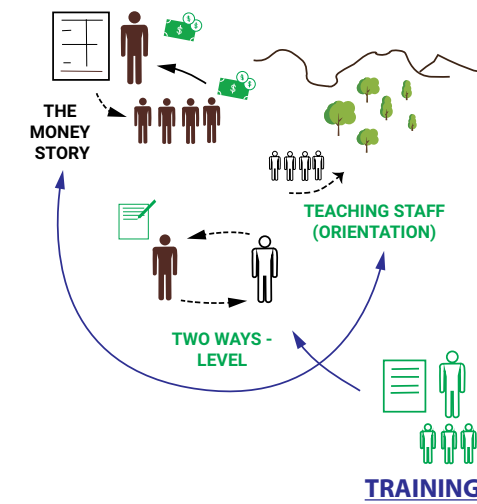
KWHB is an Aboriginal community controlled health organisation, governed by our 14 Directors who are elected by the members from our region.

KWHB comes under the rules and regulations of the Office of the Registrar of Indigenous Corporations (ICN 3068).

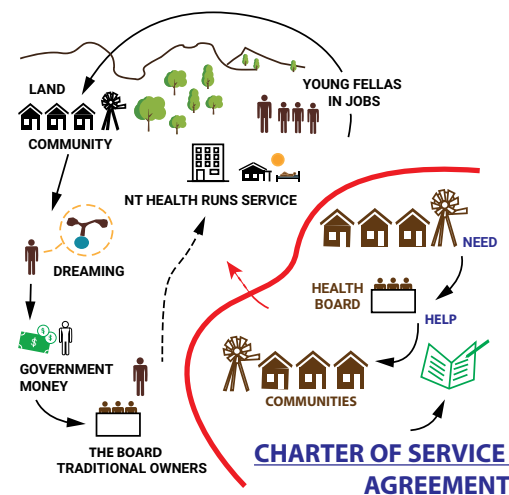


Road To Health

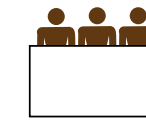
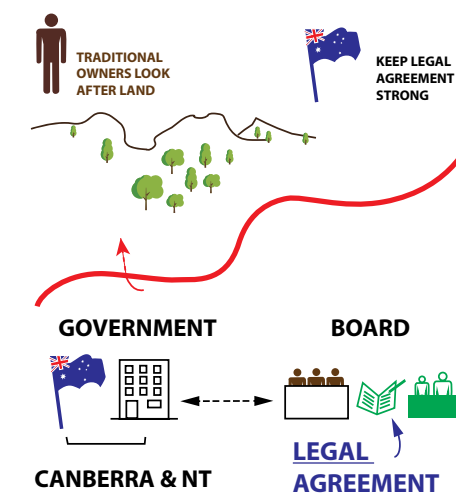
Developed in 1998, the KWHB Road to Health is a core document that hangs in our board room, and describes the aim and strategic direction of Katherine West Health Board.



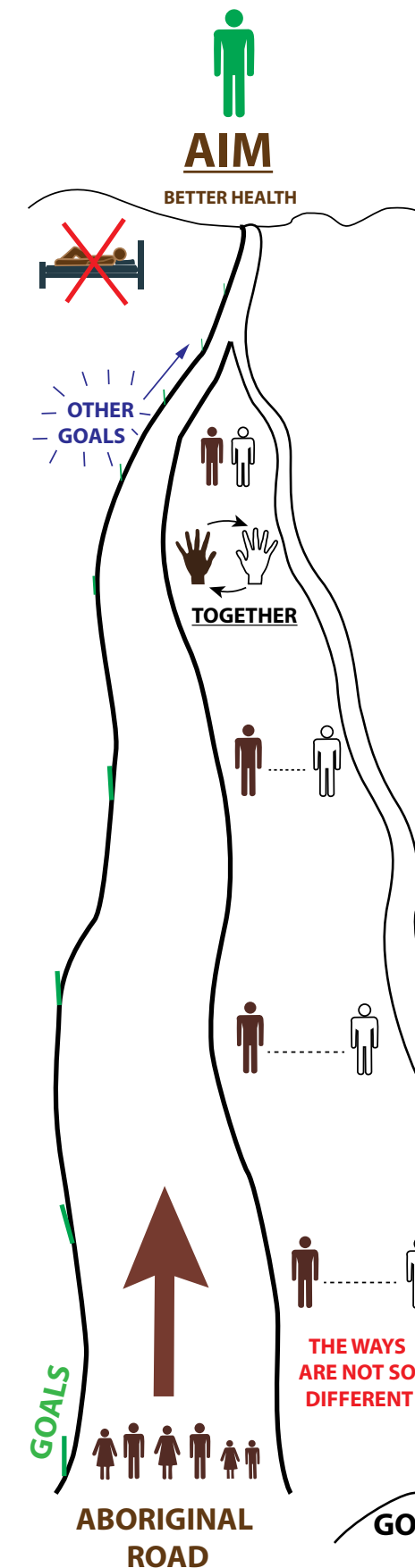
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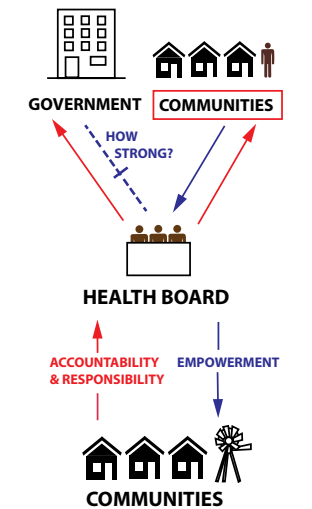
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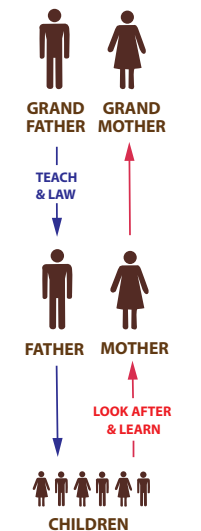
WHAT WE DO



GOVERNMENT AND ORGANISATIONAL LAW



FAMILY LAW



NT GOVERNMENT

CANBERRA

Organisational Chart

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



Organisational Structure



**KATHERINE WEST
HEALTH BOARD**
Aboriginal Corporation

Chief Executive Officer (CEO)

- Aboriginal Clinician Lead AHC
- Aboriginal Health Coaching Curriculum Writer
- Compliance and Reporting Officer
- Communications Coordinator
- Manager Corporate Governance

Senior Medical Officer

- Timber Creek GP 0.8
- Kalkaringi GP 1.1
- Yarralin GP 0.5
- Lajamanu GP 1.5

Off-Site GP Coordinator

- Care Plan/SONT Coordinator
- Pharmacist 0.1

Manager Remote & Population Health

- AOD Coordinator
- Health Promotion Coordinator
- Health Promotion Officer
- Health Promotion Officer
- SEWB Support Worker
- SEWB Support Worker
- Mental Health Nurse
- Mental Health Nurse
- Health Programs Coordinator
- Health Programs Quality Coordinator
- Graphic Designer
- Sexual Health Coordinator
- Sexual Health Nurse
- 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
- Child Health Coordinator x 2
- Maternal and Womens Health Coordinator
- Midwife
- Health System Support Officer/Second Responders
- Clinical Quality Coordinator

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
- Well Being Engagement CBW 0.5
- NDIS Remote Community 0.5 Connector

Yarralin/Lingara CHC

- Health Centre Coordinator
- 2 x Remote Area Nurses
- Trainee AHP
- 0.5 Admin Officer
- Well Being Engagement CBW 0.5
- Cleaner 0.25
- 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
- Well Being Engagement CBW 0.5

Timber Creek/Bulla/Kildurk CHC

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

Manager Safe & Strong Families

- Coordinator Safe and Strong Families
- Family Support Workers x 4
- SB4SF Registered Nurse x 3
- SB4SF Social Worker x 2
- Domestic and Family Violence Project Officer

Manager Public Health

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

Director Corporate Governance

- Senior Finance Officer
- Finance Officer
- HR Manager
- HR Recruitment Training Coordinator
- HR Officer
- Administrative Support Officer
- Assets Coordinator
- Assets and Property Maintenance Officer

Director Community Engagement

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





Sinon Cooney Chief Executive Officer

Chief Executive Officer Report

This year has been one of the most challenging we've seen here at KWHB, as COVID-19 spot fires started to spark across the region. The pandemic has had a huge impact on our communities, staff and our organisation. I suspect it will be several years before we can establish what normal really looks like for primary health care across the remote region.

In November, Lajamanu was one of the first remote communities in the Northern Territory to return a positive COVID-19 wastewater result. At that time, only about 65% of adult community members had the recommended two doses of the COVID-19 vaccine. Our staff dropped everything to assist the response, spending weeks in full personal protective equipment (PPE) in extreme heat to keep community mob safe. Our community response was extraordinary, and I want to use this opportunity to commend our mob for turning out in droves for testing and working closely with staff to minimise the impact of COVID-19.

Thank you to our Board Directors for going the extra mile this year. Our Directors were instrumental in leading the response, including communicating the changing directives and importance of getting vaccinated to our community members. I would also like to acknowledge and thank our staff for providing consistent support to our communities at a time that was made especially challenging due to the hot weather and proximity to Christmas. This response ended an especially tumultuous year, with the closing of state borders, ongoing COVID-19 crises interstate,

'Our community response was extraordinary, and I want to use this opportunity to commend our mob for turning out in droves for testing and working closely with staff to minimise the impact of COVID-19.'

'While we are optimistic that we are starting to successfully live with COVID-19, it continues to profoundly affect our communities and services.'

and slower uptake of vaccination in our communities. The teamwork and resilience across the board was absolutely monumental and I can't thank you all enough.

I also would like to thank the Northern Territory Government, Aboriginal Medical Services Alliance Northern Territory and Commonwealth Department of Health rapid response teams who played an essential role in supporting our response, particularly in the initial outbreaks but also in their ongoing advisory capacity.

While we are optimistic that we are starting to successfully live with COVID-19, it continues to profoundly affect our communities and services. Each week, approximately 5% of staff are off sick with COVID-19 – with more being unable to attend work due to the presence of respiratory symptoms. Protecting our communities remains paramount, so we continue to implement preventative measures such as regular testing and the wearing of face masks in the health centres and offices. Our policies maintain that all KWHB staff and Board Directors must be fully vaccinated against COVID-19.

Despite the hardships, we have still managed some solid achievements across the financial year. One of these was accreditation – over 2021-22 auditors from ISO and RACGP were finally able to travel to our region to complete their assessments, which we passed unequivocally.

Child Safety update

We were also able to get our child safety review underway, engaging Child Wise to assess our documentation and engage with key staff and community members, as well as visit our remote sites, to consider ways we can strengthen governance and procedures to keep children safe. Our funding agreements are increasingly asking for strong compliance with the National Principles for Child Safe Organisations, so we welcome this review and look forward to implementing Child Wise's recommendations over the next financial year.

This financial year we were successful in securing funding to provide intensive family support services. This funding will build on the solid family services foundations of the Maternal Early Childhood Home-visiting nurse (MECSH) program and Safe Families Safe Communities program, which have been successfully implemented across our region and re-funded for another five years. This welcome boost of family services funding assists us to provide wrap-around support for Katherine West families to grow up strong and healthy children.

Enterprise Agreement

We were also able to meet with industry union representatives and work closely with our staff to negotiate the terms of our new Enterprise Agreement which had been delayed due to the COVID-19 response. We were able to establish solid amendments with all stakeholders, and I am pleased to say that when the agreement was sent to staff vote it was upheld unanimously; we expect to see this finalised by the end of the year.

Systems improvement

I am delighted with the progress we have made to move our administrative processes across to contemporary digital systems. I am a firm believer in using smart solutions to reduce administrative burden – and each year we see significant systems improvement in all facets of our organisation. This year saw us transition from a clunky server across to the web based SharePoint platform for internal communications and document management. This saves a substantial amount of back-and-forth in document version control and has enhanced our information management process. We are also undertaking a reform of systems, which will see upgrades and systemisation in Human Resources (HR), Compliance, Reporting, Auditing, Assets and Secretariat. These reforms will accommodate our service expansion and organisational growth, while also ensuring more efficiency and transparency in how we work.

Recruitment

Recruitment remains a key priority. Health workforce burnout and uncertainty with interstate and international travel has had substantial impacts on staffing. This has been particularly evident in recruitment of health professionals, and I acknowledge how difficult this has been for our long-term staff in the health centres. We continue to prioritise new and innovative strategies to attract and retain skilled health professionals across our organisation.

I am pleased to say over this financial year we have recruited an experienced General Manager and highly skilled Manager Quality and Risk. We expect these new roles will strengthen our corporate services mechanism with positive flow on effects to the delivery of quality health care across our region.

Financial Performance

I am pleased once again to report strong financial performance for the year, with a clean audit and meticulous compliance with our funding agreements. We continue 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 optimise health outcomes for our mob in the bush.

Strategic Plan

The Board is pleased to announce the finalisation of the Strategic Plan, which will be available later in the year. The Strategic Plan will cover five years from 2022-2027 – this is a change from previous Strategic Plans which covered three years and will allow for strategic priorities to be embedded and effectively operationalised across the organisation.

Governance

The Board continues to maintain a strong commitment to Governance, undertaking Governance training throughout the year to strengthen governance practices. I expect this training will build strong foundations for new Board Directors elected this year through the community elections.

To that end, I would like to thank our Board Directors for their continued guidance and support. This year a new Board will be endorsed by our membership at the Annual General Meeting, and we will see some fresh faces in the room. This is always an exciting time for Katherine West, as we move forward under the guidance of new leaders, but it is also a valuable time to reflect on the strong leadership of our previous Board. I would like to thank the outgoing Board Directors for their strength in decision-making and support of the KWHB leadership team and myself during these especially hard years. Your support as we learned to navigate the post-COVID-19 world has been especially important, and a big part of why our organisation was able to respond so effectively.

Finally, I would like to thank our staff for their unwavering commitment to our mob in the bush. COVID-19 was the biggest threat of our time, and at the back of our minds was always what could happen. When it finally breached our borders, we had one of the strongest, most collaborative and dedicated remote health workforces in the country – and that has paid enormous dividends in the protection of lives.

I look forward to working closely with you all to expand and improve the delivery of comprehensive primary health care across the Katherine West region in 2022-23.







Sean Heffernan Director Corporate Governance

Corporate Governance Domain Report

The Corporate Governance space has undergone some exciting changes in the past 12 months. The development of Donesafe, our new compliance system, continues in earnest and will include our Incidents, Hazards, and Maintenance register (current) as well as our Reports register, Audits register, Assets register, and Meetings register once completed. This shift to a new platform will make the storing and accessing of corporate information more accessible, usable, and transparent for all staff in the future.

We have also contracted the build of a new custom HR system to meet the complexities of our service. With the increasing use of Microsoft platforms such as SharePoint, Projects, and Planner, KWHB aims to further establish an information and compliance system that will account for our complexities as an expanding comprehensive primary health care service and future growth.

While there have been some challenges around staffing in some areas, we have recruited several key staff to existing roles, as well as to newly developed roles at KWHB. We are delighted to introduce a fresh new HR team, Communications Officer, Graphic Designer and Manager of Corporate Governance (MCG). We are also excited to see the recruitment of a General Manager, Manager Quality and Risk and Executive Assistant to the CEO.

‘While there have been some challenges around staffing in some areas, we have recruited several key staff to existing roles, as well as to newly developed roles at KWHB.’

Assets

Having undergone some staffing changes, the Assets team has successfully and seamlessly handed over to a new Assets Coordinator. With all maintenance issues and requests managed through Donesafe, the Assets register will also be embedded into Donesafe in future to allow for a more centralised repository of Asset information that can be better coordinated and managed by the Assets and Finance teams. An effective Assets function is important to underpinning high quality health service delivery especially in supporting our remote staff. We are certainly heading in the right direction in this area.

Contracts, Purchasing, Leases

We have commenced using the web based SharePoint platform to keep track of contracts and leases, which has seen considerable improvements in records management. We will continue to move more of our documentation and processes into the Sharepoint system to ensure the effective oversight of these essential functions.

Finance

There has been consistent performance in the finance domain at KWHB, and we can see that the 2021-2022 financial audit reflects this. Please see the attached audit documentation in this publication. The key point to keep in mind is the strength our financial performance provides to ensure all reform and areas of growth within KWHB are well financed and provided for. Excellent Board and Executive leadership reflects that this is indeed the case.



‘An effective Assets function is important to underpinning high quality health service delivery especially in supporting our remote staff. We are certainly heading in the right direction in this area.’

Information and Communications Technology (ICT)

While our online systems and platforms in use at KWHB have increased, we have ensured our IT hardware and connectivity is up to date to accommodate this, as well as the diversities of our working environment, from our regionally located offices to our very remote bush health centres. This has allowed KWHB to maintain consistently strong patient information systems, and to develop our staff information systems simultaneously this past year.

Anecdotally we can say we have never been in a better position in terms of the robustness and strength of our IT Infrastructure. We still have some way to go in the development of our new online platforms to support HR and Finance, but we are on the right track towards fulfilling this vision.

People and Culture

We continued to have some challenges in recruiting and maintaining leadership roles within this area; however, we have recently overseen the recruitment of a new HR team to oversee and coordinate all facets of HR and provide the best support to our staff. We have recently commissioned the development of a new customised HR system that will accommodate the diverse and complex nature of our organisation as a remote primary health service.

While we have experienced recruitment challenges more widely following on from COVID-19, we have managed to embed a more effective recruitment system with our new HR team and have employed the use of the Scout Talent software to centralise and streamline our recruitment processes.

‘This year, the PHC Operations Coordinator has also overseen the secretariat function for our Primary Health Governance Committee (PHCG). This has allowed greater face-to-face interactions with our staff – especially our bush staff – to better understand how to support them.’

Primary Health Care (PHC) Operations

PHC Operations support improved exponentially this past year. KWHB anticipate that this area will only increase in efficiency when aspects of this operational role are embedded into Donesafe and SharePoint to decrease the administrative burden on the PHC Operations Coordinator, allowing them to provide operational support to staff in other ways.

This year, the PHC Operations Coordinator has also overseen the secretariat function for our Primary Health Governance Committee (PHCG). This has allowed greater face-to-face interactions with our staff – especially our bush staff – to facilitate understanding in how we can best support them.

Policy

All Corporate policies have been reviewed and amended where necessary, with all policies now available on KWHB’s Intranet

to be accessed by staff as needed. Key policies were assessed and reworked as procedures to better align with our new EBA, which was overseen by our Industrial Relations representative.

Secretariat – KWHB Governance

All reporting and compliance with the Registrar of Indigenous Corporations (ORIC) is maintained and up to date.

During 2022, our Reporting and Compliance Manager orientated our new Manager, Corporate Governance (MCG), who oversees KWHB’s compliance with funders, as well as the development of our new compliance systems and processes.

Finally, this year was an election year, with all community elections now completed. The new Board Directors will be endorsed and voted in at our AGM to be held in Katherine in November this year.



Timber Creek Health Centre





David Lines Director Community Engagement

Community Engagement Report

The COVID-19 years have taken their toll on our staff and communities, and I think it's a valuable opportunity to reflect on these hardships now and recalibrate. The idea of COVID-19 in our communities two years ago was an incredibly frightening prospect, and we have now endured two tough years of preparing for the worst.

On reflection, there has been a lot of Sorry Business in our communities of late, with many of our families grieving significant Elders and close family passing away. Sorry times are hard times in community, and this was made harder with cultural ceremonies being disrupted and family members unable to travel for ceremony during periods of movement restrictions.

COVID-19 has also impacted the core business of the community engagement function. Much of our regular business was disrupted, which saw a measurable effect on our ability to travel the region, yarn with clients and get vital feedback on our Health Centres and health service operations. In the 2021-22 financial year, we saw important community engagement visits to our communities cancelled due to COVID-19 outbreaks in the Northern Territory. Although the next 6 months will be focused on yarning about Board nominations and elections, I am looking forward to resuming regular community engagement visits in 2023 and prioritising continuous quality improvement and cultural safety in our services and programs.

Community engagement over the past couple of years has been focused on COVID-19, supporting our communities with key information about how they can prevent and manage COVID-19

'I am looking forward to resuming regular community engagement visits in 2023 and prioritising continuous quality improvement and cultural safety in our services and programs.'

'It has been uplifting to see so many in our region supporting each other and working to protect the vulnerable.'

outbreaks, and raising awareness about the importance of vaccination. Often the communication directives changed – even between one community and the next – and it was challenging to relay these constant changes of information to our communities. I truly appreciate the support of our Board Directors and community leaders in working with us to communicate the COVID-19 messaging to keep our community members safe.

It has been uplifting to see so many in our region supporting each other and working to protect the vulnerable. At the commencement of the COVID-19 vaccination drive, we saw a lot of wariness and anxiety across our communities which was exacerbated by

misinformation online. Our community leaders stepped up to dispel the myths and publicise the importance of getting vaccinated, which saw a considerable change in community uptake.

