



**KATHERINE WEST
HEALTH BOARD**
Aboriginal Corporation

ANNUAL REPORT 2024 2025





Cultural Warning:
This report contains images
and references 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 2025.

Please note:

- There is a full list of acronyms on page 106 of this report.
- Unless otherwise stated, all photographs are copyright of KWHB.
- All photos in this document have been taken and used in line with KWHB's Photo, Video and Audio policy. If you have any concerns about a photo in this document, please contact our office on (08) 8971 9300.

A special thank you to community mob from across the Katherine West Health Board and Big Rivers 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 www.kwhb.com.au

The winner of our photo competition is featured on the front cover of this Annual Report. Congratulations Carmen Smith on your winning entry.



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Roslyn Frith
Chairperson

Welcome from our Chairperson

Welcome to our 2024–25 Annual Report. I would like to thank my fellow Board members for their valuable contributions to Katherine West Health Board (KWHB) and their communities over the past year.

Remembering our Director from Lingara

In April, we received the sad news that Miss A Daly, our Director from Lingara community, had passed. She was a wealth of knowledge, a respected leader and deeply committed to her people and community. Her wisdom, strength, and commitment to community health have left a profound and lasting legacy on us all and I offer my deepest condolences to her family.

Katherine West Health Board 25-year Celebrations

The final 25-Year Celebrations were held at Yarralin, Nitjpurru, and Amanbidji in August and September of 2024. Both Vice Chair Jocelyn Victor and I had the privilege of attending all the celebration events. It was truly wonderful to join each community in commemorating such a significant milestone in KWHB's history. I wish to express my gratitude to all the KWHB staff who organised these events, they were well attended and everyone was happy to join in on the celebration.

Aboriginal Health Coaching Program Launch

We were very proud to see the launch of the Aboriginal Health Coaching (AHC) program in Lajamanu and Kalkaringi in early 2025. This milestone marks a major step in improving health outcomes for our mob across the region.

'The Board remains steadfast in its commitment to strengthening governance and enhancing policies that support operational excellence.'



The program trains Aboriginal Health Coaches to support people with chronic conditions and to work alongside clinicians to build trust, improve health literacy, and connect clients more closely with services.

Cultural and Health Literacy Resource Review

This year the Executive Board became part of the Cultural and Health Literacy Resource Review (CaHLRR) group. We are grateful to be part of this important step in strengthening the connection between the Board and the work being done to improve our health resources. Our goal is to ensure these resources are clear, easy to understand, and respectful of our communities. Being there as Board members means we can hear first-hand about the work being done and share our ideas about how resources can support our clients and staff.

The CaHLRR group meets every month, either online or face-to-face in Katherine or Darwin. This is the first year the group has held online meetings, making it easier for everyone to join regularly. Holding online meetings has also provided Board members with the opportunity to sit in the clinics to watch how things run and yarn with staff. These visits

have been a valuable way for the Board to stay connected with what is to happen on the ground and to see how health literacy and cultural safety play a role in daily clinic work.

Governance Training

The Board remains steadfast in its commitment to strengthening governance and enhancing policies that support operational excellence. As part of this ongoing effort, the Board is actively engaged in governance development through ongoing training with Ambrose Solutions. This initiative aligns with our strategic priorities and reinforces our dedication to best practices in leadership.

In alignment with our 2024 – 2027 Strategic Plan for Governance Excellence, the Board continues to invest in skill-building and governance education. This commitment enhances both individual Director capabilities and the collective effectiveness of our leadership team.

Upholding transparency and rigorous governance standards remain a top priority. All policy and procedure documents undergo thorough review before being approved or noted by the Board, ensuring accountability and consistency with our governance framework.



Board Director Elections

The Katherine West Health Board Director Elections were held in May and June of 2025, and I would like to congratulate all those who have been elected! Your commitment to the health and wellbeing of our communities is deeply appreciated, and we look forward to your contributions in the term ahead.

I would also like to acknowledge and thank the current Directors who were not re-elected. Your dedication, hard work and support have been invaluable to the Board and to Katherine West. We are grateful for the time and energy you have invested in serving your region.

2025 Elected Board Directors

Yarralin:

Sharatine Campbell, Wesley Campbell
Cerice Daly-Young

Nitjpurru:

Jocelyn Victor

Amanbidji:

Rosie Saddler

Timber Creek:

Caroline Jones, Shauna King

Bulla:

Joseph Archie

Lajamanu:

Dione Kelly, Liam Patrick, Jonathon Dixon

The fourth Director position in Lajamanu was a tie between Matrina Robertson and Michael Payton and will be decided on at KWHB's upcoming Annual General Meeting (AGM).

Kalkaringi:

Roslyn Frith, Lisa Smiler

The third Director position in Kalkaringi was a tie between Debra Victor and Rob Roy and will be decided on at KWHB's upcoming AGM.

I would like to extend my sincere thanks to our Chief Executive Officer (Sinon Cooney), the Executive Leadership Team, and all the dedicated staff at KWHB for their unwavering commitment to improving health outcomes across our communities. Your passion and professionalism are making a real difference in the lives of our community members.

I am incredibly proud of the excellent work our staff continue to deliver. I look forward to working closely with the Board, Sinon, and the entire KWHB team in the next financial year as we continue to strive towards increasing our impact for better health outcomes across the region. This year, the Board is excited to see progress on the construction of the new Yarralin clinic, which will be an important step in strengthening community health and infrastructure.

Together, we are shaping a healthier future for all.

Board of Directors

2024–2025

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 for the financial year ending 30 June 2025.



Roslyn Frith
Chairperson
Kalkaringi



Jocelyn Victor
Vice Chairperson
Nitjpurru (Pigeon Hole)



Dione Kelly
Executive Director
Lajamanu



Andrew Johnson
Executive Director
Lajamanu



Deborah Jones
Executive Director
Timber Creek



Wesley Campbell
Executive Director
Yarralin



Caroline Jones
Board Director
Timber Creek



Debra Victor
Board Director
Kalkaringi



Jonathon Dixon
Board Director
Lajamanu



Joseph Archie
Board Director
Bulla



Denise Humbert
Board Director
Amanbidji (Kildurk)



Lisa Smiler
Board Director
Kalkaringi/Daguragu



Matrina Robertson
Board Director
Lajamanu



Sharatine Campbell
Board Director
Yarralin



Miss A Daly
Board Director
Yarralin

Board Appointments

The names of the Directors throughout 2024/2025 and up to the date of this report are as follows:

Member	Position	Community	Appointment Date to the Board
Roslyn Frith	Executive Director Chairperson (CHAIR)	Kalkaringi	Appointed AGM 17/11/2016, Re-appointed to CHAIR, FBM 28/03/2023
Jocelyn Victor	Executive Director Vice Chairperson (VC)	Nitjpurru	Appointed AGM 18/11/2010, Elected VC FBM 28/03/2023
Dione Kelly	Executive Director (ED)	Lajamanu	Appointed AGM 17/11/2016, Elected ED FBM 28/03/2023
Andrew Johnson	Executive Director	Lajamanu	Appointed FBM 28/03/2023 Elected ED FBM 28/03/2023
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
Caroline Jones	Board Director	Timber Creek	Appointed AGM 17/11/2016, Re-appointed FBM 28/03/2023
Debra Victor	Board Director	Kalkaringi	Appointed AGM 14/11/2013 Re-appointed FBM 28/03/2023
Jonathon Dixon	Board Director	Lajamanu	Appointed AGM 14/11/2019 Re-appointed FBM 28/03/2023
Joseph Archie	Board Director	Bulla	Appointed AGM 14/11/2019 Re-appointed FBM 28/03/2023
Denise Humbert	Board Director	Amanbidji	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
Matrina Robertson	Board Director	Lajamanu	Appointed FBM 2/2/2022 Re-appointed FBM 28/03/2023
Miss A Daly	Board Director	Yarralin	Appointed FBM 28/03/2023 Elected ED FBM 28/03/2023
Sharatine Campbell	Board Director	Yarralin	Appointed FBM 28/03/2023 Elected ED FBM 28/03/2023

Board Meetings and Attendance

Title	Date	Attendance	Member Name	Meetings Attended
Full Board Meeting (FBM)	31/07/24	13	Roslyn Frith	5
Executive Board Meeting (EBM)	25/09/24	4	Jocelyn Victor	5
Full Board Meeting	20/11/24	12	Dione Kelly	2
Annual General Meeting (AGM)	21/11/24	12 FBM 25 Members	Andrew Johnson	1
Full Board Meeting	12/03/25	11	Deborah Jones	3
Executive Board Meeting	30/04/25	4	Wesley Campbell	5
			Caroline Jones	3
			Debra Victor	2
			Jonathon Dixon	2
			Joseph Archie	2
			Denise Humbert	3
			Lisa Smiler	3
			Matrina Robertson	3
			Miss A Daly	3
			Sharatine Campbell	3

Title	No. of meetings throughout the year
Full Board Meeting	3
Executive Board Meeting	2
Governance Training	3
Executive Leadership Team Meeting	9
Annual General Meeting	1
Health & Family Services Leadership Team (HFSLT)	11
Safety Team Meeting	6
Finance, Risk & Audit Committee Meeting	4

Board meetings were held in Katherine and Darwin throughout 2024-2025



Simon Cooney
Chief Executive Officer

Foreword from our

Chief Executive Officer

This past year has been a defining one for Katherine West Health Board (KWHB), a year where growth, resilience, and community strength have gone hand in hand. We have not only expanded our services and strengthened our governance, but also deepened the trust placed in us by the communities we serve. From major infrastructure projects to innovative workforce initiatives, every step forward has been grounded in the values of Aboriginal community control and cultural security. None of this would be possible without the dedication of our Board, the passion of our staff, and the enduring guidance of our community leaders. Together, we are building on strong foundations to shape healthier futures across our region.

Honouring a Respected Leader

This year, we lost a deeply valued member of our Board, Miss A Daly from Lingara. Miss A Daly was a respected leader, a fierce advocate for her people, and a cherished member of the KWHB. Her wisdom, cultural knowledge, and commitment to community health have left an enduring mark on our organisation.



We extend our deepest condolences to her family and community. We honour her legacy by continuing to work for the stronger, healthier future she so passionately envisioned.

Our Team

Our staff are the heart of KWHB, bringing commitment, compassion, and professionalism to every aspect of their work. Day after day, they go above and beyond to ensure that our communities receive the best possible care and support. From the clinic floor to community outreach, from administrative support to specialist services, their dedication ensures our organisation remains responsive, effective and culturally grounded in everything we do.

A special thanks goes to the Executive Leadership team, whose leadership and

stewardship of their respective areas has been nothing short of exceptional. Their ability to navigate complex challenges, inspire their teams, and uphold our shared values is a driving force behind KWHB's continued success. I am deeply grateful for their vision, strategic thinking, and the way they model collaborative, community-focused leadership for the entire organisation.

Partnerships and Advocacy

KWHB's success continues to be underpinned by strong partnerships with the Federal and Northern Territory Governments, and our active involvement in key sector bodies such as Aboriginal Medical Services Alliance Northern Territory (AMSANT), National Aboriginal Community Controlled Health Organisation (NACCHO) and the NT Aboriginal Health Forum. These relationships ensure our communities'

voices are heard in the development of policies and programs that affect them. They also provide a platform to advocate for sustainable, culturally attuned healthcare in remote Australia.

One powerful example of this collaboration is the Big Rivers Healing for Our Mob program, delivered in partnership with Northern Territory Primary Health Network (NTPHN), Wurli-Wurlinjang Health Service, Sunrise Health Service and NT Health. This program provides culturally safe, practical, and therapeutic support for victim-survivors of family, domestic, and sexual violence, with a dedicated multidisciplinary team including cultural connectors, social workers, and counsellors.

Building a Strong and Skilled Aboriginal Workforce

After more than a decade in development, we were proud to see the Aboriginal Health Coaching program come to life in March 2025, with the first courses delivered in Lajamanu and Kalkaringi. This milestone marks the start of a truly transformative initiative for our region.

The program provides accredited training in core healthcare skills, enabling Aboriginal Health Coaches (AHC) to work alongside clinicians to support community members in managing chronic health conditions. By building skills and confidence within the community, AHCs strengthen the connection between clients and health services, helping people better understand their care and take an active role in their own wellbeing.

This work is about more than training; it is about creating sustainable and culturally grounded models of care. The model has been adapted from proven and evidence-based health coaching to suit the realities of remote Australia. It strengthens our Aboriginal workforce, invests in local leadership, and builds the foundations for long-term health improvements.

We are grateful to our partner organisations, Star College Australia Pty Ltd, Nyirringgulgung RISE, Paul Ramsay Foundation, Carers NT Limited, and our dedicated KWHB team whose collaboration and commitment have turned a long-held vision into reality.

Climate Change and Health

In late 2024, KWHB was invited to present in Canberra during NACCHO's Conference Week, sharing our experience and insights on the impact of climate change in remote communities. We were selected to present due to the significant flooding events our region has faced in recent years, events that have disrupted service delivery, isolated communities, and placed both clients and staff at risk.

Our presentation highlighted the very real ways climate change is already affecting health outcomes in the bush, from increased respiratory illnesses due to mould after flooding, to reduced access to essential health care when roads are cut. Following this national platform, an expert advisory group was established to guide and support communities in responding to the growing challenges of climate change.

At KWHB, we have acted quickly to strengthen our own preparedness. This year we developed a comprehensive Wet Season Preparedness Policy to ensure we can continue delivering quality primary health care during severe weather events. This policy includes detailed contingency planning for flooding, inaccessible roads, disrupted communication networks, and other related emergencies. It reflects our commitment to being proactive in safeguarding our staff, protecting our services, and ensuring our communities can rely on us, even in the toughest conditions.

Workforce Recognition

One of the greatest strengths of KWHB is our people, the dedicated staff who choose to build their careers here and serve our communities year after year. In 2024, we celebrated a remarkable number of long-service milestones, with several staff reaching between 5 and 25 years of continuous service. This depth of experience and loyalty is a testament to the supportive culture we have built and the sense of purpose that drives our work. These achievements represent thousands of hours of healthcare delivered in some of the most remote parts of the country, countless relationships built with community members, and an unwavering commitment to our mission.





