



25 YEARS OF COMMUNITY CONTROL

ANNUAL REPORT



**KATHERINE WEST
HEALTH BOARD**
Aboriginal Corporation

**2022
2023**

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

This Annual Report was compiled for Katherine West Health Board Aboriginal Corporation (KWHB). The KWHB Directors present this document as a true and accurate summary and report for the financial year ending 30 June 2023.

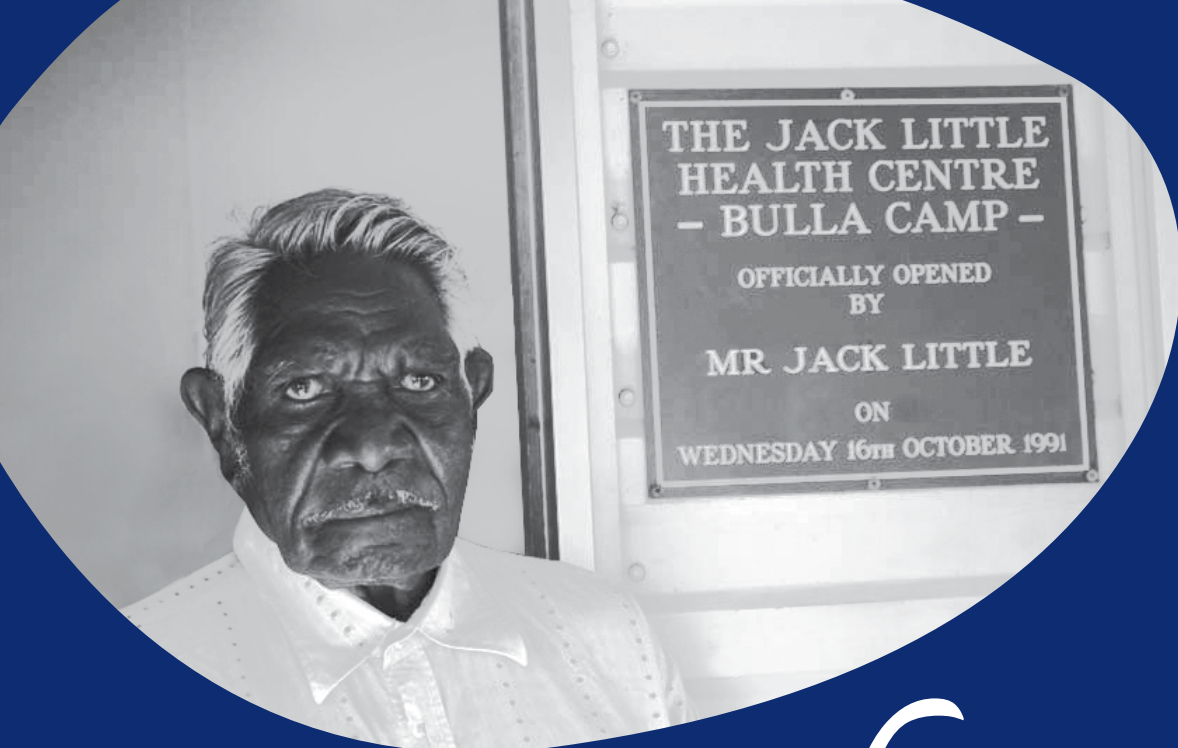
Please note:

- There is a full list of acronyms on the inside back page of this report page 142
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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.

A digital copy of this report and previous KWHB Annual Reports can be found on our website. kwhb.com.au

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Remembering Mr Little 1935-2023

The Board would like to dedicate this Annual Report to the memory of Mr Little and recognise his enormous contribution to our organisation.

Mr Little was a remarkable man whose life unfolded against the backdrop of the Humbert River Station homestead in the Victoria River District.

As a reflection of the times he worked as a stockman for the earlier years of his life, Mr Little was well accustomed to the ways of working with kartiya mob – learning how to bring together the two worlds and roads with a shared vision. Life took a quick turn when he contracted leprosy and was sent to East Arm Leprosarium in Darwin – spending seven years navigating the Western health system. This may well have been the turning point for his determined interest in Aboriginal health. In 1958, while in East Arm Leprosarium, he embarked on the path to becoming the first Aboriginal Health Worker in the Northern Territory, trained by the legendary Dr John Hargraves.

Upon returning to Katherine in 1968, Mr Little joined forces with Barbara Braddock, known locally as the Bush Nurse, in caring for leprosy patients across stations in the Katherine region. During this time, he established a camp on the East Baines River, where he met his life partner, Betty Gundari. Together with family, Mr Little played a pivotal role in building Bulla Community, a place he cherished as home. He became the first Aboriginal Health Worker in Bulla community.

A trailblazer for Aboriginal community-controlled health in the Northern Territory.

Mr Little worked across remote communities as a Health Worker, including a stint in Kununurra. In 1983, he was appointed the Manager at Katherine Institute of Aboriginal Health (KIAH), a centre dedicated to training Aboriginal people to work in health and be the drivers of culturally safe health care delivery in their communities.

In 1997, Marion Scrymgour sought Mr Little's assistance to engage with communities across the Katherine West region to commence the Katherine West Coordinated Care Trial. Mr Little would often recount how he was fishing by the billabong when Marion approached him and reeled him into the project. He served as a Liaison Officer and an Executive Board Member, playing a significant role in KWHB's early days by rallying the region's communities to support the transition to Aboriginal community-controlled health care.

Between 2005 and 2010, he collaborated closely with Joseph Cox, David Lines, and Sean Heffernan to re-focus KWHB's service delivery to align with grassroots community needs. Mr Little and Joseph led many community meetings during this period to ensure community voice and leadership remained at the heart of the organisation.

Mr Little's contributions extended well beyond his role in KWHB's inception; he was a teacher, mentor, and passionate supporter of Aboriginal community-controlled health. He was also the co-creator of the *Two Road Story*, a powerful symbol for unity and collaboration between Aboriginal and non-Aboriginal people which now sits proudly in our Board Room in Katherine.

"Regarding [Jirntangku Miyrtja] mean that one shield for all of us. Doesn't matter what colour we can be, the shield to stop the sickness that we can use; and I can say thank you very much, government, for giving us a funding to run our own affair because this is my community. That's where I come from, Bulla. That two road, it very important for me, from my heart and from my spirit. That two road, the narrow road is a government road. The wide, broad road is for Aboriginal road because we didn't know how to handle, how to walk hand in hand together,

black and white. Now, I decided to put that up just to have a relationship with black and white, and so why I put that up, you can see part of my culture side there and government culture, government law, Aboriginal lore. That's what we do. We test the ways. That road, two road, heading to better health; and so you can see two hand and two little people running across. You can see white man run to my road, we black man run to their road; give experience and knowledge to each other so that we can work together; and you can see before we hit the road, at end of the road we walking hand in hand. We are partner."

(Mr Little speaking about the Two Road Story)

Mr Little was one of the Northern Territory's longest-serving Aboriginal Health Workers. His infectious personality and cheeky charisma endeared him to all he met. He was a master storyteller, known for his humour and captivating yarns. As David Lines fondly recalls,

"I remember spending hours driving to and from KWHB region communities and having a sore jaw from all the laughing."

Katherine West Health Board expresses its condolences and sincere thanks to Marjorie Little and family for supporting Mr Little in his journey with Katherine West.

With Mr Little's passing in April 2023, he leaves behind a legacy as a steadfast and revered leader. He will be sadly missed but always remembered for his tireless dedication and passion for improving health outcomes for Aboriginal people. Katherine West Health Board and the people of the Katherine West region will remember Mr Little's journey and the important role he played in the health sector and the establishment of our regional health service.



Welcome from our Chairperson

On behalf of the Directors of Katherine West Health Board, I would like to welcome you to our 2022-2023 Annual Report. This year has had its ups and downs.

It's a special year for KWHB as we celebrate 25 years of community control, but it's been a very hard year with so many of our mob losing their homes and being displaced from country during the floods.

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 Andrew Johnson (Lajamanu), Wesley Campbell (Yarralin), Sharatine Campbell (Yarralin), Deborah Jones (Timber Creek), and Aileen Daly (Yarralin). Andrew, Wesley, Sharatine, Deborah and Aileen were elected in the 2022 tri-annual elections. The new Board Directors were endorsed at this year's March Full Board Meeting.

What makes community control is our community members, and I want to thank all our mob for their support and guidance this year. You have all been a huge support for our Board, and we couldn't do it without you. Many, like my own family, had a hard year through the floods and being evacuated from our homes – not knowing when we would be back. Your spirit and resilience through this time kept us all strong, I am so proud of how we all came together and looked after each other through the hardships.

In March this year, catastrophic floods devastated parts of the KWHB region. All residents of Kalkaringi, Daguragu and Nitjpurru were airlifted to Darwin to the Centre for National Resilience (CNR) and resided there for more than two months. I am proud to report that KWHB operated a health centre out of CNR for the whole period, not only providing health services to evacuees but also providing a range of interesting and fun activities to keep us all occupied through these very challenging times.

I would like to acknowledge the exceptional work of the KWHB

leadership team who worked day and night during this period to ensure our mob were being well looked after and cared for. I can proudly report that all residents have now returned to their communities and the reconstruction of the communities, homes and facilities is well underway.

In April, we received the sad news that one of KWHB's founding Board Directors, Mr Little of Bulla Community had passed. Mr Little was the driving force behind the development of KWHB as an Aboriginal community-controlled health service. He had a passion for providing a better model of care for his people and worked tirelessly to ensure the service was established in a way that best serviced all the communities and people in the region.

We celebrated and farewelled the life of Mr Little in a beautiful service at the Bulla chapel on 14 July. RIP Mr Little.

Through this sadness there were shining lights. We are so proud of KWHB's newest Aboriginal Health Practitioner, Timber Creek's own Anthea Anthony who completed her Certificate IV in

'We as Directors will continue to advocate for our members when it comes to providing excellent Primary Health Care services to all our communities.'

Aboriginal and/or Torres Strait Islander Primary Health Care at Batchelor Institute. On behalf of myself and all the Board Directors, we are thrilled for Anthea and her achievement - she dedicated many hours in the Timber Creek Health Centre, supporting all the Timber Creek communities whilst studying at Batchelor Institute. This was a huge achievement, and Anthea's journey gives other community members the confidence and inspiration to start their own journey into health care which is so important for the future.

I am pleased to report the Executive Board all completed the two-day ORIC (Office of the Registrar of Indigenous Corporations) Governance training. It was great to see such enthusiasm from our Executives who are all keen to improve and enhance their director skill sets.

The Board continues its governance training with Ambrose Solutions, who worked with us to develop our Strategic Plan and strengthen our understanding of governance structures and our responsibilities as Board Directors.

As reported last year, the Board Directors endorsed KWHB's new Strategic Plan 2022-2027,





which the CEO is now in the process of operationalising. This is an important step towards realising our strategic vision and improving health outcomes across the region. The Board has kept 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 improve and implement new online quality management systems.

KWHB passed the ISO 9001 Accreditation held earlier in 2023 with positive feedback from our auditors. 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.

I would like to take this opportunity to extend my sincere condolences to our staff and communities who have lost some exceptional and strong leaders, community members and supporters of our communities. These are very sad times for our mob, and our thoughts go out to those who are grieving.

I will finish by thanking our Katherine West communities and members. With your direction, we are striving to continuously improve our delivery of Primary Health Care services in the communities.

As we reflect on the 25 years that have passed, your input and feedback allow us Board Directors to clearly articulate, and guide Katherine West staff across all levels of the organisation 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.

We will continue to advocate for our members when it comes to providing excellent Primary Health Care services to all our communities.

I look forward to working closely with our community members to continue this great work to achieve our dream of all people in our region having long, healthy and happy lives. Let's see what the next 25 years will bring.



Board of Directors

2022 - 2023

Katherine West Health Board has a 15 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 2023.



Roslyn Frith
Chairperson
Kalkaringi



Jocelyn Victor
Vice Chairperson
Nitjpurru (Pigeon Hole)



Dione Kelly
Executive Director
Lajamanu



Andrew Johnson
Executive Director
Lajamanu



Wesley Campbell
Executive Director
Yarralin



Deborah Jones
Executive Director
Timber Creek/Myatt



Caroline Jones
Board Director
Timber Creek/Myatt



Aileen Daly
Board Director
Yarralin



Jonathon Dixon
Board Director
Lajamanu



Sharatine Campbell
Board Director
Yarralin



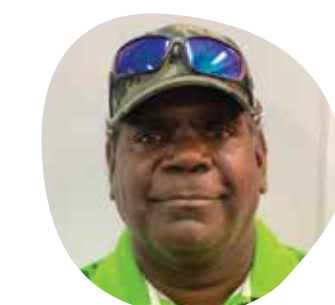
Lisa Smiler
Board Director
Kalkaringi/Daguragu



Debra Victor
Board Director
Kalkaringi



Denise Humbert
Board Director
Kildurk (Amanbidji)



Joseph Archie
Board Director
Bulla



Matrina Robertson
Board Director
Lajamanu

Board Appointments

The names of the Directors throughout 2022/2023 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	Appointed AGM 17/11/2016, Re-appointed to Chairperson, FBM 28/03/2023
Jocelyn Victor	Executive Director (Vice Chairperson)	Pigeon Hole	Appointed AGM 18/11/2010, Elected VC FBM 28/03/2023
Dione Kelly	Executive Director	Lajamanu	Appointed AGM 17/11/2016, Elected ED FBM 28/03/2023
Caroline Jones	Executive Director	Timber Crk	Appointed AGM 17/11/2016, Re-appointed FBM 28/03/2023
Jonathon Dixon	Board Director	Lajamanu	Appointed AGM 14/11/2019 Re-appointed FBM 28/03/2023
Debra Victor	Board Director	Kalkaringi	Appointed AGM 14/11/2013 Re-appointed FBM 28/03/2023
Joseph Archie	Board Director	Bulla	Appointed AGM 14/11/2019 Re-appointed FBM 28/03/2023
Matrina Robertson	Board Director	Lajamanu	Appointed FBM 2/2/2022 Re-appointed FBM 28/03/2023
Lisa Smiler	Board Director	Kalkaringi	Appointed FBM 2/2/2022 Re-appointed FBM 28/03/2023
Denise Humbert	Board Director	Kildurk/ Amanbidji	Appointed FBM 2/2/2022 Re-appointed FBM 28/03/2023
Newly Appointed			28 March, 2023
Deborah Jones	Executive Director	Timber Creek	Appointed FBM 28/03/2023 Elected ED FBM 28/03/2023
Wesley Campbell	Executive Director	Yarralin	Appointed FBM 28/03/2023 Elected ED FBM 28/03/2023
Andrew Johnson	Executive Director	Lajamanu	Appointed FBM 28/03/2023 Elected ED FBM 28/03/2023
Aileen Daly	Board Director	Lingara/ Yarralin	Note: The 2022 elected directors were not appointed at the 2022 AGM due to the introduction of mandatory Director Identification Numbers (DIN) and were appointed 28/03/23 when their DINs applications were in process.
Sharatine Campbell	Board Director	Yarralin	

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

Resignations

Member	Position	Community	Resignation
Charlie Newry	Executive Director	Yarralin	28/03/2023
Valerie Patterson	Executive Director	Lajamanu	28/03/2023
Noleen Campbell	Board Director	Yarralin	28/03/2023
Roy Harrington	Board Director	Timber Crk	28/03/2023

Board Meetings and Attendance

Title	Date	Attendance	Member Name	Meetings Attended
Executive Board Meeting	15/09/22	5	Roslyn Frith	6
Full Board Meeting	16/11/22	14	Jocelyn Victor	6
Full Board Meeting	28/03/23	12	Charlie Newry	2
Annual General Meeting	17/11/22	15 FBM 11 Members	Valerie Patterson	2
Executive Board Meeting	3/05/23	4	Dione Kelly	5
Executive Board Meeting	21/06/23	5	Caroline Jones	6
			Jonathon Dixon	3
			Debra Victor	3
			Noleen Campbell	1
			Joseph Archie	3
			Roy Harrington	3
			Matrina Robertson	3
			Lisa Smiler	2
			Denise Humbert	3
			Deborah Jones	3
			Wesley Campbell	3
			Sharatine Campbell	2
			Aileen Daly	2
			Andrew Johnson	2

Board Meetings were held in Katherine and Darwin throughout 2022-2023.

‘The flooding response was a team effort from the Board, community members and KWHB staff – everyone worked together like clockwork to achieve the best outcomes that can be expected after such a devastating natural event.’

Foreword from our

Chief Executive Officer

They do say the only thing you can predict about life is unpredictability, and 2023 has been a fine example of that.

What a wild ride the Katherine West Health Board rollercoaster has been this year – and I can say unequivocally we could not have stayed on the tracks without the exceptional leadership of our Board, and the unwavering commitment of our staff. We all thought we were due a reprieve from emergency management in 2022-23, after the tough years working through the greatest public health emergency of our time – but it was not to be.

This year, unprecedented and heavy rainfall saw the mighty Victoria River burst her banks across our region, resulting in the evacuation of 750 community members from Kalkaringi, Daguragu and Nitjpurru communities.

I cannot thank our Board Directors enough for their leadership during this crisis, where quick and difficult decisions had to be made to evacuate our clients and ensure they received optimal ongoing care while in temporary accommodation. Our Chairperson, Roslyn Frith and Vice Chairperson, Jocelyn Victor evacuated their communities and lost so much themselves during the floods – they continued to put their communities first every time during the evacuation and recovery.

Our staff were incredible at every turn – working until after midnight to escort clients safely to temporary accommodation options in Katherine, and ensuring clients had access to all their medication and support needs. Staff were given a couple of hours’ notice to drive up to Darwin to support clients as they arrived at the Darwin Showgrounds for the first night

before the Centre for National Resilience (CNR) was set up the next day. – some of these staff did not return back to Katherine for nearly eight weeks.

We were able to set up a fully operational health centre at CNR and provide the comprehensive and quality primary health care our clients needed. At one point, as Kalkaringi Health Centre re-commenced operations we were servicing five major health centres across the Northern Territory. In retrospect, it’s unfathomable that our organisation of 120 staff could manage this impossible feat.