Cultural Orientation

Cultural Orientations remain an essential part of the Katherine West induction process, with all staff undertaking an online cultural safety module in the first few days of their employment. The Cultural Orientation modules include videos and an informative online module covering the key elements of Cultural Safety and working with Ngumbin/Yapa communities. Staff also attend a two-hour face-to-face orientation with one of our Cultural Leadership staff members, where they





‘We continue to hear great feedback from our clients, other Aboriginal health organisations and peak bodies about how our resources are localised and culturally appropriate;..’

are encouraged to ask questions and explore the cultural background of our region in more detail. In the past financial year, we conducted 37 cultural orientations, and we are actively looking at more ways we can ensure staff receive a comprehensive orientation aligned to their position and tenure.

Cultural and Health Literacy

The Cultural and Health Literacy Resource Review Process is now in its second year and is proving to be a valuable and time-efficient process, with the review process taking place entirely online. We continue to hear great feedback from our clients, other Aboriginal health organisations and peak bodies about how our resources are localised and culturally appropriate; this is a true credit to our Health Promotion team, our Cultural Liaison staff and our community members who are regularly the faces and voices behind our resources.

National Disability Insurance Scheme (NDIS)

This financial year saw a large boost to our NDIS remote community connector program with the recruitment of an experienced NDIS Coordinator. Di Krepp works closely with our locally based NDIS Remote Community Connectors to connect our clients living with a disability to the services and support they need. Di has been instrumental in leading the navigation of a complex system, orientating our staff on the ground, and working with NDIS service providers to follow up on requests.

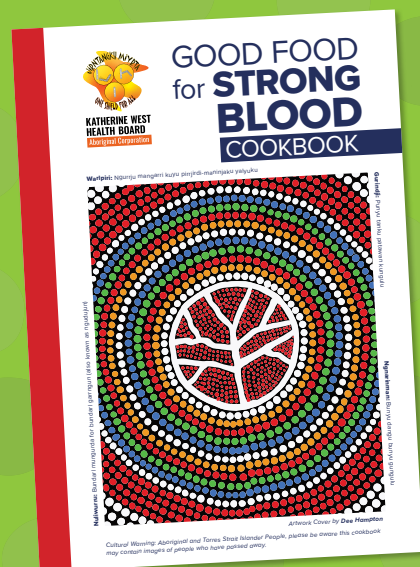
In 2021-22, four Board Directors moved away from the region or resigned from their position on the Board owing to other commitments.

To fill these vacancies, we commenced the by-election process in Lajamanu, Kalkaringi, Amanbidji and Yarralin in October and November. We welcomed three new Board Directors to uphold the strongest level of governance in the interim until the new Board is elected in late 2022. It is exciting to see new people putting their names forward for Board Director nominations, and I feel we are in a sound and solid position with governance going forward.

The most important part of the election process is yarning, and fortunately we were able to start the 2022 election process on the ground in our communities as restrictions began to ease. We also developed two animations to assist with explaining the nomination and election process, detailing what a Board Director’s responsibilities are and what sort of person in the community may make a good Board Director. These are helpful resources for raising awareness about the governance of Katherine West Health Board and will hopefully encourage some additional community members to put their hands up this year.

Finally, I would like to commend our Board, staff and community members for working so closely together to keep everyone safe over the past couple of years. The pandemic has been one of our greatest challenges, and collectively everyone played a role in protecting our most vulnerable. Thank you for your support and dedication to our communities, and I look forward to working with you all as we step into a more certain world in 2022-23.

Good Food for Strong Blood



Cookbook supports families to make big nutritious feeds in the bush

Katherine West Health Board was proud to work with community members to develop the Good Food for Strong Blood cookbook to support families to cook iron-rich meals and address the prevalence of anaemia across the Katherine West region.

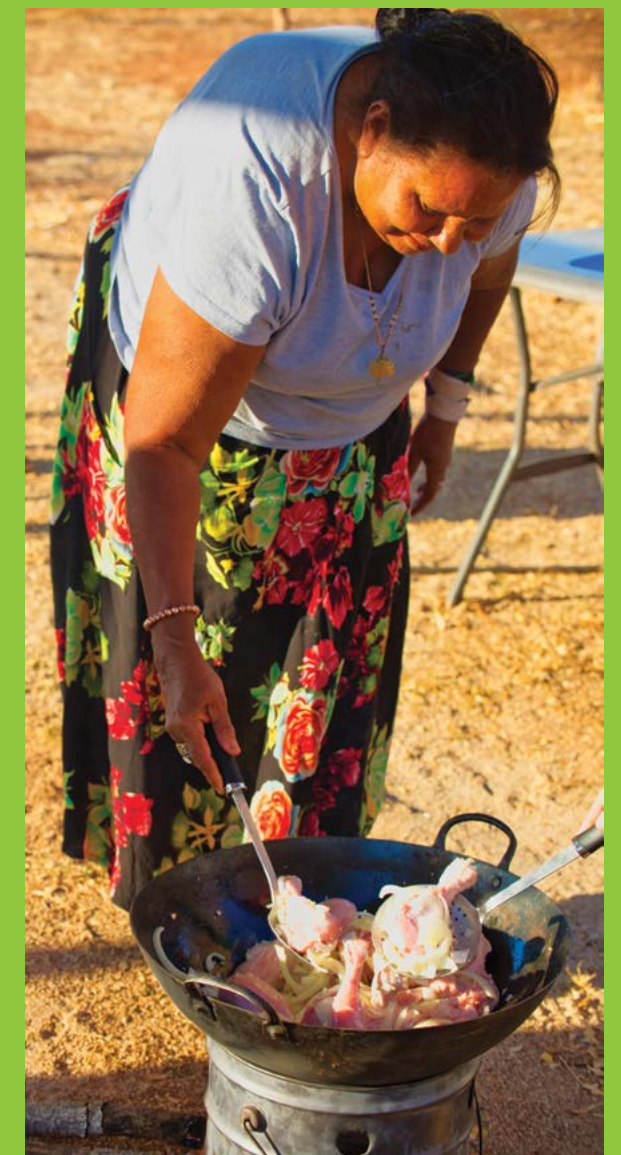
The cookbook was meticulously planned, sourcing ingredients from local shops and cooking up with diverse community groups across the 160,000km2 region to build capacity and education about cooking nutritious meals for the whole family.

Recipes include a mouth-watering Chilli Con Carne, Meat Loaf with Rice and Salad, Kangaroo Stew and Beef and Bean Lasagne. Each recipe is accompanied by photos of a local community group, such as Families as First Teachers parents or the Community Development Program attendees, preparing and cooking the meal.

KWHB launched the Good Food for Strong Blood cookbook in October 2021, and regularly uses the recipes for health promotion events and activities.

The cookbook is available for all community members, and can be picked up Kalkaringi, Lajamanu, Yarralin and Timber Creek Community Health Centres. There are also recipe tear-off sheets available in community shops.

Thank you to all of the community groups and stakeholders who came together to help produce this fantastic resource.





Dr Susan Clarke Senior Medical Officer

Medical Services Report

This year has been marked by several changes, including Dr Odette going into semi-retirement and myself taking over the role of Senior Medical Officer. At the end of 2021 we were faced with COVID-19 outbreaks in all Katherine West communities. I'd like to thank all staff for assisting with the ongoing COVID 19 response which has shielded communities from the most damaging effects of the virus.

'Other threats to patient health in the NT have come in the form of Japanese Encephalitis, Brucellosis (from pigs) and Monkey Pox. Fortunately, none of these diseases have been detected in community but staff have been educated to ensure early recognition.'

COVID-19 remains an issue, however, and we continue to have processes in place to minimise risk to communities and staff. Other threats to patient health in the NT have come in the form of Japanese Encephalitis, Brucellosis (from pigs) and Monkey Pox. Fortunately, none of these diseases have been detected in community but staff have been educated to ensure early recognition.

General Practitioners (GPs)

We have been fortunate to have been well-staffed with GPs in all clinics over the last year. While we have had an excellent team of doctors on the ground, we are also supported by an excellent team of off-site doctors, making sure that coverage for our patients continues even if on-site doctors are not available. Care plans continue to be a priority and our off-site GPs are working with our Chronic Disease Coordinator, Heidi Faulkner, to prepare care plans for patients with chronic diseases.

However, finding GPs willing to work remote remains an issue, especially as GPs are in high demand and low supply nationally.

'Outbreaks of COVID-19 in the Northern Territory significantly interrupted the delivery of specialist care to remote communities.'



Telehealth options are being explored more fully as next year several of our long-term Doctors are taking well-deserved time off to pursue other interests (such as sky diving). We are also partnering with medical services in Katherine to advertise rural and remote GP placements. While we did not have any Registrars for this reporting year, we now have a Registrar at Lajamanu.

Quality Improvement

We continue to focus on improving the quality of care we offer. This year we have started a Fraught Clinical Scenarios meeting, during which we analyse difficult cases to identify any problems within the system and find possible ways to address these problems. Meetings are open to all staff members.

Education

Lajamanu was recently the setting for a trial Health Careers information evening which involved community members being able to try their hand at IV cannulation, giving injections, taking blood pressure, and packing medication as well as discussing medical school with visiting medical students. These sessions aim to encourage community members to consider careers in health. This program will be expanded to all communities in future years.

Specialist Visits

Outbreaks of COVID-19 in the Northern Territory significantly interrupted the delivery of specialist care to remote communities. Some services, such as Ear Nose and Throat (ENT) and ophthalmology have not yet resumed. Renal and cardiology clinics have restarted, although with less frequency. However, Specialists are available for chart reviews over the phone.

Other services, such as Physician, Paediatrician and Obstetric and Gynaecology visits have returned to normal and are greatly appreciated by staff on the ground. A lot of work from our Chronic Disease Coordinator, Child Health Nurses, Midwives and local Drivers have ensured these clinics are well-attended.

Challenges Ahead

As mentioned, our most pressing challenge is staffing the clinics with GPs. As we move forward, I am hoping to maintain the high standards set by Dr Odette, to ensure that we attract and retain enthusiastic and experienced GPs. I'm looking forward to the next year and appreciate all the support from the KWHB Board and staff.



Bush First Aid

Everyone can be a lifesaver in the bush

In collaboration with NINTI TRAINING



In September 2021, Katherine West Health Board partnered with Ninti Training Limited to deliver a series of Bush First Aid sessions to Aboriginal communities in the Katherine West region. The 24 sessions were delivered across Lajamanu, Kalkaringi, Daguragu, Nitjpurru, Yarralin, Timber Creek and surrounding communities, empowering everyday people to save lives.

The Bush First Aid course teaches community members about basic life support principles, chain of survival, and responses to a range of different injuries – such as burns, chest pain, bleeding, eye injuries, poisons and bites. Importantly, the sessions focus on delivering practical first aid with the resources that are available to community members in the bush.

First aid is an essential skill for those living and working in remote communities, as the prohibitive distance to health care services can have significant impacts on a casualty's injuries and survival. The first response is the most critical in reducing long-term harm, and – in more serious cases – ensuring survival.

The two hour course was facilitated by long-time Territorian and passionate educator, Ray 'Stingray' Menhinnitt OAM for Ninti Training Limited. Mr Menhinnitt has been teaching first aid, water safety and CPR to Aboriginal communities for over 20 years. His work in first aid includes the creation of *You Can Help*, a learning tool which simplifies first aid and makes it accessible for everyone. Ninti Training is an Aboriginal Community Controlled Registered Training Organisation, delivering



'We're proud to partner with Ninti Training to deliver Bush First Aid to the Katherine West communities. This gives our mob out bush an opportunity to learn basic, practical skills that are critically important when injuries and medical incidents occur in a remote setting,'

training and employment opportunities for local Aboriginal and Torres Strait Islander residents.

The Bush First Aid sessions were delivered to diverse community groups including parents at Families as First Teachers and participants of the Community Development Program, in addition to general community sessions throughout the Katherine West region. All participants received a certificate of attendance.

"This course takes its inspiration from Bush Mechanics knowing that Aboriginal people are innovative and with training, may save a life. We hope this leads to further first aid training" said Raelene Beale, GM Ninti Training Ltd.

"We're proud to partner with Ninti Training to deliver Bush First Aid to the Katherine West communities. This gives our mob out bush an opportunity to learn basic, practical skills that are critically important when injuries and medical incidents occur in a remote setting," said Sinon Cooney, CEO Katherine West Health Board.

"If basic steps are taken just after an incident happens – it can make all the difference for when a health professional arrives. This course has been developed specifically for the bush – which means they're working with what they've got and things that happen in a real life situation."



Megan Green Manager Population Health

Population Health Report

What another year it has been! There is no other way to start other than to say we simply could not have gone through the trials and tribulations of 2021-22 without the strong leadership from our Board and the ongoing dedication of our incredible staff.

If we thought we had seen the worst of COVID-19 mid-2021, we were sadly mistaken as the new financial year pushed us to extraordinary levels of emergency health management.

When positive wastewater was detected in Lajamanu in November 2021 (and other communities not long after), we knew we were in for a wild ride. It is the hottest time of the year out there on the tip of the Tanami Desert, and Lajamanu's second dose vaccination rate was lower than we would have liked. The response from our Board, community members and staff to protect our mob was unlike anything I have seen before.

We had staff in full PPE out yarning, swabbing, vaccinating and supporting clients to isolate - from dawn to dusk, and into the nights. Wearing PPE in the air-conditioned clinical setting for 12 hours plus is uncomfortable enough – turn up the heat to 45 degrees and sweltering humidity and it is a whole new ball game.

There was a remarkable uptake of the COVID-19 vaccination as we responded to the positive cases across our region. Queues for swabbing would fill up basketball courts and spiral around corners, as entire communities would turn up to get tested and protect their loved ones. Community leaders supported our teams on the ground, yarning and explaining the rapidly changing government directives.

'I cannot stress enough how grateful I am for everyone who supported the response, from the teams on the ground, to the administration gurus in the head office keeping the essential paperwork and systems ticking over and the support crew sending out much needed supplies.'

I cannot stress enough how grateful I am for everyone who supported the response, from the teams on the ground, to the administration gurus in the head office keeping the essential paperwork and systems ticking over and the support crew sending out much needed supplies.

Our program staff were redeployed to the COVID-19 response from November 2021 until April 2022, and they also deserve special mention for dropping everything to support our health response. Our core primary health care work was also stalled during this period as we enacted an emergency response across the region. This, of course, had immediate impacts on our service delivery, and we will, no doubt, continue to feel the ongoing effects of this disruption of service and the two years of emergency management for years to come.

Bush staff

Our bush staff and their professional expertise and flexibility has been exemplary as always. Thank you for all your hard work throughout the year, frequently navigating challenging environments to provide the absolute best of care to our clients. We have operated on very tight numbers through some parts of the year, and I know that burdens small teams with a heavy workload – I cannot thank you enough for how much you have all given our communities.

Despite the ongoing challenges we have had with recruitment and staffing throughout the COVID-19 years, we have had a consistent number of Remote Area Nurses (RANs) returning on regular contracts. Relationship building and continuity of care are especially important in the remote setting, so it is fantastic to see so many familiar faces returning. Additionally, we have a stable number of long-term staff in our health centres which is also a huge contributor to the effective delivery of health care for our mob in the bush.

Kalkaringi will be in for some changes next year, with Andy Wilkinson heading off on new adventures after 9 years in the Health Centre Coordinator role – and Maureen Turner, his job share partner, taking well deserved extended

leave. Thank you, Andy and Maureen, for your many years of service and dedication to Kalkaringi and Daguragu, you will be greatly missed by the community and staff.

We have been fortunate to recruit Scott Worner to take on the Coordinator role at Lajamanu Health Centre - he brings with him a wealth of experience and leadership skills. Kathryn Drummond, formerly our long-term Coordinator at Lajamanu, has crossed over into the river country to take the helm at Timber Creek where she will no doubt continue making great leaps and bounds in delivering primary health care.

'Our bush staff and their professional expertise and flexibility has been exemplary as always. Thank you for all your hard work throughout the year, frequently navigating challenging environments to provide the absolute best of care to our clients.'





A big thank you to Deb Williams and Leanne Egan for leading the charge in Yarralin – it is always important to know our communities and staff across the region are in safe and experienced hands.

Our Mobile Team have continued their hard work travelling the region to deliver essential health care to our outstations and smaller communities further afield. This service is critical in our region given the vast distances between services, and we are fortunate to have long-term staff providing this care and teaching some newbies along the way.

Finally, I wanted to acknowledge our two Aboriginal Health Practitioner (AHP) trainees, Jenny and Anthea – Aboriginal staff in the health profession is an absolute number one priority, and you could not ask for two more dedicated and passionate staff members to take on this journey. We are delighted to be supporting you through this traineeship, and a big shout out to our peak body Aboriginal Medical Services Alliance Northern Territory (AMSANT) for their investment in the professional development of our trainees.

Accreditation

Despite COVID-19's best efforts to thwart us, we were able to achieve RACGP re-

accreditation in March 2022. There is a lot of work behind the scenes to prepare for the accreditation, so thank you to all the staff involved in that outcome. Furthermore, we were re-accredited for ISO, an important audit to check the quality of our systems and processes to ensure the effective delivery of primary health care across our region.

Congratulations

I always like to mention our honorary new members of the KWHB team – the new bubs. Big congratulations to Bri Summers, Jessica Hagley and Mahima Matta on welcoming little ones to their families!

Programs

What a rollercoaster year for our program staff, who were redistributed to support the COVID-19 response when the first positive cases were confirmed in our region. It was impressive to see staff effortlessly moving their skill sets over to supporting our bush staff in the emergency responses in our communities and supporting the Katherine town response, assisting with administration, swabbing, yarning and welfare support.

With the easing of the risk associated with COVID-19, program staff were able to resume regular activities in April 2022.





Staff effortlessly adapted and redirected themselves back to program delivery, picking up where they left off once it was safe to do so.

Our primary health care operational support has had a seamless year, with Finance, Assets, HR and Administrative professionals putting in the hard yards behind the scenes. Thank you for everything you do.

Social and emotional wellbeing, as many know, is close to my heart and crucial to positive health outcomes in community – and I am pleased to see some great initiatives building in this space. Our staff are always looking at innovative and culturally safe ways to support our communities to keep their spirit strong. We commenced the Strong Spirits through Art program which has seen great uptake in our communities. We are commencing training with key staff for Rhythm2Recovery, which uses drumming techniques to build emotional connections, and I look forward to seeing that rolled out in our region.

This year we recruited a second mental health nurse, to further expand on the great work and relationships that Darren Robinson has built in our communities. Another successful recruitment was an experienced Alcohol and Other Drug (AOD) Coordinator, who provides essential support and brief intervention counselling to clients negotiating AOD misuse.

We developed a series of animations to raise awareness about depression, anxiety, psychosis and keeping spirits strong. These will support clinicians, health promotion, mental health professionals and many other stakeholders to yarn about social and emotional wellbeing and respond effectively to clients experiencing mental health concerns.

A great deal of work has gone into the adaption of the LoveBites respectful relationship modules to ensure they are localised to our region. Thank you to everyone who has been involved in this important process. I am looking forward to seeing the

rollout of this valuable education program across our communities to support young people to build respectful relationships.

In late 2021, we were successful in securing funding to deliver intensive family support programs across our region. The Australian and Northern Territory Government funding over five years provides us with the opportunity to support families to grow up strong and healthy children. We will see the implementation of this program across our region in the 2022-23 financial year, and I look forward to working with our Board and community members to deliver the program in a way that best meets community needs.

Our Strong Beginnings for Strong Families team continues to work closely with families in our region to meet growth milestones and promote positive parenting and healthy child

‘Our mobile team have continued their hard work travelling the region to deliver essential health care to our outstations and smaller communities further afield. ’

development. We now have three Nurses and two Social Workers employed under the Maternal Early Childhood Sustained Home-visiting (MECSH) funding to support families, as well as the expert support of our Cultural Leadership Officer. This funding has been extended for another five years, which is a real credit to its success over the past three years and I would like to thank the staff for their work in the implementation and the ongoing delivery of this important program.

The Specialised Family Violence program is another program that has been extended for another five years, which is fantastic to see given the prevalence and effects of Domestic and Family Violence (DFV) in our region. This program is multi-faceted, raising community awareness about DFV, as well as building capacity and support across the community to prevent and respond to DFV. Our specialised caseworker has a significant caseload, working closely with victim-survivors to safety plan and build support. This program also funds the successful Safe4Kids program, which empowers communities to keep children safe – with a focus on the rapidly evolving online environment.





Health Promotion Team

Thank you to our Health Promotion team for your tireless work supporting education initiatives and developing resources to support key health messages. We have had some big projects reach fruition this year, including the long-awaited Good Food for Strong Blood cookbook which has been a solid piece of work with communities to address iron deficiency and support families to make big nutritious feeds for large groups. COVID-19 impacted the launch towards the end of 2021, but we were able to make up for lost time when services resumed in April and the cookbook has been well received in every community.