A very special mention must go to Lorraine Johns, who this year celebrated an extraordinary 25 years of service. Lorraine’s leadership, cultural knowledge, and enduring dedication have shaped not only the health outcomes of her community but also the very fabric of our organisation. She is an inspiration to colleagues and a living example of the values at the heart of KWHB.

These milestones are not just numbers, they represent the strength, stability, and dedication of our organisation. It is the commitment of our staff, past and present, that allows us to deliver high-quality, culturally secure healthcare and to keep moving towards our vision of strong communities and healthy futures.

Service Expansion and Capital Works

The Lajamanu Urgent Care Clinic opened in November 2024, delivering a new model of care that has already reduced after-hours callouts and improved access to urgent and primary care. We also advanced major capital projects, including the Yarralin Health Centre redevelopment and new staff accommodation in Yarralin, Kalkaringi, and Lajamanu. These upgrades support both our strategic plan and our ability to attract and retain skilled staff. Alongside this, we have undertaken safety and security audits of staff accommodation, most of which is Northern Territory Government (NTG)-owned, identifying areas for upgrade to ensure

safer, higher-quality housing. Where necessary, KWHB will invest directly in improvements while continuing to advocate for broader investment.

Organisational Growth and Development

The 2024–25 financial year has been a period of substantial growth, strengthening both our capacity and our impact. KWHB managed a total of 51 active grants, reflecting the breadth and depth of our program delivery and partnerships. Seven new grants commenced during the year, expanding our reach and enhancing our ability to deliver on our mission to improve health and wellbeing for all people in the Katherine West region.

These include:

- Lajamanu Urgent Care Clinic
- Yarralin Health Centre Infrastructure Project
- Community-led Programs for Aboriginal Children
- Safe Tracks
- Mental Health and Wellbeing Program
- Big Rivers Healing for Our Mob
 - Supporting Childrens’ Healing from Trauma
 - Supporting Recovery from Domestic, Family and Sexual Violence

Alongside program expansion, we undertook a significant organisational restructure to position KWHB for the future. This restructure has strengthened governance, leadership and service delivery capacity, ensuring that our systems are robust, our roles are clear, and we are well-prepared to respond to both opportunities and challenges.

Investing in leadership capability has been an important focus. This year, we provided tailored mentoring for key staff and provided training to our leaders by delivering management and leadership development training across our middle management and executive.

Our Board Directors have also continued their multi-year governance training with Ambrose Solutions. All Executive Directors have completed the online modules and received certificates of completion, and Executive Managers have participated at various times throughout the program. This shared learning has strengthened the understanding of governance principles across the organisation

and enhanced the collaboration between our Board and Executive Leadership team.

This combination of program growth, structural reform, and capability building reflects a deliberate and strategic approach to ensure KWHB remains strong, adaptive and impactful in the years ahead.

Looking Ahead

The year ahead promises to be another big one, with important projects in mental health, chronic disease management, and workforce development already underway.

I want to thank our Chairperson, Roslyn Frith, Vice Chair Jocelyn Victor, our Board, and our incredible staff for their ongoing commitment to our mission: delivering high-quality and culturally secure primary health care to all people in the Katherine West region. We remain steadfast in our vision, strong communities, healthy futures, and I have no doubt that together, we will continue to achieve extraordinary things.



Lajamanu - 8 bedroom, 3 bathroom staff house



Kalkaringi - 6 bedroom, 2 bathroom staff house



Yarralin - 8 bedroom, 3 bathroom staff house



In Memory of **Miss A Nampin Daly**

We pay tribute to our deeply respected Board Director, Miss A Nampin Daly, who passed away this year, leaving a lasting legacy of cultural strength, leadership and service to her people.

A proud Ngarinman woman from Lingara, Miss Daly's life was inseparable from the history of her Country and community. As a child, Miss Daly was part of the Wave Hill Walk-Off, a defining moment in the struggle for Aboriginal land rights. This spirit of resilience and determination shaped her life. She supported her mother in raising younger siblings and later became a caregiver to many children placed in her care by Territory Families. She was known for her reliability, compassion, and unwavering commitment to the wellbeing of others. The below extract from *Dreaming Ecology* by Deborah Bird Rose (2024) describes the deep connection Miss Daly had with her Country, highlighting the historical and cultural significance of Lingara.

"Lingara is an outstation that was established on Humbert River Station after the pastoral strike. The Humbert River mob, Daly, Snowy, Riley, Nina Humbert and others, had walked off the job in 1972 and, when they returned, they came to Yarralin on VRD Station (Rose 1991, 233). They had never stopped thinking about a community of their own in their own traditional Country on Humbert River, and in 1980 they established an outstation at the site of a Dreaming tree that is an increase site for the

seed-bearing grass known as *ngaruyu*, *mangorlu* or *lingara* (probably *Fimbristylis oxystachya*). A Dreaming tree identifies the area of the Grass Seed Dreaming."

Miss Daly was a custodian of deep knowledge of landscape, language, bush tucker and bush medicine. She passed on this wisdom to her children, grandchildren and foster children, as well as to many in her community. Through ceremony and cultural teaching, she ensured the next generation remained strong and proud in their culture.

She was also a skilled communicator and bridge-builder, facilitating understanding between Traditional Owners and Parks and Wildlife. Her work helped ensure that cultural perspectives were respected in land management and decision-making.

Miss Daly is survived by her two sons, one daughter, ten grandchildren, and one great-grandchild. Her legacy lives on in them and in all those whose lives were enriched by her generosity, wisdom, and strength

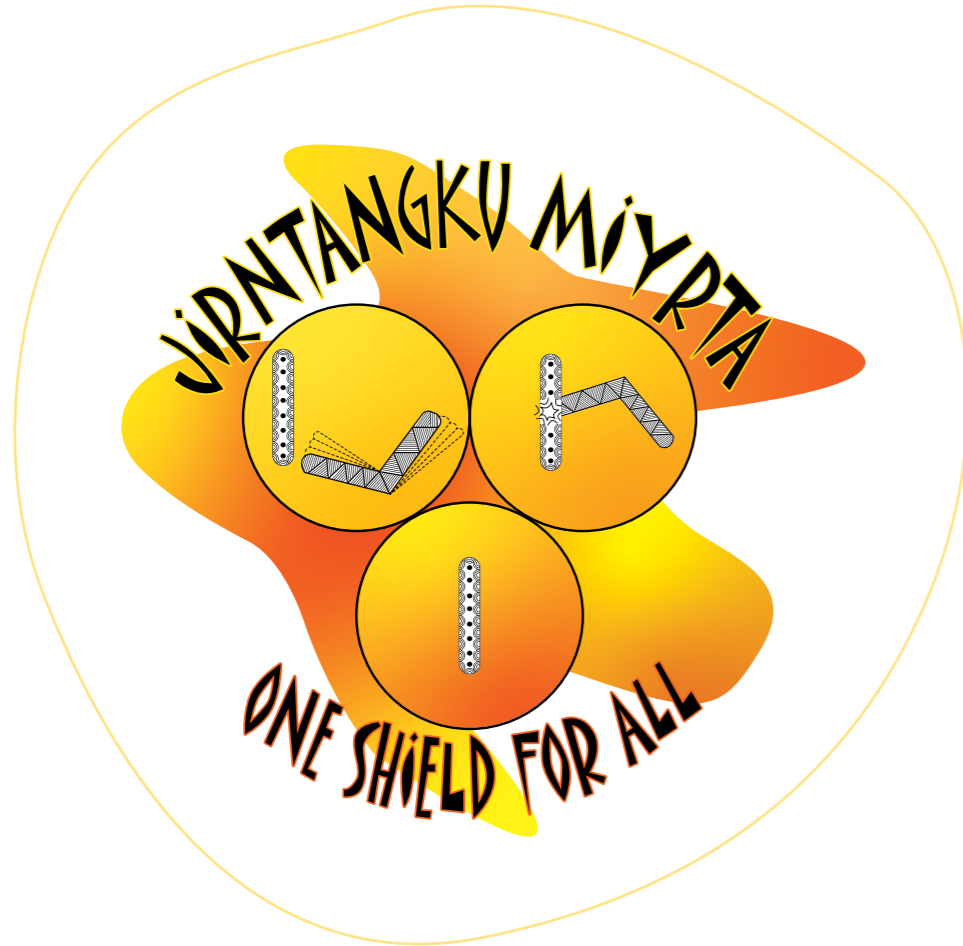
We honour Miss Daly's contributions to the Katherine West Health Board and to the wider community. Her presence will be deeply missed, but her memory and teachings will continue to guide and inspire us.



Our Mission

Katherine West Health Board (KWHB) 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 Miyrta "One shield for all" symbolises the Katherine West Health Board charter to reflect that the one shield is representative of all people and language groups in the Katherine West region.

Our Dream

'Jirntangku Miyrta: One shield for all...'

All people of the region have long, healthy and happy lives.

Excellent health services under community control.

All people working together to care for our health.

Our Region

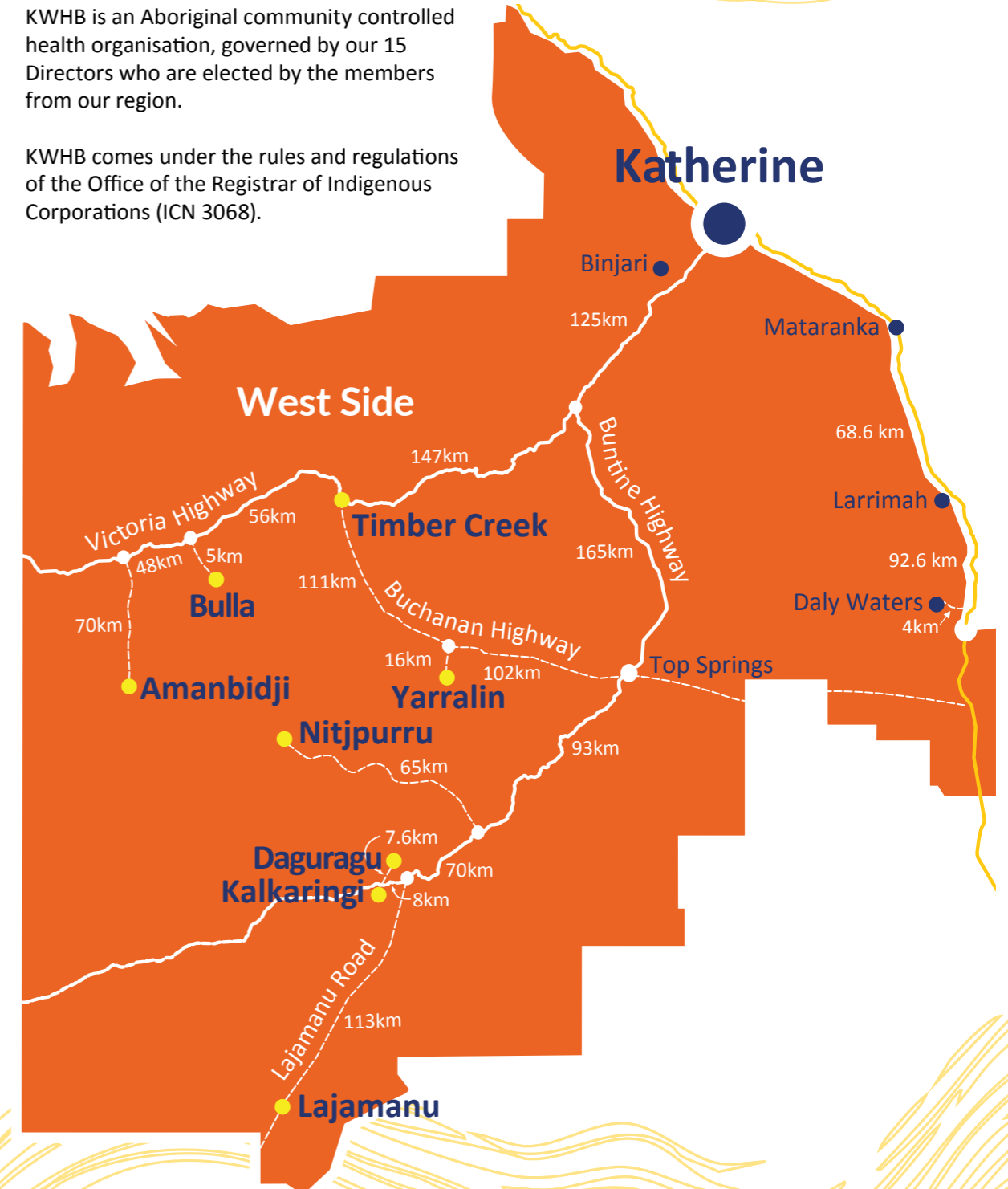


KWHB is located on the far western side of the Katherine region in Australia's Northern Territory, a sprawling region of river and desert country starting from Timber Creek in the North, down to Lajamanu further south.