I’d like to acknowledge the role our Management team played in supporting our teams through this crisis – there were many meetings, decisions and high-level advocacy happening across the board, and on top of that we also had regular service delivery to manage. The flooding response was a team effort from the Board, community members and KWHB staff – everyone worked together like clockwork to achieve the best outcomes that can be expected after such a devastating natural event.

For many looking from the outside, it may not be apparent that the floods affected all of the communities we service. Timber Creek was ravaged by floods over the 2022 Christmas period at a time where it is notoriously difficult to fully staff our health centres. Our staff immediately supported clients through the crisis and recovery period, and there is still work being done to ensure the safety and maintenance of houses in affected areas.

In the March 2023 floods, the rising floodwaters worked their way up north completely submerging the Victoria River bridge – cutting off access between Timber Creek and Katherine, as well as severely restricting access to the Timber Creek communities. At one point, Timber Creek was only accessible by helicopter – impacting Timber Creek staff as they negotiated their way through medical emergencies and supply shortages.

As the flooding affected Kalkaringi, Daguragu and Nitjpurru, Lajamanu Road became impassable for several weeks – as time passed this saw a worrying effect on food and medication security. The Lajamanu Health Centre staff went above and beyond to liaise closely with the local service providers and advocate for the highest priorities while continuing to provide high quality health care to Lajamanu community members.

Flood waters also moved dangerously close to Yarralin community, and there was some initial discussion about evacuation. At the same time, there were significant communication technology issues which saw Yarralin Health Centre staff only being able to contact management and emergency services through satellite phones.

Over the same period, our Corporate team was working overtime alongside Northern Territory Government stakeholders to assess the damage, speak with insurance companies and ensure a timely recovery and rebuild of assets so our clients could return safely back home.

This is just a snapshot of what was happening across the region in the wake of the March 2023 floods – a small insight into the tremendous resilience and dedication of our community members and workforce, right off the back of the COVID-19 pandemic. Thank you to our Board and staff for your remarkable support through this crisis.

Welcome to our Board Directors

After successful community elections were hosted throughout the region in 2022, we elected our new Board of Directors in early 2023. We have an excellent representation of skills and experience on the Board for the next three years, with well-established and respected members returning for another term alongside some new faces. I’d like to welcome our newest Board members Wesley Campbell (Yarralin), Sharatine Campbell (Yarralin), Aileen Daly (Yarralin), Deborah Jones (Timber Creek) and Andrew





Johnson (Lajamanu) – I look forward to working closely with you to improve health outcomes for all our mob in the bush.

25 years of Aboriginal community control

This year, we celebrated a milestone birthday, recognising 25 years of delivering quality Aboriginal community-controlled health services across the vast Katherine West region. I'd like to congratulate everyone who has been involved in that journey, including our Board Directors, community members, and staff. There are some staff still working with us today who have been with us for almost all of those years so a huge thank you for your incredible contribution to the community-controlled health sector.

We did plan to have 25 year celebrations across our region, but unfortunately due to the flooding response these have been postponed to 2024. I look forward to celebrating this significant milestone with our Board Directors, community members and staff in the near future.

Mr Little

Sadly, in April we lost one of KWHB's foundation Board Directors and long-time Honorary Board Director Mr Little of Bulla Community. He was a key driving force behind the development of KWHB as an Aboriginal community-controlled health service 25 years ago. As one of the first Aboriginal Health Practitioners in the Northern Territory, Mr Little was an integral part of growing Aboriginal Primary Health Care across the Territory and was responsible for the delivery of health services and training of the Aboriginal health workforce for several decades. Mr Little had a passion for providing a better model of care for his people and worked tirelessly to ensure the service was established in a way that best serviced all the communities and people in the region. We offer our heartfelt condolences to the family of Mr Little, he will be greatly missed.

Aboriginal Health Coaching project

This project is an important development in our strategic commitment to employ more local Aboriginal staff in our communities and create culturally safe pathways for community members to enter the health workforce.

Under the Australian Government's Emerging Priorities Grant in 2020, we partnered with

Red Lily Health Board and the NT Government to co-design an Aboriginal Health Coaching course, with a view to the course being a nationally accredited course that could be undertaken on country. The course provides crucial and innovative career entry and career pathway choices for Aboriginal and Torres Strait Islander people by providing a structured role as a health coach.

Since March 2022, the course has been nationally accredited and the training resources completed. We are now liaising with suitable Registered Training Organisations to secure a third-party agreement. We're looking forward to implementing this project in our communities.

Big Rivers Tackling Indigenous Smoking funding

This year, we were successful in securing the Tackling Indigenous Smoking funding for the Big Rivers region. This sees us working closely with Wurli Wurlinjang, Sunrise Health Service and the NT Government to provide population health education and activities across the entire Big Rivers region. This is an exciting opportunity to promote consistent messages and information about tobacco-related harm across a much wider audience and make a real impact across the region. It's also a great collaboration that will further strengthen our working relationships with local health partners.

Accreditation

In March 2023, we were preparing for our ISO 9001 accreditation just as the floods were turning our focus to Kalkaringi. Impressively, our leadership team was able to work with the auditor to ensure the desktop audit went ahead virtually, with the health centre site visits then conducted in May. I am pleased to say we were accredited again in 2023. This was a fantastic achievement from the leadership team and clinicians in the bush, ensuring we maintain utmost quality of our systems and processes in our delivery of quality primary health care.

Recruitment

Recruitment continues to be one of our most prominent challenges, with the post-pandemic fatigue and health workforce burnout having ripple effects across the health sector worldwide. We continue to look for innovative ways to



recruit skilled staff to our region. We partnered with local stakeholders, including Wurli Wurlinjang, in an international GP recruitment campaign to encourage GPs to move to the Big Rivers region and experience both rural and remote practice.

We have also had challenges with recruiting to senior leadership roles, which has seen us utilising specialised recruitment agencies to identify suitable talent. In March we were successful in recruiting to our Manager, People and Culture role. We expect the appointment to this important role will strengthen our human resources space and improve our recruitment and retention going forward.

Organisational Structure

Over the last few years, we have overseen positive change and incremental growth within the organisation. This, in addition to welcoming a new Board and a new Strategic Plan, saw us looking at efficient ways to restructure the operational arm of the organisation. We released our new organisational structure in November 2022, with significant consultation and feedback from staff and stakeholders. Consideration has been given to the increase of positions, the impact of these positions on reporting

lines and organisational need, ensuring staff in management positions can adequately manage workloads and associated processes.

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.

As I sign off, I'd like to again thank our Board, our staff and our community members for their hard work and resilience throughout the year. I hope to say we're through the thick of it, but regardless of what's around the corner I feel like we can tackle anything with this top mob of people. Your teamwork, collaboration and absolute commitment to community health and wellbeing has been second-to-none.



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.

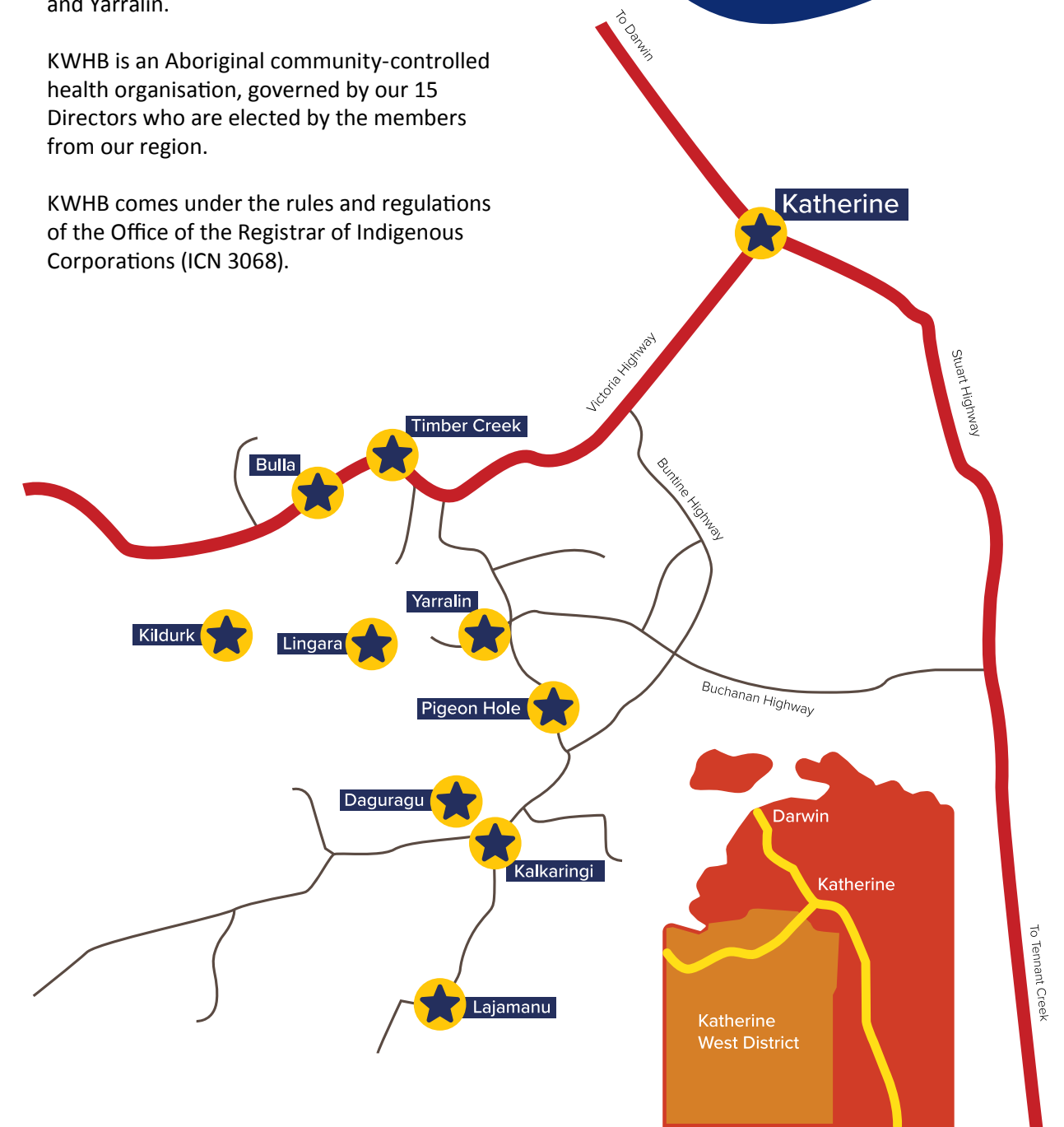
Our Region

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 15 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

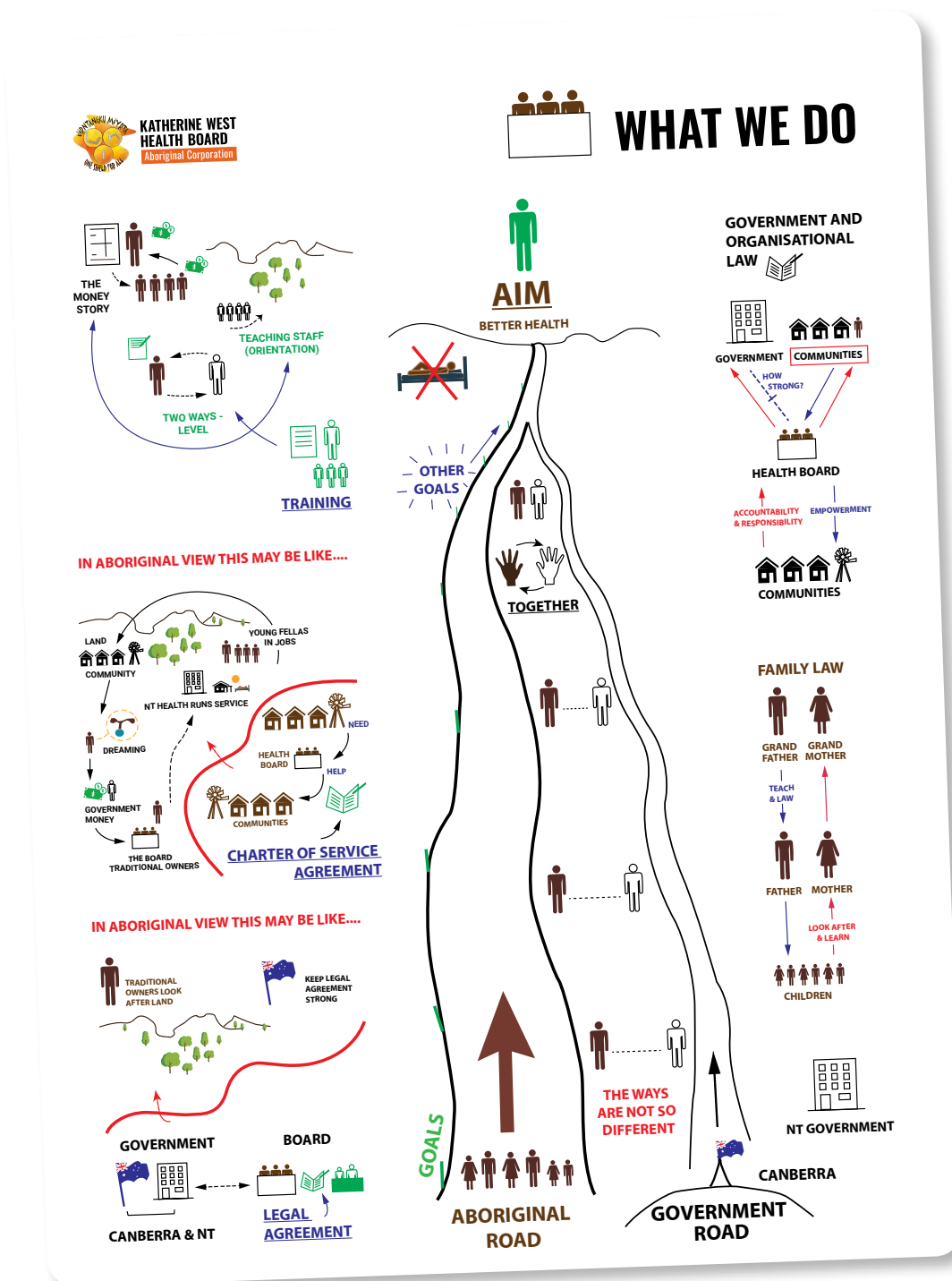
Developed in 1998, the KWHB Road to Health is a core document that now hangs in our reception area. It was originally created as a Health Service development plan.

The three main tasks were:

- Raise acute clinical care to a level of safety for communities and staff.

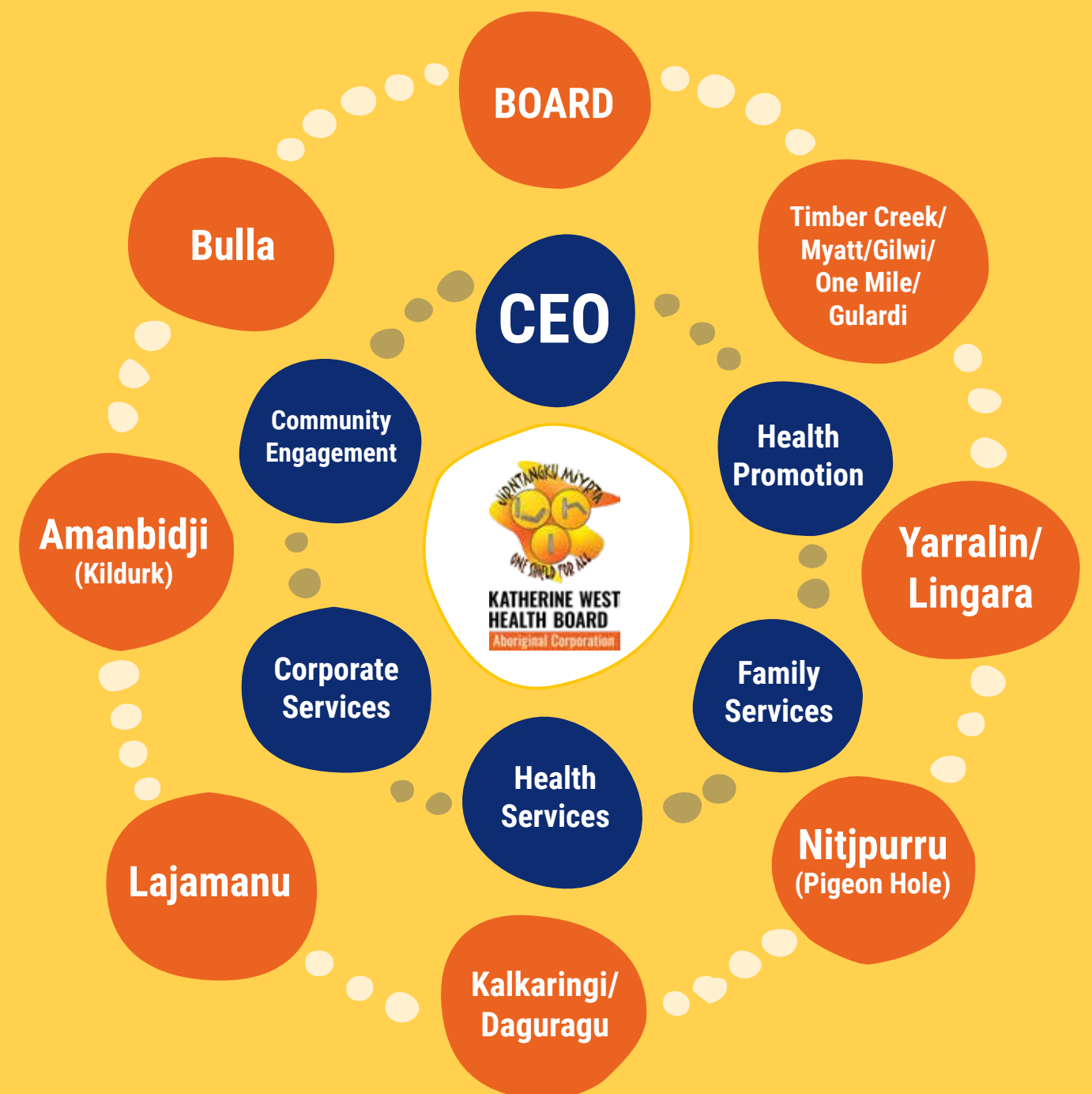
- Develop structured populations health and preventative health programs.
- Community development and cultural integration of health service with communities.