Mural Project

At long last we finalised the mural project - another important community activity delayed by COVID-19. The murals have now been completed in Kalkaringi and Daguragu, reminding community members to speak up and share their worries with family, friends and the clinic when they are feeling sad or anxious.

Tackling Indigenous Smoking

We developed a series of animations under the Tackling Indigenous Smoking funding, to raise awareness around the effects of smoking on individuals and the wider community and how people can access support to quit or reduce their tobacco use. These work together with our Nicotine Replacement Therapy (NRT) resources, creatively developed for clients to carry discreetly in their phones and wallets.

Our solid partnership with Life Education and their beloved giraffe, Healthy Harold, has gone from strength-to-strength this year. We are so grateful for this important program which delivers health education to children in an engaging and interactive way.

The Deadly Choices program has been another popular program in our communities this year. When community members receive their annual health check, they are eligible for a Deadly Choices t-shirt – and these are worn with immense pride around town, and doubles as a visual reminder for everyone to see the health centre staff for their check-up. Additionally, we have had the opportunity to run some of the Deadly Choices health education programs in Kalkaringi, which were well received by young people.

We have developed a suite of catchy songs with MusoMagic and Lajamanu mob reminding community members to practice safe sex and to attend the clinic for regular sexual health check-ups. Sexual health can be difficult for community members to talk about, so it is a fantastic initiative to reduce the shame around this topic and promote sexual health education in a fun and culturally sensitive way. We are in the process of developing animations to finish this suite of materials and the first drafts are looking fantastic; they will be a valuable resource to promote sexual health in community.

Bush First Aid

We were delighted to work alongside Ninti One Training to deliver Bush First Aid to our communities. Stingray was an excellent facilitator, teaching community members the principles of first aid response and using whatever is available to stabilise a patient in that crucial first hour of a health incident. This can include tyre tubes as slings and sticks for splints and crutches – it is a great training program for the bush!

Diabetes Project

Over this financial year we saw the successful conclusion of the Diabetes Foot Health Promotion Project. In partnership with other Aboriginal Community Controlled Health Organisations across the Big Rivers region, we have developed some excellent resources to support community awareness and increase the capacity of staff to recognise and respond to early diabetes foot complications.

Wrap Up

Upon reflection, I am astonished by just how much we have all managed to achieve in a year where we were negotiating our first outbreaks of COVID-19. At Katherine West, we have a supportive professional culture where everyone has the goal of improving health and wellbeing for all people across our region. The successes of the year, and the ability to navigate the complexities, are all down to a dedicated mob of people working together with the same focus. It could not be achieved without our Board and community's support and guidance, so thank you again to all our community members for working so closely with us. I look forward to building on this relationship and kicking more goals to improve health outcomes for our mob in the bush next year.

Primary Health Care Activity - Visiting Specialist 2021-2022

Specialty Type	Bulla		Bumbidee		Kalkarindji		Katherine		Lajamanu		Mialuni		Timber Ck		Yarralin		Total	
2021/2022	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts
Allied Health Aide					3	17			2	2			1	1	4	5	10	23
Audiologist	2	3	3	17	18	99	1	1	13	93	3	12	4	61	13	54	57	340
Cardiac Educator																		
Cardiologist									1	17							1	17
Counsellor																		
Dental Therapist					13	36			3	14							16	50
Dentist					13	93			5	22			1	26	5	28	24	169
Diabetes Educator*	4	23	6	31	27	130	52	207	3	11	5	30	36	482	7	28	140	942
Dietitian	1	2	1	3	2	4	1	3	3	14			6	13	3	5	17	44
ENT Specialist																		
Exercise Physiologist	1	3	2	2	4	11					2	4	1	1	6	13	16	34
Obstetrician & Gynaecologist*					3	14			2	9							5	23
Occupational Therapy																		
Ophthalmologist																		
Optometrist	1	3	2	22	8	67			3	26			3	19	2	20	19	157
Paediatrician	1	4			5	61	1	1	3	40			3	30	3	29	16	164
Pharmacist																		
Physiotherapist	1	10			7	72	2	2	8	44			7	18	6	26	31	172
Podiatrist	3	10			15	53			4	11	2	8	10	18	10	25	43	125
Renal Med Specialist					1	8			1	2							2	10
Respiratory Physician (combined with specialist physician)																		
Smoking Cessation Coordinator			2	11	1	10			3	42			1	2	7	79	14	144
Smoking Cessation Officer																		
Social Worker	3	5	19	194	29	81	61	204	22	197	2	3	39	194	19	58	194	936
Specialist Physician					5	51			2	18			4	21	1	12	12	102
Total	17	63	35	280	154	804	118	418	78	562	14	57	116	886	86	382		

*Diabetes Educator data is inclusive of time spent working as a covid vaccinator. Some data consistency errors identified (eg. administrative work documented as a client contact).





Speak up and share your worries

#speakupshareyourworries

Katherine West communities are reminding everyone to speak up and share their worries with bright murals on display in community.

After two years of delays due to COVID-19 and interstate border restrictions, artist Andrew Bourke and his team travelled to Kalkaringi and Daguragu in 2022 to work closely with community members and bring two new murals to life.

It was all hands on deck – with local kids and adults picking up sanders, spray cans and paint brushes to create the colourful pieces. It took five days in Kalkaringi, and a further five days in Daguragu to complete each of the murals.

The murals depict significant historical and cultural journeys of local people and country, including the landmark Wave Hill Walk Off led by Vincent Lingiari in 1966.

The murals have been completed under targeted funding for social and emotional wellbeing awareness, recognising that depression and anxiety have significant effects on Aboriginal and Torres Strait Islander populations living in remote and isolated locations.

The #speakupandshareyourworries initiative started with Aboriginal Health Practitioner Deb Jones and young women from Myatt community in the Timber Creek region.

The Myatt mob worked on a Facebook video which highlighted the importance of listening to young people's voices and sharing worries with family and the clinic mob.

The murals are a reminder that yarning about worries helps keep our spirits strong.

The two new murals in Kalkaringi and Daguragu complete the #speakupandshareyourworries project – connecting the speak up story with murals across the region in Lajamanu, Timber Creek and Yarralin.

You can check the murals out at the Daguragu Recreational Centre and near the Kalkaringi Store opposite the Ngaliwany Purrp'ku Child and Family Centre.



The two new murals in Kalkaringi and Daguragu complete the #speakupandshareyourworries project – connecting the speak up story with murals across the region in Lajamanu, Timber Creek and Yarralin.





David McGuinness Manager Public Health

Public Health Report

Our extensive planning and preparation over the past two years was put to the test in late 2021, as COVID-19 outbreaks started to occur across the Katherine West region. Our response kick started with the goal of elimination, but changing circumstances saw us pivot to minimise the extent and effects of outbreaks as case numbers increased across the region.

From October 2021 until March 2022, our clinical and program workforce was redirected towards the COVID-19 response. Most of our staff were out on the ground assisting with testing, tracing, vaccination, clinical administration and supporting our clients with well-being concerns during isolation periods. We also experienced severe clinician shortages and were often responding to outbreaks and acute emergencies with minimal staff in our Health Centres.

The response was conducted throughout the wet season, which added an additional challenge for our staff and clients. It was a huge team effort, and I cannot thank our staff enough for their hard work and perseverance. Many were working in some of the most difficult environments, spending days in full PPE in up to 45 degrees, full sun, and humid conditions. It is important to acknowledge just how tough that six-month period was – and how hard our staff worked to ensure our clients had access to health care and support.

The frequently changing COVID-19 Government directions were another ongoing challenge that we had to negotiate while trying to keep clear and consistent lines of communication with our clients. We had to ensure all our staff were up-to-date with changes, and able to accurately relay key information around isolation, testing and vaccination.

Many were working in some of the most difficult environments, spending days in full PPE (Personal Protective Equipment) in up to 45 degrees, full sun, and humid conditions.

The past two years of COVID-19 restrictions have also seen us face challenges with our outreach services, particularly border restrictions and biosecurity zones that prevented health professionals from accessing our region. We were able to resume some dental visits across the region after COVID-19 restrictions were lifted and will incrementally introduce more outreach public health services in the latter half of 2022.

The pandemic also affected clients' ability and willingness to engage with the health centres for activities such as medication collection. KWHB saw a decrease in clients getting regular rheumatic heart disease needles, as they chose to stay away from the clinic due to fears of contracting COVID-19. Globally, there has been poorer control of diabetes throughout the pandemic, but fortunately this is beginning to stabilise now as regular primary health care services re-commence. These are all setbacks we will need to work to rectify in the short-to-medium term as we move towards a more sustainable, living with COVID-19 model of care. KWHB is fortunate to have an experienced Diabetes Educator working with clients and clinicians across the region to help increase the level of knowledge on diabetes management and improve glucose control.

In April, we were able to gradually resume regular health services and programs which saw our clinical and program staff able to get back to some elements of our core business. We continue to closely monitor the COVID-19 situation and spikes in the virus across our region can see our services disrupted at short notice.

'In April, we were able to gradually resume regular health services and programs which saw our clinical and program staff able to get back to some elements of our core business.'

Recruitment continues to be a challenge, exacerbated by two years of movement restrictions and health workforce burnout which has made it even more difficult to recruit to the remote setting. Fortunately, we were able to recruit a Chronic Disease Coordinator towards the end of the financial year and have plans to recruit a Trachoma Nurse to support on-the-ground trachoma screening across our region.

This year we have also been fortunate to recruit to the NDIS Remote Community Coordinator position. This role works closely with local staff to identify people eligible for NDIS and connects them to the services they need. The coordinator also works to raise general awareness about NDIS and how we can better support clients living with a disability in communities.

In addition to providing essential support throughout the COVID-19 response, our Dietitian and Nutritionist have worked closely with remote store organisations to improve access to nutritious foods in local community stores, making sure there are affordable and healthy food options for our clients in the bush.

The Clinical Quality Improvement Coordinator has continued to ensure a high level of quality is maintained across our health centres, as well as ensuring the smooth running of primary health care governance activities and staff collaboratives. Each clinic is engaged in quality improvement cycles with regular reviews from the Continuous Quality Improvement Collaborative (CQIC).

Our physiotherapist has been providing consistent care to clients living with chronic disease across all communities to improve mobility, reduce pain and maximise function.



We are continuing a public health focus on anaemia, to ensure all our health centres are prioritising anaemia screening, treatment and follow-up. We meet with one of our health centres each Friday, and we have seen an improvement in keeping anaemia at the forefront of our clinical activities. The regular meetings ensure we can keep our priorities consistent even during periods of high staff turnover.

This year we have also seen the transfer of smoking cessation support from health promotion to the clinicians, with a designated health professional holding the Tobacco Reduction and Quit Support (TRAQS) portfolio in each community.

In July 2021, we implemented the Aboriginal Medical Service Education (AMSED) education platform, which hosts all our mandatory online induction modules, core training and provides

a range of learning options for continuing professional development. AMSED is always happy to work with us to look at new ways to improve the platform and reporting functions, and we have found the transition from Moodle to AMSED to be smooth.

I would like to thank our Board of Directors for their ongoing leadership as we negotiated yet another year of unpredictability with COVID-19 outbreaks and response. Our Board played an essential part in the management of the COVID-19 response, by yarning with our clients about the importance of vaccination, testing and isolation and feeding back timely information from the community via regular consultation. KWHB will continue to adapt to the changing Public Health environment, and we look forward to being able to return to our previous level of primary health care across the region as we all transition toward the new normal.



Kalkaringi Community





Strategic Plan

2022 - 2027

1 Priority one

A strong voice for the 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.

1.1 Governance excellence

Our Board members are the representatives of the communities in the Katherine West region. We will continue to support effective Board governance and the full participation of Board members as leaders.

1.2 Maintain and leverage strong relationships and our communities

The views and needs of our communities inform everything we do. We will continue to engage with them respectfully and listen to their views to ensure we continue to meet their needs.

1.3 Speaking up for people in our region

We will speak up for all people in our region on issues affecting their health.

1.4 Maintaining Cultural Security

Cultural security is the foundation of good practice across the whole organisation. We will continue to ensure that it is at the heart of everything we do.

1.5 Future leadership

Ensure that we have a plan to build the capacity of our future leaders.



2 Priority two

Delivering excellence in health care

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

2.1 Excellence in high quality health care provision

We will maintain and expand the delivery of high quality, culturally secure, comprehensive primary health care to the people of the Katherine West region.

2.2 Work with community to prevent illness and promote healthy choices

We will continue to work at preventing illness and promoting health, using community development approaches that support and empower our people to take responsibility for improving their own health and that of their families and communities.

2.3 Focus on meeting service delivery needs

We will identify health issues in the community and ensure they are addressed,

either through seeking to provide services ourselves, or by advocating for or supporting other organisations to provide them.

This includes:

- looking after old people and people with disabilities on our communities
- ensuring safe and appropriate access to care for those with kidney disease
- supporting families to grow up healthy kids
- developing services to support social and emotional wellbeing.

2.4 Care coordination and collaboration

We will work with other health care providers to make sure that our clients have access to the health care they need in their communities, or that they can travel safely to access that care elsewhere.

2.5 Responding proactively to public health threats

We will respond to public health threats that affect the people of our Katherine West region.

3

Priority three

Attracting, retaining and developing the best staff for the job

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.

3.1 A focus on employing and developing our Aboriginal workforce

We will support Aboriginal people to work at Katherine West, developing pathways for community members into the organisation and supporting their development, including as managers, leaders, Aboriginal Health Practitioners and other health care roles.

3.2 Focus on job satisfaction and retention

We will continue our work to recruit and retain qualified staff, particularly in our remote communities.

3.3 Developing staff excellence

We will support our staff with orientation, education and training to ensure effective services for our clients.

3.4 Ensuring a quality, safe working environment

We will provide a safe environment for our staff that supports them to do their jobs well, including through continuing to maintain and improve our buildings, equipment and Information Technology systems.

3.5 Infrastructure to support our people

Ensure we are always planning for the housing needs of our staff.



Priority four

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 and wellbeing of the people of the region.

4.1 Achieving excellence in organisational leadership

We will maintain and strengthen our high quality management, financial and primary health care/clinical governance systems.

4.2 Excellence in communication and collaboration

We will maintain and build on our collaborative processes across Katherine West to ensure all staff work effectively with each other.

4.3 Maintaining strong partnerships with government and other stakeholders.

We will work with government and other service delivery agencies to ensure that the health needs of the people of the Katherine West region are addressed.

4.4 Continual improvement in pursuit of organisational excellence

We will foster a culture of reflection and quality improvement to ensure that we continue to meet the needs of the communities we serve.

4.5 Innovative training and development

Providing the appropriate training, leveraging technology and Cultural and Linguistic Diversity (CALD) methodologies where appropriate.



Dee Hampton 20 years with KWHB!

This year we celebrate Dee Hampton's 20 years of employment with Katherine West Health Board. Dee is a deadly Aboriginal Health Practitioner based in Kalkaringi.

Dee has been walking with us on KWHB's long journey to establish and continually improve health services for our mob in the bush, and we couldn't have got this far without her guidance, expertise and – of course – her wonderful sense of humour. Dee is deeply respected and valued by her clients and colleagues, and we have been so privileged to work alongside her.

Thank you, Dee – it has been a wonderful 20 years, and we look forward to working with you for a few more years yet!





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: C44607EDASB97803CA25853D007B1B49
 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 0851

complies with the requirements of
 The Royal Australian College of General Practitioners
Standards for general practices (5th edition)
 and is accredited as an **Aboriginal Health Service**

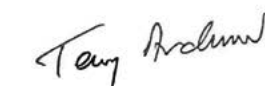
Accredited by
 Quality Practice Accreditation Pty Ltd (QPA) ACN: 081 986 932
 This certificate, which is subject to the QPA Terms and Conditions of Accreditation, remains the property of QPA and must be returned to QPA on request.

Certificate number: QPA20220146

Certified date: 14 April 2022

Issue date: 19 April 2022

Expiry date: 14 April 2025



Dr Tony Andrew
 Advisory Board Chairperson
 Quality Practice Accreditation Pty Ltd



Dr Paul Mara
 Managing Director
 Quality Practice Accreditation Pty Ltd

79850



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 (5th edition)

and is accredited as an **Aboriginal Health Service**

Accredited 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: QPA20220148

Issue date: 19 April 2022

Certified date: 14 April 2022

Expiry date: 14 April 2025

Dr Tony Andrew
Advisory Board Chairperson
Quality Practice Accreditation Pty Ltd

Dr Paul Mara
Managing Director
Quality Practice Accreditation Pty Ltd



79848



Certificate of Accreditation

TIMBER CREEK HEALTH CENTRE

Lot 53 Wilson Street

TIMBER CREEK NT 0852

complies with the requirements of

The Royal Australian College of General Practitioners
Standards for general practices (5th edition)

and is accredited as an **Aboriginal Health Service**

Accredited 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: QPA20220160

Issue date: 19 April 2022

Certified date: 14 April 2022

Expiry date: 14 April 2025

Dr Tony Andrew
Advisory Board Chairperson
Quality Practice Accreditation Pty Ltd

Dr Paul Mara
Managing Director
Quality Practice Accreditation Pty Ltd



79849



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 (5th edition)

and is accredited as a general practice

Accredited 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: QPA20220162

Certified date: 14 April 2022

Issue date: 19 April 2022

Expiry date: 14 April 2025

Dr Tony Andrew
Advisory Board Chairperson
Quality Practice Accreditation Pty Ltd

Dr Paul Mara
Managing Director
Quality Practice Accreditation Pty Ltd



79843





AHKPI 1.1 - Episodes of Health Care and Client Contacts



40,573
Episodes of health care

AHKPI 1.2.1 - First Antenatal Visit



72% < 13 weeks
9% < 20 weeks
19% 20+ weeks

AHKPI 1.8.1 - HbA1c Tests



79.5%
HbA1c Test

AHKPI 1.8.2 - HbA1c Measurements



34%
Clients with HbA1c<=7%(<=53mmol/mol)
13%
Clients with HbA1c>7% and<=8%(54 to 64 mmol/mol)
26%
Clients with HbA1c>8% and<10%(65 to 85 mmol/mol)
28%
Clients with HbA1c>10%(=>86mmol/mol)

AHKPI 1.3 - Birth Weight



0% High
14% Low
86% Normal

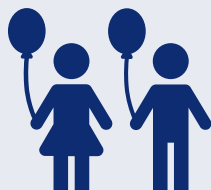
AHKPI 1.4.1 - Fully Immunised Children



100%
6-11 months



67%
12-23 months



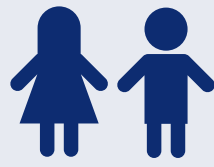
95%
24-71 months

AHKPI 1.10 - Health Check



71.5%
Completed Health Check

AHKPI 1.4.2 - Timeliness of Immunisations



46%
4 months
32%
12 months

Immunised on time

AHKPI 1.5 - Underweight Children



94% Measured
3% Underweight

AHKPI 1.12 - Cervical Screening



72%
Cervical Screening Recorded 5 Years

AHKPI 1.13 - Blood Pressure Control



82%
Blood Pressure Recorded
38%
Blood Pressure less than or equal to 130/80 mmHg

AHKPI 1.6 - Anaemic Children



44%
Anaemic at any examination
79% Measured
27%
Anaemic at last examination

AHKPI 1.7 - Chronic Disease Management Plan



98%
Clients with Diabetes & CHD on GPMP/ALT GPMP
97%
Clients with CHD on GPMP/ALT GPMP
96%
Clients with Diabetes on GPMP/ALT GPMP

AHKPI 1.15 - Rheumatic Heart Disease

33%

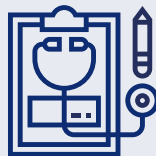
Clients with ARF/RHD receiving 50% to 80% prescribed BPG