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

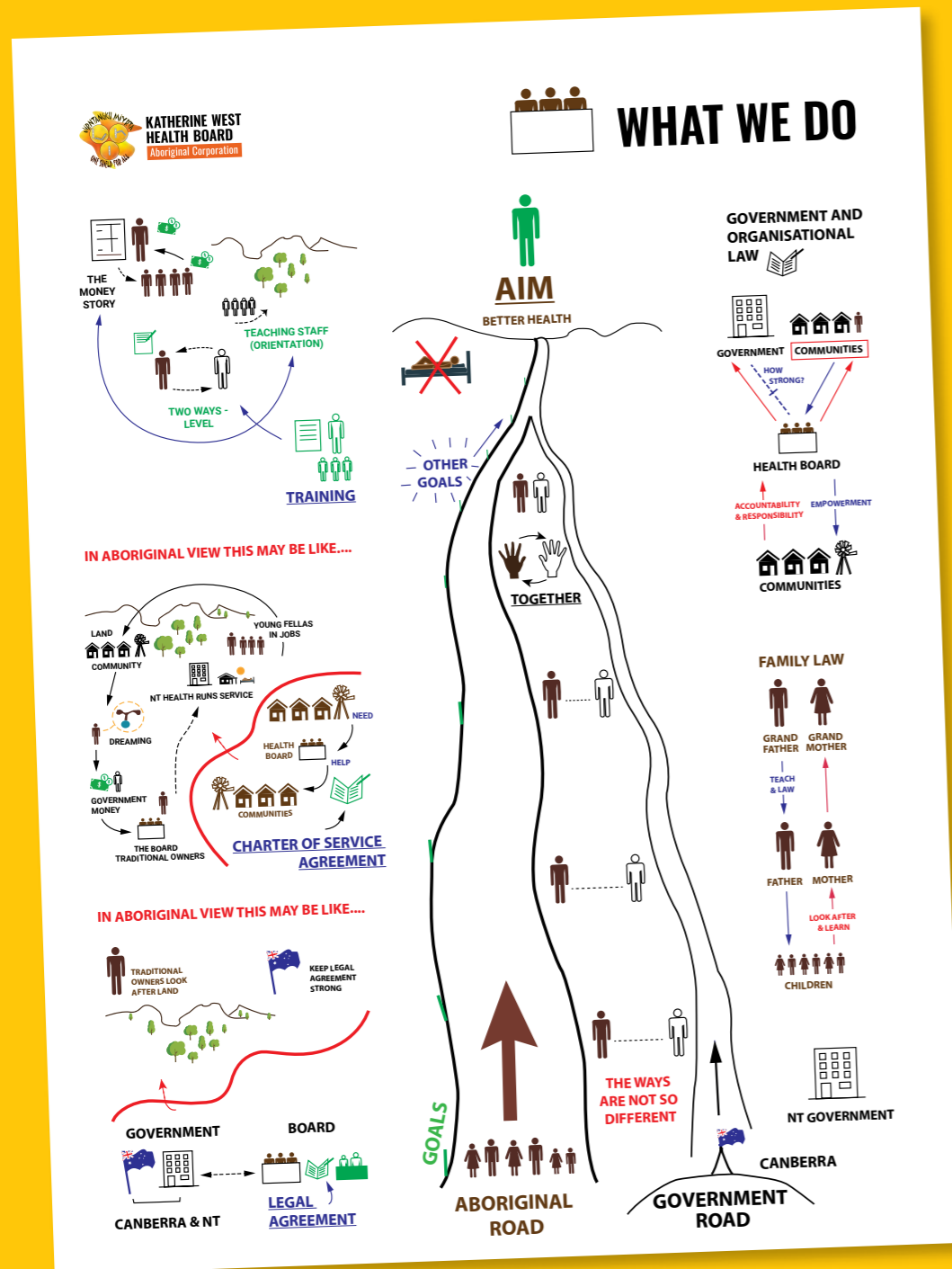
Developed in 1998, the KWHB Road to Health is a core document that now hangs in our Katherine reception area. It was originally created as a Health Service development plan.

The three main tasks were:

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

- Develop structured population 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.



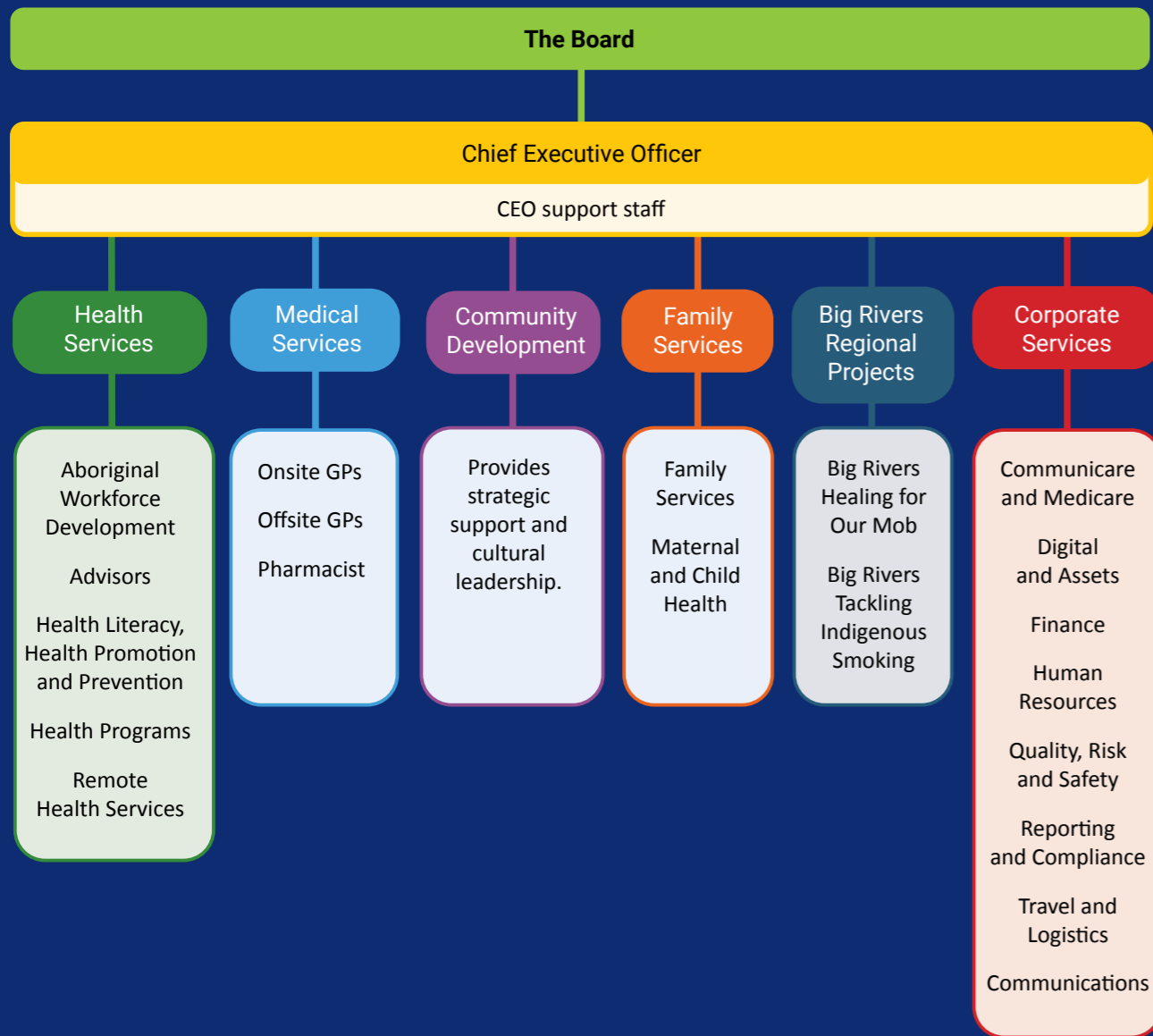
Organisational Structure



The organisational diagram 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.

Our People





Megan Green
Executive Manager Health Services

Health Services

The past year has been filled with many achievements that reflect the ongoing dedication of our Board, our staff and the strengths and resilience of our communities.

Despite the ongoing challenges of delivering robust and culturally safe health services in the remote context, Katherine West Health Board (KWHB) continues to make excellent progress towards our ongoing commitment to provide community-led health care that reflects the values, strengths and aspirations of all people within our region.

Aboriginal Community Controlled Health Organisations such as KWHB play a vital role in addressing the social, cultural and health disparities faced by Aboriginal people, particularly in the remote environment. The work can be arduous and (at times) challenging. However, through culturally safe practice, robust community engagement and targeted health programs, KWHB continues to work alongside our communities to overcome barriers to health care access, whilst striving hard towards improving health outcomes for everyone we serve.

Great teamwork makes great outcomes possible, and this is one of KWHB's greatest strengths. The incredible leadership and direction provided by our Board, Executives and CEO maintains the solid platform from which our dedicated staff can continue to provide exceptional care to the best of their ability. With this ongoing support and guidance, KWHB remains well placed to grow from strength

to strength. With increased emphasis on a community-driven holistic health and wellbeing service model, we will continue to come closer to realising the dream that "all people of the region have long, healthy and happy lives" (KWHB Strategic Plan 2022–2027, p.9).

KWHB continues to provide a comprehensive approach to health care that integrates cultural, physical, mental, emotional and spiritual well-being. We continue to foster partnerships with key stakeholders to enhance accessibility of health services and through education and health promotion activities, we aim to empower people to make informed decisions around their own health, the health of their families and their communities.

Working together as one, we will continue to build on some of the achievements gained over the last year:

Health Service Delivery

Our stable team of Health Centre Coordinators continue to lead our dedicated on-the-ground staff to provide essential primary health care and emergency services, including general

check-ups, attending to health recalls, chronic disease management, facilitating specialist visits, supporting specialist KWHB program teams and working with key stakeholders. By working together, we have:

- Increased Ngumpin and Yapa workforce development through Aboriginal Health Coaching training in Kalkaringi and Lajamanu, with more courses planned for Yarralin and Timber Creek in the next financial year.
- Supported Aboriginal Health Practitioner (AHP) trainees Jenny Newry and Brodie Wilton, who are on track to complete their Certificate IV by the end of 2025.
- Expanded health centre services to meet growing demand. Lajamanu Health Centre now provides urgent care 24 hours a day, seven days a week, with 60 to 80 presentations daily.
- Maintained high retention of General Practitioners (GPs) and Remote Area Nurses (RANs), with 31 RANs now employed on a permanent basis, strengthening trust and continuity of care.





- Delivered ongoing training for RANs and AHPs, including the Well Women’s Course, Remote Emergency Care, Midwifery Emergency Course, Paediatric Emergency Course and Advanced Life Support.
- Upskilled staff in advanced diagnostics including GeneXpert (Treat Test AND GO (TTANGO) and respiratory testing), point-of-care syphilis testing (POCT), ISTAT and white blood cell differential, and immunisation.
- Continued our commitment to clinical governance and quality improvement, maintaining accreditation against national standards including the Royal Australian College of General Practitioners (RACGP) and International Organisation for Standardisation (ISO).
- Introduced the role of Discharge Care Coordinator to support smooth transitions from hospital to home.

Our Health Services team is looking forward to several upcoming infrastructure improvements in remote communities, with funding secured for additional staff accommodation in Lajamanu, Kalkaringi and Yarralin. Yarralin will also benefit from a brand-new clinic.

Security upgrades have been carried out across our health centres and staff housing, further supporting safe and sustainable service delivery.

Health Prevention and Promotion

KWHB’s commitment to prevention, promotion and early intervention remains a pivotal focus in all the work we do. The 2024–25 financial year was a milestone for Health Prevention and Promotion, marked by the celebrations of 25-years of Community Control in our communities. These celebratory events brought together community members, staff, and partners to reflect on achievements and strengthen connections for the future. Alongside these celebrations, visible improvements were made across our health centres.

Highlights from the year include:

- Installation of new signage at health centres.
- Cultural events such as Freedom Day and the Ngaliwurru Footy Cup. The Health Promotion team uses community events as an opportunity to engage with young people and families for fun and healthy learning activities through initiatives like the Trachoma Trailer.
- Delivery of oral health programs, including the Silver Fluoride Study and regular dental education sessions for children.
- Strong outreach and follow-up for rheumatic heart disease (RHD), with improvements in early detection, treatment adherence and community engagement.



- Expanded access to specialist care through liver health screening, breast screening and the echocardiography (ECHO) outreach program.
- Continued partnership with Life Education Northern Territory, providing education on alcohol and other drugs (AOD), social and emotional wellbeing (SEWB), and healthy homes across all communities.
- Community-led initiatives such as Good Food for Strong Blood cook-ups, SEWB murals in Bulla and Amanbidji and the launch of the Gurindji Riders program to support youth engagement.
- Support for activities including CareFlight responder training, men’s forums and school-based safety and wellbeing programs.
- Early engagement for Health Coaching Roadshows in Kalkaringi and Lajamanu, helping identify and support new trainees.
- Re-establishment of the Walking a New Path Together program, with consultations held in Yarralin, Kalkaringi and Lajamanu to gather community input.
- Progress on the Synergy Study in partnership with the University of Queensland, with community-led initiatives developed through consultations in Yarralin and Kalkaringi.

The Health Promotion team’s achievements this financial year would not be possible without the strength of our relationships with communities and partner organisations. We are looking forward to delivering a range of upcoming programs in the new financial year, including mental health activities, a Kidney Bootcamp and the Deadly Thinking program.

Community Outreach and Health Programs

Our Community Outreach and Health Programs have had a busy and productive year, delivering a wide range of specialised health services to support the wellbeing of people across the Katherine West region. These services were designed to meet the diverse needs of remote communities, with a strong focus on accessibility, cultural safety and continuity of care.

Key achievements include:

- Continued delivery of trauma-informed care, counselling, case management, family support and referral coordination through mental health, SEWB and AOD services.
- Regular allied health visits to communities, including physiotherapy, dietetics and diabetes education.
- Outreach and assessment for RHD through cardiac ECHO services and the Deadly Heart Trek.



‘KWHB remains committed to improving health outcomes for Aboriginal people in the remote context.’