This illustrates and still represents the strategic direction of Katherine West Health Board today and shows how far we have come.



Organisational Structure

The organisational diagram below visually demonstrates the KWHB services operating across our region. Our communities are the outer circle, guiding the direction of KWHB. Our core business is Primary Health Care and the delivery of quality health services. Our other services are entwined with Health Services, providing a circle of holistic support for all people in the KWHB region.



Organisational Chart

Chief Executive Officer

- Aboriginal Health Coaching Coordinator
- Management Consultant
- Executive Assistant
- Administrative Support Officer

Manager - Big Rivers Tackling Indigenous Smoking

- Big Rivers Tackling Indigenous Smoking Health Promotion Coordinator
- Big Rivers Tackling Indigenous Smoking Social Marketing Coordinator
- Big Rivers Tackling Indigenous Smoking Health Promotion Officers x3

General Manager Corporate Services

- Medicare, Communicare and Finance Officer
- WHS Project Manager
- Assets Manager
- Assets and Property Maintenance Officer
- Compliance and Reporting Coordinator
- Communications Coordinator

Senior Finance Officer

- Finance Officer

Manager People and Culture

- HR Recruitment Training Coordinator
- HR Officer

Manager Quality and Risk

- Clinical Quality Coordinator

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 Coordinator
- Pharmacist 0.1

Director Community Engagement

- Community Health Centre (CHC) Admin staff, identified in purple under General Manager Health Services
- NDIS Remote Community Connectors
- Elder Remote Community Connectors
- Wellbeing Engagement Workers
- Community Based Workers
- Health Centre Cleaners

General Manager Health Services

- Senior Primary Health Care Advisor
- Senior Prevention and Population Health Advisor
- Health Promotion Coordinator
- Health Programs Quality Coordinator
- Health Promotion Officer x4
- Graphic Designer
- Alcohol & Other Drugs Coordinator
- SEWB Support Worker
- Mental Health Coordinator
- Mental Health Nurse
- Sexual Health Coordinator
- Sexual Health Nurse x2
- Synergy Research Coordinator
- Primary Health Care Operations Coordinator
- Child Health Coordinator x 2
- Maternal and Womens Health Coordinator
- Midwife
- Health System Support Officer/ Second Responders
- Chronic Disease Care Coordinator x2
- Diabetes Educator
- Physiotherapist x2
- Exercise Physiologist
- Podiatrist x1.5
- Nutritionist
- Mobile Team
- NDIS Remote Connector Coordinator
- Elder Connector Coordinator
- Territory Kidney Care Coordinator
- RAN Mentor Educator

Remote Health Centres

Lajamanu

- 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

Kalkaringi/Pigeon Hole (Nitjpurru)

- 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 (Amanbidji)

- Health Centre Coordinator
- 3.7 x Remote Area Nurse
- Aboriginal Health Practitioner
- Admin Officer
- Well Being Engagement CBW 0.5
- NDIS Remote Community Connector 0.5

Yarralin/Lingara

- 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

Manager Safe & Strong Families

- Family Services Coordinator
- Family Support Workers x 4
- Social Worker x 4
- RAN x 3
- Cultural Leadership Officer
- DFSV Project Officer

Note: purple writing refers to the Admin staff that also fall under the Director Community Engagement.

Kalkaringi Health Centre



Health Services

If you had told me 12 months ago, I'd be back here again talking about another situation beyond our control, I wouldn't have believed you... and look here we are!

These last 12 months we have well and truly cemented those crisis management skills we developed in a hurry during the pandemic.

Thank you to our Board of Directors and hardworking staff for all of your great work throughout the year – both in and out of the crises. We couldn't have got through the year without you, and I'm truly humbled to work with such a brilliant bunch of people.

Bush staff

Our bush staff remain the backbone of Katherine West this year, continuing to go above and beyond for our communities. Thank you for all your hard work and flexibility, putting our clients and high-quality health care first every time. Throughout the floods, the road closures, the supply shortages – the way in which our health care teams worked across the region was nothing short of spectacular. Everyone was affected by the floods, whether it was by evacuation, food stores running low, technological breakdown, or trying to negotiate medical evacuations when flights couldn't land... the list goes on. You had to think on your feet every minute of the day, and I am so proud of the way we all worked together throughout it all.

Recruitment and retention of our core health workforce has improved steadily throughout the year, but it still continues to be a challenge, so on top of everything else our bush staff are working hard and going the extra mile to ensure our clients continue to get a top quality service. You've all been valiant under pressure, and we can't thank you all enough. An extra special thank you to our permanent bush staff and to the

'Our bush staff remain the backbone of Katherine West this year, continuing to go above and beyond for our communities. Thank you for all your hard work and flexibility, putting our clients and high-quality health care first every time.'

RANs returning on regular contracts, it makes such a big difference to the quality and safety of healthcare to have familiarity and stability in our health centres.

Nothing is more important with recruitment than local Aboriginal people staffing our health centres. This year we had a huge success with Anthea Anthony completing her Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care. Congratulations Anthea, this is a phenomenal achievement.

Jenny Newry is now into her last year of the certificate course training, and we can't wait until she joins Anthea as a newly graduated Aboriginal Health Practitioner (AHP).

We had a passing of the baton in 2022 in regards to our Health Centre Coordinators, and it's been great to support our new leaders developing into their roles, and those taking on learning opportunities in new communities.

Thank you to Bernadette Marley in Kalkaringi, Scott Worner in Lajamanu, and Kathryn Drummond in Timber Creek. We have also been delighted to welcome Lorraine Johns, respected Aboriginal Health Practitioner and community leader as the Yarralin Health Centre Coordinator. Lorraine has stepped into the role like she's been doing it all of her life – just as we knew she would!

A big shout out also to Dee Hampton, Elizma Long, Heidi Faulkner, Maria O'Connor, Marilla Appleby and John Keane who have taken the reins when our Coordinators take their well-deserved leave. You all stepped up to the challenge and added a great deal of value and support to our teams on the ground.

Our mobile team have been run off their feet this year delivering essential health care to outstations and smaller communities, and then turning on a dime to set-up and run a health centre at the Centre for National Resilience (CNR) when they were called upon. Sharon and Phil Weymouth and new Mobile Team starter Annabel Merritt were the pioneers of opening and operating a health centre in Howard Springs for our evacuated community residents, and there wasn't a manual to tell them how to do it – they just got it done, and they kept it going for as long as our mob needed them. Thank you, Sharon, Phil, Annabel and many other KWHB staff who all contributed to such an incredible effort. We also thank Joshua Bodenstaff for jumping in to help with the mobile runs throughout the second half of the year.

Accreditation

Last year COVID-19 was thwarting us, and this year it was the Victoria River – but thanks to some great teamwork from our corporate and health staff, we managed to achieve ISO9001 accreditation in May 2023. This is an important audit to check the quality of our systems and processes to ensure the effective delivery of primary health care across our region. 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.

Congratulations

I always like to mention our honorary new members of the KWHB team – the new bubs. Big congratulations to Siggy and David McGuinness on the arrival of baby Mo, Jessica Hagley and baby Sadie and Jenn Silcock on the safe arrival of baby Murray. Mo, Sadie and Murray have been



regular visitors to the KWHB offices, and we've loved watching them grow into mini-me replicas of their parents!

Programs

Our program staff are extremely well practiced at dropping everything to help their colleagues and communities through a crisis, so it will come as no surprise to know they were a stellar support throughout the flooding, evacuation, general welfare and supporting the running of the CNR health centre. Thank you to everyone for re-directing their time and skills to our Kalkaringi, Daguragu and Nitjpurru community members during this period of upheaval. It was a great comfort to our clients to have familiar faces supporting them through the evacuation.

Our primary health care operational support has been terrific, with finance, assets, HR and administrative professionals keeping the organisation running smoothly behind the scenes. Thank you for everything you do.

Social and emotional wellbeing (SEWB) continues to go from strength-to-strength, and I credit all of our staff working as a holistic unit to deliver these essential services across our region.

SEWB is one of those things that can pop up in a consult at any time, so I know all of our staff – both primary health care and program staff – are having conversations and offering support to help clients move through difficult times. You're all doing an incredible job.

When I first arrived at KWHB eight years ago as a Mental Health Nurse, the allied health and other specialist program delivery was still in its development – now, we have established teams with diverse skills and experience supporting clients across all of our communities. It's so uplifting to know that this vital funding is being invested into Aboriginal community control, and although it takes time to set up programs and services to be culturally responsive and meet local need, I can see already that it's making a big impact.



The Health Promotion team has been incredibly busy, with a large focus on delivering nutrition, strong spirits, tobacco, SEWB and hygiene education sessions to different community groups. Life Education NT continues to support us to deliver interactive and educational sessions with school children across the region, and their iconic giraffe Harold is a much-loved celebrity in the bush. Thank you to the schools, police, Families as First Teachers (FaFT), Child and Family Centre (CFC), Territory Families, creches, shops and other community stakeholders for your continued support of these important initiatives.

We have seen the development of excellent resources to support health promotion activities this year. A big shout out to the Health Promotion team, Graphic Designer, Communications Coordinator and the Cultural and Health Literacy Resource Review group who work tirelessly to ensure these resources are culturally safe, evidence-based and appropriate for our community members.

We receive regular positive feedback from our clients and other health organisations about our resources – everything from videos to posters and flip charts – and I really want to use this opportunity to acknowledge the hard work that goes into them.

Things are about to get even bigger in Health Promotion after securing the Big Rivers Tackling Indigenous Smoking (BRTIS) program funding in partnership with Wurli Wurlinjang, Sunrise Health and NT Health. This is a fantastic opportunity to strengthen our working relationship with local health organisations and co-design and facilitate culturally safe initiatives across the whole Big Rivers region. With all organisations working together, we can maximise resources and deliver consistent messaging about tobacco-related harm across a vast region. I have strong confidence in our skilled long-term health promotion staff leading this program and know we can rely on their wealth of experience in coordinating culturally safe population health activities.

The Deadly Choices program continues to be a community favourite program across the region. 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 double as a visual reminder for everyone to see the health centre staff for their check-ups.

Our Strong Beginnings for Strong Families team continues to provide an excellent service for new parents and parents-to-be across the region. This program provides continuous maternal and child health education and support to parents, and importantly the length of the program (from antenatal period until the child turns three) ensures strong relationships are built between practitioners and clients. Long-term funding often means we're able to recruit and retain a stable team, and this program demonstrates that relationships with community members flourish under those circumstances.

Under the strong leadership and guidance from new Manager of Family Services (Siobhan Tootell), this year we have seen the

implementation of our intensive Family Support Services program, which supports families to grow up strong and healthy children. We had some initial setbacks with recruitment, and then of course program implementation was delayed by the floods, but our family support workers have now built strong relationships across the communities and are working closely with families experiencing complex challenges. The wider family services team has been an excellent support in mentoring staff to our region and helping support workers negotiate the complex challenges some of our families are facing.

Alongside these teams, our Domestic, Family and Sexual Violence (DFS) social worker undertakes crisis response, safety planning, case management and facilitates community education activities to raise awareness about respectful relationships and recognising harmful behaviours.

It has been positive to see the investment of funding into the sector to respond to DFS. We have been successful in securing funding



‘Despite the immense challenges of the year, we still managed to achieve so much – and that is no small feat.’

to implement the Domestic Family Violence Risk Assessment and Management Framework (RAMF) across the organisation. This will see a project officer undertake a thorough assessment and evaluation of our current practice, and offer recommendations for embedding the RAMF and strengthening governance structures, training, policies and screening tools to prioritise the safety and wellbeing of victim-survivors living in and accessing health care in Katherine West remote communities.

Our NDIS Connector team continue to build strong relationships and navigate complex administrative processes to ensure clients living with a disability get access to the necessary supports. This year we have been successful in securing funding for an Aged Care connector team, and we're looking forward to working with stakeholders in the region to improve access and service provision for aged clients.

We recruited to the Synergy Local Research Study Coordinator position at the start of the year, which has seen immediate progress in this important research project to end Sexually Transmitted Infections across our region. We will work closely with community members to guide the research activities.

We've also successfully recruited some excellent allied health specialists to the team, including an exercise physiologist, physiotherapists and podiatrists. These roles are particularly

important for supporting clients to manage chronic health conditions, as well as supporting clients with injuries and motor skill delays. Our midwife and child health nurse have also been doing a fantastic job across the region, supporting primary health care teams with antenatal, post-natal and child health care.

As we look back on this tough year, I want to commend our Board, community members and staff for their unwavering commitment and resilience. Your dedication to maintaining the highest standard of healthcare delivery in the face of adversity is remarkable, and it's what makes Katherine West Health Board an incredibly special organisation to be a part of. A special mention to our CEO Simon Cooney for his strong leadership and guidance throughout the year.

I would also like to thank both David McGuinness (Senior Primary Health Care Advisor) and Rebecca Cooney (Senior Prevention and Population Health Advisor) for their unwavering support, hard work and dedication.

Despite the immense challenges of the year, we still managed to achieve so much – and that is no small feat. If we can do that in the years of pandemics and floods, imagine what we might be able to achieve in an 'ordinary' year...

I am looking forward to working alongside you all in 2023-24 to continue our delivery of top quality health care to our mob in the bush.



Primary Health Care Activity - Visiting Specialist 2022-2023

Specialty Type	Bulla		Bunbidee		Kalkarindji		Katherine		Lajamanu		Mialuni		Timber Ck		Yarralin		Total	
2022/2023	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts
KWHB STAFF																		
Diabetes Educator*	9	26	2	3	42	243	87	343	16	66	3	9	27	122	21	46	207	858
Dietitian															1	2	1	2
Exercise Physiologist	2	11	1	5	13	81	2	2	12	47			11	57	4	15	45	218
Occupational Therapy					4	6			3	6	1	1	4	6	3	6	15	25
Physiotherapist	1	1	1	4	6	22	6	7	6	24			12	52	6	18	38	128
Social Worker			7	20	47	144	188	1220	26	98	5	18	16	58	46	202	335	1760
EXTERNAL STAFF																		
Audiologist			1	3	13	69			13	77	1	3	3	39	9	68	40	259
Cardiologist (telehealth)					1				1								2	
Dental Therapist					13	69			8	15					3	11	24	95
Dentist					1	2			7	76			4	27	6	60	18	165
ENT Specialist									1	4							1	4
Obstetrician & Gynaecologist*					14	52			13	68			6	45	1	5	34	170
Optometrist	1	5	1	11	11	96	1	13	13	74			7	43	9	64	43	306
Paediatrician					6	78			5	77			5	36	1	11	17	202
Pharmacist	1				1				1		1		1				5	
Renal (telehealth)					4				4								8	
Specialist Physician					5	35			5	40	2	16	2	11			14	102
EXTERNAL AND KWHB STAFF																		
Podiatrist	3	10			16	59			24	82	1	3	8	19	13	47	65	220
Total	17	53	13	46	197	956	284	1585	158	754	14	50	106	515	123	555	912	4514

*Days = Days available to community
Pts = Patient consults



Health Promotion Resource Development

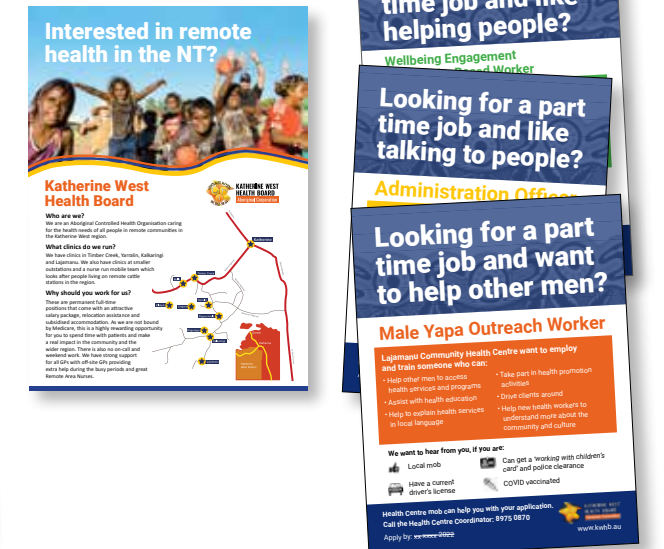
Clinical Training Tools



Consent Education



Recruitment



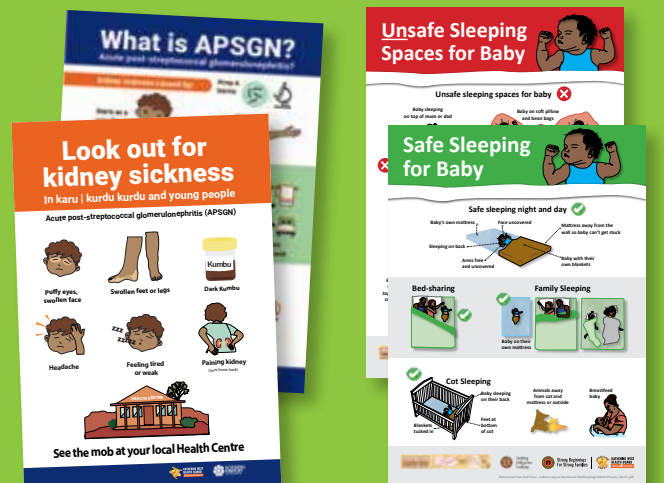
Branding



Helpline Awareness



Awareness Posters



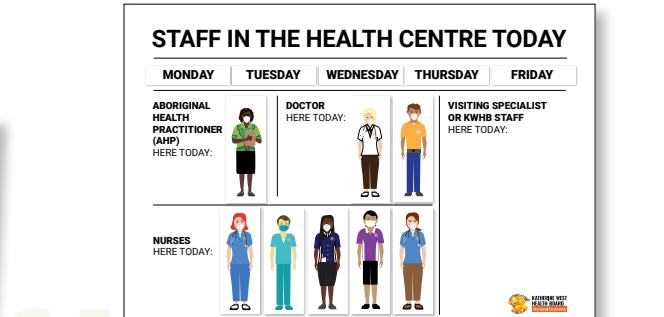
Booklets



Support Tools



Signage



Lajamanu Health Centre



Community Engagement

I'd like to start this year's report by acknowledging our wonderful Board Directors and staff for their contributions to this great organisation. It gives me great pride to be a part of Katherine West Health Board (KWHB), and I continue to look forward to what unfolds for our organisation and our communities in the future.