24%

Clients with ARF/RHD receiving 80% prescribed BPG

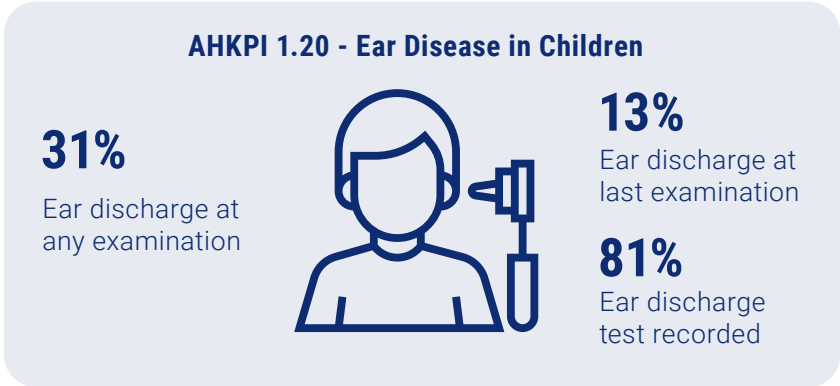
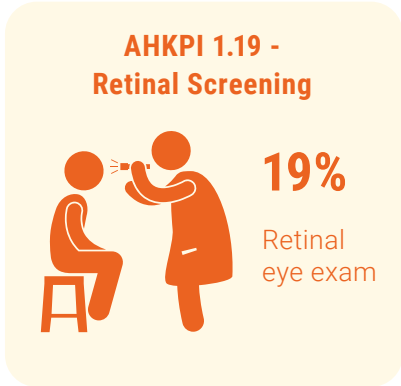
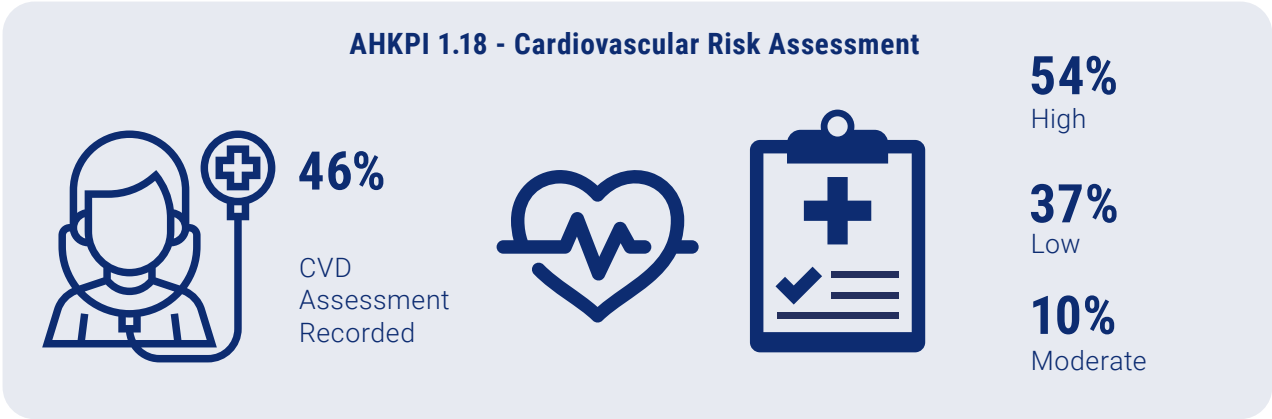
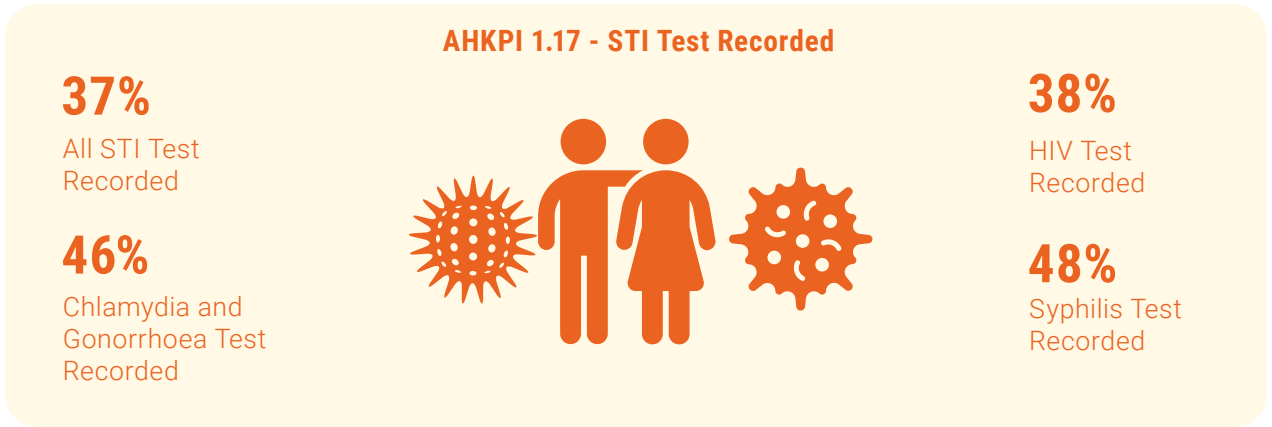
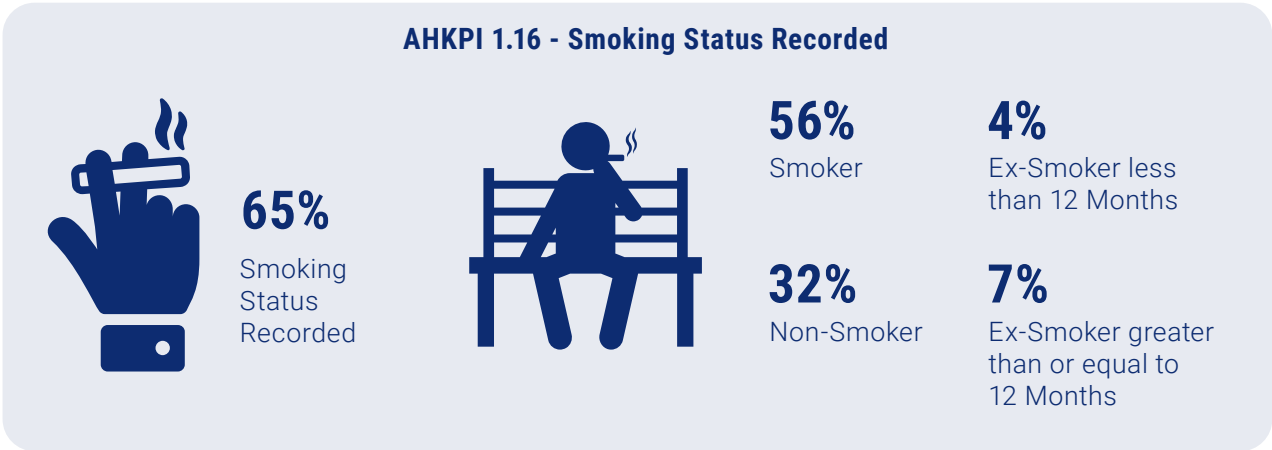
44%

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



Primary Health Care Data 2021-2022 cont.

NT Aboriginal Health Key Performance Indicators (KWHB) 2021-2022





Primary Health Care Trend Report Summary 2021-2022

NT Aboriginal Health Key Performance (KWHB) 2021-2022

Every 6 months Katherine West Health Board report against key performance indicators (KPIs) defined by the Northern Territory government. These KPIs are used by the Primary Health Care

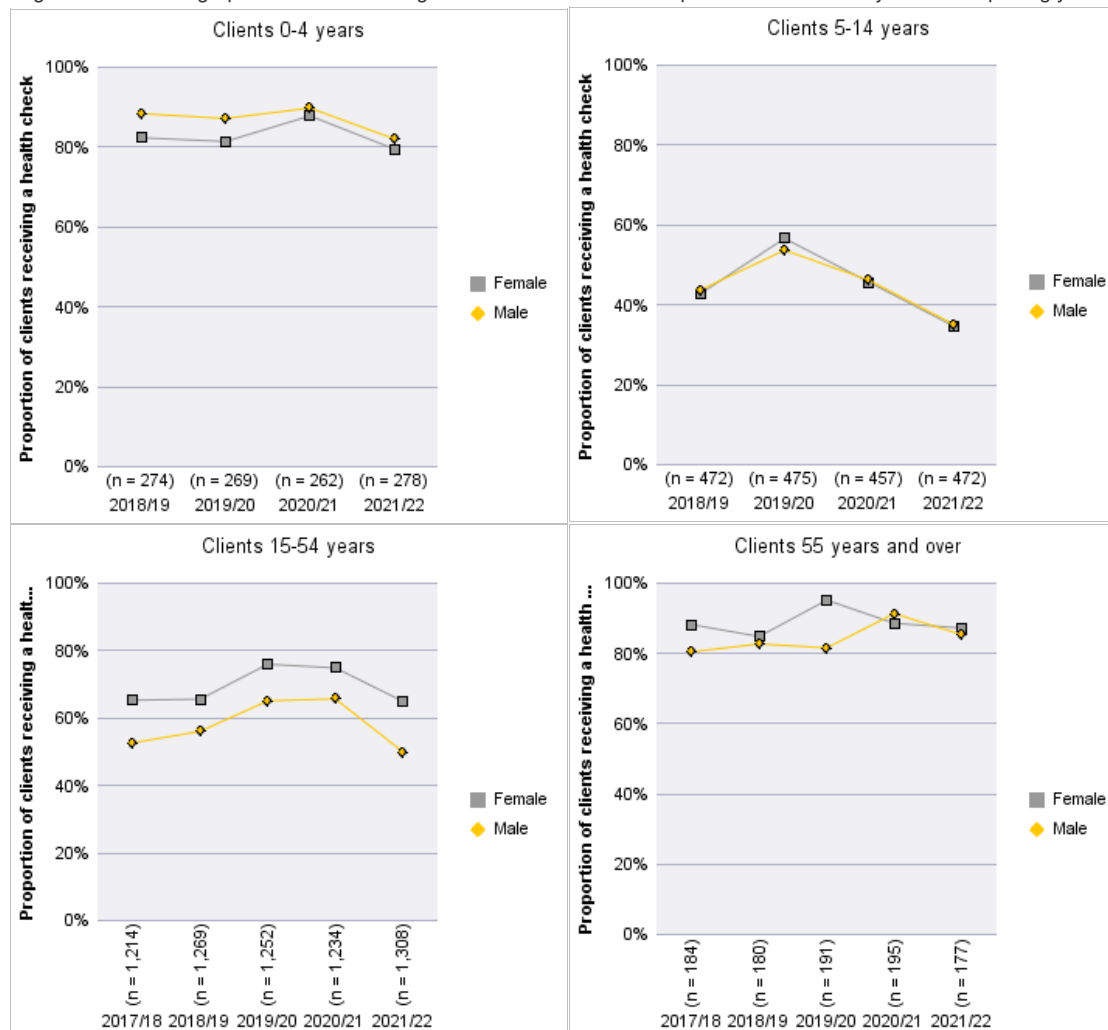
team to monitor progress and identify areas for improvement in the upcoming year. The specific KPIs required to report against change in accordance with updated best practice guidelines.

AHKPI 1.10 - Health Check

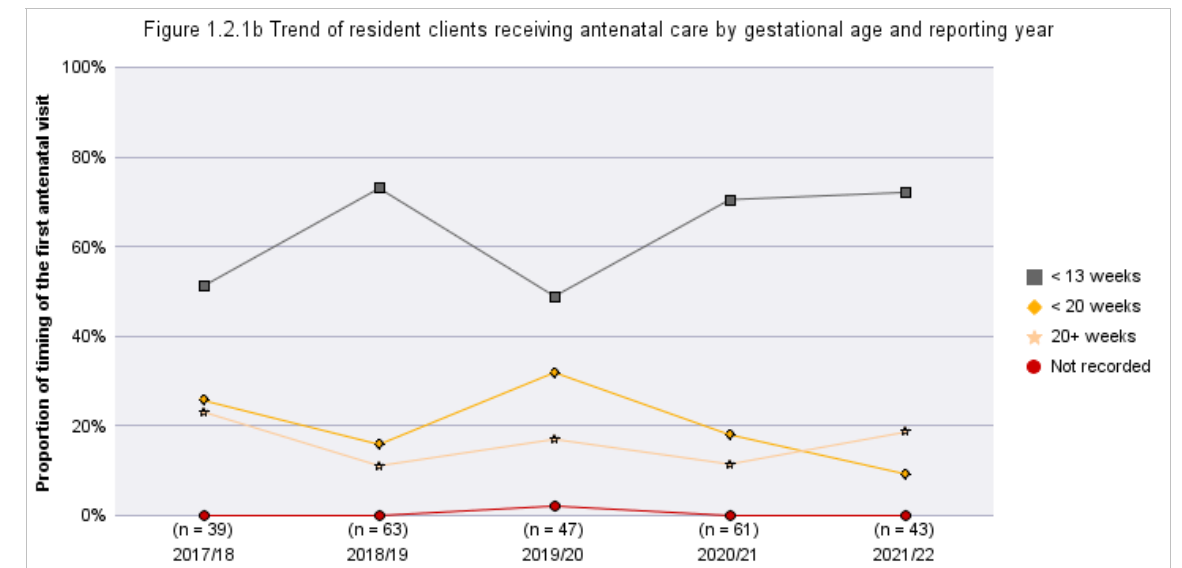
AGE 15-54 -- Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	1,214	1,269	1,252	1,234	1,308
Health Check Coverage Total	59%	61%	71%	70%	58%
Female completed Health Check	65%	66%	76%	75%	65%
Male completed Health Check	53%	56%	65%	66%	50%

AGE 55+ -- Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	184	180	191	195	177
Health Check Coverage Total	85%	84%	89%	90%	86%
Female completed Health Check	88%	85%	95%	89%	87%
Male completed Health Check	80%	83%	82%	91%	85%

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



AHKPI 1.2.1 - First Antenatal Visit

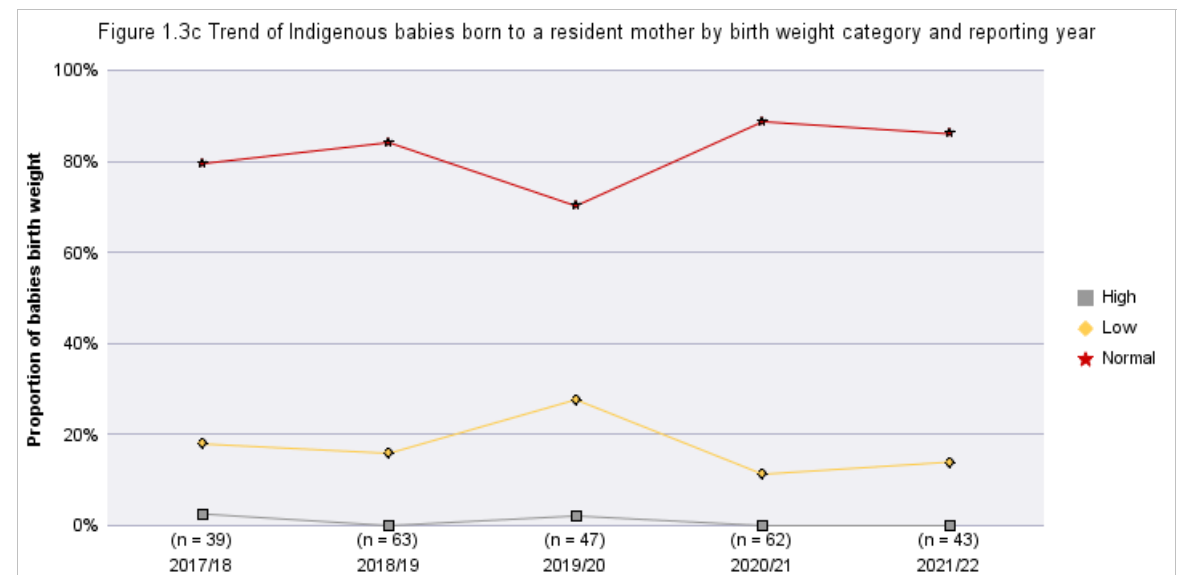


The above trend graph displays resident clients who gave birth to Indigenous babies during each reporting year and received antenatal care prior to 20 weeks gestation, or are not recorded as receiving any antenatal care, for the current and previous reporting years.

Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	39	63	47	61	43
< 13 weeks	51%	73%	49%	70%	72%
< 20 weeks	26%	16%	32%	18%	9%
20+ weeks	23%	11%	17%	11%	19%
Not recorded	0%	0%	2%	0%	0%

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

AHKPI 1.3 - Birth Weight

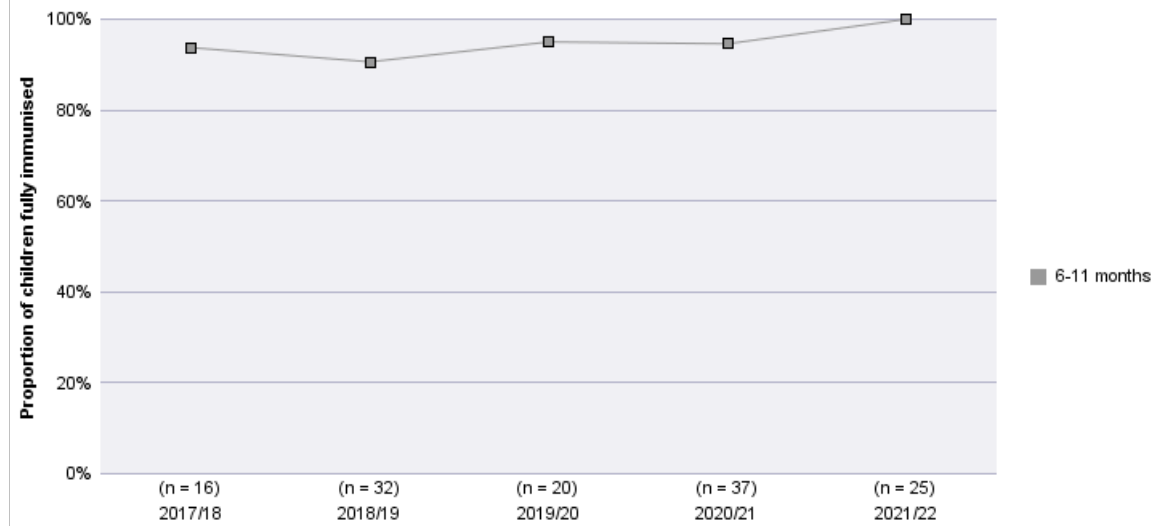


Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	39	63	47	62	43
High	3%	0%	2%	0%	0%
Low	18%	16%	28%	11%	14%
Normal	79%	84%	70%	89%	86%

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

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

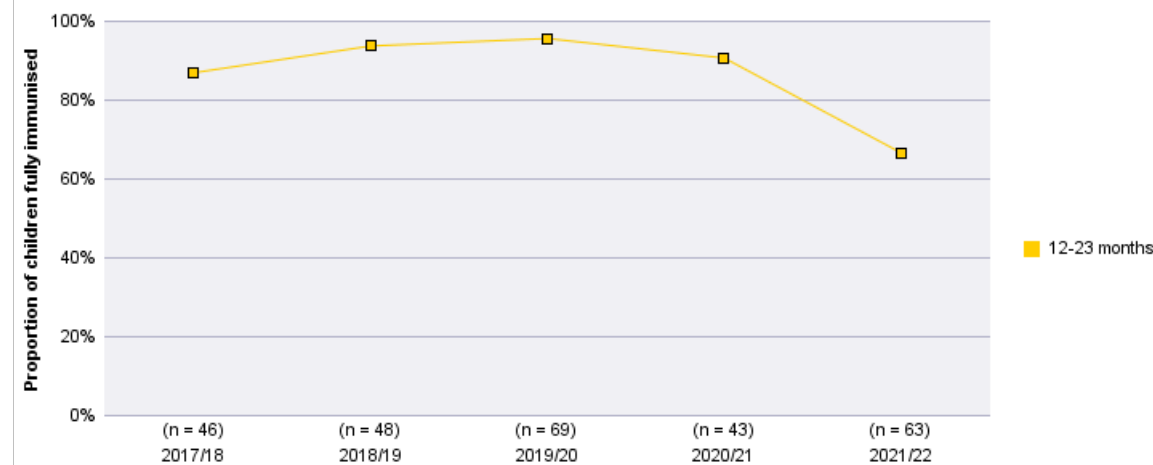


Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	16	32	20	37	25
Fully immunised children at age : 6-11 months	94%	91%	95%	95%	100%

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

AHKPI 1.4.1 - Fully Immunised Children

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

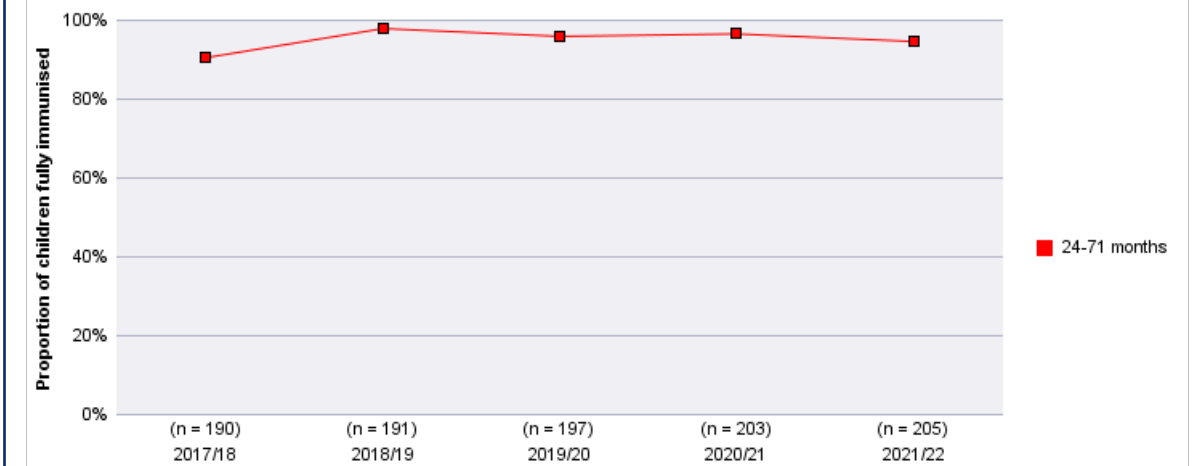


Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	46	48	69	43	63
Fully immunised children at age : 12-23 months	87%	94%	96%	91%	67%

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

AHKPI 1.4.1 - Fully Immunised Children

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



Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	190	191	197	203	205
Fully immunised children at age : 24-71 months	91%	98%	96%	97%	95%

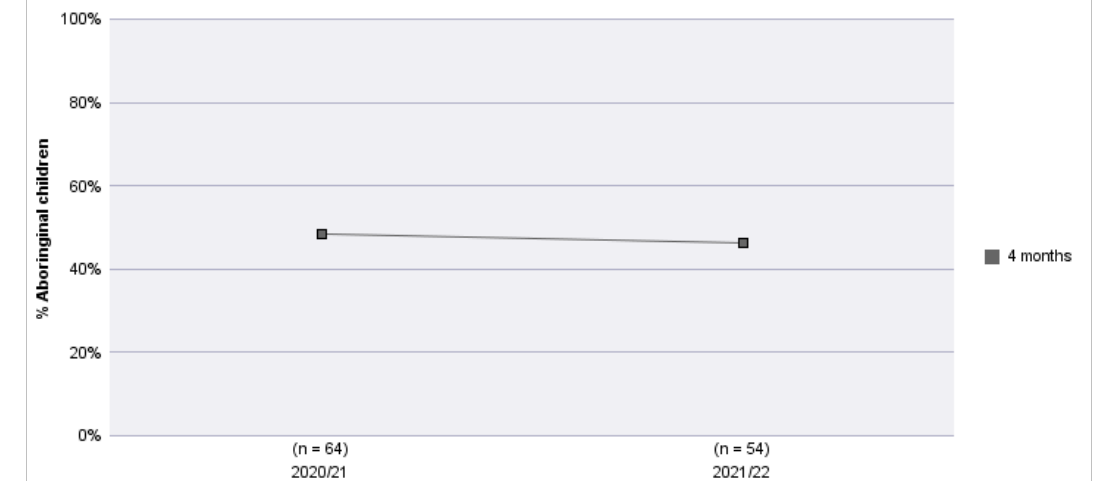
n = Population (denominator) is the number of resident Aboriginal children aged 24-71 months.