Visiting Specialists 2024–2025

Specialty Type	Amanbidjji		Bulla		Kalkaringi		Katherine		Lajamanu		Nitjpurru		Timber Creek		Yarralin		Total	
	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts
KWHB STAFF																		
Diabetes Educator	3	4	1	2	19	87	22	50	21	97	1	1	15	44	10	41	92	326
Drug and Alcohol Counsellor			1	1	6	7	2	3	1	1			10	15	3	3	23	30
Dietitian					4	42			1	1	1	2	8	13	3	9	17	67
Physiotherapist			3	5	16	50	4	4	6	35			10	34	9	23	48	151
Social Worker	3	10	6	6	73	434	191	946	58	151	16	56	32	110	52	208	431	1921
EXTERNAL STAFF																		
Audiologist	2	6	5	9	14	48			15	93	3	14	6	27	6	25	51	222
Cardiologist					1	8											1	8
Dental Therapist					12	59			5	19					9	42	26	120
Dentist					12	75			6	43					7	69	25	187
Obstetrician & Gynaecologist					8	74			8	62			5	38	1	11	22	185
Optometrist	1	6	1	5	9	97			10	66	3	15	3	32	5	44	32	265
Paediatrician	1	6			4	40			6	42			6	25	3	32	20	145
Physician					5	33			4	31			2	8	2	23	13	95
Registrar	1	5			4	15			4	19			3	7	2	8	14	54
Podiatrist	2	7	4	15	20	81			30	88			17	48	16	46	89	285
Total	13	44	21	43	207	1150	219	1003	175	748	24	88	117	631	128	584	904	4061

*Days = Days available to community Pts = Patient consults

- Ongoing presence of the mobile health team across remote outstations, providing primary health care to people living on stations.
- Strengthened sexual health services with the appointment of a new sexually transmitted infections coordinator whose role is to support improvements in screening, treatment and clinical systems.
- Coordination of specialist outreach services including physician visits, dental care, trachoma screening, podiatry and cardiology.
- Appointment of a coordinator to lead the men’s and youth health strategy, aiming to increase engagement with health services.
- Expansion of telehealth services to support virtual consultations and follow-ups, particularly for specialist care.

These achievements reflect the dedication of our teams and the strength of our partnerships with communities and service providers. Looking to the future, we are excited to build on this momentum with new funding secured for a

cancer care program, which will improve access to cancer screening, treatment and support for people across the region.

Looking Ahead Towards 2025–26

KWHB remains committed to improving health outcomes for Aboriginal people in the remote context.

We will continue listening to and learning from community voices to provide the services that community want and need. We will continue to advocate strongly for funding opportunities to achieve this.

This past year has shown us that good health is not just about treatment – it is about walking, listening and working together for a healthier future for all.

We thank our communities, Board, CEO, our executive leaders, our managers and all of our hardworking staff and community partners for continued support and collaboration in this vital work.



'...we were fortunate to maintain relatively good coverage across our clinics for most of the year with the support of our committed team of doctors providing care both on-site and remotely.'

Dr Susan Clarke
Senior Medical Officer

Medical Services

The 2024–25 financial year has been a significant period of growth and improvement as we have continued to refine our processes to support better health outcomes across Katherine West communities. Ongoing challenges with adequate staffing, medication shortages and hospital bed blocks continue to present barriers to health care, and we have been working hard to actively address these issues with the relevant stakeholders for better patient care.

Doctors

One of our major ongoing challenges continues to be the recruitment of General Practitioners (GPs), largely due to a nationwide shortage of GPs. Despite this, we were fortunate to maintain relatively good coverage across our clinics for most of the year with the support of our committed team of doctors providing care both on-site and remotely.

Two of our long-standing doctors continue to provide care in Timber Creek and Yarralin, with Yarralin also welcoming a new GP to the team. Kalkaringi remains well supported by two other experienced GPs.

Throughout the year, we have also been fortunate to receive support from several locum doctors. One doctor has also joined our off-site team to provide remote clinical support.



As the Aboriginal Health Coaches (AHCs) finish their training, we hope to collaborate with them by organising telehealth appointments with patients for chronic disease management. I am very excited by the opportunity to partner with the AHCs for enhanced patient care.

Katherine West Health Board (KWHB) has entered into an agreement with Northern Territory Health to support the implementation of a single employer model. Under this arrangement, the Northern Territory Government will employ GPs, some of whom may be placed with KWHB to support service delivery in our region.

In addition, Katherine Hospital is now employing GP registrars who require supervised training placements. These early-career doctors have shown enthusiasm for gaining experience in remote healthcare settings, and we are committed to supporting their development. These initiatives aim to introduce more doctors to the unique opportunities of working in the Northern Territory and encourage long-term retention in remote communities.

Medication Shortages

Medication shortages have continued throughout the year, largely due to ongoing disruptions in the national supply chain following the COVID-19 pandemic. Fortunately, our partnership with Northpharm pharmacists has been instrumental in managing these challenges. Their timely communication about current shortages has enabled us to source most of the required medications and minimise disruptions to patient care.

One notable shortage has been the usual needle used for administering treatment for rheumatic heart disease. As a result, patients may have noticed a slight change in the needle being used. We have been reassuring our patients that the alternative needle is equally effective and continues to deliver the same clinical benefit.

CareFlight and Patient Travel

Delays in patient evacuation have become an increasing concern this year. I have been actively involved in discussions with CareFlight and the District Medical Officer (DMO) service to explore solutions and reduce these delays. CareFlight has frequently faced overwhelming demand, and we have been advocating for increased funding to strengthen their capacity and responsiveness.

In addition, I have participated in conversations with the Patient Assistance Travel Scheme (PATS) to improve the overall experience for patients who need to travel for healthcare appointments. Our Health Promotion team has developed excellent resources to support our clients through this process. The resources help them feel more informed and confident when accessing care away from home.

Palliative Care

Katherine West Health Board also strongly advocates for clients to be supported to stay on Country during their final stage of life, surrounded by family and community, in accordance with their cultural values and wishes. This remains a key priority in our approach to delivering compassionate, culturally safe palliative care.

Katherine Hospital hosts a monthly multidisciplinary palliative care meeting, providing a valuable forum to discuss the challenges and opportunities in delivering palliative care both in town and across remote communities. These meetings support collaboration and shared problem-solving among healthcare providers.

Wurli Wurlijang Health Service has invested in essential palliative care equipment such as electric beds, medication pumps and shower chairs. They have generously offered to loan their equipment to other services. This shared resource model is expected to greatly assist patients and providers in the future.

The palliative care nurse at Katherine Hospital has also been actively promoting the use of Advance Care Directives. These documents empower patients to make informed decisions about their end-of-life care, ensuring their preferences are respected and improving the quality of care during this critical time.

Lung Cancer Screening

The Federal Government has recently approved funding for screening of lung cancer for people aged between 50 and 70 who have a history of smoking. Katherine West Health Board is negotiating with Heart of Australia to provide a mobile Computed Tomography (CT) scanner in communities so that people do not have to travel for screening.



Morbidity and Mortality meetings

This year we have introduced a formal Morbidity and Mortality meeting to ensure that all deaths occurring in community settings are respectfully reviewed. The aim is to identify opportunities for clinical and systemic improvement, enhance patient safety, and strengthen our quality of care. This new process replaces the previous Fraught Clinical Scenarios meeting and reflects our commitment to continuous learning and accountability.

The introduction of this structured review process adds to our broader efforts in system improvement, ensuring that lessons learned are translated into better outcomes for our clients and communities.

Research Working Group

This financial year the Research Working Group was formed to streamline research processes within KWHB. Researchers can now submit a research application through the KWHB website. Earlier in the year the Board of Directors was asked for guidance concerning the priorities

for health research in the KWHB region. These priorities are used to assess any new research applications for appropriateness to the region. The research application then undergoes review by the Working Group and a recommendation is made to the Board of Directors. The aim of the Research Working Group is to facilitate research that provides opportunities for community members and gives back to the community.

Overall, we continue to strengthen our systems and processes to improve health outcomes across the Katherine West region. I am optimistic about the challenges and opportunities that lie ahead in the new financial year and look forward to continuing this important work alongside our dedicated and passionate team. I would like to sincerely thank the Board of Directors for their guidance, our staff for their tireless commitment, and the communities we serve for their trust and partnership. Together, we remain focused on delivering high quality and culturally secure primary health care to all people in the Katherine West region.

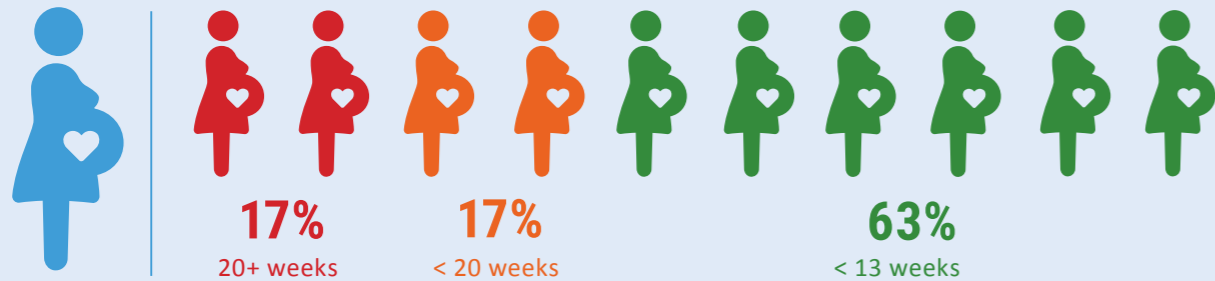
Primary Health Care KPI's

Key Performance Indicators (KPIs) are numbers that help us see if our work is making a difference. They show how well our clinics and programs are running and if they are helping communities.

Colour key: ● Going really strong ● Going strong ● On the way ● Needs more help and time



AHKPI 1.2.1 - First Antenatal Visit



AHKPI 1.2.2 - Anaemia in Pregnancy



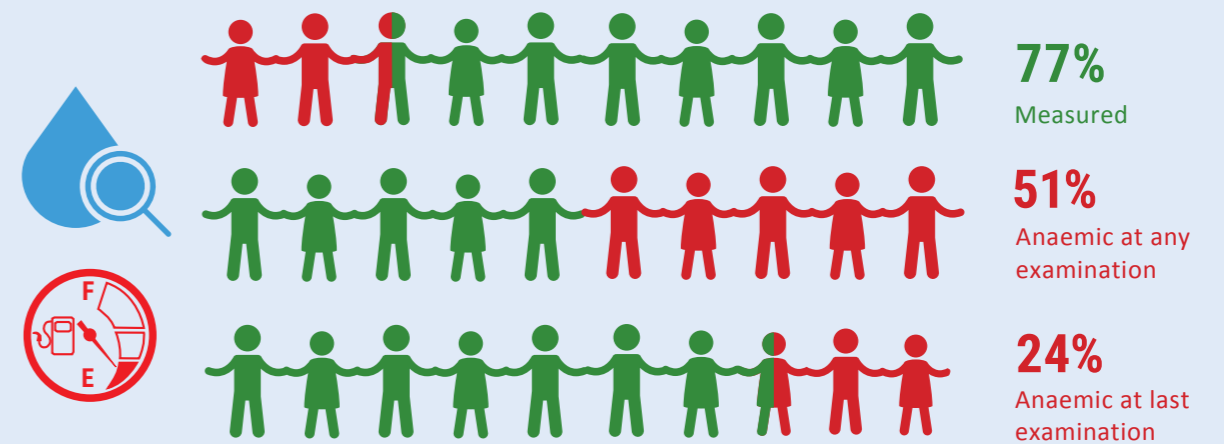
AHKPI 1.3 Birth Weight



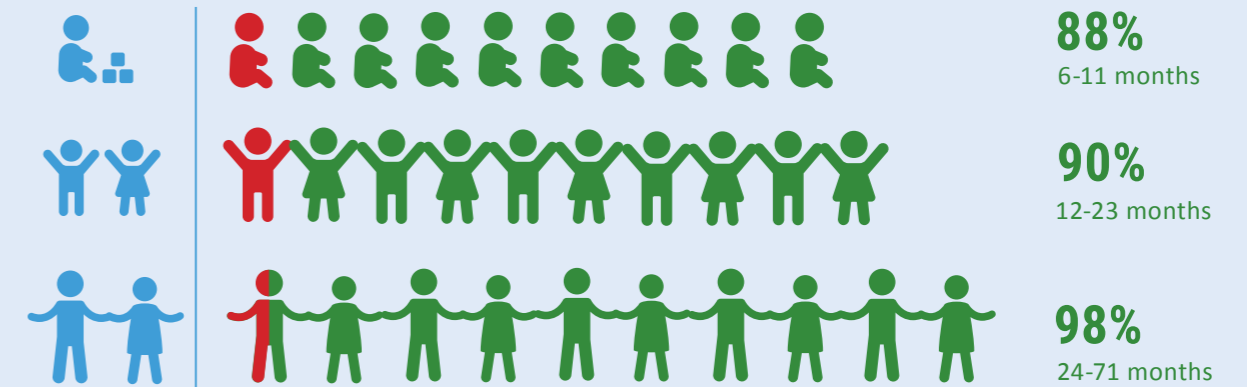
AHKPI 1.5 Underweight Children



AHKPI 1.6 Anaemic Children



AHKPI 1.4.1 - Fully Immunised Children



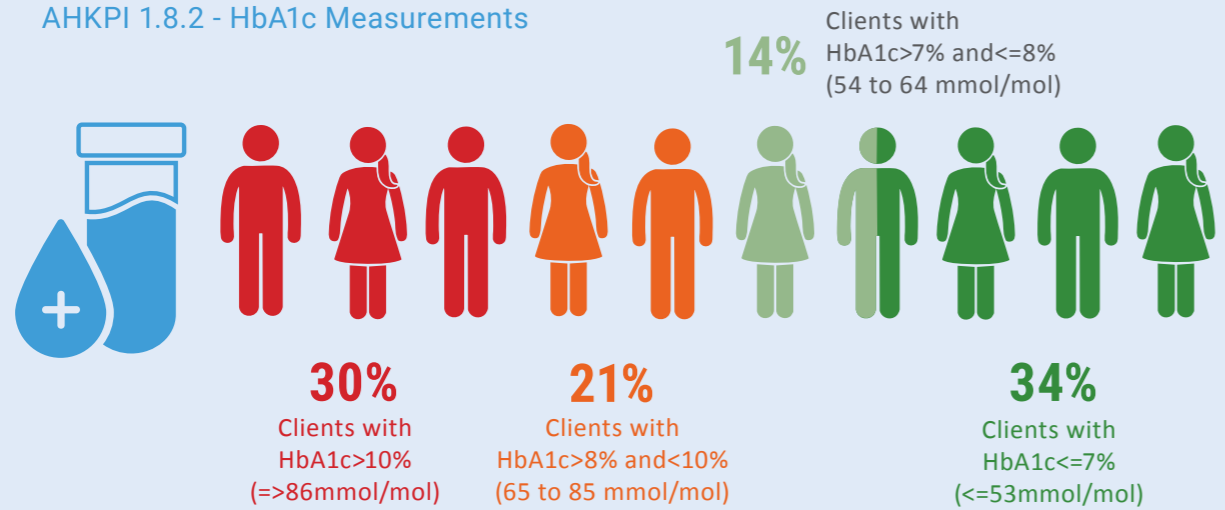
AHKPI 1.7 - Chronic Disease (CHD) Management Plan