This year we had community elections at KWHB for our 2022-2025 Board Directors. Organising community elections is a team effort, involving coordination between myself, the corporate governance team, and the local health centres to ensure board nominations and community elections are promoted in each community to schedule.

This includes the advertisement of each using posters around popular gathering places in each community. This year we also used animation on our social media platforms to promote and encourage Board Director nominations.

As part of my role as Director, Community Engagement, I travel out to each community to support the nomination process and again for the community elections. This year we had some strong nominees from each community, and our community elections were a great success. We were excited to welcome back a number of our previous Board Directors, as well as some new ones, from each of our Katherine West communities.

It is my hope that this community election was the last for manual voting, and homemade ballot cards and boxes.



'Community connectors work with our NDIS Coordinator to make sure our people living with disabilities are receiving optimal supports and services – which is never straight forward in our remote communities with limited applicable services.'

Our aim is to take voting online in time for the next elections, to help streamline and modernise community voting, keeping in line with the other progressive and innovative system developments at KWHB.

Our Community-Based Staff

I would like to acknowledge the contributions our community-based staff make to our health centres and their communities and thank them for all that they do. Often our community-based staff juggle many hats. From balancing commitments to their families, community and culture, to supporting staff, and all the while carrying out their own work. Community-based work takes tremendous commitment, and I think I speak on behalf of the rest of our staff when I say the efforts from our community-based workers are invaluable for our health centres and organisation more widely. In the last year or so we welcomed NDIS (National Disability Insurance Scheme) remote community connectors to our larger health centres. These community connectors work with our NDIS Coordinator to make sure our people living with disabilities are receiving optimal supports and services – which is never straight forward in our remote communities with limited applicable services. In the upcoming year, we will be introducing Aged Care Connectors to all our larger communities. From our previous learnings, we will establish our Aged Care Coordinator position first, and then begin recruiting to the community connector roles, to ensure our connectors are well supported and we can deliver a solid program than benefits our communities.

This year we celebrated Dee Hampton's 20th year as an Aboriginal Health Practitioner (AHP) at KWHB as a team at the first face-to-face primary health care governance meeting for 2023. Dee has been a consistent and solid support to her communities of Kalkaringi and Dagaragu, the health centre staff and KWHB more widely.





‘Pleasingly, our Lajamanu Board Directors offered to help me in the community consultations, resulting in one of the best community consultation days in my time at KWHB’

Dee is an amazing and much-loved practitioner, and it was a pleasure to be able to acknowledge the huge and consistent contributions she has made to KWHB, especially as we could not do so properly during COVID-19 times.

Community Engagement

For this 12-month period community consultations were done either of two ways. The first is an established method including direct consultation between the Director, Community Engagement and Katherine West communities. Though I am always available for feedback from our communities, I’ve been working to re-establish regular on-the-ground community consultations following COVID-19 and the floods in early 2023. This is conducted in a way that is advised by our Board Directors: where I set up outside community stores and receive any feedback our communities have on our health centres, health programs, and other external services who work with KWHB.

In May 2023, I undertook community consultation in Lajamanu, and asked for advice from the community prior to determine ways to optimise community engagement and feedback into our health service. Pleasingly, our Lajamanu Board Directors offered to help me in the community consultations, resulting in one of the best community consultation days in my time at KWHB. This approach to community consultation is planned with the remaining communities in the latter half of 2023.

The second approach to community engagement this past year was through the senior management team during Board Director

elections in the Katherine West region. Community engagement can be opportunistic at Katherine West, and the combining of community events with feedback often results in success.

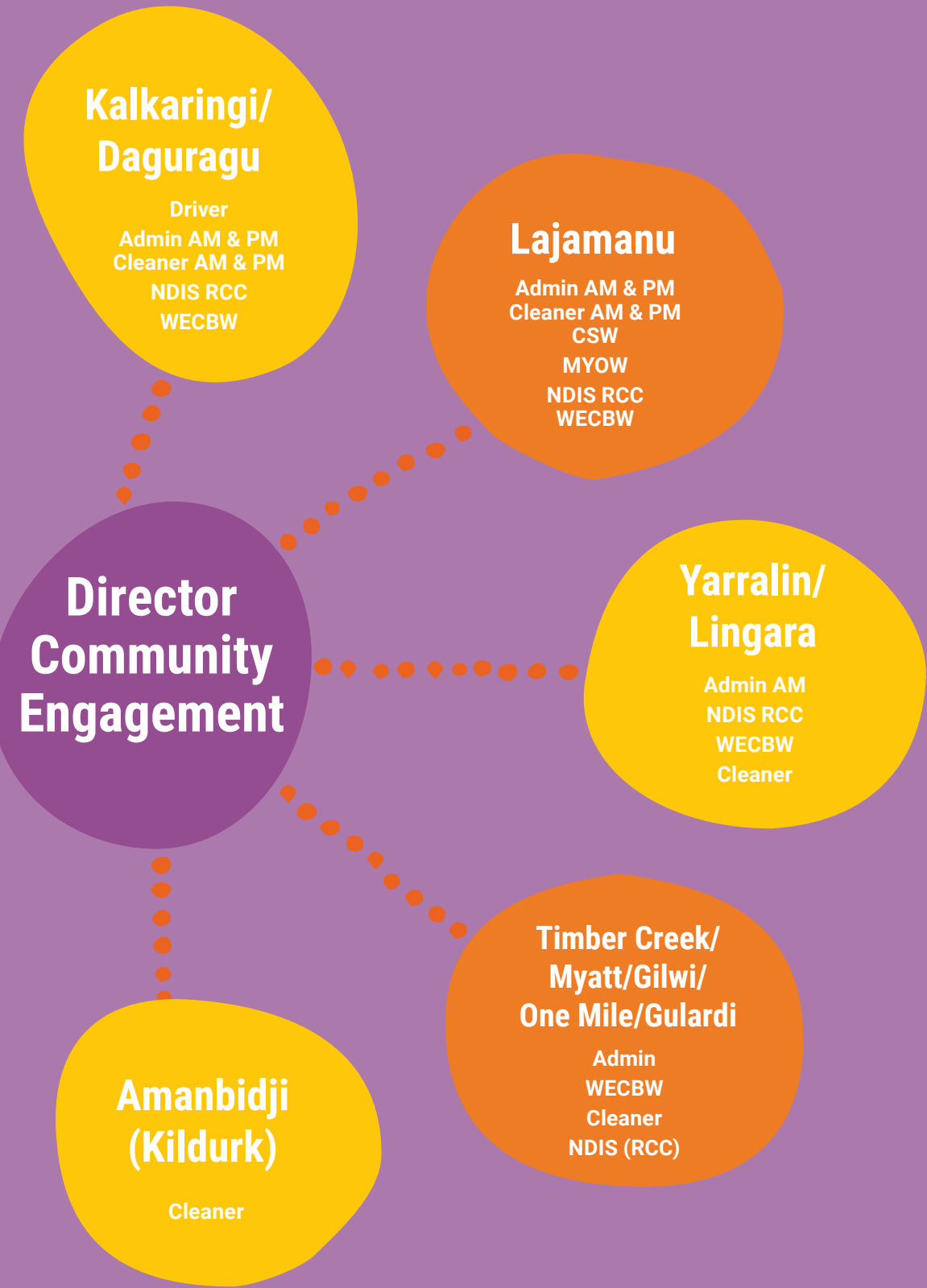
Cultural Orientation

We continue to provide cultural orientation that is specific to our Katherine West communities. Like our other processes, we are endeavouring to keep in line with system developments at KWHB. To this end, KWHB is developing online cultural orientation training that has been uploaded to the organisation’s AMSED platform and made mandatory for all new staff to the organisation. This online training was developed to complement the face-to-face cultural orientation training also provided at KWHB, the delivery of which becomes more frequent as our organisation grows. In the next year, we have plans to introduce cultural orientation specific to each of our communities, and I look forward to sharing these developments in next year’s report.

In this last financial year, 62 face-to-face cultural orientation sessions were completed with new staff in the Katherine office. This has nearly doubled compared to the previous year where 37 cultural orientation sessions were held with new staff. I would like to acknowledge Lynette Johns for all the hard work she does in the cultural orientation space. Lynette does the lion’s share of the orientation and is a massive support to our newly starting staff in welcoming them to KWHB and the region.



Community Staffing



NDIS Remote Community Connector (NDIS RCC)
Wellbeing Engagement Community Based Worker (WECBW)
Male Yapa Outreach Worker (MYOW)
Community Support Worker (CSW)



‘Mr Little was also a pioneer for the Aboriginal health workforce in the Northern Territory and can be credited for the health workforce journeys of many Aboriginal people’

Cultural and Health Literacy
KWHB continues to use the Cultural and Health Literacy Resource Review (CaHLRR) process to ensure all resources being adapted and created for our clients and communities are safe, appropriate, and understandable for our mob. This past year, we moved CaHLRR to our KWHB SharePoint site to ensure this process is centralised; that the process is clear for all staff wishing to adapt or create resources for our communities; and that we have a repository for all the resources that have gone through the CaHLRR process.

Mr Little
I would like to acknowledge and pay my respects to Mr Little, a KWHB founding member and past Board Director, who passed away this year. Mr Little was integral to establishing KWHB as an Aboriginal community-controlled health service and its mission to provide quality primary health care services to the Katherine West region. Mr Little was also a pioneer for the Aboriginal health workforce in the Northern Territory and can be credited for the health workforce journeys of many Aboriginal people, providing them the tools and knowledge to do work in the health space in a cultural way. I am sorry to have had to say goodbye to Mr Little and I am eternally grateful

for his support and cultural guidance in the context of our KWHB. It was an honour to have known him personally and to have worked professionally with him over many years. Mr Little has left his footprint in the health sector across our region, leaving behind a legacy as a strong and respected leader who loved to have a joke and a yarn. He will be remembered for being passionate about driving change to improve the quality of health for his people.

I’d like to finish by saying thank you to our amazing staff at KWHB. We are lucky to have a team that are willing to support their colleagues and communities whenever needed. We do magnificent work at KWHB, and I cannot help but feel lucky that we get to do this work in an environment that is cohesive and supportive. This was evident at the first face-to-face primary health care governance meeting in 2023, where our staff shared their stories and the work that they do – made more special because it was obvious that every member of staff was interested in knowing and learning about what their fellow teammates do, too. It was clear at this meeting that we have a team that values and cares about their communities and one another, and it is things like this that have kept me at KWHB for nearly 20 years.

Timber Creek Health Centre



Medical Services

Most doctors expect remote health care to be challenging, however the last few years have certainly exceeded those expectations.

This year has seen us regain ground lost to the COVID-19 epidemic before being challenged by a very wet, wet season. Fortunately, the team at Katherine West makes facing these challenges less daunting and we have been able to celebrate small victories with regards to healthcare delivery.

General Practitioners (GP)

We have been fortunate over the last year to have a steady roster of regular GPs however many of our GPs are looking at semi-retirement and finding GPs for remote work has proven challenging. Currently there is a national and international shortage of GPs which makes finding GPs tough. KWHB has been working in partnership with Wurli-Wurlinjang Health Service in Katherine to try and attract GPs to the Katherine region through an extensive international advertising campaign. We have also been working together on smaller local campaigns. The results are yet to be seen.

We were very fortunate to have Dr Salman Junejo for six months as a registrar at Lajamanu. He has now passed his exams with flying colours (as we expected) and has been working at Timber Creek clinic since April. Unfortunately, he will be moving to Victoria where he has been snapped up by an Aboriginal Medical Service.

We have been working on improving access to off-site GPs who can assist when there is no on-site GP.





'When not dealing with environmental disasters we have been working on improving our services.'



Floods

As everyone would be aware, the communities of Daguragu, Kalkaringi, Nitjpurru and Timber Creek were all hit by flooding this year. Yarralin and Lajamanu, while not flooded, were locked in by flood waters, causing issues with service delivery and patient evacuations. One memorable week, many of the GPs and nurses found themselves stranded in Katherine, unable to get out to communities. Except for Dr Bruce. A little bit of flooding was not going to stop him from getting to Timber Creek.

The evacuation of Daguragu, Kalkaringi and Nitjpurru to the Centre for National Resilience at Howard Springs (outside Darwin) caused significant disruption to people's lives and health service delivery. Our team of nurses and Health Promotion staff who volunteered to go to Darwin were able to provide an excellent service at Howard Springs and save the government a lot of time and money. We did receive a plaque in appreciation of our services.

Many of the older and sicker patients from the flooded communities were evacuated to Katherine and remained in Katherine for many months. Our cultural leadership officer, Lynnette Johns, and team did a fantastic job of looking after their needs and making sure their medication was delivered on time.

Quality Improvement

When not dealing with environmental disasters we have been working on improving our services. We continue to have regular Freight Clinical Scenario meetings where we discuss our

treatment of patients and how we can improve our systems of care. This year we have looked at improving uptake of the penicillin injection needed to prevent rheumatic heart disease. We are trialling Smileyscopes, which are virtual reality headsets to distract patients from the pain of the injection. We have also added a local anaesthetic to the injection to try and reduce the pain. We will continue to work on other ideas to try and reduce the prevalence of this insidious disease and its negative outcomes.

We have also looked at improving the care of patients who have had organ transplants as we hope that these will become increasingly available to people in remote communities who would previously have been overlooked for transplant.

Another issue we have focussed on is improving communication between KWHB clinics and other health services such as hospitals and CareFlight. This is a work in progress. We have also looked at improving orientation for nurses and doctors, to improve communication with patients in our remote health centres.

Doctors have been provided with continuing professional development, with online education specific to KWHB health centres. Doctors have also been auditing their care of patients, in order to identify gaps in care and improve our service.

Thank you to all the team and the Board for their fantastic support over the last year and I look forward to a much less eventful coming year.