AHKPI 1.4.1.1 Number and proportion of Aboriginal children fully immunised at 1, 2 and 6 years of age

Aboriginal children	Age of Children			TOTAL
	6-11 months	12-23 months	24-71 months	
Fully immunised children	25	42	194	261
% fully immunised children	100%	67%	95%	89%
Number of resident Aboriginal children	25	63	205	293

AHKPI 1.4.2 - Timeliness of Immunisations

Figure 1.4.2b Trend of resident Aboriginal children who have received immunisations due at 4 months of age



Reporting Year(s)	2020/21	2021/22
Population (Denominator)	64	54
Children received immunisations due at 4 months	48%	46%

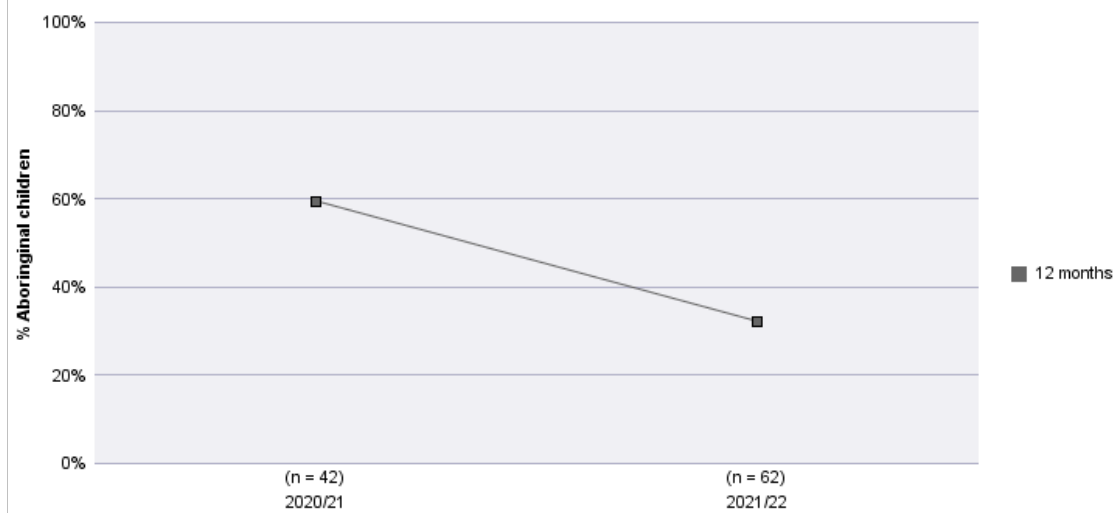
AHKPI 1.4.2 Proportion of children who have received immunisations due at 4 months within 30 days of when they were due

Aboriginal children	4 months
Immunised on time	25
% Immunised on time children	46%
Number of resident Aboriginal children	54

n = Population (denominator) is the number of resident Aboriginal children 4 months of age. From 2020/21, KPI 1.4.2 immunisation timeliness measurement changed to 4 months and 12 months age group and received within 30 days of when they are due.

AHKPI 1.4.2 - Timeliness of Immunisations

Figure 1.4.2b Trend of resident Aboriginal children who have received immunisations due at 12 months of age



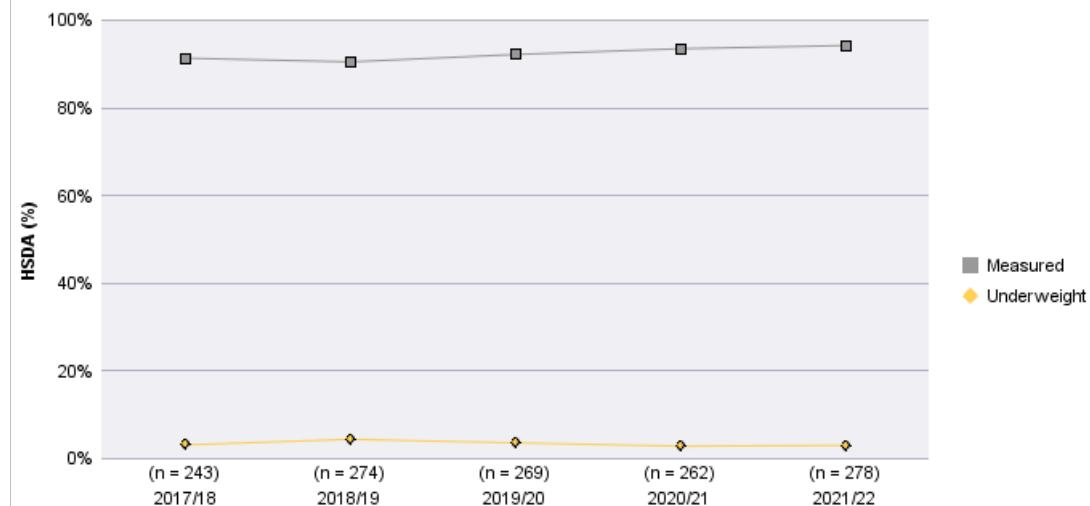
AHKPI 1.4.2 Proportion of children who have received immunisations due at 12 months within 30 days of when they were due

Aboriginal children	12 months
Immunised on time	20
% Immunised on time children	32%
Number of resident Aboriginal children	62

n = Population (denominator) is the number of resident Aboriginal children 12 months of age. From 2020/21, KPI 1.4.2 immunisation timeliness measurement changed to 4 months and 12 months age group and received within 30 days of when they are due.

AHKPI 1.5 - Underweight Children

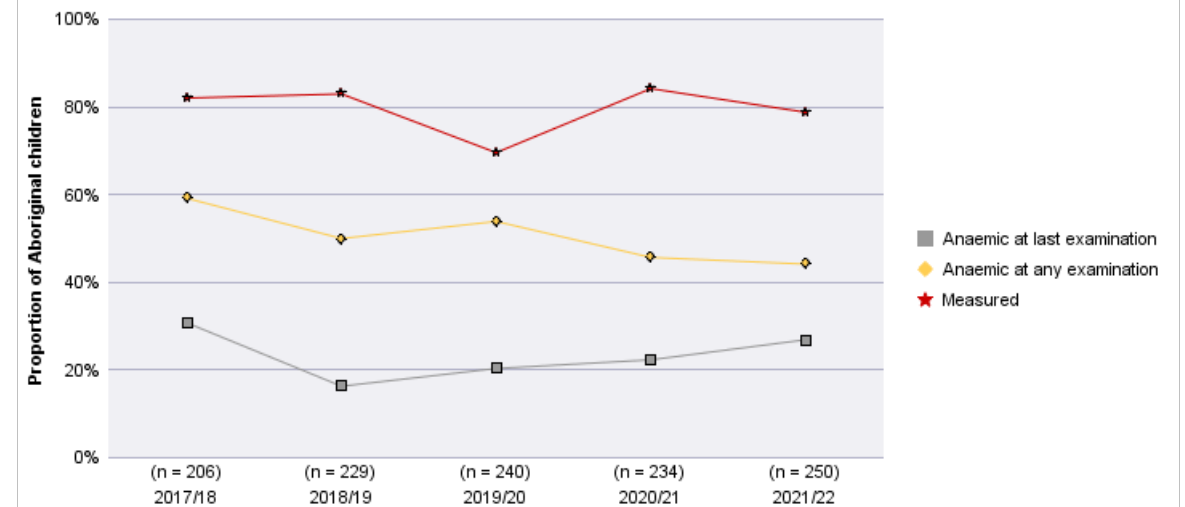
Figure 1.5b Trend of resident Aboriginal children 0 to 59 months of age measured for weight & recorded as underweight by reporting year



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

AHKPI 1.6 - Anaemic Children

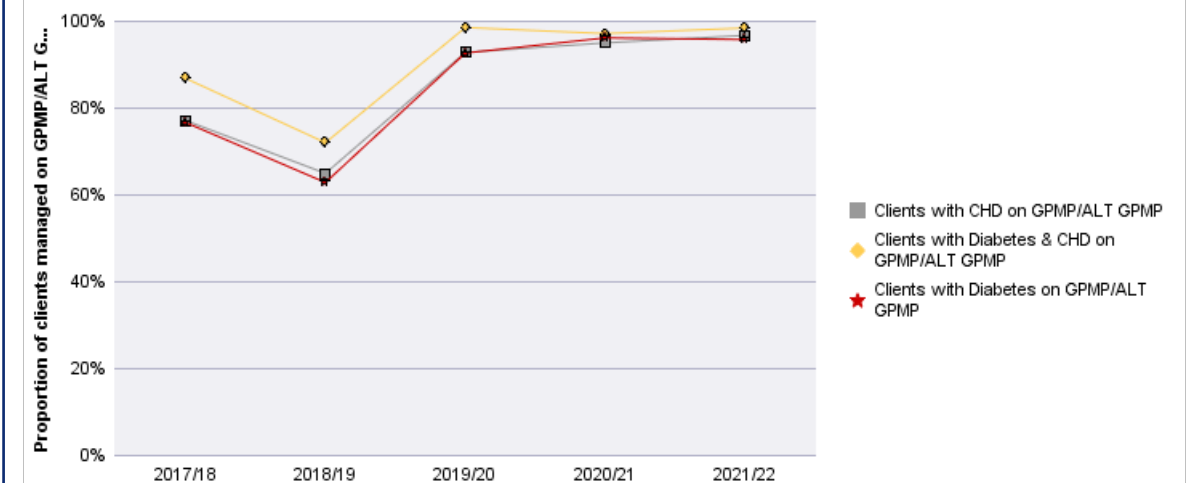
Figure 1.6b Trend of resident Aboriginal children 6 to 59 months of age measured for Anaemia and recorded as Anaemic by reporting year



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

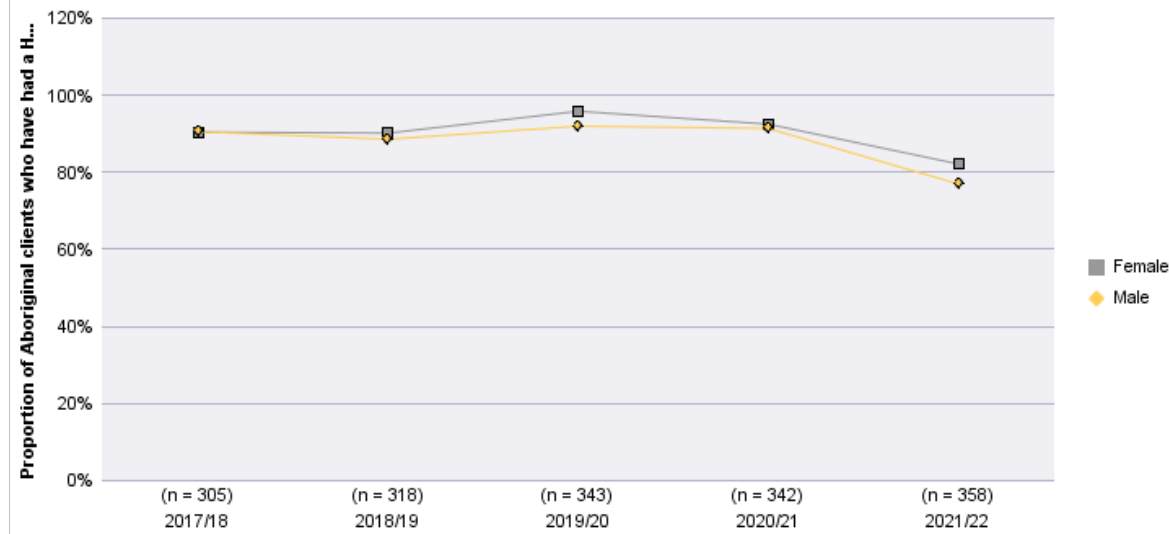
AHKPI 1.7 - Chronic Disease Management Plan

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



AHKPI 1.8.1 - HbA1c Tests

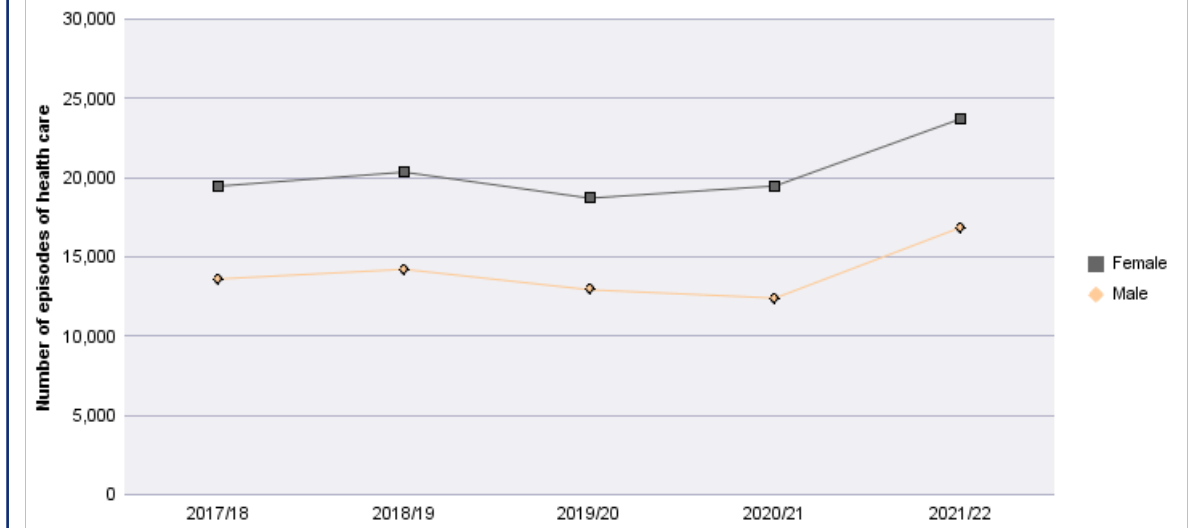
Figure 1.8.1b Trend of resident Aboriginal clients with type II diabetes receiving a HbA1c test by sex and reporting year



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)

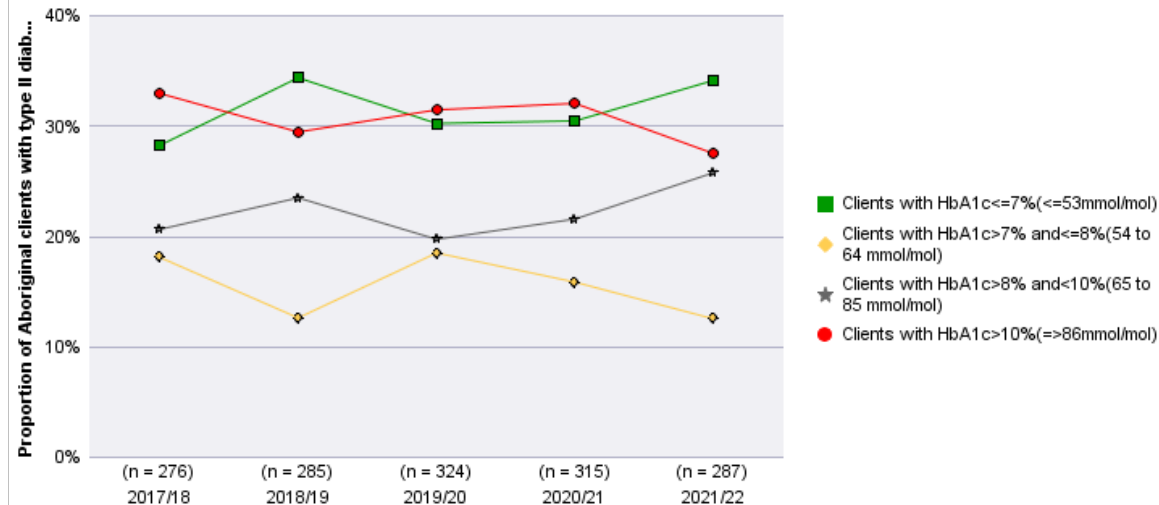
AHKPI 1.1 - Episodes of Health Care and Client Contacts

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



AHKPI 1.8.2 - HbA1c Measurements

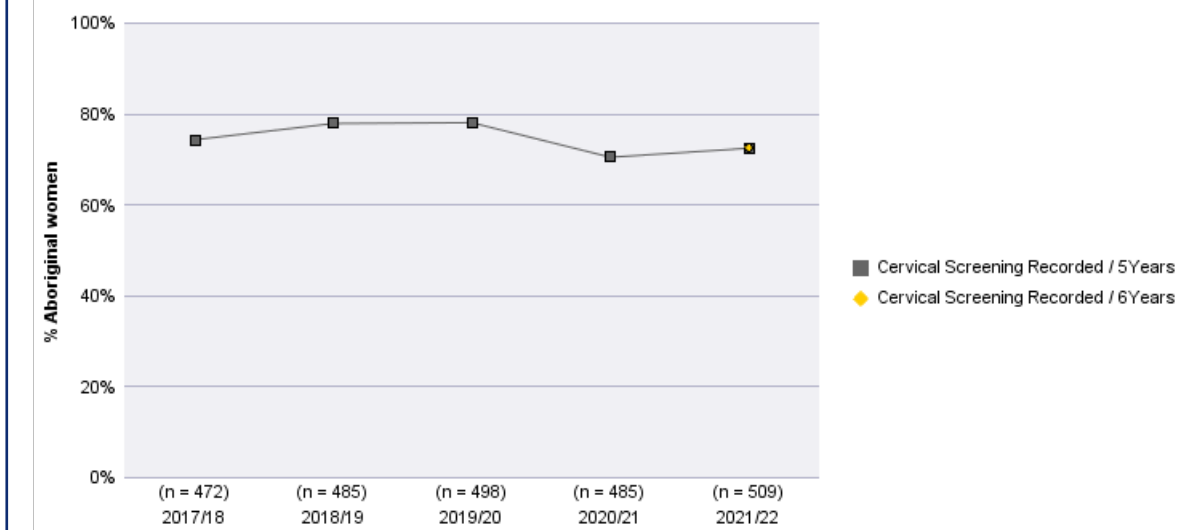
Figure 1.8.2c Trend of resident Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels during the previous 1 year