AHKPI 1.8.1 - HbA1c Tests



AHKPI 1.8.2 - HbA1c Measurements



AHKPI 1.10 - Health Check



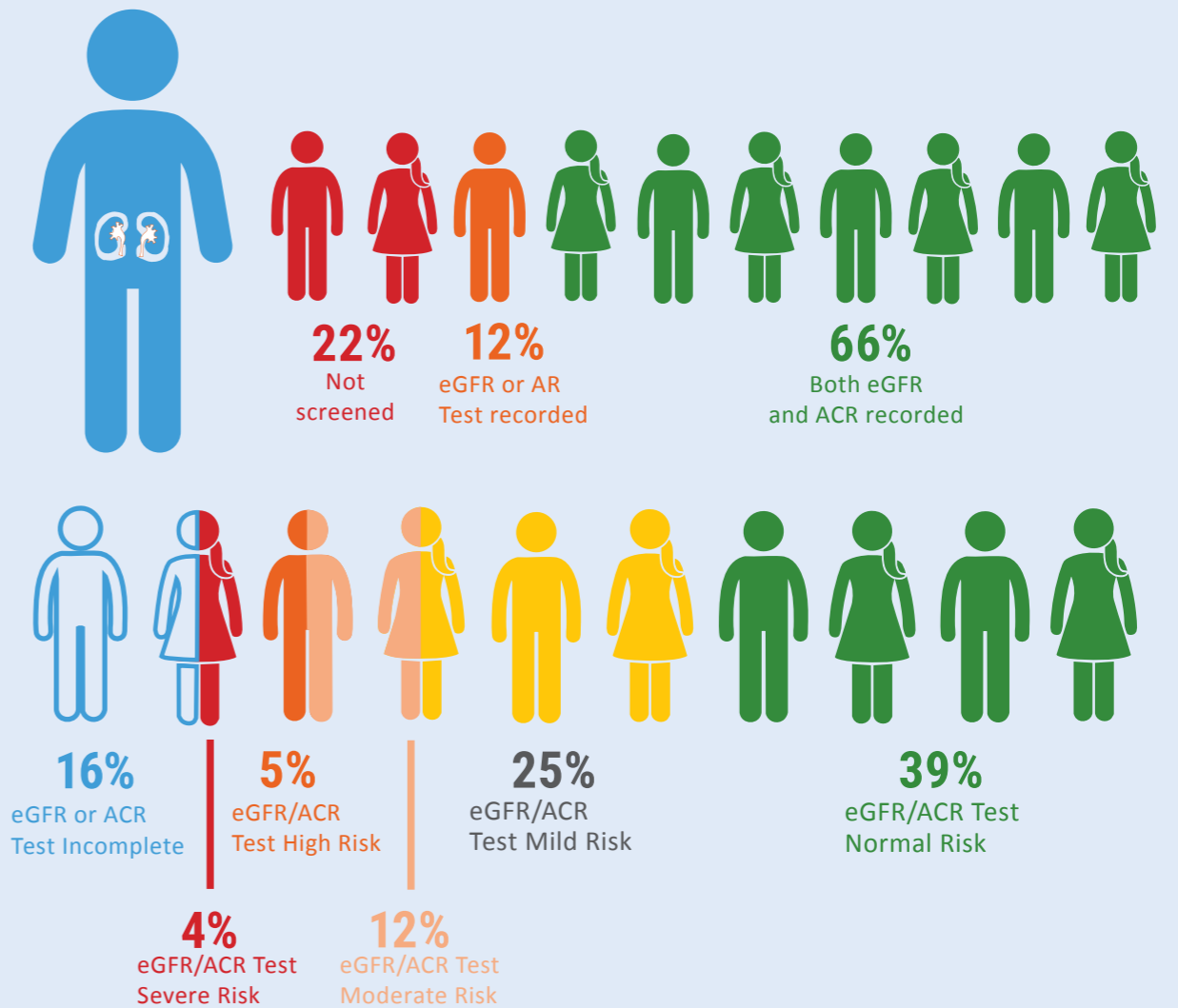
AHKPI 1.12 - Cervical Screening



AHKPI 1.13 - Blood Pressure Control



AHKPI 1.14 - eGFR/ACR Test Recorded



AHKPI 1.15 - Rheumatic Heart Disease



24%

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

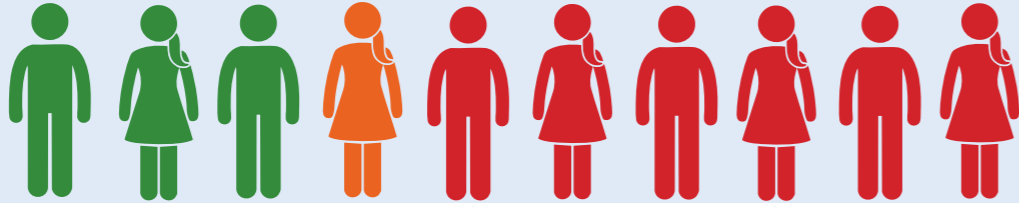
37%

Clients with ARF/RHD receiving 80% prescribed BPG

39%

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

AHKPI 1.16 - Smoking Status Recorded



29%

Non-Smoker

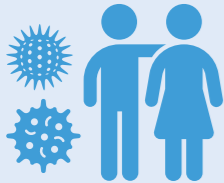
11%

Ex Smoker

60%

Smoker

AHKPI 1.17 - STI Test Recorded



44%

All STI test recorded



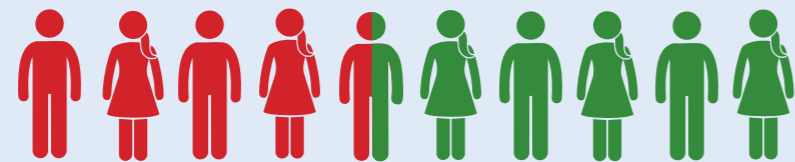
52%

Chlamydia and gonorrhoea test recorded



44%

HIV test recorded



55%

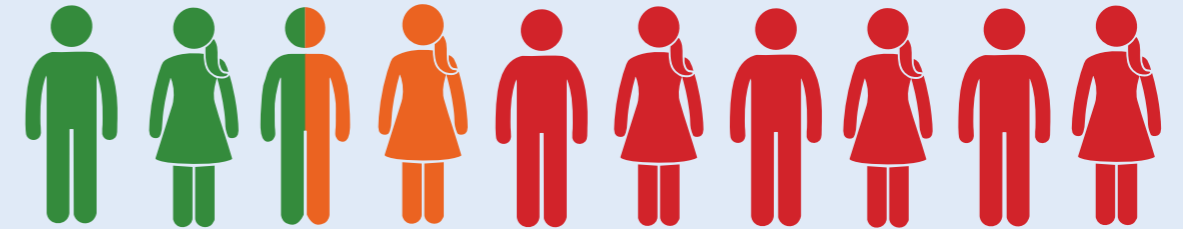
Syphilis test recorded

AHKPI 1.18 - Cardiovascular Risk Assessment



37%

CVD assessment Recorded



32%

Low

14%

Moderate

54%

High

AHKPI 1.19 - Retinal Screening



25%

Retinal eye exam

AHKPI 1.20 - Ear Disease in Children



84%

Ear discharge test recorded



22%

Ear discharge at any examination



7%

Ear discharge at last examination



Lorraine Johns
Executive Manager
Community Development

Community Development

I am pleased to be writing my first annual report as the Executive Manager Community Development.

My name is Lorraine Johns. I am Ngarringman/Nungali on my father's side, and Bilinara on my mother's side. I have lived and worked in the Katherine West region for the past 29 years, with most of that time spent in Yarralin.

In 1998, after working with Territory Health Services for three years, Katherine West Health Board (KWHB) took over the Yarralin clinic. Last year, I proudly celebrated 25 years with Katherine West. During this time, I have worked primarily as a Senior Aboriginal Health Practitioner and Health Centre Coordinator for Yarralin.

The Role of the Executive Manager Community Development

The role of Executive Manager Community Development was introduced to provide strategic support and cultural leadership across the organisation. While the previous role, Director of Community Engagement, had focused on cultural orientation and managing community-based staff, the newly titled Executive Manager Community Development role will now be responsible for advising the Chief Executive Officer and the Executive Leadership team on community engagement, local employment and training opportunities, supporting development programs, and cultural security. A key focus of the role includes supporting recruitment, health promotion, and the implementation of health programs across the region.





'I look forward to learning from community members and ensuring their perspectives are reflected in our communications and initiatives.'

This position works closely with the Health Promotion team and the Executive Leadership team to plan, develop and deliver culturally safe health programs. It also ensures that all Aboriginal and Torres Strait Islander staff working in remote clinical and non-clinical roles receive appropriate support, professional development, and guidance. Additionally, this role provides support to participants in the Aboriginal Health Coaching program, including to both trainees and future graduates. It also contributes to the ongoing development of the program. In collaboration with the Executive Manager Health Services, I also help ensure that community feedback informs the delivery of high-quality, culturally safe health services.

Community Elections, Consultations and Engagement

For almost 30 years I have lived and worked in the western part of the Katherine West region. I have strong connections with the communities of Nitjpurru, Yarralin, Timber Creek, Bulla, and Mialuni. My professional experience and family ties have given me a deep understanding of the people, culture and priorities in these areas. While I am less familiar with Kalkaringi and Lajamanu, I recognise the importance of building relationships across the entire region. I plan to introduce myself to these communities in the coming months. I look forward to learning from community members and ensuring their perspectives are reflected in our communications and initiatives.

As part of my role, I travelled to each community to support the nomination process for Board elections. We promoted the elections through posters and community conversations, encouraging people to nominate and sign up as members of Katherine West. I visited Lajamanu,

Bulla and Timber Creek to attend the elections. This year, we saw strong nominees from each community, and the elections were a great success. We were pleased to welcome back several experienced Board Directors, along with new representatives from across the region.

Aboriginal Health Coaching Program

Katherine West Health Board recently introduced a new program to support clients with chronic conditions through the Aboriginal Health Coaching Program. Each of the four major clinics may host up to ten Aboriginal Health Coaches (AHC) who work alongside clinicians to help clients better understand and manage their chronic health conditions. This initiative is designed to bridge the gap in health communication between clinicians and clients, and to improve long-term health outcomes.

The program is of great importance for our clients and communities, and I am proud to support the AHCs as they begin this important work. The presence of the AHCs in our clinics will provide long-term stability and strengthen our efforts to address chronic disease across the region.

Thank you

I would like to sincerely thank the communities across the Katherine West region, our Board members, the Executive Leadership Team, and all staff for their ongoing support and guidance as I have settled into the role of Executive Manager Community Development. Their encouragement, wisdom and collaboration have been deeply appreciated, and I look forward to continuing our work together to strengthen health and wellbeing in our communities.



Siobhan Tootell
Executive Manager
Family Services

Family Services

It has been a huge 12 months for family services at Katherine West Health Board (KWHB) as we settled into what community-led and integrated health and social care services looks like across our region.

Firstly, I would like to acknowledge and thank our community members and Board Directors who guide, support and are the driving force behind all the work that we do with families. I would also like to make a special mention to our staff working across the region – our cultural liaison staff, midwives, child health nurses, social workers, NDIS, elder care and health promotion officers – there are too many individuals to mention but you have all been a great support to our families across the year.

Initially funded in the COVID-19 and severe flooding years, it feels like we are at a turning point where many of our programs are starting to enter a new phase. It has been a privilege to oversee these programs and watch them develop into an ongoing, tangible support for our families in the bush.

Organisational Restructure

Katherine West Health Board’s organisational restructure has seen the sudden growth of our Family Services Program. Working in partnership to improve health and wellbeing for community members at every stage of life, KWHB’s Family Services now includes midwifery, child health, family support, specialised family violence services, the NDIS



Connector program, and Elder Care support. I am proud to say that Family Services has a whole-of-life focus, encompassing clients from early pregnancy, building on the strengths of parents to improve health outcomes, supporting children to get the best start in life, and aged care advocacy to increase service connections so that community members are supported to age well on country.

System and Practice Improvements

With an organisational restructure comes the need to improve and refine practices. We have seen structural changes within our Family Services Program to improve the work we do on the ground with our families, including the development of a Maternal, Child and Young Person Health Model of Care, the creation of health information system items and resources to support the delivery of the NDIS and Elder Care Connector programs, the finalisation of an Operational Manual and Communicare Guide for our Social Care team, and a solid integration of social work student placements into our day-to-day work.

Maternal and Child Health



It has been incredibly rewarding to learn the ins and outs of maternal and child health this year and to integrate our midwives and child health workforce into our Family Services team.

In late 2024, our Northern Territory Government maternal and child health funding model shifted to provide more autonomy for Aboriginal



‘These strong stakeholder relationships are important to ensuring a smooth transition between tertiary and remote primary health care for our clients...’

In 2024–25, we have seen the finalisation of four fantastic resources:

- **My Baby is Lovely:** a book celebrating the strength of remote Aboriginal families and the excitement of raising a child on Country. This resource was developed under the close and creative guidance of co-author Lynette Johns.
- **I’m a Dad:** a comic book resource driven by extensive community feedback that family services need to support and deliver education to men as fathers. This resource has already received fantastic feedback from KWHB communities.
- **Parenting Cards:** flash cards to support yarning with families around growing up children and navigating parenting challenges in the remote context.
- **What is Strong Beginnings for Strong Families?:** an animation that raises awareness about our maternal and child health program.