Primary Health Care

NT Aboriginal Health Key Performance Indicators for KWHB 2022-2023

AHKPI 1.1 - Episodes of Health Care and Client Contacts



37,108

Episodes of health care

AHKPI 1.2.1 - First Antenatal Visit



60% < 13 weeks

21% 20 weeks

16% 20+ weeks

AHKPI 1.8.1 - HbA1c Tests



87%

HbA1c Test

AHKPI 1.8.2 - HbA1c Measurements

33%

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

14%

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

19%

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

34%

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

AHKPI 1.3 - Birth Weight



0%

High

20%

Low

80%

Normal

AHKPI 1.4.1 - Fully Immunised Children



96%

6-11 months



61%

12-23 months



94%

24-71 months

AHKPI 1.10 - Health Check



23%

Completed Health Check

AHKPI 1.4.2 - Timeliness of Immunisations



33%

4 months

28%

12 months

Immunised on time

AHKPI 1.5 - Underweight Children



94%

Measured

3%

Underweight

AHKPI 1.12 - Cervical Screening



74%

Cervical Screening

AHKPI 1.13 - Blood Pressure Control



87%

Blood Pressure Recorded

42%

Blood Pressure less than or equal to 130/80 mmHg

AHKPI 1.6 - Anaemic Children



50%

Anaemic at any examination

73%

Measured

23%

Anaemic at last examination

AHKPI 1.7 - Chronic Disease Management Plan



95%

Clients with Diabetes & CHD on GPMP/ALT GPMP

91%

Clients with CHD on GPMP/ALT GPMP

96%

Clients with Diabetes on GPMP/ALT GPMP

AHKPI 1.15 - Rheumatic Heart Disease

36%

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

28%

Clients with ARF/RHD receiving 80% prescribed BPG

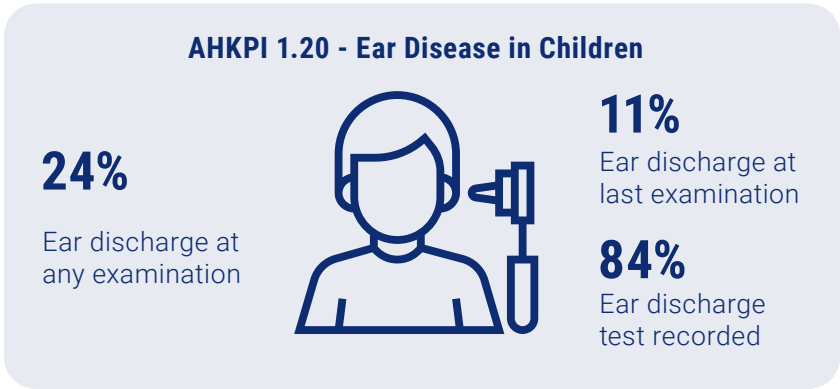
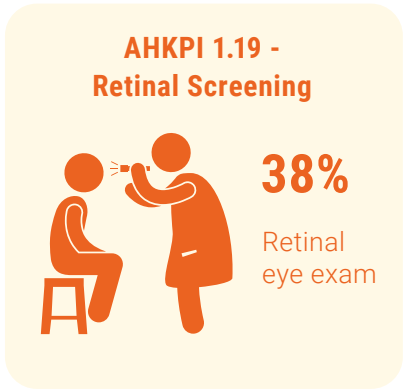
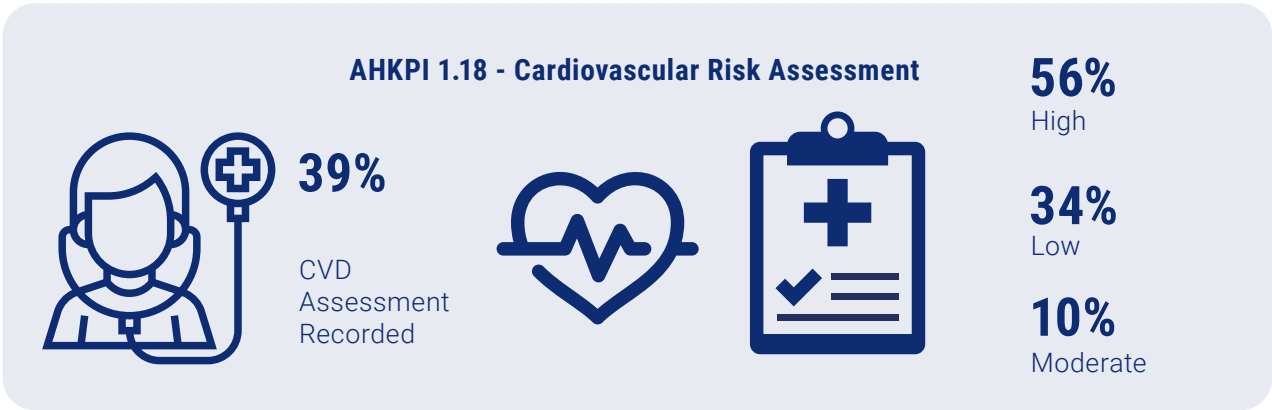
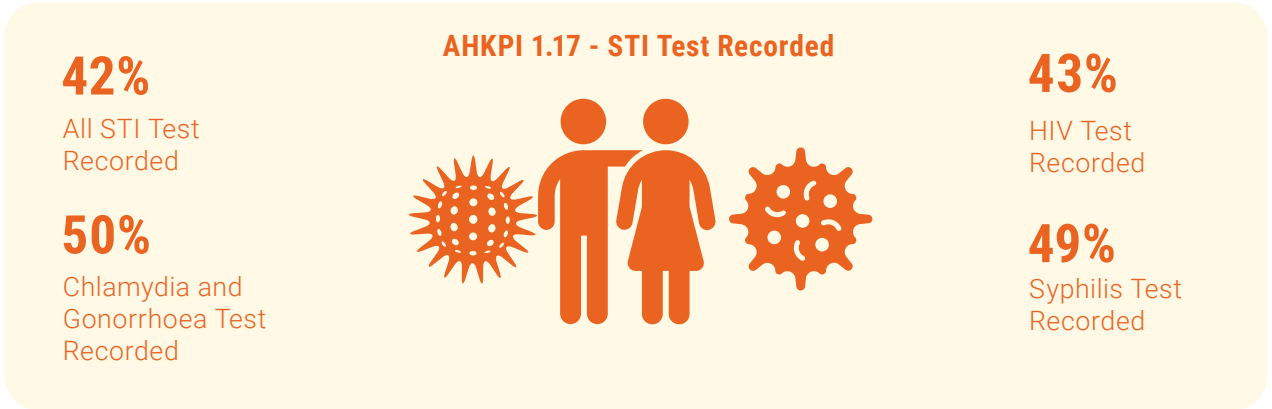
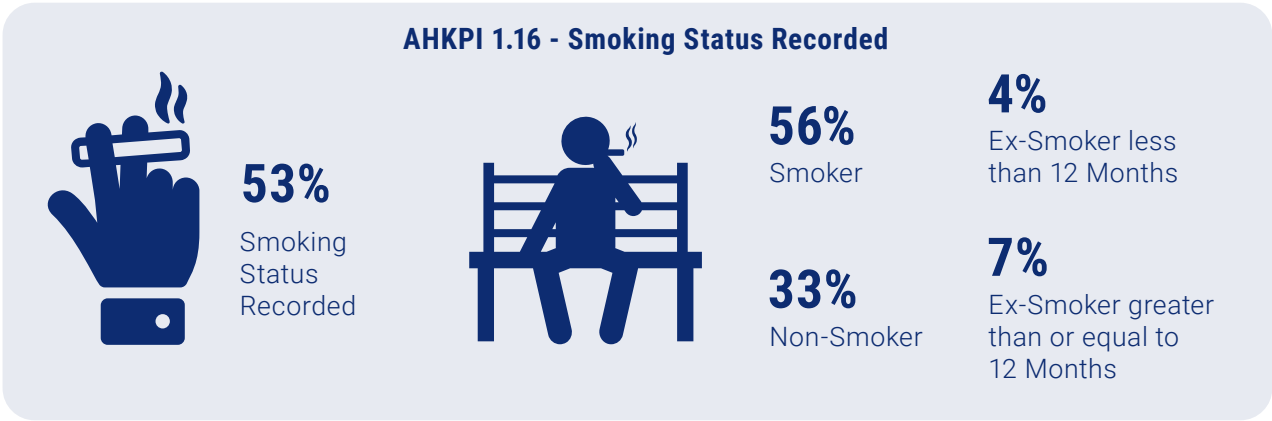
37%

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



Primary Health Care Data 2022-2023 cont.

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



Pigeon Hole (Nitjpurru) Health Centre



Celebrating 25 years

When the Katherine West Health Board took on responsibility for primary health care in the region, primary health care services

were limited, delivered via a collection of unconnected NT Government funded, operated and staffed clinics.

Stretching through the 1970s, '80s and most of the '90s there was almost no effective community input into or control of the clinics, and there were frequent mismatches between the communities' and clinics' priorities, expectations and even concepts of health. The focus was almost exclusively on acute clinical care, with health staff so busy treating the torrent of illness and disease coming through the door that they rarely set foot outside the clinic into the communities where the necessary 'upstream' preconditions for good health, including access to nutritious and affordable

food and adequate housing, were bringing about the terrible - and by and large, preventable - health conditions they were continuously seeing. The Katherine West region always was, and continues to be, a challenging environment in which to make in-roads into health problems. However, a transfer of power and responsibility for health services from whitefella governments to a group of grass roots oriented Aboriginal people, combined with a significant increase in the funds available to be spent, has led to some remarkable successes.

1995-96

- Coordinated Care Trial Proposal & Funding model
- Jirntangku Miyrtta 'One Shield for All' KWHB logo designed by Robert Roy



1996-1998



Marion Scrymgour becomes the first Director of KWHB

- Interim Board
- Development of Coordinated Care Trial proposal
- Community consultation
- Governance training
- Opened Katherine office in early January 1998, and then lost everything in the Katherine floods on 26 January
- Trial commenced in July 1998
- Cattle Station Consumer Sub-Committee was established
- Plans to employ own GPs and place them full time in communities



1999-2001



During 2000, the travelling services provided over 400 consultations

- Transition from trial to established service provider
- Pilot 'self-management program' at Lajamanu for people with multiple chronic disease
- Establish a centre for health promotion activities in Daguragu, employing local community members
- Meet operating expenses of mobile health services
- Set up basic service (meals, laundry, etc) for aged people to support them to stay in community



2004-2005



Commenced implementing Communicare online patient information system

- Diabetes, cardiovascular disease and tobacco related illness are the main areas of clinical focus



Challenges of balancing available resources with acute care and early intervention

2005-2006



Executive and Full Board Meetings take place in communities to reduce time, travel and costs

- Communicare implemented, records are available in all clinics when people travel
- First performance review on CEO
- Focus on looking after staff, not burning them out
- Prioritisation on recruiting and retaining Aboriginal Health Workers

2007



Celebrating 10 years with Board Directors Mr Little and Joseph Cox

- Community engagement spend more time in communities to explore issues or concerns in-depth
- KWHB is a member of the AMSANT executive committee



2008



Advocating for better patient travel services and better aeromedical services.

- Senate Inquiry into patient travel
- Implemented a new integrated staffing model under the Commonwealth Healthy for Life program
- KWHB Ngumbin Reference Group (NRG) established in May



David Lines is appointed to the Community Development Manager position

2009-2011



Roslyn Frith is elected Chairperson for the first time



Lorraine Johns, Aboriginal Health Practitioner (AHP), celebrates 10 years at KWHB

- David Lines awarded the individual Administrators Medal for Primary Health Care 2010
- Cultural Orientation DVDs are developed, remaining an integral orientation resource for over 10 years.
- New Kalkaringi Health Centre opens
- Dee Hampton wins NAIDOC Senior Community Involvement Award
- iPads are used to support health promotion activities
- Trachoma Story Kits launched
- KWHB receives funding to upgrade Lajamanu Community Health Centre
- Swine Flu outbreak

2011-2015



KWHB becomes one of the first organisations in Australia to develop a Cultural Security Framework

- Dee Hampton and Betty Laurie celebrate 10 years at KWHB



New Lajamanu Community Health Centre opens

- KWHB achieves RACGP and ISO accreditation
- Rhonda Henry AHP celebrates 10 years at KWHB
- Sean Heffernan celebrates 10 years at KWHB

2016-18



Yarralin land hand-back ceremony in June



Deborah Jones - celebrates 10 years with KWHB as a AHP

- David Lines, Lynette Johns, Brian Pedwell, Sinon Cooney and Bec Cooney celebrate 10 years with KWHB
- Dr Karen Fuller is awarded RACGP SA and NT GP of the year



2015 Remote Practitioner of the Year award to Dee Hampton, Kalkaringi & Daguragu

2018-2020

- Joyce Herbert celebrates 10 years as a KWHB Board Director
- Roslyn Frith appointed Chairperson for second time
- Board endorses CEO succession strategy: Sean Heffernan commences new role as Director of Corporate Governance and Sinon Cooney is the incoming CEO
- Lorraine Johns celebrates 20 years as a AHP at KWHB
- COVID-19 pandemic emerges as a major public health threat for remote Aboriginal communities
- Brian Pedwell celebrates 10 years at KWHB
- Severe fire damage at newly opened Lajamanu Health Centre

2022-2023

- Dee Hampton celebrates 20 years of service with KWHB
- COVID-19 restrictions ease, staff resume regular service delivery in April 2022



Floods in Timber Creek and Kalkaringi, resulting in evacuation of 750 residents

- 25 year celebrations put on hold

CEOs

1997-2000 Marion Scrymgour
2000-2004 Kirk Whelan
2004- 2005 Kirk Whelan/
Sean Heffernan
2005-2018 Sean Heffernan
2018-present Sinon Cooney

Chairpeople

2004- 2009 Joseph Cox
2009-2010 Roslyn Frith
2010-2012 Geoffrey Barnes
2012-2018 Willie Johnson
2018-present Roslyn Frith

2020-2022



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

- COVID-19 pandemic continues, challenges in raising awareness about the safety of the new vaccines
- Program staff redirected to support Health Centre staff
- Good Governance Guide and training tools developed
- Aboriginal Health Coaching module is developed and accredited

25 YEARS
COMMUNITY CONTROL

Mialuni Health Centre



‘My drive to become an AHP has been to do it for my mob so they get the regular health checks they need’

Anthea’s AHP Journey



Congratulations to Anthea Anthony, who in June became Katherine West Health Board’s newest Aboriginal Health Practitioner (AHP) graduating from Batchelor Institute with a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice. Anthea is the first KWHB staff member to complete her AHP qualification since current Board Director Deborah Jones graduated in 2012.

Anthea grew up in Amanbidji in the Timber Creek region. Amanbidji is located approximately 2 hours drive from Timber Creek and is serviced by the Timber Creek Health Centre staff once a week. The population can change quickly depending on the time of year, with anywhere from 20 to 80 people living in the community.

‘Growing up in Amanbidji, we only had clinicians visit once a week. My drive to become an AHP has been to do it for my mob so they get the regular health checks they need,’
Anthea said.

‘I moved from Amanbidji to Timber Creek when I was 17 – and have worked in and around Katherine, Lajamanu and Papunya



in HR and admin jobs – you learn a lot about how health is vital and affects everyone and every age.’

Anthea has been a key support to the KWHB team as a social emotional wellbeing and cultural liaison officer for over two years. She has been on the journey to becoming an Aboriginal Health Practitioner since 2020, when her youngest daughter was only three years of age. Anthea has juggled a significant workload, undertaking her study at Batchelor Institute, in addition to her clinical placements throughout the Timber Creek region. She also continued to provide cultural and leadership support to outreach staff across KWHB programs.

‘I started my Certificate II in 2021 when I was at Wurli as a Community Engagement Officer, and my baby was only three and half years old. My older kids have been helping with the

family while I finished my studies and worked in Timber Creek.’

‘I really enjoy the learning about how things affect your body mentally and physically, all these factors can lead to chronic conditions. When I am working in community, it helps to explain things in language. If someone is hesitant about attending an appointment, I can explain to them why it is important.’

‘We need more AHPs, the community and cultural knowledge is really important. AHPs know where people are and know what is happening at the community level.’

Looking forward, Anthea is interested in pursuing her passion in mental health and social and emotional wellbeing.

Congratulations Anthea from everyone at KWHB on your fantastic achievement!

Yarralin Health Centre



Stronger than the storm



During the period from December 2022 to March 2023, four communities in our area faced two significant flooding incidents, resulting in the immediate evacuation of their residents. Throughout this period, the KWHB team quickly reallocated services and resources to address the urgent requirements of our affected communities. It provided considerable comfort to our clients to receive support from familiar faces during these challenging moments.

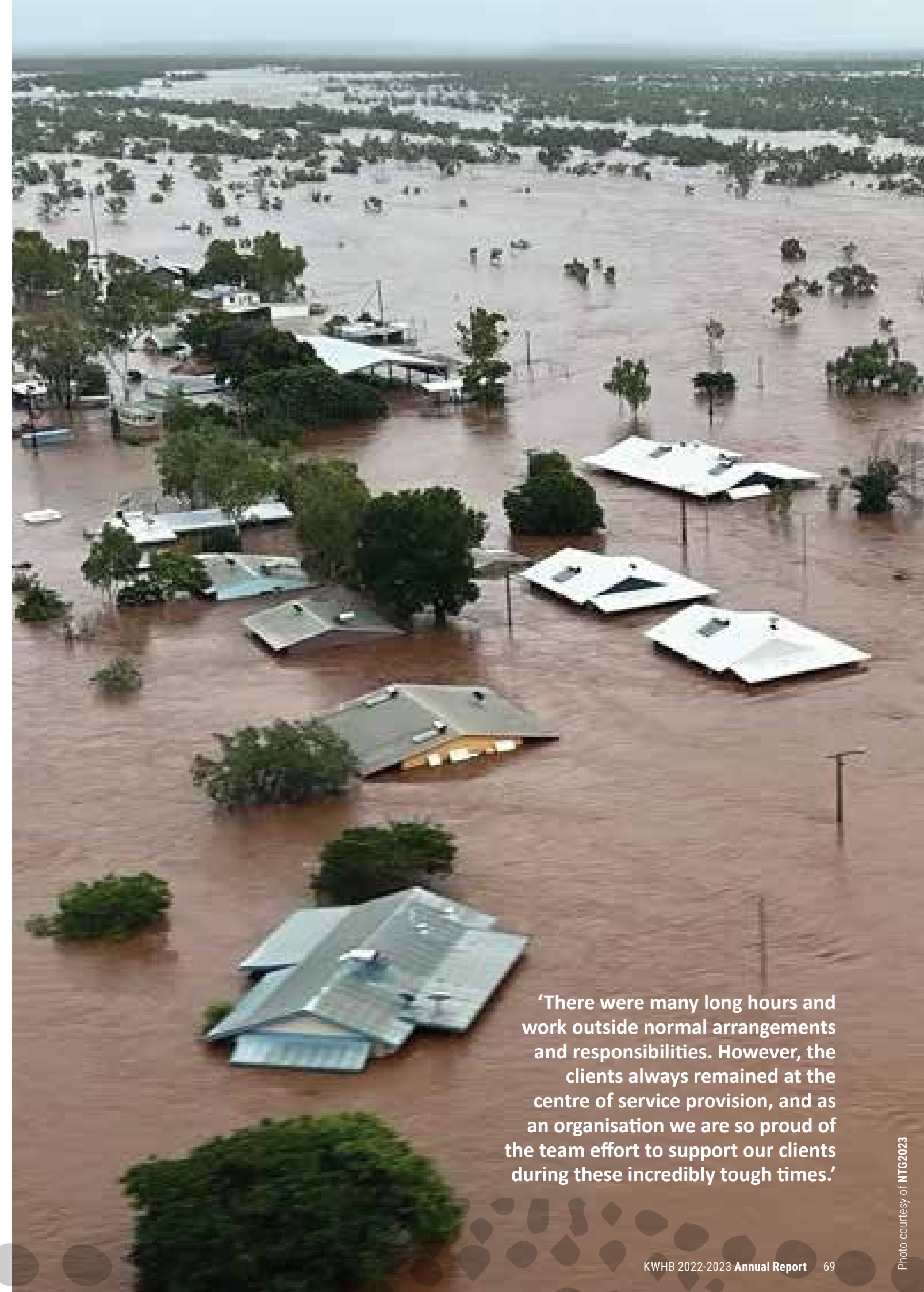


In December 2022, heavy rains impacted Timber Creek at a time when KWHB was operating on lower staff numbers over the Christmas period. Despite the tough staffing climate of the holiday period, the primary health care and allied health teams worked together to prioritise client health and safety, evacuate affected residents, provide crisis support and assist with the recovery efforts.

In March 2023, Kalkaringi, Daguragu and Nitjpurru communities experienced a severe flooding event resulting in the immediate evacuation of 750 people from the communities. The evacuees were sent to Katherine and Darwin, with KWHB staff providing instant welfare assistance upon arrival in both locations. There were charter flights arriving from Kalkaringi into Katherine after midnight and KWHB staff continued to work to place evacuees in safe accommodation options ensuring they had access to food and medical supplies. The severity of the flooding meant that evacuees were unable to be repatriated for a long period of time and were placed at the Centre for National Resilience (CNR) in Howard Springs.

Our management team worked closely with government stakeholders to set up a full-time health centre at CNR to meet the needs of clients. This included extensive negotiations to establish clear governance for Remote Area Nurses to practice from the Central Australian Rural Practitioners Association (CARPA) manual within an urban zone. The clinic supported primary health care, as well as linking clients with specialists and hospital services as required to ensure clients received quality and continuous clinical care. KWHB nurses, social workers, cultural support workers and allied health staff all worked together, spending long periods of time away from their homes and families, to operate the full-time health centre and support client welfare needs in CNR. For instance, Angela Berd, our receptionist in Kalkaringi, set up a functional reception area at the on-site medical centre at CNR. Having a familiar face behind the reception desk helped creating familiar atmosphere for the evacuated residents in their emergency accommodation. There were many long hours and work outside normal arrangements and responsibilities. However, the clients always remained at the centre of service provision, and as an organisation we are so proud of the team effort to support our clients during these incredibly tough times.