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

AHKPI 1.12 - Cervical Screening

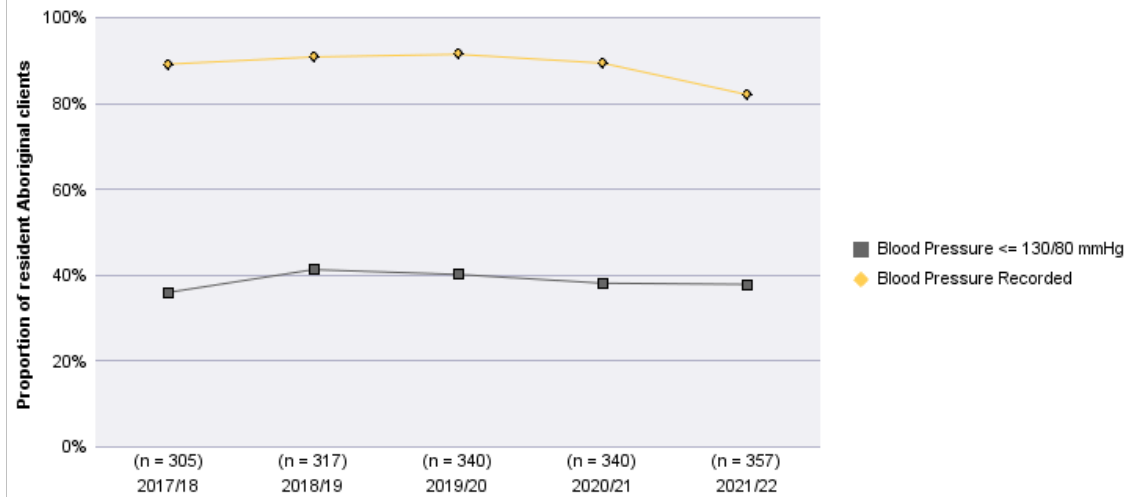
Figure 1.12b Trend of resident Aboriginal women receiving a cervical screen by reporting year



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

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

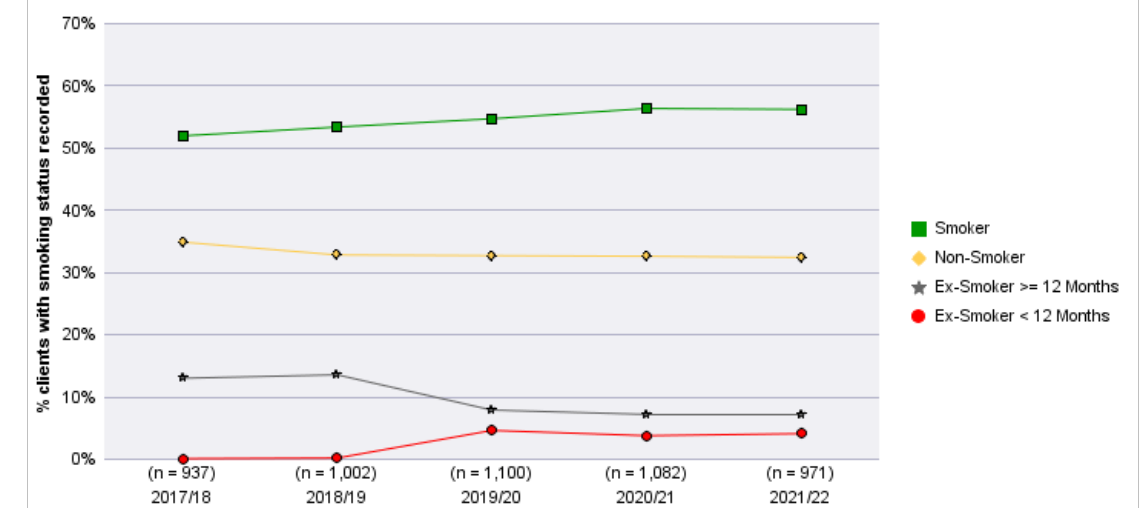


n = Population (denominator) is the number of resident Aboriginal clients who have type 2 diabetes. Coverage is the number of resident Aboriginal clients with type 2 diabetes who have had a blood pressure recorded within a 6 month period.

AHKPI 1.16 - Smoking Status Recorded

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

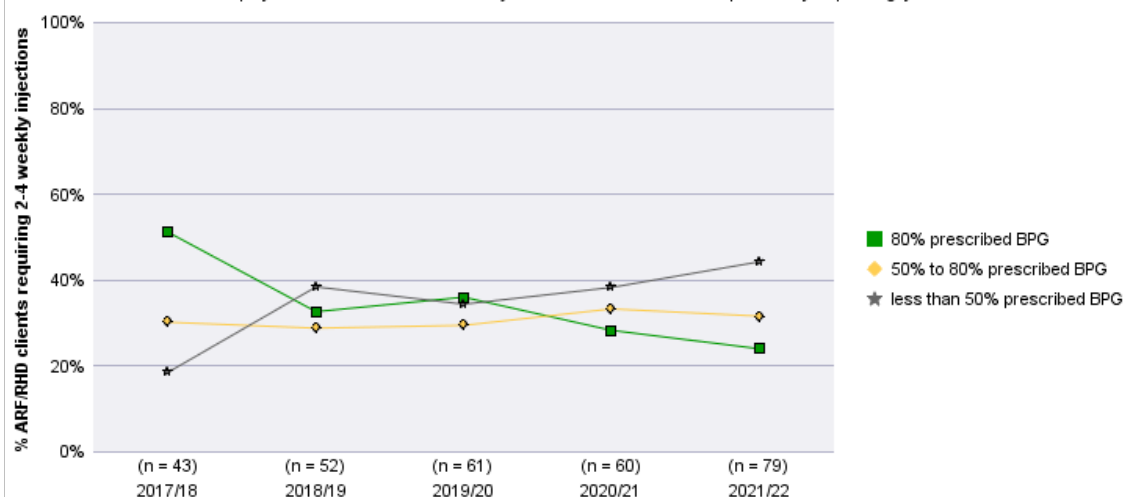
Figure 1.16b Trend of resident clients aged 15 years and over who have had their smoking status recorded by reporting year



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

AHKPI 1.15 - Rheumatic Heart Disease

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

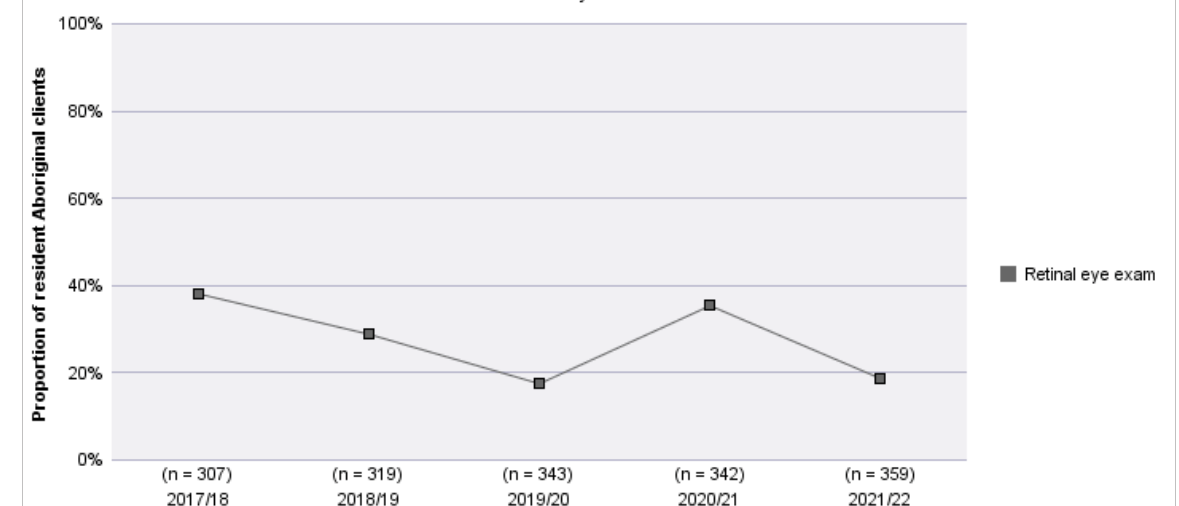


n = Population (denominator) is the number of Aboriginal ARF/RHD clients.

Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	43	52	61	60	79
Clients with ARF/RHD receiving 50% to 80% prescribed BPG	30%	29%	30%	33%	32%
Clients with ARF/RHD receiving 80% prescribed BPG	51%	33%	36%	28%	24%
Clients with ARF/RHD receiving less than 50% prescribed BP	19%	38%	34%	38%	44%

AHKPI 1.19 - Retinal Screening

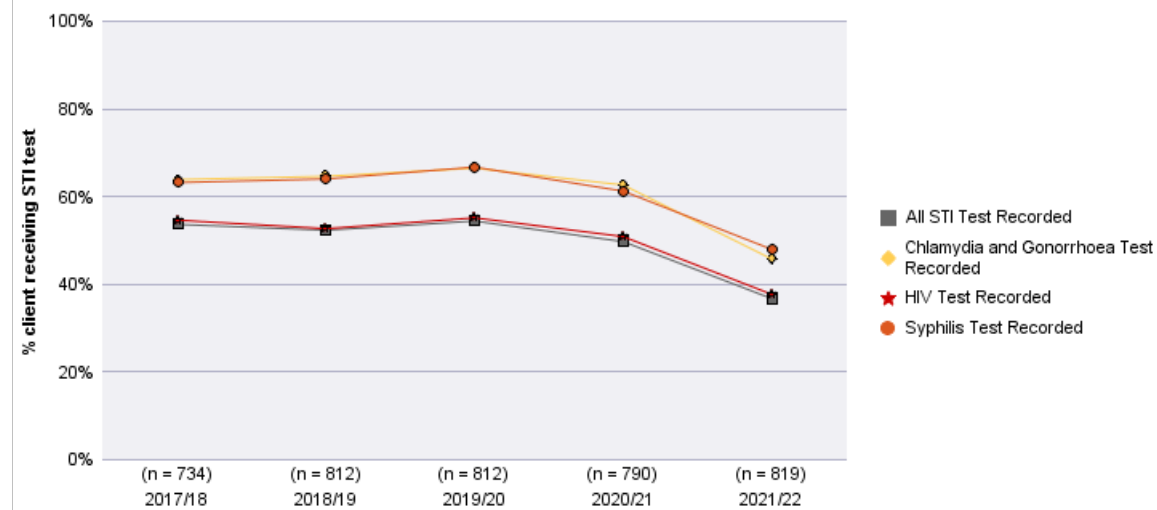
Figure 1.19b Trend of resident Aboriginal clients who have diabetes, who have had a retinal eye exam recorded by reporting year



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

AHKPI 1.17 - STI Test Recorded

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

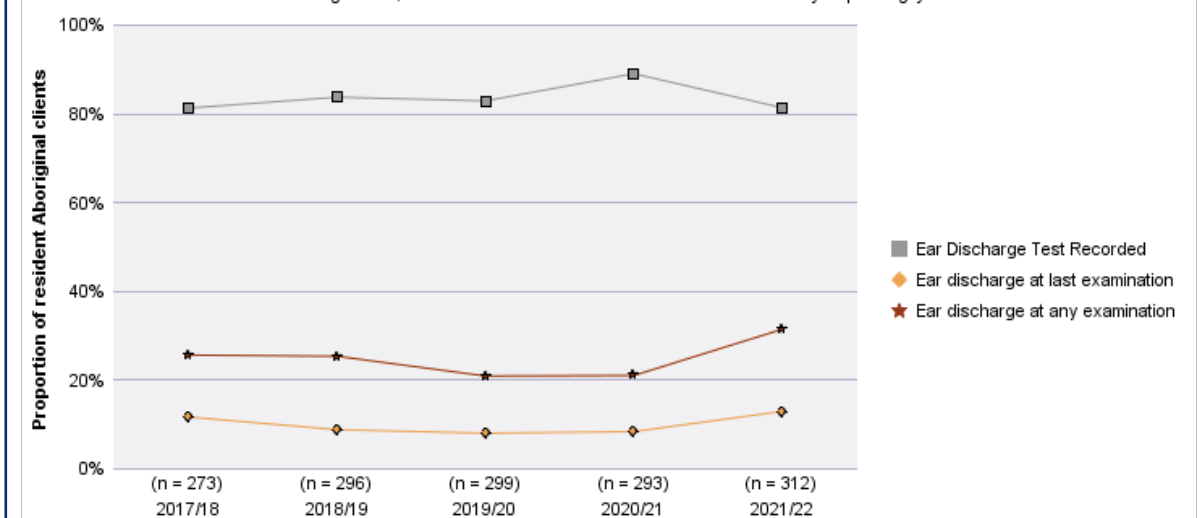


Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	734	812	812	790	819
All STI Test Recorded	54%	52%	54%	50%	37%
Chlamydia and Gonorrhoea Test Recorded	64%	65%	67%	63%	46%
HIV Test Recorded	55%	53%	55%	51%	38%
Syphilis Test Recorded	63%	64%	67%	61%	48%

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

AHKPI 1.20 - Ear Disease in Children

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

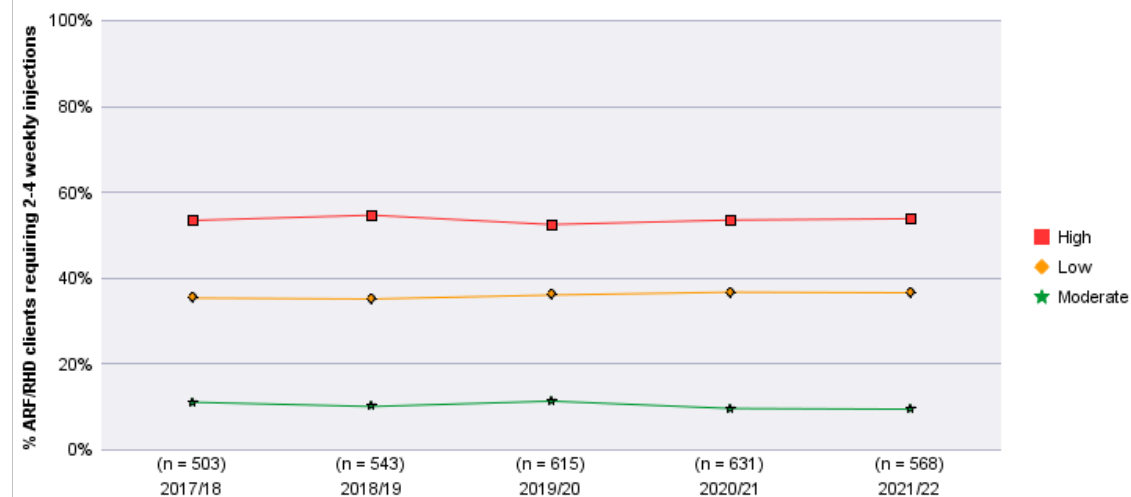


Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	273	296	299	293	312
Ear discharge at any examination	26%	25%	21%	21%	31%
Ear discharge at last examination	12%	9%	8%	8%	13%
Ear Discharge Test Recorded	81%	84%	83%	89%	81%

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

AHKPI 1.18 - Cardiovascular Risk Assessment

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



Reporting Year(s)	2017/18	2018/19	2019/20	2020/21	2021/22
Population (Denominator)	1,130	1,147	1,159	1,168	1,235
Coverage	503	543	615	631	568
CVD Assessment Recorded	45%	47%	53%	54%	46%
High	53%	55%	53%	54%	54%
Low	35%	35%	36%	37%	37%
Moderate	11%	10%	11%	10%	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.



Financial Report

The following pages are an extract from the KWHB 2021-2022 Audited Financial Report prepared by Merit Partners Auditors. If you require a full copy of this report please email info@kwhb.com.au

The 2021-2022 KWHB Audit Report has been submitted and accepted by all our funding bodies.

Amanbidji Community

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 2022.

The names of the directors throughout 2021/2022 and up to the date of this report are as follows:

Board Member	Position	Community	Appointment Date to the Board
Roslyn Frith	Executive Director (Chairperson)	Kalkaringi	*Re appointed at AGM 14 Nov 2019, Re appointed to Chairperson, 14 Nov 2019
Jocelyn Victor	Executive Director (Vice Chair)	Pigeon Hole	*Re appointed at AGM 14 Nov 2019, Re appointed to Vice Chairperson, 14 Nov 2019
Charlie Newry	Executive Director	Yarralin	*Re-appointed at AGM 14 Nov 2019 Appointed to Exec 20/10/21
Valerie Patterson	Executive Director	Lajamanu	*Re appointed at AGM 14 Nov 2019, Appointed to Executive, 14 Nov 2019
Dione Kelly	Executive Director	Lajamanu	*Re appointed at AGM 14 Nov 2019, Re appointed to Executive, 14 Nov 2019
Caroline Jones	Executive Director	Timber Creek	*Re appointed at AGM 14 Nov 2019, Re appointed to Executive, 14 Nov 2019
Jonathon Dixon	Director	Lajamanu	*Appointed at AGM 14 Nov 2019
Debra Victor	Director	Kalkaringi	*Re-appointed at AGM 14 Nov 2019
Noelene Campbell	Director	Yarralin	*Re-appointed at AGM 14 Nov 2019
Joseph Archie	Director	Bulla	*Appointed at AGM 14 Nov 2019
Roy Harrington	Director	Timber Creek	*Appointed at AGM 14 Nov 2019
Matrina Robertson	Director	Lajamanu	*Appointed at FBM 2 Feb 2022
Lisa Smiler	Director	Kalkaringi	*Appointed at FBM 2 Feb 2022
Denise Humbert	Director	Kildurk	*Appointed at FBM 2 Feb 2022
Sandra Campbell	Executive Director - resigned as Director 02.02.2022	Yarralin	*Re appointed at AGM 14 Nov 2019, Re appointed to Executive, 14 Nov 2019 Resigned from Board 29/7
Joyce Herbert	Director -resigned as Director 02.02.2022	Lajamanu	*Re-appointed at AGM 14 Nov 2019. Resigned 23/6

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 2021-2022 financial year.

DIRECTORS’ REPORT – Contd.

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 \$1,172,609 (2021: net surplus of \$453,463)

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 2021/2022 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		Board Member	
Roslyn Frith	5	Debra Victor	5
Jocelyn Victor	6	Noleen Campbell	1
Charlie Newry	5	Joseph Archie	5
Valerie Patterson	5	Roy Harrington	4
Dione Kelly	7	Matrina Robertson	2
Caroline Jones	7	Lisa Smiler	2
Jonathon Dixon	2	Denise Humbert	4

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.

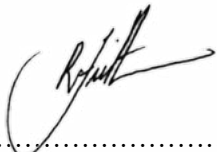
Proceedings on Behalf of the Corporation

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 - KWHB Director

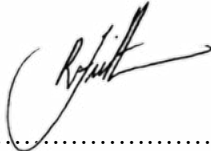
Dated this 31st day of October 2022

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 32, 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 2022 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 - KWHB Director

Dated this 31st day of October 2022



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 2022, to the best of my knowledge and belief, there have been no contraventions of the auditor independence requirements of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* or any applicable code of professional conduct.

Matthew Kennon
Director

DARWIN

Date: 31 October 2022

Liability limited by a scheme approved under Professional Standards Legislation

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



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

Opinion

We have audited the financial report of Katherine West Health Board Aboriginal Corporation (the "Corporation") which comprises the statement of financial position as at 30 June 2022, 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 2022 and of its financial performance for the year then ended in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and its Regulations and Australian Accounting Standards;
- (b) we have been given all information, explanations and assistance necessary for the conduct of the audit;
- (c) the Corporation has kept financial records sufficient to enable the financial report to be prepared and audited; and
- (d) the Corporation has kept other records and registers as required by the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*.

Basis for Opinion

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

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

Responsibilities of the Directors for the Financial Report

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

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

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Auditor's Responsibilities for the Audit of the Financial Report

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

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

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

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



Merit Partners



Matthew Kennon
Director

DARWIN
Date: 31 October 2022

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2022

	Notes	2022 \$	2021 \$
REVENUE			
Revenue and other income	2	22,591,275	21,397,617
Interest income	2a	16,602	16,970
		<u>22,607,877</u>	<u>21,414,587</u>
EXPENSES			
Employee benefits expenses	3	(13,966,843)	(13,693,507)
Depreciation and amortisation	8	(1,160,714)	(1,008,502)
Motor vehicle expenses	3	(365,093)	(414,864)
Travel and accommodation	3	(1,208,479)	(1,226,427)
Other expenses	3	(4,667,019)	(4,606,771)
Finance expense	2a	(67,120)	(11,053)
		<u>(21,435,268)</u>	<u>(20,961,124)</u>
Net surplus for the year		1,172,609	453,463
Other Comprehensive Income		-	-
Total Comprehensive Income		<u>1,172,609</u>	<u>453,463</u>

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2022

	Notes	2022 \$	2021 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	12,696,619	10,768,635
Trade and other receivables	6	131,750	507,872
Other current assets	7	287,563	269,342
TOTAL CURRENT ASSETS		13,115,932	11,545,849
NON-CURRENT ASSETS			
Property, plant and equipment	8	8,006,709	6,902,191
TOTAL NON-CURRENT ASSETS		8,006,709	6,902,191
TOTAL ASSETS		21,122,641	18,448,040
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	1,599,610	1,705,042
Lease liabilities	10	284,160	93,516
Employee benefits	11	1,350,042	1,280,804
TOTAL CURRENT LIABILITIES		3,233,812	3,079,362
NON CURRENT LIABILITIES			
Lease liabilities	10	1,663,126	303,148
Employee benefits	12	367,292	379,728
TOTAL NON-CURRENT LIABILITIES		2,030,418	682,876
TOTAL LIABILITIES		5,264,230	3,762,238
NET ASSETS		15,858,411	14,685,802
ACCUMULATED FUNDS			
Accumulated funds		15,858,411	14,685,802
TOTAL ACCUMULATED FUNDS		15,858,411	14,685,802

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 2022

	Accumulated Funds \$	Total \$
Balance 1 July 2020	14,232,339	14,232,339
Surplus for the year	453,463	453,463
Other comprehensive income	-	-
	453,463	453,463
Balance 30 June 2021	14,685,802	14,685,802
Balance 1 July 2021	14,685,802	14,685,802
Surplus for the year	1,172,609	1,172,609
Other comprehensive income	-	-
	1,172,609	1,172,609
Balance 30 June 2022	15,858,411	15,858,411

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 2022

	Notes	2022 \$	2021 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		2,052,320	5,026,657
Grants received		20,767,438	19,064,812
Payments to suppliers and employees		(20,262,101)	(19,406,230)
Interest received		16,602	16,970
Interest paid		(1,625)	(933)
NET CASH FLOWS FROM OPERATING ACTIVITIES	13(b)	2,572,634	4,701,276
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition of property, plant and equipment		(477,958)	(4,211,240)
Proceeds on sale of plant and equipment		135,455	47,273
NET CASH FLOWS USED IN INVESTING ACTIVITIES		(342,503)	(4,163,967)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of leasing liabilities		(236,652)	(180,339)
Interest paid		(65,495)	(10,120)
NET CASH FLOWS USED IN FINANCING ACTIVITIES		(302,147)	(190,459)
NET INCREASE IN CASH HELD		1,927,984	346,850
Cash at the beginning of the financial year		10,768,635	10,421,785
Cash at the end of the financial year	13(a)	12,696,619	10,768,635

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 2022

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 31 October 2022.