A key driver of our program’s growth has been the development of a strong working relationship with the Department of Children and Families, and a steady increase in referrals coming from the statutory body. This collaboration marks a significant and ongoing journey for our organisations in finding common ground and working together to provide strengths-based and holistic support for families to grow up strong and healthy children on country.

Family, Domestic and Sexual Violence

Our Family Support Services team is also responsible for family, domestic and sexual violence (FDSV) screening and response across the region. The team is supported by a specialised FDSV Counsellor working under KWHB’s Big Rivers Healing for Our Mob team. Additionally, our Specialised Family Violence Social Worker supports our Family Support Services and primary health care teams’ capacity to effectively screen and respond to FDSV. This role also case manages high-risk FDSV clients.

Family Support Services



KWHB was first funded for Family Support services in late 2021. Between the COVID-19 lockdowns and two major flooding events of 2022–23 and 2023–24, it has been quite a journey bringing this program to life.

This financial year we successfully employed one full-time social worker per community. Having a dedicated professional in each of our communities provides an important opportunity to build rapport and connection with families and local stakeholders.

In this financial year, after significant consultation with community and staff, we launched a new FDSV screening tool in Communicare. This tool is also closely aligned with Northern Territory Government’s Risk Assessment Management Framework (RAMF). As usage of this tool increases and provides us with additional data that will enable us to better target our resources and support services to clients experiencing FDSV, we expect that more clients will be offered support to respond to FDSV.

This year, regular meetings with the Executive Manager Big Rivers Regional Projects have ensured support for the development of the Big Rivers Healing for Our Mob program so that our services are well-aligned and integrated in practice. It has been a significant undertaking for everyone involved but so incredibly rewarding to see this program come to life and remain deeply grounded in community voice and local evidence-based research across such a vast region.

community-controlled organisations to deliver programs that meet community need. The extensive evaluation of the Maternal Early Childhood Sustained Home-visiting (MECSH) nurse program, in alignment with the Healthy Under 5 Kids program, gave us an excellent opportunity to build an evidence-based model of care that was relevant to our communities.

Our new model will target KWHB’s maternal and child health efforts into three essential stages: 1) pregnancy 2) children aged 0-5 years and 3) children aged 5-17 years. Incorporating Birthing on Country principles into antenatal care has been an area of focus, leading to the development of two Cultural Liaison and Support Officer positions whose role is to advocate for and support the provision of culturally safe antenatal and hospital care. With the expanded and extensive family support and social care services offered through other KWHB funding agreements, the priority is to now focus our child health nurse efforts on improving child health Key Performance Indicators (KPIs), well-child checks, developmental assessments,

and building the skills and capacity of our primary health care team to improve child health outcomes across the region.

Stakeholder engagement is key to the delivery of strong maternal and child healthcare. Our midwives work closely with Royal Darwin Hospital, Katherine Hospital, specialists and KWHB antenatal portfolio holders. Together, they regularly case conference antenatal clients to ensure each client receives optimal healthcare throughout their pregnancy journey. These strong stakeholder relationships are important to ensuring a smooth transition between tertiary and remote primary health care for our clients, as well as facilitating effective advocacy for culturally safe service provision.

Development of Maternal and Early Childhood Resources

Over the past two years KWHB has been working alongside Menzies School of Health Research, Sunrise Health Service and Miwatj Health to develop parenting resources for remote clients through the MECSH program.



NDIS Connector



It has been a fantastic year for the NDIS Connector program. Our Coordinator and Remote Community Connectors worked across the region to raise awareness about the NDIS and support clients to meet access requirements. With an increase in KWHB clients meeting NDIS access, we are starting to see more therapeutic services come to the bush and support NDIS participants with speech pathology and physiotherapy. One great achievement to note is the hugely successful Lajamanu NDIS Access Drive. Coordinated in partnership with the National Disability Insurance Agency (NDIA) in March, this Access Drive saw 20 clients meet access requirements for NDIS support, and many more clients receive the assessments they need to move towards a formal diagnosis.

We were fortunate to secure a locum Occupational Therapist (OT) from March to June. This OT worked closely with our NDIS Connector team to complete assessments on children aged over six-years to support a paediatric diagnosis to meet NDIS access. This has been a successful short-term solution to the significant systemic challenges facing our remote clients in meeting access requirements. We continue to advocate strongly to improve remote Aboriginal clients' access pathways to NDIS supports.

Elder Care

Over the past year our Elder Care Support Program has continued to grow its presence and impact across KWHB communities. The Program aims to raise awareness about

aged care supports, assist eligible participants in connecting with My Aged Care, and advocate for culturally secure aged care services that reflect the needs of Aboriginal communities. A key component of the Program is fostering local employment by engaging community members as Connectors. Our Elder Care Support Coordinator has played a central role in steadily building the profile of the Program, complemented by the engagement of a locum Elder Care Social Worker during this financial year who has commenced work to promote the local Connector roles and encourage expressions of interest.



As we prepare for the introduction of the new Aged Care Act later this year, we expect further changes in remote aged care service provision. We continue to advocate to ensure that services are culturally appropriate and enable our Elders to live safely, with dignity, and are well supported on Country.

Looking Forward

After a busy 2024–25, we move into the new financial year with the ink sparkling on new agreements and small but steady steps into service expansion. This includes our first foray into working with remote clients who are experiencing homelessness, as well as a service mapping project for children and family services across the Big Rivers region.

I am looking forward to working closely with our Board, community members, Executive Leadership team and our staff to continue to build and strengthen our Family Services programs in 2025–26.



Jessica Hagley
Executive Manager
Big River Regional Projects

Big Rivers Regional Projects

This financial year has been marked with two significant Big Rivers Regional Projects – the launch of the Supporting Recovery from Family, Domestic and Sexual Violence (FDSV) program, and the continued successful implementation of the Big Rivers Tackling Indigenous Smoking (TIS) program. The rapid growth of both these Big Rivers Regional Projects demonstrates the strong partnerships we continue to build on with Wurli-Wurlinjang Health Service, Sunrise Health Service, Northern Territory Primary Health Network (NTPHN), and the Northern Territory Government.

The Big Rivers Regional model has evolved to become a powerful driver of stronger relationships and deeper collaboration with our partner organisations. Through co-design and culturally responsive facilitation, we have been able to deliver initiatives that are grounded in community voice and responsive to the unique needs of the Big Rivers region. This approach has strengthened trust, improved program integration, and ensured our services are both culturally appropriate and impactful.

We would like to acknowledge the outstanding leadership and governance of our partner organisations. Their insight, guidance, and dedication have been instrumental in shaping these programs and driving positive change for communities across the Big Rivers region.



Tackling Indigenous Smoking

The Big Rivers TIS team has made significant strides in supporting smoke-free communities across the region. A standout achievement was filming and launching 12 culturally co-designed TV commercials, featuring local smoke-free Champions sharing their powerful personal stories. Promoting the benefits of being smoke-free, these commercials were broadcast during the 2025 AFL season across the NT, QLD, NSW, and SA, reaching thousands of households.

The Big Rivers TIS team's digital outreach has been equally successful. In the first half of 2025 alone, TIS social media content generated over 1.49 million impressions and 190,000 engagements, demonstrating strong connection with audiences. High-performing posts included the TV commercials and light-hearted skits featuring the Big Rivers TIS team, which sparked conversations within communities and reinforced positive health messages.

Partnerships have been central to the success of the Big Rivers TIS program, playing a vital role in creating and strengthening smoke-free environments throughout the region. Strong collaboration with the Victoria Daly Regional Council for example has led the Council to commit to designating all Council-managed community assets as smoke-free areas. These Council spaces now proudly display Big Rivers TIS-branded signage. Community launches held in the Council spaces not only celebrated these achievements, marking the transition to smoke-free spaces, the launches also provided opportunities for the TIS team to engage with community members, raise awareness about second-hand smoke, and strengthen program visibility across the region.

Life Education NT continue to deliver targeted health education on smoking, vaping, and passive smoking across 21 schools in the Big Rivers region. The interactive lessons have



a strong community focus and are designed to build critical thinking and healthy decision-making skills among students. These sessions are complemented by a secondary activity delivered in the wider community, where the students and their families are invited to participate to reinforce tobacco messages.

Looking ahead, preparations are underway for the 'Smoke-Free Families' campaign, which will spotlight the importance of protecting children and families from second-hand smoke. Filming for the campaign will take place across 12 communities, including Lajamanu, Daguragu, Timber Creek, Rockhole, Binjari, Myalli Brumby, Wugularr, Minyerri, Jilkminggan, Borroloola, Robinson Rivers and Numbulwar ensuring local voices remain at the heart of the message.

Supporting Recovery from Family, Domestic and Sexual Violence

Guided by community voices, the Supporting Recovery from FSDV was proudly renamed 'Big Rivers Healing for Our Mob'. The program was established to deliver a safe, culturally secure, and trauma-informed recovery service for individuals, families, and communities impacted by FSDV across the Big Rivers region. Shaped through extensive sector consultation, service mapping, and the voices of community members, the program was designed with locally informed eligibility criteria, a stepped model of care, and delivery protocols that prioritise cultural healing and community needs.

Since September 2024, the program has achieved significant milestones, including the development of systems, governance arrangements, travel schedules, awareness initiatives, case management practices, continuous improvement tools and communication strategies. These foundations have helped embed a strong, culturally secure approach from the outset.

A core focus of the program has been building a deeper understanding of community attitudes toward FSDV, identifying the challenges

communities face, and mapping service gaps. Supported by KWHB's Family Support Services team, staff engaged directly with community members in one-on-one conversations and group discussions. To date, 300 community members have participated in the FSDV awareness and attitudes baseline survey. These insights are now shaping health promotion, education activities, and advocacy efforts to ensure services meet local needs.

Whilst establishing the program, the team has been actively building relationships with health clinic staff, FSDV service providers, community members, and local organisations in the Big Rivers region. Emerging partnerships with Aboriginal corporations and safe houses have strengthened the delivery of culturally safe therapeutic care and healthy relationships education.

At the end of the financial year the Big Rivers Healing for Our Mob team participated in Mooditj training – a comprehensive resilience, relationships and sexual health education program designed for Aboriginal young people aged 10 to 15 years. A total of 23 participants completed the training, representing partner and stakeholder organisations from across the Big Rivers region, with a particular focus on east-side communities. Participating organisations included Katherine West Health Board, Sunrise Health Service, Wurli-Wurlinjang Health Service, Northern Territory Health, Headspace, and the Northern Territory Department of Children and Families. Through participation in this training, the Big Rivers Healing for Our Mob program aims to build capacity and support the delivery of Mooditj within the region as part of a broader strategy to prevent family violence and promote wellbeing.

The coming year will focus on embedding the program into community life, expanding health promotion and education initiatives, and strengthening referral pathways.





Kate McFarlane
Executive Manager
Corporate Services

Corporate Services

KWHB's Corporate Services continue to play a vital role in supporting the successful delivery of our health programs and services across the region. Our corporate teams ensure that operations run smoothly, resources are well managed, and staff are supported to deliver high quality primary health care to all people in the Katherine West region.

Quality, Risk & Safety

During the 2024–25 financial year, the Work Health and Safety (WHS) Project Officer role transitioned into the Manager Quality, Risk and Safety (QRS). This transition prompted a review of KWHB's frameworks, leading to notable progress in our Risk Management Framework, including development of a Risk Appetite Statement (RAS). The RAS was formally approved by the Board in April 2025 and is a significant addition to KWHB's governance structures.

Throughout the year, the QRS team maintained a strong focus on legislative compliance through regular inspections, internal audits, safety initiatives and comprehensive reporting to the Finance, Risk and Audit Committee. The team also progressed work on a Health and Wellbeing Hub, incorporating cultural wellbeing initiatives to support Ngumpin and Yapa staff. The financial year concluded with a successful ISO 9001 mid-term audit, reaffirming our ongoing compliance with national quality standards.





‘Recognising that ‘Our Staff are Our Strength’, KWHB’s ability to attract, grow and retain suitable staff to work in the bush is one of our key focuses.’

Finance

Katherine West Health Board (KWHB) received approximately \$44.5 million in income, primarily through grant funding to deliver 54 programs and eight capital projects. The Commonwealth Government was the largest contributor, providing \$23.8 million, which accounted for 53% of total income. The Northern Territory Government provided \$9.85 million, or 22% of total income.

Wages and on-costs accounted for nearly half of total expenditure, reflecting our commitment to investing in our most valuable asset – our employees. Payroll improvements remained a focus with 3,941 pays processed over 26 fortnights, averaging 152 pays per cycle. This represented a 17% increase on the previous year.

The finance team also processed 9,750 supplier invoices, an average of 38 per day. This was a 50% increase on 2024 and demonstrates the organisation’s growth over the past year.

A working group was established to design a more efficient timesheet submission and review process, with automation trials underway and full implementation planned for September 2025.

Reporting and Compliance

This year saw sustained momentum in the reporting and compliance sector, with KWHB’s Reporting and Compliance Coordinator administering an expanded portfolio of grants following successful grant applications. Despite the increased grant administration demands, KWHB maintained 100% compliance with all funding requirements.

2024–25 also saw progression of KWHB’s major capital works projects, with the engagement of a building contractor to commence site works on

staff accommodation in Yarralin, Kalkaringi and Timber Creek, due for completion by June 2026. KWHB also engaged a Project Manager to lead the Yarralin Health Centre infrastructure project, with design work well underway.

Assets

Through funding for the After Hours Pilot program from the Northern Territory Primary Health Care Network, KWHB has rolled out a new phone system that uses a combination of desktop and mobile phone handsets. The new system leverages off our improved internet connectivity with StarLink in clinics. Historically, communication for KWHB in the bush relied heavily on mobile phone coverage, which often suffered congestion resulting in inability of staff to take phone calls or access data services. This upgrade enables KWHB to be more responsive to providing effective health care for communities while overcoming some of the challenges we face with telephone reliability in the bush.