Under the strong leadership of KWHB Board Directors, management and clinicians participated in all key emergency stakeholder meetings during this period, providing strategic and operational support to the NT Health team. At the same time, planning was underway to recover all three communities and assets, including housing, essential infrastructure, staff accommodation and health centre equipment.



‘There were many long hours and work outside normal arrangements and responsibilities. However, the clients always remained at the centre of service provision, and as an organisation we are so proud of the team effort to support our clients during these incredibly tough times.’



This incredible team effort ensured that KWHB was responding to the crisis at hand while also prioritising the future safety and wellbeing of clients, to get the necessary infrastructure back up and running as soon as it could be safely managed. When Kalkaringi Community Health Centre became operational again on Monday 27 March, KWHB was delivering services across five major community health centres – and during this time, never closed a health centre. This was a phenomenal feat of teamwork across a stretched workforce.

Immediately after the flooding events took place, Lajamanu community was cut off by road – meaning that food and medical supplies were dangerously low. During this time, the Lajamanu Health Centre staff and KWHB management team worked together to advocate strongly and successfully for supplies to be delivered by air. Lajamanu KWHB staff worked incredibly hard over this period through extreme isolation while the road remained impassable for weeks. During the same time, the Victoria River bridge became completely submerged by the rising flood waters meaning that cars and trucks could not pass into Timber Creek – and the same supply issues affecting Lajamanu started to impact the Timber Creek communities. KWHB’s clinicians and management team worked seamlessly together to advocate for community members.

The majority of Kalkaringi and Daguragu residents returned to community at the end of April, with some of those families repatriated to temporary accommodation in the community while recovery works took place.

In early May, Nitjpurru residents were welcomed by Yarralin community into temporary accommodation while works continued to make their home and community safe and accessible for their return. Yarralin has a small health centre, and KWHB had to significantly reinforce the staffing levels to accommodate for the larger contingent of community members living in Yarralin. At the time it was unknown how long the Nitjpurru residents would be staying. Residents returned home ten weeks later in July.

Infrastructure works are still underway, and many community members expect to remain in temporary accommodation until October. The effects of the Timber Creek flooding also created ongoing public health and housing maintenance issues, which staff and Board Directors continue to advocate to be fixed.

KWHB would like to thank everyone involved in this incredible effort. It’s testament to the commitment and dedication of our Board and staff, a true exemplification of all of us working together to improve community health and wellbeing.



Photo courtesy of NTG2023

Floods and Recovery

The last few years our region has experienced its own share of natural disasters and world wide pandemics. The following pages are a timeline of the most recent events and shows the resilience of our communities, Board and staff.



TIMBER CREEK
Saturday 24 December 2022

241.5 mm of rainfall in 24 hours.

One-in-50-year flood.

One Mile and Myatt community members travelled to Timber Creek for assistance.

Evacuated residents take shelter on a basketball court before being moved to a Defence Base.

TIMBER CREEK
Sunday 1 January 2023

Residents of Timber Creek began to return home more than a week after being evacuated.

KALKARINGI
Wednesday 1 March 2023

Kalkaringi recorded 134 mm of rain.

Upper Victoria River exceeded major flood levels, standing at 16.99 m (major flood stage is 14m).

Emergency declared.

Daguragu and Nitjpurru community members evacuated to Kalkaringi.

Evacuations of Daguragu, Kalkaringi, Nitjpurru of medically vulnerable clients via plane to Darwin and Katherine with around 45 people evacuated day one.

KWHB Staff on the ground in both Kalkaringi and Katherine supporting evacuations and accommodating those in need.



Photo courtesy of NTG2023

KALKARINGI
Thursday 2 March 2023

A 17-year-old was bitten by a crocodile in the community of Daguragu whilst trying to escape flood waters around his home.

People were waiting to be evacuated from Kalkaringi.

17 evacuation flights of both small aircraft and helicopters with 4-8 people per flight.

Defence Force supports evacuation with Hercules rapidly expanding capacity from 4-8 people per flight to 80 per flight.

Evacuated children taken to local primary schools to continue their education in Darwin.

Final 200 people evacuated from Kalkaringi. In total, 700 people were relocated over 2 days.



Photo courtesy of NTG2023

KALKARINGI
Friday 3 March 2023

KWHB staff arrived in Darwin, and were shortly redirected to CNR.

39 out of 89 homes in Kalkaringi severely damaged.

Nitjuprru and Dargargu suffered widespread inundation with very few houses spared.



Photo courtesy of NTG2023

TIMBER CREEK
Saturday 4 March 2023

Victoria River bridge floods, cutting off the road between Katherine and Timber Creek.

Victoria Highway floods between Timber Creek and Kununurra, disconnecting Timber Creek from supplies and services. Timber Creek airport closed, critically ill clients can only be evacuated by helicopter.



DARWIN
Saturday 4 and
Sunday 5 March 2023

KWHB staff set up a health centre at the Centre for National Resilience (CNR).



DARWIN
Monday 6 March 2023

KWHB works alongside NT Health in starting up service delivery at the CNR health centre.

KWHB requests Chief Health Officer to approve the gazetting of the CARPA Manual to ensure effective ongoing care provision whilst at CNR. This was arranged within 48 hours.

DARWIN
Monday 13 March 2023

KWHB takes over service delivery operations of the CNR health centre relieving pressure on NT Government services and preventing many avoidable hospitalisations.

Kalkaringi Child and Family Centre, Health Promotion team and program staff work together to run regular activities, including music, movie nights, sport sessions and crafting.



KALKARINGI
Thursday 27 March 2023

50 residents return to Kalkaringi.

Nitjpurru remains inaccessible by road while remediation works are underway at Daguragu.

Kalkaringi Health Centre reopens – KWHB operating five major health centres.



KALKARINGI
Sunday 16 April 2023

The assets team make another visit to communities to assess the damage to KWHB assets.



Photo courtesy of NTG2023

KALKARINGI
Monday 17 April 2023

More Kalkaringi and Daguragu residents repatriated back home to their communities over several weeks.



YARRALIN
Friday 28 April 2023

Temporary camp assembled in Yarralin ahead of the return of almost 150 flood evacuees.

Sunday 30 April 2023

Nitjpurru residents relocated to temporary accommodation in Yarralin.



YARRALIN
Thursday 4 May 2023

Last bus to Yarralin. Nitjpurru were the last to be transported out of CNR back to community. The majority of community members went to Yarralin, except for higher needs clients who remained in Katherine.

DARWIN
Friday 5 May 2023

Last day KWHB CNR health centre operational.



YARRALIN
Wednesday 31 May 2023

Nitjpurru residents still living in tents on the Yarralin oval, with no confirmed date for returning to community.

NITJPURRU
Wednesday 31 May 2023



Medically vulnerable Nitjpurru residents returned home.

KALKARINGI
Wednesday 5 July 2023

Eight replacement homes handed over to the residents of Kalkaringi.

NITJPURRU
Friday 14 July 2023

Majority of Nitjpurru residents returned home.



Photo courtesy of NTG2023

ONGOING

Full recovery works in Kalkaringi are expected to be completed by the end of October 2023.

THANK YOU

The Katherine West Health Board would once again like to convey their thanks and appreciation to all the staff of KWHB who jumped in to help our communities. Pivoting into roles that they hadn't done before.

The devastation and grief of the flooding was a little lessened by the willingness of people to help out where ever needed. What a team!



Photo courtesy of NTG2023



Strategic Plan

2022 - 2027



If you would like to see the full Strategic Plan please check out our website on www.kwhb.com.au

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.

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.

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.

4 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.



Financial Report

The following pages are an extract from the KWHB 2022-2023 Audited Financial Report prepared by Merit Partners Auditors. If you require a full copy of this report please email info@kwhb.com.au

The 2022-2023 KWHB Audit Report has been submitted and accepted by all of our funding bodies.

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 2023.

The names of the directors throughout 2022/2023 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
Dione Kelly	Executive Director	Lajamanu	*Re appointed at AGM 14 Nov 2019, Re appointed to Executive, 14 Nov 2019
Wesley Campbell	Executive Director	Yarralin	*Appointed on 26 March 2023
Deborah Jones	Executive Director	Timber Creek	*Appointed on 26 March 2023
Andrew Johnson	Executive Director	Lajamanu	*Appointed on 26 March 2023
Charlie Newry	Executive Director	Yarralin	*Re-appointed at AGM 14 Nov 2019 Appointed to Executive 20 October 2021 *Resigned 26 March 2023
Valerie Patterson	Executive Director	Lajamanu	*Re appointed at AGM 14 Nov 2019, Appointed to Executive, 14 Nov 2019 *Resigned 26 March 2023
Caroline Jones	Director (Formerly Executive Director until 26 March 2023)	Timber Creek	*Re appointed at AGM 14 Nov 2019, Re appointed to Executive, 14 Nov 2019
Noelene Campbell	Director	Yarralin	*Re-appointed at AGM 14 Nov 2019 *Resigned 26 March 2023
Roy Harrington	Director	Timber Creek	*Appointed at AGM 14 Nov 2019 * Resigned 26 March 2023
Jonathon Dixon	Director	Lajamanu	*Appointed at AGM 14 Nov 2019
Debra Victor	Director	Kalkaringi	*Re-appointed at AGM 14 Nov 2019
Aileen Daly	Director	Yarralin	*Appointed on 26 March 2023
Sharatine Campbell	Director	Yarralin	*Appointed on 26 March 2023
Joseph Archie	Director	Bulla	*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

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
DIRECTORS’ REPORT – Contd.

Secretary

There is a six-member Executive of Directors who all have input and guidance of governance and financial matters. In addition to the 6 member Executive, KWHB has a secretary, Mr. David Lines for the 2022-2023 financial year.

Principal Activity

The principal activity of the Corporation during the financial year was the provision of a holistic clinical, preventative and public health service to clients in the Katherine West Region of the Northern Territory of Australia.

No significant changes in the Corporation’s state of affairs occurred during the financial year.

Operating Result

The deficit of the Corporation for the year ended 30 June 2023 amounted to (\$744,908) (2022: net surplus of \$1,172,609)

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 2022/2023 financial year.

Events Subsequent to Reporting Date

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

Likely Developments

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

Environmental Issues

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

Meetings of Directors

Board Member	
Roslyn Frith	7
Jocelyn Victor	7
Dione Kelly	6
Wesley Campbell	3
Deborah Jones	3
Andrew Johnson	1
Charlie Newry	3

Board Member	
Valerie Patterson	3
Caroline Jones	5
Noelene Campbell	1
Roy Harrington	3
Jonathon Dixon	4
Debra Victor	4
Aileen Daly	1

Board Member	
Sharatine Cambell	1
Joseph Archie	4
Matrina Robertson	4
Lisa Smiler	4
Denise Humbert	4

DIRECTORS’ REPORT – Cont.

Indemnifying Officers of the Corporation

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

Proceedings on Behalf of the Corporation

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

Auditor’s Independence Declaration

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

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

.....
Director

Dated this 27th day of October 2023

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 31, 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 2023 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.

.....
Director

Dated this 27th day of October 2023



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 2023, 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: 27 October 2023

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 2023, 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 significant accounting policies, 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 2023 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 (including Independence Standards)* (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.

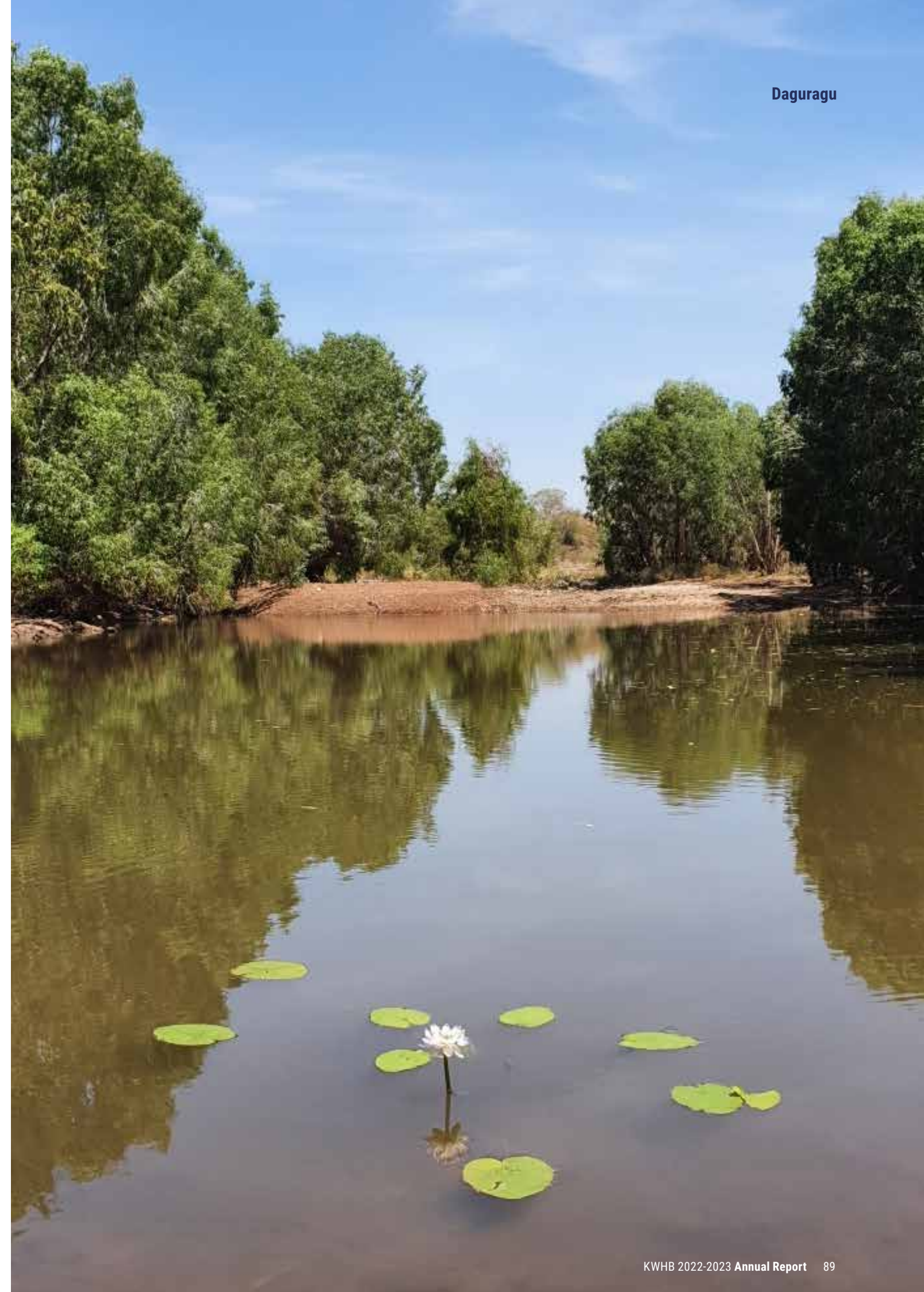


Merit Partners



Matthew Kennon
Director

DARWIN
27 October 2023



KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2023

	Notes	2023 \$	2022 \$
REVENUE			
Revenue and other income	2	23,535,379	22,591,275
Interest income	2a	62,577	16,602
		<u>23,597,956</u>	<u>22,607,877</u>
EXPENSES			
Employee benefits expenses	3	(15,623,089)	(13,966,843)
Depreciation and amortisation	8	(1,061,516)	(1,160,714)
Motor vehicle expenses	3	(483,920)	(365,093)
Travel and accommodation	3	(1,656,036)	(1,208,479)
Other expenses	3	(5,134,853)	(4,667,019)
Write-off of assets due to flood damage		(270,188)	-
Finance expense	2a	(113,262)	(67,120)
		<u>(24,342,864)</u>	<u>(21,435,268)</u>
Net (deficit) surplus for the year		(744,908)	1,172,609
Other Comprehensive Income		<u>-</u>	<u>-</u>
Total Comprehensive Income		<u>(744,908)</u>	<u>1,172,609</u>

The accompanying notes form part of these financial statements

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2023

	Notes	2023 \$	2022 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	13,840,454	12,696,619
Trade and other receivables	6	1,328,495	131,750
Other current assets	7	357,668	287,563
TOTAL CURRENT ASSETS		<u>15,526,617</u>	<u>13,115,932</u>
NON-CURRENT ASSETS			
Property, plant and equipment	8	7,527,722	8,006,709
TOTAL NON-CURRENT ASSETS		<u>7,527,722</u>	<u>8,006,709</u>
TOTAL ASSETS		<u>23,054,339</u>	<u>21,122,641</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	9	1,913,678	1,599,610
Unearned income		280,000	-
Lease liabilities	10	310,577	284,160
Employee benefits	11	1,384,665	1,350,042
TOTAL CURRENT LIABILITIES		<u>3,888,920</u>	<u>3,233,812</u>
NON CURRENT LIABILITIES			
Lease liabilities	10	1,795,663	1,663,126
Unearned income		1,810,703	-
Employee benefits	12	445,550	367,292
TOTAL NON-CURRENT LIABILITIES		<u>4,051,916</u>	<u>2,030,418</u>
TOTAL LIABILITIES		<u>7,940,836</u>	<u>5,264,230</u>
NET ASSETS		<u>15,113,503</u>	<u>15,858,411</u>
ACCUMULATED FUNDS			
Accumulated funds		<u>15,113,503</u>	<u>15,858,411</u>
TOTAL ACCUMULATED FUNDS		<u>15,113,503</u>	<u>15,858,411</u>

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 2023

	Accumulated Funds \$	Total \$
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
Balance 1 July 2022	15,858,411	15,858,411
Deficit for the year	(744,908)	(744,908)
Other comprehensive income	-	-
	(744,908)	(744,908)
Balance 30 June 2023	15,113,503	15,113,503

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 2023

	Notes	2023 \$	2022 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		2,301,476	2,052,320
Grants received		21,991,497	20,767,438
Payments to suppliers and employees		(22,541,052)	(20,262,101)
Interest received		62,577	16,602
Interest paid		(113,262)	(1,625)
NET CASH FLOWS FROM OPERATING ACTIVITIES	13(b)	1,701,235	2,572,634
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition of property, plant and equipment		(388,960)	(477,958)
Proceeds on sale of plant and equipment		136,364	135,455
NET CASH FLOWS USED IN INVESTING ACTIVITIES		(252,596)	(342,503)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of leasing liabilities		(304,804)	(302,147)
NET CASH FLOWS GENERATED FROM (USED IN) FINANCING ACTIVITIES		(304,804)	(302,147)
NET INCREASE IN CASH HELD		1,143,835	1,927,984
Cash at the beginning of the financial year		12,696,619	10,768,635
Cash at the end of the financial year	13(a)	13,840,454	12,696,619

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 2023

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 2023.