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 2022

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:

<i>Class of Non- Current Asset</i>	<i>Depreciation Rate</i>	
	2022	2021
Furniture and equipment	20%	20%
Computer and software	33.33%	20%
Motor Vehicles	20%	20%
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.

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

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES – contd

Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST. Receivables and payables in the balance sheet are shown inclusive of GST. Cash flows are presented in the cash flow statement on a gross basis.

Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is the date that the entity commits itself to either the purchase or sale of the asset (ie trade date accounting is adopted).

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

Classification and subsequent measurement

Financial liabilities

Financial liabilities are subsequently measured at:

- amortised cost; or
- fair value through profit or loss.

A financial liability is measured at fair value through profit or loss if the financial liability is:

- held for trading; or
- initially designated as at fair value through profit or loss.

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

Financial assets

Financial assets are subsequently measured at:

- amortised cost;
- fair value through other comprehensive income; or
- fair value through profit or loss.

Measurement is on the basis of two primary criteria:

- the contractual cash flow characteristics of the financial asset; and
- the business model for managing the financial assets.

A financial asset that meets the following conditions is subsequently measured at amortised cost:

- the financial asset is managed solely to collect contractual cash flows; and
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

A financial asset that meets the following conditions is subsequently measured at fair value through other comprehensive income:

- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates; and
- the business model for managing the financial asset comprises both contractual cash flows collection and the selling of the financial asset.



KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

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 2022

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 2022

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

At inception of a contract, the Corporation assesses whether a contract is, or contains a lease. A lease is defined as ‘a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration’. To apply this definition the Corporation assesses whether the contract meets three key evaluations which are whether:

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

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

Measurement and recognition of leases as a lessee

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

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

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

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

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

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

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022

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	7	0-10 years	6.75 years	6
Residential Accommodation	4	6-10 years	6.8 years	4
Photocopiers	11	2-3 years	1.8 years	0

Measurement and recognition of leases as a lessee - contd

Right of Use Asset	Asset \$	Carrying Amount \$	Accumulated Depreciation \$	Net Carrying Value \$
Office Building	2,136,242	2,136,242	(312,818)	1,823,424
Residential Accommodation	67,921	67,921	(18,218)	49,703
Photocopiers	62,357	62,357	(34,643)	27,714
Total	2,266,520	2,266,520	(365,679)	1,900,841

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 (see Note 10).

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

	2022 \$	2021 \$
NOTE 2. REVENUE AND OTHER INCOME		
Grants		
DoH – Federal Capital	306,466	15,000
DoH –Federal Operational	10,049,727	9,549,705
Top End Health Service/DoH – Territory Operational	5,953,731	5,944,932
Dept. of Prime Minister and Cabinet/Dept of Social Services	459,708	790,000
National Indigenous Australians Agency	660,000	90,000
NDIS	240,000	280,000
NACCHO	904,431	110,000
SAHMRI	159,917	150,000
Northern Territory PHN	2,045,642	2,135,175
Menzies School of Health Research	20,500	22,091
NT General Practice Education	-	(1,800)
Centre Link	37,109	34,671
Care Flight	87,500	-
Vision 2020	123,897	-
Victoria Daly Regional Council	15,000	
Unexpended grants B/F	-	224,401
University of Queensland	250,000	-
Insurance recoveries	105,544	497,857
AMSANT	84,000	-
Work Cover Consultations	350	111
Medical reports	(60)	130
Medicare	948,043	1,443,018
Profit on the sale of assets	135,455	45,862
Cash Flow Boost - ATO	-	37,500
Miscellaneous income	4,312	28,964
Total Revenue and Other Income	22,591,275	21,397,617

NOTE 2a. FINANCE INCOME

Interest on bank accounts	16,602	16,970
Interest paid	(1,625)	(933)
Interest expense for leasing arrangements	(65,495)	(10,120)
Net Finance (Expenses)/Income	(50,518)	5,917

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

	2022 \$	2021 \$
NOTE 3. EXPENDITURE		
Employee benefits expenses		
Wages and salaries	12,120,735	11,811,309
Airfares	6,043	11,175
Superannuation	996,072	1,017,205
Fringe benefit tax	167,773	151,369
Professional development	40,682	83,858
Recruitment	405,448	358,368
Flight out of isolated land	10,364	30,127
Insurance -Workers compensation	219,726	230,096
Total Employee Benefits Expenses	13,966,843	13,693,507
Motor vehicle expenses		
Fuel and oil	200,502	164,027
Repairs and maintenance	123,270	216,435
Registration	41,321	34,402
Total Motor Vehicle Expenses	365,093	414,864
Travel and accommodation		
Travel and accommodation – staff	1,078,520	1,104,522
Travel and accommodation – board	117,797	120,489
Travel and accommodation – patients	12,162	1,416
Total Travel and Accommodation	1,208,479	1,226,427
Other expenses		
Accounting fees	-	122,400
Advertising	4,377	1,175
Annual report	1,685	1,495
Audit fees	25,494	20,546
Bank charges	1,511	1,672
Cleaning	55,955	60,829
Consultants	493,984	221,967
Communications	202	27,570
Electricity, water and sewerage	297,309	272,201
Freight	42,738	40,926
Ground maintenance	18,980	19,179
Hire of equipment	-	13,324
Insurance	316,862	266,366

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

	2022 \$	2021 \$
NOTE 3. EXPENDITURE - continued		
IT Hosting / support	412,420	412,136
IT Computer equipment	287,865	212,999
Provision for doubtful debts	-	11,529
Postage	1,342	1,401
Legal expenses	5,467	19,152
Loss on disposal / write-off of assets	-	6,233
Meeting costs	20,606	18,325
Rent – Head office	49,098	71,662
Rent – Storage facilities	22,553	18,294
Rent – Housing	341,560	298,514
Subscriptions and membership	26,051	47,542
Service charges	65,298	53,507
Telephone and facsimile	246,685	285,108
Training	86,305	55,027
Uniforms	15,439	12,271
Security	13,628	13,298
Repairs and Maintenance - Plant & Equipment	491	7,592
Repairs and Maintenance - Furniture & Fittings	48,878	57,333
Repairs and Maintenance - Buildings	234,868	236,688
Repairs and Maintenance - Medical equipment	5,837	118,614
Supplies	-	-
Medical and dental supplies	401,615	357,962
RAHC	181,411	124,282
Office supplies	50,162	47,672
Repay unspent grant	12,184	-
Health and Other Program	-	-
Doctors Locum	410,365	516,023
Health Promotions	382,814	338,376
Services purchased	84,980	195,581
Total Other Expenses	4,667,019	4,606,771

NOTE 4. AUDITORS REMUNERATION

Remuneration of the auditors of the corporation for

- Auditing or reviewing the financial report – Merit Partners	25,494	20,546
	25,494	20,546

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

	2022 \$	2021 \$
NOTE 5. CASH AND CASH EQUIVALENTS		
ANZ- Operating account	1,507,618	294,284
ANZ - Medicare Bulk Bill	8,591,775	7,892,834
ANZ- VISA	(15,129)	(15,255)
PCCU- Investment Account	2,612,355	2,596,381
Petty Cash	-	391
	12,696,619	10,768,635

The effective interest rate on the PCCU Investment account was 0.40% as at 30 June 2022 (30 June 2021: 0.23%) the investment is rolled forward quarterly.

NOTE 6. TRADE AND OTHER RECEIVABLES

CURRENT

Trade Debtors	60,916	482,164
Sundry Debtors	37,692	4,388
Rental Bond	33,142	21,320
Less Provision for doubtful debts	-	-
	131,750	507,872

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 2022

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.

	Gross Amount	Past Due and Impaired	Within Initial Trade Terms	31 - 60 Days	61 - 90 Days	Over 90 Days
As At 30 June 2022	\$	\$	\$	\$	\$	\$
Trade and Other Receivables	131,750	-	60,916	37,692	-	33,142

	Gross Amount	Past Due and Impaired	Within Initial Trade Terms	31 - 60 Days	61 - 90 Days	Over 90 Days
As At 30 June 2021	\$	\$	\$	\$	\$	\$
Trade and Other Receivables	507,872	-	479,709	27,797	66	300

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.

	2022	2021
	\$	\$
NOTE 7. OTHER CURRENT ASSETS		
GST paid	154,651	163,837
Prepayments	132,912	105,505
	<u>287,563</u>	<u>269,342</u>

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

NOTE 8. PROPERTY, PLANT AND EQUIPMENT

	2022	2021
	\$	\$
Furniture and equipment – at cost	996,401	922,997
Accumulated depreciation	(887,723)	(856,270)
	<u>108,678</u>	<u>66,727</u>
Land – at valuation	8,000	8,000
	<u>8,000</u>	<u>8,000</u>
Building – at cost	8,662,923	8,646,299
Accumulated depreciation	(3,768,235)	(3,401,821)
	<u>4,894,688</u>	<u>5,244,478</u>
Computers and software – at cost	580,134	580,134
Accumulated depreciation	(580,134)	(580,134)
	<u>-</u>	<u>-</u>
Motor vehicles – at cost	2,905,958	3,038,047
Accumulated depreciation	(2,267,213)	(2,143,151)
	<u>638,745</u>	<u>894,896</u>
Medical equipment – at cost	752,553	637,341
Accumulated depreciation	(444,360)	(344,189)
	<u>308,193</u>	<u>293,152</u>
Right of Use Assets	2,266,520	738,900
Accumulated depreciation	(365,679)	(343,962)
	<u>1,900,841</u>	<u>394,938</u>
Work in Progress (WIP)	147,564	-
Net Written Down Value	<u>8,006,709</u>	<u>6,902,191</u>

Impairment Losses

The total impairment loss recognised in the statement of profit and loss and other comprehensive income during the year amounted to \$Nil.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

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.

	Furniture & Equipment \$	Land \$	Building \$	Computer/ Software \$	Medical Equipment \$	Motor Vehicles \$	Right of Use Assets \$	WIP \$	Total \$
As At 30 June 2021									
Balance at the beginning of year	58,267	8,000	1,968,686	342	196,714	775,394	241,015	125,600	3,374,018
Additions	24,605	-	3,450,937	-	185,463	550,235	333,089	-	4,544,329
Disposals & Impairment	-	-	-	-	(158,696)	(344,026)	-	-	(502,722)
Transfer between classes	-	-	125,600	-	-	-	-	125,600	-
Writeback	-	-	-	-	152,461	342,618	-	-	495,079
Depreciation charges	(16,145)	-	(300,744)	(342)	(82,790)	(429,325)	(179,156)	-	(1,008,502)
Balance at end of year	66,727	8,000	5,244,479	-	293,152	894,896	394,948	-	6,902,202
As At 30 June 2022									
Balance at the beginning of year	66,727	8,000	5,244,479	-	293,152	894,896	394,948	-	6,902,202
Additions	73,404	-	16,621	-	115,212	324,963	1,787,263	-	2,317,463
Disposals & Impairment	-	-	-	-	-	-	-	-	-
Reversal to work in progress	-	-	-	-	-	(199,806)	-	147,564	(52,242)
Depreciation charges	(31,453)	-	(366,412)	-	(100,171)	(381,308)	(281,370)	-	(1,160,714)
Balance at end of year	108,678	8,000	4,894,688	-	308,193	638,745	1,900,841	147,564	8,006,709

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

	2022 \$	2021 \$
NOTE 9. TRADE AND OTHER PAYABLES		
Trade creditors	576,496	496,314
GST collected	567,124	474,185
Accruals	455,990	452,920
Other payables – contract liabilities	-	281,623
	1,599,610	1,705,042
Financial liabilities at amortised cost classified as trade and other payables		
- Total current	1,599,610	1,705,042
- Total non-current	-	-
	1,599,610	1,705,042

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	284,160	93,516
Non-current	1,663,126	303,148
	1,947,286	396,664

NOTE 11. EMPLOYEE BENEFITS

Current		
Long Service Leave	388,781	371,572
Annual Leave	961,261	909,232
	1,350,042	1,280,804

NOTE 12. EMPLOYEE BENEFITS

Non-Current		
Long Service Leave	367,292	379,728



KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

	2022 \$	2021 \$
NOTE 13. CASH FLOW INFORMATION		
a) Reconciliation of cash		
Cash balance comprises:		
- Cash (Note 5)	12,696,619	10,768,635
b) Reconciliation of the surplus to the net cash flows used in operating activities		
Surplus during the year	1,172,609	453,463
Add/(Deduct) non-cash items		
Depreciation	1,160,714	1,008,502
Net Profit on disposal of assets	(135,455)	(39,629)
Interest on lease liability	65,495	10,120
Change in assets and liabilities		
Trade and other receivables	376,122	2,745,854
Other current assets	(27,407)	111,857
Trade and other payables	(96,246)	283,081
Provision for employee benefits	56,802	128,028
Net Cash Flows from operating activities	2,572,634	4,701,276

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.

	2022 \$	2021 \$
Financial Assets		
Cash and cash equivalents	12,696,619	10,768,635
Trade and other receivables	131,750	507,872
	12,828,369	11,276,507
Financial Liabilities		
Trade and other payables	1,032,486	1,230,857
Lease liabilities – ROU	1,947,286	396,664
	2,979,772	1,627,521

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

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 2022

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		1-5 Years		Over 5 Years		Total	
	2022	2021	2022	2021	2022	2021	2022	2021
	\$	\$	\$	\$	\$	\$	\$	\$
Financial Liabilities Due for Payment								
Trade & Other Payables	1,032,486	1,230,856	-	-	-	-	1,032,486	1,230,856
Lease Liabilities	284,160	93,516	1,064,298	225,582	598,828	77,566	1,947,286	396,664
Total Contractual Outflows	1,316,646	1,324,372	1,064,298	225,582	598,828	77,566	2,979,772	1,627,520
Financial Assets - Cash Flows Realisable								
Cash and cash equivalents	12,696,619	10,768,635	-	-	-	-	12,696,619	10,768,635
Trade and other receivables	131,750	507,872	-	-	-	-	131,750	507,872
Total Anticipated Cash in Flows	12,828,369	11,276,507	-	-	-	-	12,828,369	11,276,507

Financial assets pledged as collateral

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

Foreign exchange risk

The Corporation is not exposed to fluctuations in foreign currencies.

Credit Risk

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

Refer to Note 6 for credit risk disclosures.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

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 – short term leases	309,136	7,650	7,650	7,650	7,650	30,600	370,336
Finance Charges	-	-	-	-	-	-	-
Total	309,136	7,650	7,650	7,650	7,650	30,600	370,336

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:

	2022 \$	2021 \$
Short term leases being for rental of office equipment, housing	413,211	388,470
	413,211	388,470

FOR THE YEAR ENDED 30 JUNE 2022

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 2022.

NOTE 18. RELATED PARTY DISCLOSURES

During the year ended 30 June 2022, the Corporation paid directors fees and travel allowances to its board of directors who attended meetings for and behalf of the Corporation.

	2022	2021
	\$	\$
Directors Fees	8,828	22,557
Travel Allowances	117,797	120,489
	126,625	143,046
Key Management Personnel Compensation		
Short Term Benefits	784,384	1,003,046
Long Term Benefits	36,351	22,417
Post-Employment Benefits	45,638	60,181
Total	866,373	1,085,644

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

FUNDS ACQUITTANCE CERTIFICATE
FOR THE YEAR ENDED 30 JUNE 2022

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

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

That all accounts represent a true and fair record;

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

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

The financial controls in place within the Corporation are adequate;

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

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

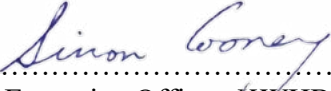
The Corporation has discharged its statutory obligations in relation to taxation, insurance, employee entitlements and including the lodgement of statutory returns and accounts where applicable;


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

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

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

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


.....
Chief Executive Officer, KWHB
Date: 31 October 2022


.....
Chairperson, KWHB
Date: 31 October 2022



DISCLAIMER ON ADDITIONAL FINANCIAL INFORMATION

The additional financial information, on pages 35 – 68, being the attached Statements of Income and Expenditure for funded programs for the year ended 30 June 2022, 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: 31 October 2022

Liability limited by a scheme approved under Professional Standards Legislation

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



Katherine West Health Board Aboriginal Corporation Statement of Income and Expenditure Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
350 IAHP Service Maintenance Program (Maintenance Work at Katherine Office)		
Income		
Approved carried forward funding	105,904	105,904
Total Income	105,904	105,904
Expenditure		
Repairs & Maintenance	105,904	106,434
Total Expenditure	105,904	106,434
Net Profit/-Loss	-	(530)

Katherine West Health Board Aboriginal Corporation Statement of Income and Expenditure Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
350 IAHP Service Maintenance Program (Tree Trimming and Lock Replacement)		
Income		
Grants (C'W) - Capital	24,843	24,843
Total Income	24,843	24,843
Expenditure		
Repairs & Maintenance	24,843	-
Total Expenditure	24,843	-
Net Profit/-Loss	-	24,843

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
365 Child and Maternal Health		
Income		
Grants (NT) Operating – Recurrent	208,633	208,633
Total Income	208,633	208,633
Expenditure		
Management Fees	41,727	41,727
Client Support Consumables - Health Promotions	-	372
Employment Support and Supervision Costs - Recruitment	-	2,648
Salary and Wages	160,704	112,137
Training & Development (Staff)	-	2,907
Travel and Accommodation	6,202	48,919
Total Expenditure	208,633	208,710
Net Profit/-Loss	-	(77)

.....