The Specific Maintenance Program for 2024–25 has seen: plumbing upgrades underway in Lajamanu and Yarralin; the installation of new security systems in Lajamanu Housing; a new generator in Timber Creek clinic as well as air conditioning upgrades to community housing and clinics; security upgrades and work in the Katherine offices to accommodate more desks for our growing Program teams.

This financial year, KWHB was successful in securing NT Government Biz Secure Grants to conduct Safety and Security Audits for the clinics at Lajamanu, Kalkaringi, Nitjpurru, Yarralin, Timber Creek and Bulla. This also provided a good opportunity to complete audits for our staff accommodation in

community. The findings of the audit helped set a clear framework of how KWHB can improve the security of our infrastructure and staff accommodation. Additionally, KWHB is in the process of applying for grant funding to improve after-hours access for our clinics.

Communications

Last financial year, we launched the new Policy and Procedure Hub - a centralised platform that replaces the previous document library on our main SharePoint page. With improved navigation and search functionality to support consistency and clarity across our operations, this Hub is designed to be the primary resource for accessing all of KWHB’s Policies, Procedures, Manuals, and Terms of Reference. Alongside this, we have been working on a broader restructure of our SharePoint environment to better accommodate the needs of our growing organisation. These changes aim to enhance usability, improve document management, and ensure our digital infrastructure continues to support staff effectively.

Human Resources

The Human Resources (HR) team supports the delivery of high-quality health care through its key functions of: recruitment, employee relations, training and development. In line with the increase in funded programs and service delivery, KWHB’s workforce has grown with over 200 staff now employed. The new position of Travel & Logistics Officer was introduced to the Corporate Services team in response to the increasing demands of coordinating staff travel and accommodation.

With the implementation of the Aboriginal Health Coaching program, KWHB inducted 17 new Aboriginal Health Coaches (AHC) from Lajamanu and Kalkaringi into the training program. The

rollout of the program will continue in the next financial year with recruitment of a further 12 AHCs planned in Yarralin and Timber Creek. This program highlights KWHB’s commitment to developing pathways for community members in the organisation and is a key step towards our strategic priority 3.1: A focus on employing and developing our Aboriginal workforce.

Recognising that ‘Our Staff are Our Strength’, KWHB’s ability to attract, grow and retain suitable staff to work in the bush is one of our key focuses. An independent HR Performance Audit was initiated in April 2025 to review the compliance of our practices, identify areas for improvement, develop the HR team to become a strategic business partner, and continue work towards being an employer of choice in the region. The findings of this audit were used to set a strategic framework for the HR team for the year ahead.

KWHB undertook an extensive consultation process to guide the negotiations of Jirntangu Miyrta Enterprise Agreement 2024–2028. Ballots opened in June with the majority of staff voting in favour of the new Enterprise Agreement, which included increased entitlements for shift workers and improved access to maternity leave for rostered staff. Implementation of the new Agreement is now in the final stages.

Looking ahead

The year ahead promises to be another big one, with major infrastructure projects already underway. A big thank you to the Board, Executive Leadership team and all KWHB staff for their ongoing dedication, collaboration and commitment. We look forward to another year of working together to deliver high-quality and culturally secure primary health care across the Katherine West region.



Aboriginal Health Coaching

The Aboriginal Health Coaching program began in 2020 with the establishment of a steering committee made up of experts in primary health care and education. The program was developed in response to a recognised need to rebuild Aboriginal clinician roles on Country and create accredited entry pathways into health careers for remote community workers.

The program course is designed to equip participants with the skills increasingly required in remote health settings, including the ability to:

- provide culturally appropriate support
- improve client understanding of health conditions (health literacy)
- teach self-management strategies
- build client confidence to self-manage
- monitor client activation and support effective engagement with non-Aboriginal clinicians.

The program is made possible through the generous support of the Paul Ramsay Foundation, whose investment is helping to build a resilient and locally driven health workforce across the KWHB region.

In partnership with Star College Australia Pty Ltd, Nyirunggulung-RISE, Paul Ramsay Foundation, and Carers NT Limited we officially launched the program in Lajamanu and Kalkaringi in October last year.

In its first phase, seven students in Kalkaringi and eight in Lajamanu successfully completed their initial classroom-based learning and started their first 10-week clinical placements.

Clinical placements offer students the opportunity to apply their skills in real-world settings, while becoming embedded in local clinics and contributing to culturally secure health services.

Following the initial rollout, the program was introduced to Yarralin and Timber Creek in June 2025. The next steps in the first half of the new financial year are exciting milestones. Classroom learning is starting in Yarralin and Timber Creek and the health coaches in Kalkaringi and Lajamanu are graduating. The upcoming graduation celebrates the dedication of this first group and signals a strong future for culturally secure health services led by community.



KATHERINE WEST HEALTH BOARD
Aboriginal Corporation



The Journey

2020

- Katherine West Health Board received funding under an Emerging Priorities grant round through the Indigenous Australian's Health Program to develop a curriculum for Aboriginal Health Coaching.
- Aboriginal Health Coaching steering committee commenced to guide the development of a Health Coaching curriculum.
- The steering committee was made up of Aboriginal Community Controlled Health Sector and Northern Territory Government representatives, industry experts from primary health care, and education providers.

2023

December

- Received funding through Paul Ramsay Foundation for full implementation of Aboriginal Health Coaching course.



2022

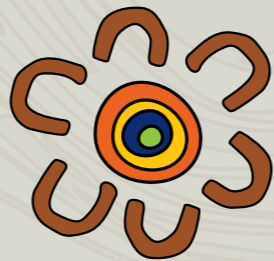
March

- Received accreditation with Australian Skills and Quality Council for our Course in Health Coaching for Aboriginal and Torres Strait Islander Peoples with Chronic Conditions.



2024

- Conducted community consultation and engagement regarding the program, delivery and community needs and perspectives.



October

- First Roadshow to Kalkaringi and Lajamanu.

The Roadshows were a collaborative effort between Nyirrunggulung-RISE, Star College Australia Pty Ltd and the KWHB team who travelled together to various communities to promote the course and recruit potential students.

Each visit featured a community cook up, providing an opportunity for everyone to come together, share a meal and learn more about the program.

December

- Second Roadshow to Kalkaringi and Lajamanu.

2025



February

- Third Roadshow to Kalkaringi and Lajamanu.

24th February

- Program officially launched in Kalkaringi
- Kalkaringi Unit 1 commenced with a 2-week classroom period, followed up by 10 weeks of clinical placement.

24th March

- After another roadshow and a participant cook-up, the program officially launched in Lajamanu.

- Lajamanu Unit 1 commenced with a 2-week classroom period, followed by 10 weeks of clinical placement.



May

- Kalkaringi Unit 2 commenced.

June

- First Roadshow to Yarralin and Timber Creek.
- Lajamanu Unit 2 commenced.

2025–26 Financial Year

July 2025

- Second Roadshow will travel out to Yarralin and Timber Creek
- Engagement to continue with potential participants, with HR support to obtain the necessary documentation for employment and study.

August 2025

- Yarralin Unit 1 will commence their first classroom period.
- Kalkaringi AHCs due to complete the course and successfully complete the program.

September 2025

- Timber Creek Unit 1 will commence their first classroom period.
- Lajamanu AHCs due to finish the course and successfully complete the program.

October 2025

- Graduation anticipated. Kalkaringi and Lajamanu learners who are due to complete the course this month will celebrate with a graduation ceremony.



November 2025

- Post-graduate pathway will commence.

Graduate students from Kalkaringi and Lajamanu will start their post-graduate pathway, looking at specific areas they would like to pursue, as well as gaining additional skills and confidence working in the clinic and with clients.



Kalkaringi Health Centre



Nitjpurru (Pigeon Hole) Health Centre



Nitjpurru Health Centre
(Service provided from Kakarangi Health Centre)

24 HOUR EMERGENCY RESPONSE
FOR ALL HEALTH ISSUES
CALL: 89 750 785 or 000

Opening Hours:
Tuesday: 10:30am - 4:00pm
Wednesday: 8:30am - 4:00pm
Thursday: 8:30am - 2:00pm

THIS IS A SMOKE FREE AREA

WARRHINE WEST HEALTH BOARD

Talking Indigenous Languages

Timber Creek Health Centre



Timber Creek Health Centre

 Opening Hours:
Monday - Thursday
8.30am - 4.00pm
Friday 1.00pm - 4.00pm

THIS IS A SMOKE FREE AREA
ENB00 offers support and advice to any community member or staff member who may want to quit, or cut back on smoking

 Tackling Indigenous Smoking

24 HOUR EMERGENCY RESPONSE
7 DAYS A WEEK

CALL:
89 750 727
or 000





Lajamanu Health Centre



Lajamanu Health Centre
Opening Hours:
Monday - Thursday
8.30am - 4.00pm
Friday 1.00pm - 4.00pm
THIS IS A SMOKE FREE AREA

**24 HOUR
EMERGENCY
RESPONSE**
CALL:
89 751 500
or 000

medicare
Urgent Care Clinic





Amanbidji Health Centre
(Service provided from Timber Creek Health Centre)

Opening Hours:
Tuesday

24 HOUR EMERGENCY RESPONSE
7 DAYS A WEEK FROM TIMBER CREEK
CALL: 89 750 727 or 000

THIS IS A SMOKE FREE AREA
Katherine West Health Board Aboriginal Corporation
Tackling Indigenous Smoking



Yarralin Health Centre





Bulla Health Centre

(Service provided from Timber Creek Health Centre)



KATHERINE WEST HEALTH BOARD
Aboriginal Corporation

Opening Hours:

Monday: 10.00am - 2.00pm

Wednesday: 10.00am - 2.00pm

Friday: 10.00am - 2.00pm

THIS IS A SMOKE FREE AREA

A Nihil effect support and advice is any community member or staff member who may want to quit, or cut back on smoking.



Tackling Indigenous Smoking

**24 HOUR
EMERGENCY
RESPONSE**

7 DAYS A WEEK
FROM TIMBER CREEK

**CALL:
89 750 727
or 000**



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

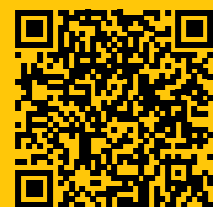
Attracting, retaining and developing the best staff for the job

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.



Scan for the full Strategic Plan on our website





Katherine West Health Board
2024–2025

Financial Report

The following pages are an extract from the KWHB 2024–2025 Audited Financial Report prepared by Nexia Edwards Marshall NT Auditors. If you require a full copy of this report please email info@kwhb.com.au

The 2024–2025 KWHB Audited Financial Report has been submitted and accepted by all of our funding bodies.

Katherine West Health Board Aboriginal Corporation
ABN: 23 351 866 925
Directors Report
For The Year Ended 30 June 2025

Your board of directors submit the financial report on the Katherine West Health Board Aboriginal Corporation for the financial year ended 30 June 2025.

Directors

The names of each person who has been a director during the year and to the date of this report are:

Name	Position	Community	Appointment Terms
Roslyn Frith	Chairperson	Kalkaringi	First appointed 17 Nov 2016, Re appointed at AGM 14 Nov 2019, Re appointed to Chairperson, 14 Nov 2019
Jocelyn Victor	Vice Chairperson	Nitjpurru	First appointed 27 Oct 2010, Re appointed at AGM 14 Nov 2019, Re appointed to Vice Chairperson, 14 Nov 2019
Dione Kelly	Executive Director	Lajamanu	First appointed 17 Nov 2016, Re appointed at AGM 14 Nov 2019, Re appointed to Executive, 14 Nov 2019 and 28 March 2023
Caroline Jones	Executive Director	Timber Creek	First appointed 17 Nov 2016, Reappointed at AGM 14 Nov 2019, Reappointed to Executive 14 Nov 2019
Wesley Campbell	Executive Director	Yarralin	Appointed at FBM 28 March 2023
Andrew Johnson	Executive Director	Lajamanu	Appointed at FBM 28 March 2023
Deborah Jones	Executive Director	Timber Creek	Appointed at FBM 28 March 2023
Jonathon Dixon	Director	Lajamanu	Appointed at AGM 14 Nov 2019
Debra Victor	Director	Kalkaringi	First appointed 16 Jul 2013, Reappointed at AGM 14 Nov 2019
Joseph Archie	Director	Bulla	Appointed at AGM 14 Nov 2019
Matrina Robertson	Director	Lajamanu	First appointed 20 Oct 2021, Reappointed 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
Sharatine Campbell	Director	Yarralin	Appointed at FBM 28 Mar 2023
Aileen Daly	Director	Yarralin	Appointed at FBM 28 Mar 2023

Meetings of Directors

During the financial year, 6 meetings of directors were held. Attendances by each Director were as follows :

Director	Directors' Meetings	
	Number Eligible to Attend	Number Attended
Roslyn Frith	6	5
Jocelyn Victor	6	5
Dione Kelly	6	2
Caroline Jones	6	3
Wesley Campbell	6	5
Andrew Johnson	6	1
Deborah Jones	6	3
Jonathon Dixon	6	2
Debra Victor	6	2
Joseph Archie	6	2
Matrina Robertson	6	3
Lisa Smiler	6	4
Denise Humbert	6	4
Sharatine Campbell	6	3
Aileen Daly	6	1

Secretary

There is a six member Executive of Directors, who all have input and guidance of governance and financial matters. In addition to the six member Executive, the Corporation has a Secretary Mr David Lines.

Katherine West Health Board Aboriginal Corporation
ABN: 23 351 866 925
Directors Report
For The Year Ended 30 June 2025

Principal Activities

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

No significant changes in the nature of these activities occurred during the financial year.

Significant Changes

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

Future Developments

Subject to Government funding, it is the intention of the Board to develop the services provided by the Corporation. There are no future developments known or planned, which require specific disclosure.

Operating Result

The operating profit for the year amounted to \$653,496 (2024: Profit of \$683,465).

Events After the Reporting Period

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.

Environmental Issues

The Corporation's operations are not regulated by any significant environmental regulation under the law of the Commonwealth, or of a State, or of a Territory.

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.

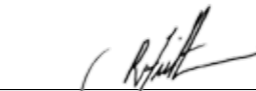
Proceedings on Behalf of the Corporation

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

The lead auditor's independence declaration for the year ended 30 June 2025 has been received and can be found on page 3 of the financial report.