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 2023

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES – Cont.

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>
Furniture and equipment	20%
Computer and software	33.33%
Motor Vehicles	20%
Buildings	5%

The asset’s carrying amount is written down immediately to its recoverable amount if the asset’s carrying amount is greater than its estimated recoverable amount.

Employee Entitlements

Provision is made for the corporation’s liability for employee benefits arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits, where such benefits are material.

Short Term and Long-Term Provisions

Provisions are recognised when the corporation has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefit will result and that the outflow can be measured reliably. Provisions are measured at the best estimate of the amounts to settle the obligation at reporting date.

Revenue

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.

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.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES – Cont.

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 2023

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES – Cont.

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 (i.e., 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 2023

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES – Cont.

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 2023

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES – Cont.

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 2023

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES – Cont.

Measurement and recognition of leases as a lessee – Cont.

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 seperately.

The Corporation has leases for offices in Katherine and in Darwin. It also leases residential accommodation in 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	3	4-10 years	7.42 years	3
Residential Accommodation	3	3-8 years	5.08 years	-
Photocopiers	1	3 months	3 months	-

Measurement and recognition of leases as a lessee – Cont.

Right of Use Asset	Asset \$	Accumulated Depreciation \$	Net Carrying Value \$
Office Building	1,875,025	(359,427)	1,515,598
Residential Accommodation	709,514	(269,432)	440,082
Photocopiers	62,357	(55,428)	6,929
Total	2,646,896	(684,287)	1,962,609

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 2023

	2023	2022
	\$	\$
NOTE 2. REVENUE AND OTHER INCOME		
Grants		
DoH – Federal Capital	-	306,466
DoH –Federal Operational	10,804,587	10,049,727
Top End Health Service/DoH – Territory Operational	6,262,565	5,953,731
Dept. of Prime Minister and Cabinet/Dept of Social Services	751,080	459,708
National Indigenous Australians Agency	266,521	660,000
NDIS	285,000	240,000
NACCHO	912,200	904,431
SAHMRI	-	159,917
Northern Territory PHN	2,292,442	2,045,642
Menzies School of Health Research	31,476	20,500
NT General Practice Education	122,624	-
Centre Link	37,381	37,109
Care Flight	-	87,500
Vision 2020	-	123,897
Victoria Daly Regional Council	-	15,000
University of Queensland	200,000	250,000
The University of Melbourne	20,000	-
AMSANT	76,000	84,000
Wurli-Wurlinjang Aboriginal Corporation	20,000	-
Insurance recoveries	483,940	105,544
Work Cover Consultations	-	350
Medical reports	-	(60)
Medicare	796,366	948,043
Profit on the sale of assets	136,364	135,455
Miscellaneous income	36,833	4,312
Total Revenue and Other Income	23,535,379	22,591,275

NOTE 2a. FINANCE INCOME AND EXPENSE

Interest on bank accounts	62,577	16,602
Interest paid	(1,901)	(1,625)
Interest expense for leasing arrangements	(111,361)	(65,495)
Net Finance (Expenses)/Income	(50,685)	(50,518)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

	2023	2022
	\$	\$
NOTE 3. EXPENDITURE		
Employee benefits expenses		
Wages and salaries	13,592,711	12,120,735
Airfares	15,901	6,043
Superannuation	1,164,184	996,072
Fringe benefit tax	154,799	167,773
Professional development	-	40,682
Recruitment	469,790	405,448
Flight out of isolated land	8,243	10,364
Insurance - Workers compensation	217,461	219,726
Total Employee Benefits Expenses	15,623,089	13,966,843
Motor vehicle expenses		
Fuel and oil	255,366	200,502
Repairs and maintenance	189,943	123,270
Registration	38,611	41,321
Total Motor Vehicle Expenses	483,920	365,093
Travel and accommodation		
Travel and accommodation – staff	1,408,944	1,078,520
Travel and accommodation – board	243,056	117,797
Travel and accommodation – patients	4,036	12,162
Total Travel and Accommodation	1,656,036	1,208,479
Other expenses		
Advertising	1,954	4,377
Annual report	1,990	1,685
Audit fees	37,094	25,494
Bank charges	1,380	1,511
Cleaning	93,328	55,955
Consultants	253,828	493,984
Communications	14,426	202
Electricity, water and sewerage	298,223	297,309
Freight	59,740	42,738
Ground maintenance	58,097	18,980
Hire of equipment	1,840	-

(Forward)

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

	2023 \$	2022 \$
NOTE 3. EXPENDITURE – Cont.		
Insurance	421,552	316,862
IT Hosting / support	500,320	412,420
IT Computer equipment	124,918	287,865
Postage	1,541	1,342
Legal expenses	-	5,467
Meeting costs	31,609	20,606
Rent – Head office	26,986	49,098
Rent – Storage facilities	19,936	22,553
Rent – Housing	184,099	341,560
Subscriptions and membership	99,880	26,051
Service charges	63,265	65,298
Telephone and facsimile	247,781	246,685
Training	169,276	86,305
Uniforms	9,569	15,439
Security	15,326	13,628
Repairs and Maintenance - Plant & Equipment	37,999	491
Repairs and Maintenance - Furniture & Fittings	111,321	48,878
Repairs and Maintenance - Buildings	178,502	234,868
Repairs and Maintenance - Medical equipment	173,223	5,837
Supplies		
Medical and dental supplies	466,443	401,615
RAHC	184,020	181,411
Office supplies	63,882	50,162
Repay unspent grant	228,599	12,184
Health and Other Program		
Doctors Locum	499,791	410,365
Health Promotions	266,489	382,814
Services purchased	186,626	84,980
Total Other Expenses	5,134,853	4,667,019

NOTE 4. AUDITORS REMUNERATION

Remuneration of the auditors of the corporation for

- Auditing or reviewing the financial report – Merit Partners	37,094	25,494
	37,094	25,494

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

	2023 \$	2022 \$
NOTE 5. CASH AND CASH EQUIVALENTS		
ANZ- Operating account	1,849,187	1,507,618
ANZ - Medicare Bulk Bill	9,386,632	8,591,775
ANZ- VISA	(12,988)	(15,129)
PCCU- Investment Account	2,617,623	2,612,355
	13,840,454	12,696,619

The effective interest rate on the PCCU Investment account was 3.00% as at 30 June 2023 (30 June 2022: 0.40%). The investment is rolled forward quarterly.

NOTE 6. TRADE AND OTHER RECEIVABLES

CURRENT

Trade Debtors	886,264	60,916
Accrued Insurance Recoveries	350,200	-
Sundry Debtors	58,889	37,692
Rental Bond	33,142	33,142
	1,328,495	131,750

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 2023

NOTE 6. TRADE AND OTHER RECEIVABLES – Cont.

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 2023	\$	\$	\$	\$	\$	\$
Trade and Other Receivables	886,264	-	417,665	468,600	-	-
Sundry Debtors	58,889	-	58,889	-	-	-
Rental Bond	33,142	-	33,142	-	-	-
	978,295	-	509,696	468,600	-	-
As At 30 June 2022	\$	\$	\$	\$	\$	\$
Trade and Other Receivables	60,916	-	60,916	-	-	-
Sundry Debtors	37,692	-	-	37,692	-	-
Rental Bond	33,142	-	33,142	-	-	-
	131,750	-	94,058	37,692	-	-

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.

	2023	2022
	\$	\$
GST paid	172,824	154,651
Prepayments	184,844	132,912
	357,668	287,563

NOTE 7. OTHER CURRENT ASSETS

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

NOTE 8. PROPERTY, PLANT AND EQUIPMENT

	2023	2022
	\$	\$
Furniture and equipment – at cost	369,394	996,401
Accumulated depreciation	(282,689)	(887,723)
	86,705	108,678
Land – at valuation	8,000	8,000
	8,000	8,000
Building – at cost	6,214,528	8,662,923
Accumulated depreciation	(1,879,107)	(3,768,235)
	4,335,421	4,894,688
Computers and software – at cost	591,108	580,134
Accumulated depreciation	(580,134)	(580,134)
	10,974	-
Motor vehicles – at cost	2,996,533	2,905,958
Accumulated depreciation	(2,240,056)	(2,267,213)
	756,477	638,745
Medical equipment – at cost	864,191	752,553
Accumulated depreciation	(631,946)	(444,360)
	232,245	308,193
Right-of-Use Assets	2,646,895	2,266,520
Accumulated depreciation	(684,287)	(365,679)
	1,962,608	1,900,841
Work in Progress (WIP)	135,292	147,564
Net Written Down Value	7,527,722	8,006,709

Write-offs due to flood damage

In February 2023, a flood affected the towns of Pigeon Hole and Kalkaringi resulting in significant damage to the property and equipment in the area. As at 30 June 2023, the Corporation is in the process of claiming insurance recoveries for the repairs and replacement of damaged assets.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

NOTE 8. PROPERTY, PLANT AND EQUIPMENT – Cont.

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 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	-	-	-	-	-	-	-	-	-
Transfer of 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	-	8,006,709
As At 30 June 2023									
Balance at the beginning of year	108,678	8,000	4,894,688	-	308,193	638,745	1,900,841	147,564	8,006,709
Additions	11,674	-	-	10,974	23,064	306,650	463,757	52,243	868,362
Disposal and Write-offs	-	-	(259,947)	-	(10,240)	(15,646)	-	-	(285,833)
Transfer of work in progress	-	-	-	-	-	64,515	-	(64,515)	-
Depreciation charges	(33,647)	-	(299,320)	-	(88,772)	(237,787)	(401,990)	-	(1,061,516)
Balance at end of year	86,705	8,000	4,335,421	10,974	232,245	756,477	1,962,608	135,292	7,527,722

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023

NOTE 9. TRADE AND OTHER PAYABLES

	2023 \$	2022 \$
Trade creditors	538,662	576,496
GST collected	766,058	567,124
Accruals	608,959	455,990
Other payables – contract liabilities	280,000	-
	2,193,679	1,599,610
Financial liabilities at amortised cost classified as trade and other payables (Exc. GST collected)		
- Total current	1,427,607	1,032,486
- Total non-current	-	-
	1,427,607	1,032,486

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	310,577	284,160
Non-current	1,795,663	1,663,126
	2,106,239	1,947,286

NOTE 11. EMPLOYEE BENEFITS

Current		
Long Service Leave	416,460	388,781
Annual Leave	968,205	961,261
	1,384,665	1,350,042

NOTE 12. EMPLOYEE BENEFITS

Non-Current		
Long Service Leave	445,550	367,292

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

	2023 \$	2022 \$
NOTE 13. CASH FLOW INFORMATION		
a) Reconciliation of cash		
Cash balance comprises:		
- Cash (Note 5)	13,840,454	12,696,619
b) Reconciliation of the surplus to the net cash flows used in operating activities		
Surplus during the year	(744,908)	1,172,609
Add/(Deduct) non-cash items		
Depreciation	1,061,516	1,160,714
Loss due to flood	270,188	-
Net profit on disposal of assets	(136,364)	(135,455)
Interest on lease liability	113,262	65,495
Change in assets and liabilities		
Trade and other receivables	(1,196,745)	376,122
Other current assets	(70,102)	(27,407)
Trade and other payables	2,291,507	(96,246)
Provision for employee benefits	112,880	56,802
Net Cash Flows from operating activities	1,701,235	2,572,634

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.

	2023 \$	2022 \$
Financial Assets		
Cash and cash equivalents (Note 5)	13,840,454	12,696,619
Trade and other receivables (Note 6)	978,295	131,750
	14,818,749	12,828,369
Financial Liabilities		
Trade and other payables (exc. GST collected) (Note 9)	1,427,621	1,032,486
Lease liabilities (Note 10)	2,106,239	1,947,286
	3,533,860	2,979,772

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

NOTE 14. FINANCIAL RISK MANAGEMENT – Cont.

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.

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2023**

NOTE 14. FINANCIAL RISK MANAGEMENT – Cont.

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	
	2023	2022	2023	2022	2023	2022	2023	2022
	\$	\$	\$	\$	\$	\$	\$	\$
Financial Liabilities Due for Payment Trade & Other Payables (Ex. GST) (Note 9)	1,427,621	1,032,486	-	-	-	-	1,427,621	1,032,486
Lease Liabilities (Note 10)	310,577	284,160	1,086,836	1,064,298	708,825	598,828	2,106,238	1,947,286
Total Contractual Outflows	1,738,198	1,316,646	1,086,836	1,064,298	708,825	598,828	3,533,859	2,979,772
Financial Assets - Cash Flows Realisable								
Cash and cash equivalents (Note 5)	13,840,454	12,696,619	-	-	-	-	13,840,454	12,696,619
Trade and other receivables (Note 6)	978,295	131,750	-	-	-	-	978,295	131,750
Total Anticipated Cash in Flows	14,818,749	12,828,369	-	-	-	-	14,818,749	12,828,369

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 2023

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. EVENTS SUBSEQUENT TO REPORTING DATE

There were no events after balance sheet date.

NOTE 16. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

The Corporation is currently finalising insurance claims for repairs and replacement of damaged assets due to flooding. As of 30 June 2023, final amounts for recoveries are still being determined.

NOTE 17. RELATED PARTY DISCLOSURES

During the year ended 30 June 2023, the Corporation paid directors fees and travel allowances to its board of directors who attended meetings for and on behalf of the Corporation.

	2023	2022
	\$	\$
Directors Fees	-	8,828
Travel Allowances	243,056	117,797
	243,056	126,625
Key Management Personnel (KMP) Compensation		
Short Term Benefits	1,002,451	784,384
Long Term Benefits	35,532	36,351
Post-Employment Benefits	67,056	45,638
Total	1,105,039	866,373

In 2023 and 2022, a close family member of a KMP was employed by the Corporation under normal employment terms and conditions. In 2023, the amount paid to the KMP's close family member amounted to \$117,033 (2022: \$72,776).

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

FUNDS ACQUITTANCE CERTIFICATE
FOR THE YEAR ENDED 30 JUNE 2023

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;

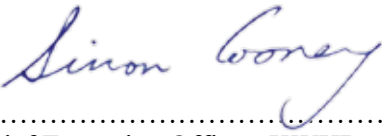
The Corporation has discharged its statutory obligations in relation to taxation, insurance, employee entitlements and including the lodgement of statutory returns and accounts where applicable;


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: 27th October 2023


.....
Chairperson, KWHB
Date: 27th October 2023



DISCLAIMER ON ADDITIONAL FINANCIAL INFORMATION

The additional financial information, on pages 34 – 79, being the attached Statements of Income and Expenditure for funded programs for the year ended 30 June 2023, 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: 27 October 2023

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 2023

	Budget 2023 \$	Actual 2023 \$
350 Service Maintenance Program		
Income		
Unexpended grant b/f	24,843	24,843
Total Income	<u>24,843</u>	<u>24,843</u>
Expenditure		
Repairs & Maintenance	24,843	24,843
Total Expenditure	<u>24,843</u>	<u>24,843</u>
Net Profit/-Loss	<u>-</u>	<u>-</u>

Katherine West Health Board Aboriginal Corporation Statement of Income and Expenditure Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
363 Supporting RAMF Implementation		
Income		
NT Top End Health Services	52,000	52,000
Total Income	<u>52,000</u>	<u>52,000</u>
Expenditure		
Administration contribution	10,400	-
Health Promotions	41,600	-
Total Expenditure	<u>52,000</u>	<u>-</u>
Net Profit/-Loss	<u>-</u>	<u>52,000</u>

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
364 Kalkarindgi Riders		
Income		
NT Top End Health Services	30,000	30,000
Total Income	30,000	30,000
Expenditure		
Health Promotions	30,000	-
Total Expenditure	30,000	-
Net Profit/-Loss	-	30,000

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
366 Family Support Services		
Income		
Grants (NT) Operating – Recurrent	350,000	
Carry forward unspent 2022 funds	107,225	116,667
Total Income	350,000	116,667
Expenditure		
Client Support Consumables	2,500	36,609
Employment Support and Supervision Costs	-	4,065
Management Fees	70,000	70,000
Motor Vehicle Expenses	11,000	2,197
S&W Salary and Wages (Incl Superannuation)	349,225	143,501
Training and Development (Staff)	2,500	41,888
Travel and Accommodation	22,000	15,994
Total Expenditure	457,225	314,254
Net Profit/-Loss	-	144,166

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
365 Child Health Initiative - Healthy Under 5 Kids Partnering with Families		
Income		
NT Top End Health Services	208,633	210,886
Total Income	208,633	210,886
Expenditure		
Client Support Consumables - Health Promotions	5,000	-
Management Fees	41,727	41,727
Motor Vehicle Expenses	20,000	2,750
Salary and Wages	121,906	141,847
Training & Development (Staff)	-	-1,082
Travel and Accommodation	20,000	25,644
Total Expenditure	208,633	210,886

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
367 NT Maternal Early Childhood Sustained Home-visiting (MECSH) Program		
Income		
NT Top End Health Services	1,000,000	1,000,000
Total Income	1,000,000	1,000,000
Expenditure		
Client Support Consumables	25,377	10,548
Employment Support and Supervision Costs	-	152
Management Fees	200,000	200,000
Motor Vehicle Expenses	6,000	10,577
S&W Salaries & Wages (Incl Superannuation)	727,815	689,063
Training and Development (Staff)	6,000	12,051
Travel and Accommodation	34,808	76,644
Total Expenditure	1,000,000	999,035
Net Profit/-Loss	-	965