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
366 Family Support Services		
Income		
Grants (NT) Operating – Recurrent	350,000	116,667
Total Income	350,000	116,667
Expenditure		
Management Fees	70,000	-
Client Support Consumables - Health Promotions	2,500	-
Motor Vehicle Expenses	11,000	-
Salary and Wages	242,000	9,442
Training and Development (Staff)	2,500	-
Travel and Accommodation	22,000	-
Total Expenditure	350,000	9,442
Net Profit/-Loss	-	107,225

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
367 NT Maternal Early Childhood Sustained Home-visiting (MECSH) Program		
Income		
Grants (NT) Operating – Recurrent	1,000,000	1,000,000
Total Income	1,000,000	1,000,000
Expenditure		
Management Fees	200,000	200,000
Client Support Consumables - Health Promotions	-	50,842
Employment Support and Supervision Costs	-	1,698
Motor Vehicle Expenses	6,000	7,485
Salary and Wages	752,000	684,913
Training and Development (Staff)	7,000	7,848
Travel and Accommodation	35,000	38,210
Total Expenditure	1,000,000	990,996
Net Profit/-Loss	-	9,004
Committed Expenditure		
Client Support Consumables - Health Promotions	-	3,705
Total Committed Expenditure	-	3,705
Adjusted Net Profit/-Loss	-	5,299

**Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022**

	Budget 2022 \$	Actual 2022 \$
367 Development of Culturally Appropriate MECSH Resources		
Income		
Grants (NT) Operating – Non Recurrent	16,000	16,000
Total Income	16,000	16,000
Expenditure		
Client Support Consumables - Health Promotions	16,000	-
Total Expenditure	16,000	-
Net Profit/-Loss	-	16,000
Committed Expenditure		
Client Support Consumables - Health Promotions	-	16,000
Total Committed Expenditure	-	16,000
Adjusted Net Profit/-Loss	-	-

**Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022**

	Budget 2022 \$	Actual 2022 \$
368 Specialised Domestic Violence		
Income		
Grants (CW) Operating – Recurrent	125,000	126,375
Approved carried forward funding	84,522	84,522
Total Income	209,522	210,897
Expenditure		
Management Fees	25,000	25,000
Client Support Consumables - Health Promotions	70,653	31,515
Employment Support and Supervision Costs - Recruitment	152	-
Motor Vehicle Expenses	7,489	2,885
Salary and Wages	83,900	134,616
Training and Development (Staff)	2,161	1,475
Travel and Accommodation	20,167	14,978
Total Expenditure	209,522	210,469
Net Profit/-Loss	-	428

**Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022**

	Budget 2022 \$	Actual 2022 \$
369 Obstetrics & Midwifery Outreach Coordination		
Income		
Grants (CW) Operating – Recurrent	211,893	214,647
Approved carried forward funding	15,543	15,543
Total Income	227,436	230,190
Expenditure		
Management Fees	42,379	42,379
Assets Purchased <\$5,000	5,569	4,847
Motor Vehicle Expenses	5,500	1,627
Repairs & Maintenance	15,543	16,624
Salary and Wages	140,057	149,893
Training and Development (Staff)	1,000	180
Travel and Accommodation	17,388	17,281
Total Expenditure	227,436	232,831
Net Profit/-Loss	-	(2,641)

**Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022**

	Budget 2022 \$	Actual 2022 \$
370 Children and Family Intensive Support		
Income		
Grants (CW) Operating – Recurrent	333,333	333,333
Total Income	333,333	333,333
Expenditure		
Management Fees	66,667	66,667
Client Support Consumables - Health Promotions	2,380	-
Employment Support and Supervision Costs	-	11,929
Motor Vehicle Expenses	10,477	0
Salary and Wages	230,476	87,585
Training and Development (Staff)	2,380	-
Travel and Accommodation	20,953	561
Total Expenditure	333,333	166,742
Net Profit/-Loss	-	166,591

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
371 IHSPS Pharmacy Support		
Income		
Grants (CW) Operating – Recurrent	41,097	41,097
Total Income	41,097	41,097
Expenditure		
Management Fees	8,219	8,219
Consultant / Advisory Services	-	22,727
Salary and Wages	32,878	6,997
Total Expenditure	41,097	37,943
Net Profit/-Loss	-	3,154

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
386 Tackling Indigenous Smoking		
Income		
Grants (CW) Operating – Recurrent	448,163	448,163
Total Income	448,163	448,163
Expenditure		
Management Fees	89,633	89,633
Client Support Consumables - Health Promotions	32,000	22,764
Employment Support and Supervision Costs - Recruitment	-	148
Motor Vehicle Expenses	6,000	4,309
Salary and Wages	277,030	296,699
Training and Development (Staff)	3,000	3,645
Travel and Accommodation	40,500	31,223
Total Expenditure	448,163	448,421
Net Profit/-Loss	-	(258)

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
395 RAOD		
Income		
Grants (NT) Operating – Recurrent	300,000	300,000
Katherine West Health Board Contribution	108,302	0
Total Income	408,302	300,000
Expenditure		
Management Fees	60,000	60,000
Client Support Consumables - Health Promotions	20,000	35,605
Motor Vehicle Expenses	2,000	2,515
Salary and Wages	311,302	112,177
Training and Development (Staff)	3,000	727
Travel and Accommodation	12,000	8,036
Total Expenditure	408,302	219,060
Net Profit/-Loss	-	80,940

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
399 SU-SEWB		
Income		
Grants (CW) Operating – Recurrent	440,000	660,000
Interest Received		22
Total Income	440,000	660,022
Expenditure		
Management Fees	88,000	88,000
Client Support Consumables - Health Promotions	11,235	20,021
Employment Support and Supervision Costs - Recruitment	-	2,494
Motor Vehicle Expenses	7,000	3,454
Salary and Wages	288,295	290,700
Training and Development (Staff)	13,470	1,692
Travel and Accommodation	32,000	31,782
Total Expenditure	440,000	438,143
Net Profit/-Loss	-	221,879
2023 Grant Received in Advance	-	220,000
Adjusted Net Profit/Loss	-	1,879



Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
705/710/711 Rural Primary Health Service		
Income		
Northern Territory PHN	736,028	736,028
KWHB Medicare Income	89,357	9,204
Total Income	825,385	745,232
Expenditure		
Management Fees	147,205	147,205
Salary and Wages	541,789	474,567
Salary and Wages on-costs	51,551	47,165
Professional Development	4,000	3,007
Travel Costs	72,840	66,699
Program Consumables	8,000	6,589
Total Expenditure	825,385	745,232
Net Profit/-Loss	-	-

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Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
726/727 Integrated Team Care		
Income		
Northern Territory PHN ITC Funding	306,420	306,420
Northern Territory PHN Supplementary Services	200,000	200,000
Approved carried forward funding	-	75,533
Total Income	506,420	581,953
Expenditure ITC		
Management Fees	61,284	61,284
Salary and Wages	201,829	161,019
Salary and Wages on-costs	19,209	16,342
Training/Professional Development	-	1,273
Recruitment Costs	-	600
Travel and accommodation	18,000	7,722
Program Consumables	6,098	10,909
Total ITC Program Costs	306,420	259,149
Expenditure Supplementary Services		
Allied Health	185,000	79,980
Medical Aids	15,000	14,225
Total SS Program Costs	200,000	94,205
Total Contract Expenditure		353,354
Net Profit/-Loss ITC	-	47,271
Net Profit/-Loss SS	-	181,328

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
728 Drug and Alcohol Treatment Activities Funding delivered through a Social and Emotional Wellbeing Model		
Income		
Northern Territory PHN	287,385	287,385
Total Income	287,385	287,385
Expenditure		
Management Fees	57,477	57,477
Salary and Wages	186,164	164,189
Salary and Wages on-costs	18,617	16,775
Employee Support and Supervision Costs	2,000	75
Travel Costs	23,127	48,869
Total Expenditure	287,385	287,385
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
729 Outreach Health Services		
Income		
Northern Territory PHN	515,809	515,809
Approved carried forward funding	64,762	64,762
Total Income	580,571	580,571
Expenditure		
Management Fees	103,162	77,372
Salary and Wages	351,072	328,908
Salary and Wages on-costs	33,487	33,042
Professional Development	3,000	1,090
Employee Support and Supervision Costs	-	702
Travel Costs	75,000	43,374
Program Consumables	14,850	8,473
Total Expenditure	580,571	492,961
Net Profit/-Loss	-	87,610

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
730 National Subsidised Spectacles Scheme Project (NSSS)		
Income		
Vision 2020	123,897	123,897
Total Income	123,897	123,897
Expenditure		
Management Fees	24,780	-
Salary and Wages	92,026	14,436
Travel and Accommodation	7,091	-
Total Expenditure	123,897	14,436
Net Profit/-Loss	-	109,461

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
732 Diabetes Related Foot Care		
Income		
SAHMRI	160,000	159,917
Approved carried forward funding	100,415	100,415
Total Income	260,415	260,332
Expenditure		
Management Fees	16,000	16,000
Salary and Wages	101,953	147,150
Staff Recruitment	6,300	-
Client Support Services /Consumables	44,000	40,375
Depreciation	-	4,047
Motor Vehicle Expenses (incl Insurance and Repairs and Maintenance)	-	748
Travel and Accommodation (excl Board / Governance)	27,162	8,992
Training and Development (excl Board / Governance)	20,000	322
Asset Purchases (Motor Vehicle)	45,000	44,698
Total Expenditure	260,415	262,332
Net Profit/-Loss	-	(2,000)

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
735 Implement and Evaluate the Strong Spirits Through Arts and Culture Project		
Income		
Approved carried forward funding (LIMHS)	86,667	86,667
Approved carried forward funding (SEWB)	93,028	93,028
Total Income	179,695	179,695
Expenditure		
Salary and Wages	46,654	48,387
Salary and Wages on-costs	4,666	4,389
Professional Development	1,500	1,837
Travel Costs	3,000	12,567
Program Consumables	34,028	6,855
Total Expenditure	89,848	74,035
Net Profit/-Loss	89,847	105,660

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
737 Care Flight Chronic Disease Coordinator		
Income		
Care Flight	137,500	87,500
Approved carried forward funding	-	(10,590)
Total Income	137,500	76,910
Expenditure		
Management Fees	17,500	17,500
Client Support Consumables - Health Promotions	17,077	-
Salary and Wages	102,923	46,904
Employee Support and Supervision Costs	-	8,691
Travel and Accommodation	-	3,815
Total Expenditure	137,500	76,910
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
738 Eliminate STI		
Income		
University of Queensland	250,000	250,000
Total Income	250,000	250,000
Expenditure		
Management Fees	50,000	50,000
Client Support Consumables - Health Promotions	5,000	-
Motor Vehicle Expenses	-	-
Salary and Wages	161,030	66,233
Employee Support and Supervision Costs	5,000	8,250
Training and Development (Staff)	-	-
Travel and Accommodation	28,970	1,844
Total Expenditure	250,000	126,327
Net Profit/-Loss	-	123,673

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
740 Hearing 4 Health		
Income		
Menzies School of Health Research	20,500	20,500
Approved carried forward funding	-	10,528
Total Income	20,500	31,028
Expenditure		
Management Fees	4,100	4,100
Salary and Wages	14,910	13,404
Salary and Wages on-costs	1,490	1,340
Return of Unspent Funds	-	12,184
Total Expenditure	20,500	31,028
Net Profit/-Loss	-	-

**Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022**

	Budget 2022 \$	Actual 2022 \$
741 Aboriginal Health Workforce		
Income		
AMSANT	95,000	76,000
Total Income	95,000	76,000
Expenditure		
Management Fees	19,000	9,500
Salary and Wages	44,000	55,553
Travel Costs	3,500	11,327
Total Expenditure	66,500	76,380
Net Profit/-Loss	28,500	(380)

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**Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022**

	Budget 2022 \$	Actual 2022 \$
772 Trachoma		
Income		
Grants (NT) Operating – Recurrent	140,000	140,000
Total Income	140,000	140,000
Expenditure		
Management Fees	28,000	-
Client Support Consumables - Health Promotions	15,000	18,182
Motor Vehicle Expenses	5,000	-
Salary and Wages	84,315	-
Travel and Accommodation	7,685	-
Total Expenditure	140,000	18,182
Net Profit/-Loss	-	121,818

**Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022**

	Budget 2022 \$	Actual 2022 \$
773 Sexual Health and Blood Borne Virus Program		
Income		
Grants (NT) Operating – Recurrent	149,016	149,016
Total Income	149,016	149,016
Expenditure		
Management Fees	29,803	29,803
Motor Vehicle Expenses	2,500	2,734
Salary and Wages	97,468	104,119
Travel and Accommodation	19,245	12,307
Total Expenditure	149,016	148,963
Net Profit/-Loss	-	53

**Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022**

	Budget 2022 \$	Actual 2022 \$
774 Enhanced Syphilis Response (ESR) Program		
Income		
NACCHO	214,900	214,900
Total Income	214,900	214,900
Expenditure		
Management Fees	42,980	42,980
Travel Expenses	20,000	-
Motor Vehicle Expenses	11,023	-
Health Promotions	-	18,182
Wages and Salary	140,897	15,812
Staff Recruitment	-	2,200
Total Expenditure	214,900	79,174
Net Profit/-Loss	-	135,726
Committed Expenditure		
Client Support Consumables - Health Promotions	-	14,546
Total Committed Expenditure	-	14,546
Adjusted Net Profit/-Loss	-	121,180

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

775 NDIS Remote Community Connectors

	Budget 2022 \$	Actual 2022 \$
Income		
NDIA Funding	240,000	240,000
Approved carried forward funding	-	166,898
Total Income	240,000	406,898
Expenditure		
Management Fees	48,000	48,000
Wages and Salary	158,215	120,302
Travel Expenses	13,936	3,069
Motor Vehicle Expenses	6,747	404
Health Promotions	2,724	-
Staff Recruitment	6,486	74
Staff Training	3,892	-
Computer Equipment	-	14,498
Total Expenditure	240,000	186,347
Net Profit/-Loss	-	220,551

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Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

**776 Blood Borne Viruses (BBVs) and Sexually
Transmissible Infections (STIs) Program (BBVSTI)**

	Budget 2022 \$	Actual 2022 \$
Income		
NACCHO	174,900	174,900
Total Income	174,900	174,900
Expenditure		
Management Fees	34,980	34,980
Health Promotions	20,898	12,005
Wages and Salary	101,383	88,430
Superannuation	10,139	5,521
Staff Recruitment	7,500	359
Travel and Accommodation	-	1,210
Total Expenditure	174,900	142,505
Net Profit/-Loss	-	32,395
Committed Expenditure		
Client Support Consumables - Health Promotions	-	3,182
Total Committed Expenditure	-	3,182
Adjusted Net Profit/-Loss	-	29,213

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

795 COVID-19 Response

	Budget 2022 \$	Actual 2022 \$
Income		
NACCHO	483,177	513,177
Approved carried forward funding	-	35,050
Total Income	483,177	548,227
Expenditure		
Management Fees	48,318	51,318
Health Promotions	47,660	26,067
Furniture & Fittings	1,817	-
Wages & Salaries	319,052	210,608
Superannuation	24,875	16,093
Staff Recruitment	1,101	36,100
Motor Vehicle Expenses	5,177	9,486
Travel and Accommodation	35,177	82,887
Total Expenditure	483,177	432,559
Net Profit/-Loss	-	115,668

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Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
796 Emerging Priorities - IT Network		
Income		
Approved carried forward funding	175,719	175,719
Total Income	175,719	175,719
Expenditure		
Computer Expenses	175,719	175,719
Total Expenditure	175,719	175,719
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
796 Emerging Priorities - Aboriginal Health Coaching Curriculum Co-Design		
Income		
Approved carried forward funding	98,223	98,223
Total Income	98,223	98,223
Expenditure		
Salary and Wages	98,223	98,223
Total Expenditure	98,223	98,223
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

	Budget 2022 \$	Actual 2022 \$
Indigenous Primary Health Care - Top End Health Service		
Income		
Grants (NT) Operating – Recurrent	3,984,037	4,039,415
Medicare Benefits Schedule (MBS) Income	219,656	212,061
Total Income	4,203,693	4,251,476
Expenditure		
Advertising & Promotion	644	1,644
Agency Temp Staff	220,233	161,261
Assets Purchased <\$5,000	57,992	43,856
Audit Fees	6,444	6,914
Bank Charges	258	202
Cleaning & Pest Control	15,741	15,176
Client Support Consumables	111,345	107,138
Computer Expenses	130,476	138,234
Consultancy Fees	37,502	127,813
Depreciation - Motor Vehicle	105,093	102,320
Depreciation - Plant & Equipment	36,666	35,699
Equipment Hire/Lease	5,691	5,989
Insurance - General	48,647	47,148
Insurance - Professional Indemnity	14,927	15,716
Interest Paid	206	441
Legal Fees	4,511	1,483
Meeting Expenses	30,929	37,537
Membership Fees Paid	3,087	7,066
Motor Vehicle Expenses	101,069	107,666
Postage, Freight and Courier	9,975	11,321
Printing & Stationery	15,465	13,605
Rates & Taxes	11,644	19,085
Rent	66,880	69,211
Rent - Rental Properties	85,367	117,074
Repairs & Maintenance	70,789	69,801
Security Expenses	3,402	3,696
S&W Salaries & Wages	2,564,922	2,543,904
Staff Amenities	83,314	93,547
Telephone & Fax Charges & Internet	62,590	66,960
Training & Development (Staff)	38,146	27,388
Travel & Accommodation	180,871	171,946
Utilities	78,867	80,635
Total Expenditure	4,203,693	4,251,476
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2022

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	Budget 2022 \$	Actual 2022 \$
Indigenous Primary Health Care - Department of Health		
Income		
Grants (C'W) Operating-Recurrent	8,761,218	9,345,821
Medicare Benefits Schedule (MBS) Income	483,041	490,636
Total Income	9,244,259	9,836,457
Expenditure		
Salaries & Wages	6,096,441	6,255,683
Accounting / Audit fees	16,040	18,542
Advertising & Promotion	567	2,747
Board / Governance (Travel, Accommodation & Training)	68,016	86,849
Client Support Services /Consumables	508,273	321,468
Communications & IT	302,957	550,244
Consultants & Contractors	141,273	357,295
Oral Health Services	28,340	5,000
Depreciation	311,739	319,328
Insurance (excl Motor Vehicle)	139,804	145,445
Motor Vehicle Expenses (incl Insurance and Repairs & Maint)	222,260	395,081
Rent	334,804	296,931
Repairs & Maintenance (excl Motor Vehicles)	155,671	149,585
Travel & Accommodation (excl Board / Governance)	397,750	397,825
Training & Development (excl Board / Governance)	83,886	63,368
Utilities	354,253	410,864
Asset Purchases (\$22,000.00 GST Excl)	82,185	60,202
Total Expenditure	9,244,259	9,836,457
Net Profit/-Loss	-	-

Commonly Used Acronyms

<i>Acronym</i>	<i>Full Title</i>
AGM	Annual General Meeting
AHP	Aboriginal Health Practitioner (formerly ‘Aboriginal Health Worker’ or ‘AHW’)
AMSANT	Aboriginal Medical Services Alliance of the Northern Territory
AMSED	Aboriginal Medical Service Education
AOD	Alcohol and Other Drugs
Aust Gov DoH	Commonwealth Department of Health
AWP	Annual Work Plan
B Part of It NT	Research project on Meningococcal Vaccine
CARPA	Central Australian Rural Practitioners Association
CBW	Community Based Worker
CD	Chronic Diseases
CEO	Chief Executive Officer
CHC	Community Health Centres
CLHLRR	Cultural and Health Literacy Resource Review
CLAG	Cultural Leadership Advisory Group
CDoH	Commonwealth Department of Health
COVID-19	Corona Virus Pandemic
CRANA	Council of Remote Area Nurses of Australia
CQIC	Continuous Quality Improvement Collaborative
DCE	Director, Community Engagement (KWHB)
DFV	Domestic and Family Violence
DMS	Director, Medical Services (KWHB)
DPHC	Director, Primary Health Care (KWHB)
DPMC	Department of Prime Minister and Cabinet (Commonwealth Govt) now NIAA
DSS	Department of Social Security (Commonwealth Govt)
EBM	Executive Board Meeting
eGFR3	Research Study on Renal Health
ENT	Ear Nose and Throat
ESR	Enhanced Syphilis Response program
FBM	Full Board Meeting
Fed DoH	Commonwealth Department of Health
GP	General Practitioner
HCC	Health Centre Coordinator
HCH	Health Care Homes
HR	Human Resources
Hearing 4 Life	Research project on Hearing and Ear Health
HRM	Human Resources Manager
ISO	International Standards Organisation
IAHP	Indigenous Australians Health Program

IAS	Indigenous Advancement Strategy
ITC-SS	Integrated Team Care – Supplementary Services program to support people with Chronic Diseases
ICT	Information Communication Technology
KDH	Katherine District Hospital
KPIs	Key Performance Indicators
KWHBAC	Katherine West Health Board Aboriginal Corporation
LEAP	Leveraging Effective Ambulatory Practices Research Project
LIMH	Low Intensity Mental Health Project
MECSH	Maternal Early Childhood Sustained Home Visiting Program -Strong Beginnings for Strong Families KWHB
MRC	Management Review Committee (KWHB)
NACCHO	National Alliance of Aboriginal Community Controlled Organisations
NBPU	National Best Practice Unit (for TIS)
NDIS / A	National Disability Insurance Scheme / Agency
NIAA	National Indigenous Australians Agency (formerly in Dept Prime Minister and Cabinet)
nKPI	National Aboriginal Key Performance Indicators – Clinical measurements
NPC	National Police Certificate (listing any offences committed by the person)
NRT	Nicotine Replacement Therapy
NSQHS	National Safety and Quality Health Service (Standards)
NTAHKPI	Northern Territory Aboriginal Health Key Performance Indicators
NTPHN / PHN	Northern Territory Primary Health Network (Funding Body)
NTG DoH	Northern Territory Government Department of Health
PAIS	Patient Surveys
PATS	Patient Assisted Travel Scheme
PHC	Primary Health Care
PHCG	Primary Health Care Group (KWHB)
PPE	Personal Protective Equipment
RACGP	Royal Australian College of General Practitioners
RAN	Remote Area Nurse
RCEG	Regional Community Engagement Group
RDH	Royal Darwin Hospital
SB4SF	Strong Beginnings for Strong Families
SEWB	Social & Emotional Well Being
SHBBV	Sexual Health and Blood Borne Viruses
SMP	Service Maintenance Program
SONT	Specialist Outreach Northern Territory
STI	Sexually Transmitted Infections
SU - SEWB	Substance Use - Social and Emotional Well Being
TA	Travel Allowance
TIS	Tackling Indigenous Smoking
TRAQS	Tobacco Reduction and Quit Support
WHS	Workplace Health and Safety
WWC	Working With Children (authentication for staff and Directors to have contact with children)



KATHERINE WEST HEALTH BOARD

Aboriginal Corporation

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