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
368 Specialised Family Violence Services		
Income		
Grants (CW) Operating – Recurrent	189,563	203,862
Total Income	189,563	203,862
Expenditure		
Client Support Consumables	19,511	19,565
Management Fees	37,913	37,913
Motor Vehicle Expenses	5,000	5,433
S&W Salaries & Wages (Incl Superannuation)	109,139	121,198
Training and Development (Staff)	3,000	2,916
Travel and Accommodation	15,000	16,837
Total Expenditure	189,563	203,862
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
369 Obstetrics & Midwifery Outreach Coordination		
Income		
DOH (Federal) - Operational	218,597	224,062
Total Income	218,597	224,062
Expenditure		
Management Fees	43,720	43,720
Motor Vehicle Expenses	6,500	2,322
S&W Salaries and Wages	144,133	168,518
Training and Development (Staff)	-	420
Travel and Accommodation	24,244	9,082
Total Expenditure	218,597	224,062
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
370 Children and Family Intensive Support		
Income		
Department of Social Services	500,000	547,218
Unexpended grant b/f	-	166,591
Total Income	500,000	713,809
Expenditure		
Management Fees	100,000	100,000
Client Support Consumables	36,000	25,509
S&W Salaries and Wages	335,386	287,540
Employment Support and Supervision Costs	-	7,455
Training and Development (Staff)	3,500	7,496
Motor Vehicle Expenses	15,000	2,655
Travel and Accommodation	10,114	24,743
Total Expenditure	500,000	455,398
Net Profit/-Loss	-	258,411

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
371 IHSPS Pharmacy Support		
Income		
DOH (Federal) - Operational	60,147	60,147
Total Income	60,147	60,147
Expenditure		
Administration contribution	12,030	12,030
Consultant/Advisory Services	25,000	22,727
Subscriptions/Membership	-	8,900
Wages & Salaries (Incl. Superannuation)	23,117	15,268
Travel & Accommodation - Patients	-	936
Travel & Accommodation - Staff	-	548
Total Expenditure	60,147	60,410
Net Profit/-Loss	-	-263

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
386 Tackling Indigenous Smoking		
Income		
DOH (Federal) - Operational	448,163	448,163
Total Income	448,163	448,163
Expenditure		
Client Support Consumables	39,416	18,622
Employment Support and Supervision Costs	-	228
Management Fees	89,633	89,633
Motor Vehicle Expenses	6,000	1,785
S&W Salaries & Wages	269,614	277,723
Training & Development (Staff)	3,000	4,905
Travel & Accommodation	40,500	55,227
Total Expenditure	448,163	448,163
Net Profit/-Loss	-	-

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Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
395 RAOD		
Income		
NT Top End Health Services	300,000	300,000
Unexpended Grant b/f	80,940	80,940
Total Income	380,940	380,940
Expenditure		
Management Fees	60,000	60,000
Client Support Consumables	89,244	5,011
Motor Vehicle Expenses	2,000	6,683
S&W Salaries and Wages	222,696	211,471
Training and Development (Staff)	2,000	-
Travel and Accommodation	5,000	16,835
Total Expenditure	380,940	300,000
Net Profit/-Loss	-	80,940

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
400 Supplementary Funding CSOs		
Income		
National Indigenous Australians Agency	48,400	48,400
Total Income	48,400	48,400
Expenditure		
Wages & Salaries	43,800	43,800
Superannuation	4,600	4,600
Total Expenditure	48,400	48,400
Net Profit/-Loss	-	-

.....

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
501 Yarralin Staff Accommodation		
Income		
DOH (Federal) - Capital	603,568	603,568
Unexpended grants C/F	-603,568	-603,568
Total Income	-	-
Expenditure		
Consultant / Advisory Services	-	-
Capital - Buildings	-	-
Total Expenditure	-	-
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
502 Lajamanu Staff Accommodation		
Income		
DOH (Federal) - Capital	603,568	603,568
Unexpended grants C/F	-603,568	-603,568
Total Income	-	-
Expenditure		
Consultant / Advisory Services	-	-
Capital - Buildings	-	-
Total Expenditure	-	-
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
705/710 Rural Primary Health Service		
Income		
Northern Territory PHN	736,028	736,028
KWHB Medicare Income	\$84,714	71,938
Total Income	820,742	807,966
Expenditure		
Salary of Program Staff	537,975	511,945
Salary on-costs	53,722	49,271
Training / Professional Development	4,000	4,052
Travel and accommodation	45,000	59,186
Motor vehicle expenses	27,839	22,895
Program consumables	5,000	13,411
Administration / Management Fees	147,206	147,206
Total Expenditure	820,742	807,966
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
503 Kalkaringi Staff Accommodation		
Income		
DOH (Federal) - Capital	603,568	603,568
Unexpended grants C/F	-603,568	-603,568
Total Income	-	-
Expenditure		
Consultant / Advisory Services	-	-
Capital - Buildings	-	-
Total Expenditure	-	-
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
720 Workforce Development		
Income		
Northern Territory PHN	40,000	40,000
Wurli Wurlinjang Aboriginal Co	20,000	20,000
Total Income	60,000	60,000
Expenditure		
Staff Recruitment	60,000	60,000
Total Expenditure	60,000	60,000
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
725 After Hours Chronic Diseases		
Income		
Northern Territory PHN	100,000	100,000
Total Income	100,000	100,000
Expenditure		
Administration Contribution	20,000	20,000
Wages & Salaries	72,400	72,609
Superannuation	7,600	7,391
Total Expenditure	100,000	100,000
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
726/727 Integrated Team Care		
Income		
ITC Team funding - NTPHN	306,420	306,420
Supplementary Services Funding - NTPHN	200,000	200,000
Total Income	506,420	506,420
Expenditure ITC		
Salary of Program Staff	195,990	206,097
Salary on-costs	19,550	20,464
Training / Professional Development	-	1,270
Recruitment Costs	-	5,000
Travel and accommodation	13,000	10,342
Motor vehicle expenses	4,596	1,963
Program Consumables	12,000	-
Administration / Management Fees	61,284	61,284
Total ITC Program Costs	306,420	259,149

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
727 Integrated Team Care 2021-22 Underspend		
Income		
Annual Contract Value - NTPHN	114,300	114,300
Total Income	114,300	114,300
Expenditure ITC		
Salary of Program Staff	70,130	24,853
Salary on-costs	7,364	2,289
Employee Support and Supervision	-	76
Travel and accommodation	24,287	4,183
Motor vehicle expenses	3,944	156
Program Consumables	8,575	-
Salary of Program Staff	70,130	24,853
Salary on-costs	7,364	2,289
Total Expenditure	114,300	31,557
Net Profit/-Loss	-	82,743

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
728 DATA		
Income		
Northern Territory PHN	287,385	287,385
Total Income	287,385	287,385
Expenditure		
Salary of Program Staff	184,976	185,038
Salary on-costs	18,604	18,510
Professional Development	3,000	637
Employee Support and Supervision	-	228
Travel and accommodation	23,328	25,495
Administration	57,477	57,477
Total Expenditure	287,385	287,385
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
729 NTPHN - Outreach Program		
Income		
Northern Territory PHN	426,809	508,309
Total Income	426,809	508,309
Expenditure		
Management Fees	64,022	64,022
Health Promotions	-	117
Salaries & Wages (Incl Superannuation)	317,287	340,884
Staff Training	3,000	500
Staff Recruitment	-	380
Motor Vehicle Expenses	7,500	5,592
Services Purchased	-	34,188
Travel & Accommodation-Staff	35,000	36,317
Total Expenditure	426,809	482,000
Net Profit/-Loss	-	26,309

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
729 NTPHN - Outreach Program Underspend		
Income		
Unexpended grant b/f	87,610	87,610
Total Income	87,610	87,610
Expenditure		
Salaries & Wages (Incl Superannuation)	87,610	87,610
Total Expenditure	87,610	87,610
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
730 Vision 2020		
Income		
Unexpended grant b/f	109,461	109,461
Total Income	109,461	109,461
Expenditure		
Administration Contribution	24,780	24,780
Health Promotions	77,590	82,225
Travel & Accommodation-Staff	7,091	-
Total Expenditure	109,461	107,005
Net Profit/-Loss	-	2,456

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
735 Implement and evaluate the Strong Spirits Through Arts and Culture		
Income		
Approved carried forward funding	105,660	105,660
Total Income	105,660	105,660
Expenditure		
Salary of Program Staff	49,987	28,221
Salary on-costs	5,249	3,016
Training / Professional Development	1,764	1,545
Travel and accommodation	3,527	7,474
Program consumables	45,133	1,702
Total Expenditure	105,660	41,958
Net Profit/-Loss	-	63,702

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
735 Strong Spirits through Arts and Culture		
Income		
Approved Carried Forward Contract Value	63,702	63,702
Total Income	63,702	63,702
Expenditure		
Program Consumables	63,702	1,042
Total Expenditure	63,702	1,042
Net Profit/-Loss	-	62,660

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
741 Aboriginal Health Workforce		
Income		
AMSANT	76,000	76,000
Total Income	76,000	76,000
Expenditure		
Salary and on costs: AHW/AHP Trainee # 1	39,131	42,350
Salary and on costs: AHW/AHP Trainee # 2	27,369	29,621
Total Expenditure	27,369	29,621
Net Profit/-Loss	9,500	4,029

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
738 Eliminate STI		
Income		
University of Queensland	126,327	200,000
Unexpended grant b/f	123,673	123,673
Total Income	250,000	323,673
Expenditure		
Health Promotions	30,617	460
Salaries & Wages (Incl Superannuation)	189,957	66,428
Staff Recruitment	5,000	7,021
Travel & Accommodation	24,426	6,391
Total Expenditure	250,000	80,300
Net Profit/-Loss	-	123,673

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
742 Territory Kidney Project		
Income		
Menzies School of Health Research	31,716	31,716
Total Income	31,716	31,716
Expenditure		
Management Fees	6,343	6,343
Salaries & Wages (Incl Superannuation)	25,373	25,133
Total Expenditure	31,716	31,476
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
743 Health Workforce Development		
Income		
Menzies School of Health Research In Kind Contribution	- 15,000	-
Total Income	31,716	-
Expenditure		
Wages & Salaries	13,450	-
Superannuation	1,550	-
Total Expenditure	15,000	-
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
772 Trachoma		
Income		
Grants (NT) Operating – Recurrent	140,000	140,196
Total Income	140,000	140,196
Expenditure		
Client Support Consumables	20,000	25,830
Employment Support and Supervision Costs	2,325	255
Management Fees	28,000	28,000
Motor Vehicle Expenses	13,000	1,441
S&W Salaries & Wages (Incl. Superannuation)	68,675	73,309
Travel & Accommodation	8,000	11,361
Total Expenditure	140,000	140,196
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
771 Trachoma Healthy Homes		
Income		
The University of Melbourne	300,000	300,000
Total Income	300,000	300,000
Expenditure		
Grant Administration	20,000	20,000
Salaries & Wages (Incl Superannuation)	74,588	-
Travel & Accommodation	5,412	-
Total Expenditure	100,000	20,000
Net Profit/-Loss	200,000	280,000

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
772 Trachoma Underspend		
Income		
2022 underspend carried forward	140,000	140,196
Total Income	140,000	140,196
Expenditure		
Agency Temp Staff	12,000	14,826
Client Support Consumables	5,515	-
Employment Support and Supervision Costs	9,675	9,675
Management Fees	28,000	28,000
Motor Vehicle Expenses	1,000	490
S&W Salaries & Wages (Incl. Superannuation)	40,998	43,533
Travel & Accommodation	24,630	25,294
Total Expenditure	121,818	121,818
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
773 Sexual Health and Blood Borne Virus Program		
Income		
NT Top End Health Services	149,016	150,625
Total Income	149,016	150,625
Expenditure		
Client Support Consumables	5,049	-
Management Fees	29,803	29,803
Motor Vehicle Expenses	-	4,266
S&W Salaries & Wages (Incl. Superannuation)	109,164	102,187
Travel & Accommodation	5,000	14,369
Total Expenditure	149,016	150,625
Net Profit/-Loss	-	-

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Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
774 Enhanced Syphilis Response (ESR) Program		
Income		
NACCHO	187,900	187,900
2022 unexpended funds carried forward	135,726	135,726
Total Income	323,626	323,626
Expenditure		
Grant Administration	37,580	37,580
Health Promotions	8,000	79
Wages & Salaries	252,374	259,877
Superannuation	25,672	26,090
Total Expenditure	323,626	323,626
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
775 NDIS Remote Community Connectors		
Income		
Unspent funds from previous quarters	220,551	220,551
NDIA Funding	285,000	285,000
Total Income	505,551	505,551
Expenditure		
Payroll Expenses	187,881	288,193
Administration Contribution	57,000	57,000
Travel & Accommodation	16,554	15,059
Vehicle Expenses	8,010	2,948
Staff Recruitment	7,700	152
Staff Training	4,620	3,365
Health Promotions	223,786	175
Total Expenditure	505,551	366,892

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Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
776 Blood Borne Viruses (BBVs) and Sexually Transmissible Infections (STIs) Program (BBVSTI)		
Income		
NACCHO	164,900	164,900
2022 unexpended funds carried forward	-	29,213
Total Income	164,900	194,113
Expenditure		
Grant Administration	32,980	32,980
Health Promotions	13,170	0
Wages & Salaries	104,075	140,900
Superannuation	10,925	12,668
Staff Recruitment	3,750	380
Travel & Accommodation	-	7,185
Total Expenditure	164,900	194,113

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
777 Trusted Indigenous Facilitators		
Income		
NACCHO	112,500	225,000
Total Income	112,500	225,000
Expenditure		
Management Fees	11,250	-
Wages & Salaries (Incl Superannuation)	101,250	-
Total Expenditure	112,500	-
Net Profit/-Loss	-	-

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Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
778 Strengthening Medicare		
Income		
NACCHO	30,000	30,000
Total Income	30,000	30,000
Expenditure		
Health Promotions	30,000	-
Total Expenditure	30,000	-
Net Profit/-Loss	-	30,000

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
795 COVID-19 Response		
Income		
NACCHO	125,000	125,000
Unexpended Grant b/f	115,668	115,668
Total Income	240,668	240,668
Expenditure		
Health Promotions	28,961	10,434
Wages & Salaries (Incl Superannuation)	169,686	201,438
Staff Recruitment	12,878	6,500
Staff Training	-	864
Travel & Accommodation	29,143	21,432
Total Expenditure	240,668	240,668
Net Profit/-Loss	-	-

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Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
797 COVID-19 Transitional Planning		
Income		
NACCHO	179,400	179,400
Total Income	179,400	179,400
Expenditure		
Health Promotions	179,400	-
Total Expenditure	179,400	-
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
801 Flood Emergency Response ILSC		
Income		
Indigenous Land and Sea Corporation	18,182	18,182
Total Income	18,182	18,182
Expenditure		
Capital - Medical & Equipment	18,182	18,182
Total Expenditure	18,182	18,182
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
802 Flood Replacement		
Income		
Insurance Recoveries	108,752	98,752
Total Income	108,752	98,752
Expenditure		
Medical / Dental Supplies	5,907	5,907
Capital - Furniture & Fittings	45,359	45,359
Capital - Medical & Equipment	57,486	57,486
Total Expenditure	108,752	108,752
Net Profit/-Loss	-	-10,000

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
Indigenous Primary Health Care - Top End Health Service		
Income		
Grants (NT) Operating – Recurrent	3,984,037	4,027,663
Medicare Benefits Schedule (MBS) Income	270,800	207,129
Total Income	4,254,837	4,234,792
Expenditure		
Salaries & Wages	2,760,237	2,659,297
Accounting/Audit fees	7,116	37,669
Advertising & Promotion	613	984
Board/Governance (Travel, Accommodation & Training)	29,421	68,524
Client Support Services (excl Salary and Wages)	84,083	116,921
Client Support Services/Consumables	176,180	187,372
Communications & IT	160,523	222,237
Consultants & Contractors	89,673	84,763
Depreciation/Amortisation	139,781	130,833
Insurance (excl Motor Vehicle)	82,948	83,627
Motor Vehicle Expenses (incl Insurance and Repairs & Maint)	98,335	178,964
Rent	190,510	57,635
Repairs & Maintenance (excl Motor Vehicles)	73,066	72,171
Travel & Accommodation (excl Board/Governance)	180,692	222,068
Training & Development (excl Board/Governance)	20,031	21,740
Utilities	161,628	89,987
Total Expenditure	4,254,837	4,234,792
Net Profit/-Loss	-	-

Katherine West Health Board Aboriginal Corporation
Statement of Income and Expenditure
Year Ended 30 June 2023

	Budget 2023 \$	Actual 2023 \$
Indigenous Primary Health Care - Department of Health		
Income		
Grants (C'W) Operating-Recurrent	9,816,527	10,061,94
Medicare Benefits Schedule (MBS) Income	667,242	517,45
Total Income	10,483,769	10,579,39
Expenditure		
Salaries & Wages	6,801,132	6,643,47
Accounting/Audit fees	17,533	94,10
Advertising & Promotion	1,510	2,45
Board/Governance (Travel, Accommodation & Training)	72,491	171,18
Client Support Services (excl Salary and Wages)	207,178	292,09
Client Support Services/Consumables	434,102	468,09
Communications & IT	395,523	555,19
Consultants & Contractors	220,951	211,75
Depreciation/Amortisation	344,415	326,84
Insurance (excl Motor Vehicle)	204,380	208,92
Motor Vehicle Expenses (incl Insurance and Repairs & Maintenance)	242,294	447,08
Rent	469,410	143,98
Repairs & Maintenance (excl Motor Vehicles)	180,032	180,29
Travel & Accommodation (excl Board/Governance)	445,218	554,77
Training & Development (excl Board/Governance)	49,355	54,31
Utilities	398,245	224,80
Total Expenditure	10,483,769	10,579,39
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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ICN 3068 / ABN 23 351 866 925

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