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

Director		Date:	Thursday 23rd Day of	October 2025
Director		Date:	Thursday 23rd Day of	October 2025

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
ABN: 23 351 866 925
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2025

Note	2025 \$	2024 \$
Revenue and Other Income		
Grant Income - Operational	31,902,543	25,086,169
Other income	2,209,004	1,215,388
Total operating revenues	34,111,547	26,301,557
Operating Expenses		
Advertising and marketing	4,290	21,083
Audit fees - audit of financial statements	30,000	37,263
Cleaning	118,407	98,063
Consultancy costs	864,981	624,251
Depreciation - Right of Use Assets	344,226	341,742
Electricity, Water and Sewerage	325,903	326,100
Employee benefits expenses	20,514,337	17,188,168
Freight	93,367	94,157
Hire of equipment	22,413	20,605
Insurance	494,682	474,917
Interest expense - other	1,863	2,088
Interest - lease liabilities	80,700	95,046
IT, computer and network costs	1,201,408	762,811
Medical expenses	2,933,352	2,300,097
Legal expenses	50,963	-
Meeting expenses	53,640	26,287
Minor capital expenditure	236,795	220,178
Motor vehicle expenses	680,772	506,197
RAHC expenses	9,191	171,362
Recruitment costs	500,932	581,507
Rental and storage costs	573,174	349,650
Repairs and maintenance	575,603	352,665
Security costs	35,579	31,103
Service Charges and Rates	86,065	107,372
Subscriptions and membership costs	98,469	92,632
Sundry expenses	99,062	77,001
Telephone costs	343,919	256,483
Training and development	453,812	125,388
Travel and accommodation expenses	2,522,639	1,996,299
Total operating expenses	33,350,544	27,280,515
Profit (Loss) for the year from operations	761,003	(978,958)
Capital and Infrastructure Activities :		
Capital Grant Income	660,742	2,336,203
Depreciation on Property, Plant, Equipment and Infrastructure Assets	(768,249)	(673,780)
Total Capital and Infrastructure Activities :	(107,507)	1,662,423
Net Current Year Profit :	653,496	683,465
Other comprehensive income :	-	-
Total Other Comprehensive Income	-	-
Total Comprehensive Income for the year	653,496	683,465
NET CURRENT YEAR PROFIT ATTRIBUTABLE TO MEMBERS OF THE CORPORATION	653,496	683,465
TOTAL COMPREHENSIVE INCOME ATTRIBUTABLE TO MEMBERS OF THE CORPORATION	653,496	683,465

The accompanying notes form part of these financial statements.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
ABN: 23 351 866 925
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2025

Note	2025 \$	2024 \$
ASSETS		
CURRENT ASSETS		
Cash and Cash Equivalents	4 30,411,757	17,844,380
Trade and Other Receivables	5 796,760	298,623
Other Current Assets	6 229,824	116,271
TOTAL CURRENT ASSETS	31,438,341	18,259,274
NON-CURRENT ASSETS		
Property, Plant and Equipment	7 6,234,566	5,790,108
Right of Use Assets	8 1,305,214	1,651,926
TOTAL NON-CURRENT ASSETS	7,539,780	7,442,034
TOTAL ASSETS	38,978,121	25,701,308
LIABILITIES		
CURRENT LIABILITIES		
Trade and Other Payables	9 4,150,447	1,859,384
Contract Liabilities - grant funded programmes	10 14,734,300	4,204,766
Lease Liabilities	11 329,675	327,139
Employee Provisions	12 1,827,685	1,545,584
TOTAL CURRENT LIABILITIES	21,042,107	7,936,873
NON-CURRENT LIABILITIES		
Lease Liabilities	11 1,129,885	1,459,440
Employee Provisions	12 355,665	508,027
TOTAL NON-CURRENT LIABILITIES	1,485,550	1,967,467
TOTAL LIABILITIES	22,527,657	9,904,340
NET ASSETS	16,450,464	15,796,968
EQUITY		
Retained Earnings	16,450,464	15,796,968
TOTAL EQUITY	16,450,464	15,796,968

The accompanying notes form part of these financial statements.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
 ABN: 23 351 866 925
 STATEMENT OF CHANGES IN EQUITY
 FOR THE YEAR ENDED 30 JUNE 2025

	Retained Earnings	Total Equity
	\$	\$
Balance at 1 July 2023	15,113,503	15,113,503
Comprehensive income:		
Profit for the year	683,465	683,465
Other comprehensive income for the year	-	-
Total comprehensive income attributable to Members of the entity for the year	683,465	683,465
Balance at 30 June 2024	15,796,968	15,796,968
Balance at 1 July 2024	15,796,968	15,796,968
Comprehensive income:		
Profit for the year	653,496	653,496
Other comprehensive income for the year	-	-
Total comprehensive income attributable to Members of the entity for the year	653,496	653,496
Balance at 30 June 2025	16,450,464	16,450,464

The accompanying notes form part of these financial statements.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
 ABN: 23 351 866 925
 STATEMENT OF CASH FLOWS
 FOR YEAR ENDED 30 JUNE 2025

	Note	2025 \$	2024 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Grant receipts from funding bodies		33,350,721	27,200,232
Other receipts from customers		901,358	1,985,222
Interest received		727,203	124,170
Payments to suppliers and employees		(30,618,369)	(26,413,076)
Net cash provided by operating activities	15	4,360,913	2,896,548
CASH FLOWS FROM INVESTING ACTIVITIES			
Capital Grant Receipts from Funding Bodies		9,742,098	2,336,203
Proceeds from disposals of property, plant and equipment		82,306	102,727
Payments for property, plant and equipment		(1,212,707)	(898,775)
Net cash provided by investing activities		8,611,697	1,540,155
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments for lease liabilities		(405,233)	(445,765)
Net cash used in financing activities		(405,233)	(445,765)
Net increase in cash held		12,567,377	3,990,938
Cash and cash equivalents at beginning of the financial year		17,844,380	13,853,442
Cash and cash equivalents at end of the financial year	4,15	30,411,757	17,844,380

The accompanying notes form part of these financial statements.

Financial Reporting Framework

The financial statements cover Katherine West Health Board Aboriginal Corporation as an individual entity, incorporated and domiciled in Australia. Katherine West Health Board Aboriginal Corporation is operating pursuant to the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act) and the Australian Charities and Not for Profits Commission Act 2012 (ACNC Act).

The financial statements were authorised for issue on 1 October 2025 by the Directors of the Corporation.

Statement of Compliance

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures of the Australian Accounting Standards Board (AASB), the CATSI Act 2006 and the Australian Charities and Not-for-profits Commission Act 2012. The Corporation is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

Basis of Preparation

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements are in Australian Dollars and have been rounded to the nearest dollar.

Critical Accounting Estimates

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise judgement in the process of applying the Corporation's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in Note 1(p) Critical Accounting Judgements, Estimates and Assumptions.

Current and Non Current Classification

Assets and liabilities are presented in the statement of financial position based on current and non current classifications.

An asset is classified as current when it is either expected to be realised or intended to be sold or consumed in the Corporation's normal operating cycle, it is held primarily for the purpose of trading, it is expected to be realised within 12 months after the reporting period and or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non current.

Material Accounting Policies

(a) Revenue and Other Income Recognition

The Corporation recognises revenue as follows:

Revenue from Contracts With Customers

Revenue is recognised at an amount that reflects the consideration to which the Corporation is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the Corporation identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Operating Grants

Grant revenue is recognised in profit or loss when the Corporation satisfies the performance obligations stated within the funding agreements.

If conditions are attached to the grant which must be satisfied before the Corporation is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION ABN: 23 351 866 925 NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2025

Note 1 Material Accounting Policy Information (Cont.)

(a) Revenue and Other Income Recognition (Cont.)

Capital Grant

When the Corporation receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer) recognised under other Australian Accounting Standards.

The Corporation recognises income in profit or loss when or as the Corporation satisfies its obligations under the terms of the grant.

Interest Income

Interest income is recognised using the effective interest method.

Donations and Bequests

Donations and bequests are recognised on receipt of the funds with control of this revenue having passed to the Corporation.

Income from Sale of Goods and Services

The Corporation provides medical services to the public. Revenue is recognised when the services have been provided and or the control of the products has transferred to the customer. For such transactions, this is when the service has been performed and or the products are delivered to the customers. Discounts and settlement rebates are not provided with the sale of these items.

A receivable will be recognised when the goods are delivered. The Corporation's right to consideration is deemed unconditional at this time as only the passage of time is required before payment of that consideration is due. There is no significant financing component because sales are made within a credit term of 30 to 45 days.

The Corporation's historical experience with sales returns show that they are negligible and considered to be highly improbable. As such no provision for sale refunds is recognised by the Corporation at the time of sale of goods.

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

(b) Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

Freehold Property

Freehold land and buildings and building improvements are shown at their cost and or fair values, less when applicable subsequent depreciation for buildings and any impairment losses.

In periods when the freehold land and buildings are not subject to an independent valuation, the directors conduct directors' valuations to ensure the carrying amount for the land and buildings is not materially different to the fair value.

Increases in the carrying amount arising on revaluation of Land and Buildings are recognised in other comprehensive income and accumulated in the revaluation surplus in equity. Revaluation decreases that offset previous increases of the same class of assets shall be recognised in other comprehensive income under the heading of revaluation surplus. All other decreases are recognised in profit or loss.

Any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Freehold Land and Buildings that have been contributed at no cost, or for nominal cost, are initially recognised and measured at the fair value of the asset at the date it is acquired.

Note 1 Material Accounting Policy Information (Cont.)

(b) Property, Plant and Equipment (Cont.)

Plant and Equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses.

The carrying amount of leasehold improvements and plant and equipment are reviewed annually by Directors to ensure they are not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets' employment and subsequent disposal.

In the event the carrying amount of leasehold improvements and plant and equipment is greater than their estimated recoverable amount, the carrying amount is written down immediately to their estimated recoverable amount and impairment losses are recognised in profit or loss. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(f) for details of impairment).

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the Corporation commencing from the time the asset is held ready for 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 assets are:

Class of Fixed Asset	Depreciation Rate
Buildings and improvements	5%
Plant and equipment	20%
Furniture and fittings	20%
Medical equipment	20%
Motor Vehicles	20% - 33%
IT Equipment	33%
Right of Use Assets - Leased property	10- 20%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

An 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.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

Note 1 Material Accounting Policy Information (Cont.)

(c) Leases

The Corporation as Lessee

At inception of a contract, the Corporation assess if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the Corporation where the Corporation is a lessee. However all contracts that are classified as short term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating lease on a straight-line basis over the term of the lease.

Initially the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the Corporation uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows :

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- the amount expected to be payable by the lessee under residual value guarantees;
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;
- lease payments under extension options, if the lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Corporation anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

Concessionary Leases

For leases that have significantly below market terms and conditions principally to enable the Corporation to further its objectives (commonly known as peppercorn / concessionary leases), the Corporation has adopted the temporary relief under AASB 2019-8 and measures the right of use assets at cost on initial recognition.

The Entity as Lessor

The Corporation leases property to external parties.

Upon entering into each contract as a lessor, the Corporation assesses if the lease is a finance or operating lease.

The contract is classified as a finance lease when the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases not within this definition are classified as operating leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the specific lease.

Initial direct costs incurred in entering into an operating lease (eg legal costs, setup costs) are included in the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Rental income due under finance leases are recognised as receivables at the amount of the Corporation's net investment in the leases.

When a contract is determined to include lease and non-lease components, the Corporation uses the relative stand-alone price to allocate the consideration under the contract to the lease and non-lease components.

Note 1 Material Accounting Policy Information (Cont.)

(d) Right of Use Assets

A Right of Use Asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

Right of Use Assets are depreciated on a straight line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the Corporation expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right of Use Assets are subject to impairment or adjusted for any remeasurement of lease liabilities.

(e) Impairment of Financial Assets

The Corporation recognises a loss allowance for expected credit losses on :

- financial assets that are measured at amortised cost or fair value through other comprehensive income; and
- contract assets (eg amount due from customers under contracts).

The Corporation uses the following approach to impairment, as applicable under AASB 9 : Financial Instruments:

Simplified Approach

The simplified approach does not require tracking of changes in credit risk at every reporting period, but instead requires the recognition of lifetime expected credit loss at all times.

The approach is applicable to:

- trade receivable; and
- lease receivables.

In measuring the expected credit loss, a provision matrix for trade receivable is used, taking into consideration various data to get to an expected credit loss (ie diversity of its customer base, appropriate groupings of its historical loss experience, etc).

Trade receivables are initially measured at the transaction price if the trade receivables do not contain significant financing component or if the practical expedient was applied as specified in AASB 15: Revenue from Contracts with Customers.

Recognition of Expected Credit Losses in Financial Statements

At each reporting date, the Corporation recognises the movement in the loss allowance as an impairment gain or loss in the statement of profit or loss and other comprehensive income.

(f) Impairment of Non Financial Assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

(g) Employee Benefits

Short-term employee benefits

Provision is made for the Corporation's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries, annual leave and superannuation. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The Corporation's obligations for short-term employee benefits such as wages, salaries and superannuation are recognised as a part of current trade and other payables in the statement of financial position.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

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NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2025

Note 1 Material Accounting Policy Information (Cont.)

(g) Employee Benefits (Cont.)

Other long-term employee benefits

The Corporation classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the Corporation's obligation for other long-term employee benefits.

The Corporation's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the Corporation does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

The Corporation based on past experience records employee's long service leave entitlements on commencement of their employment with the organisation.

Retirement benefit obligations

Superannuation benefits

Contributions are made by the Corporation to employees superannuation funds and are charged as expenses when incurred.

All employees of the Corporation receive accumulated contribution superannuation entitlements, for which the Corporation pays the fixed superannuation guarantee contribution to the employee's superannuation fund of choice. For the period 1 July 2024 to 30 June 2025 this was 11.5% of the employee's ordinary average salary. From 1 July 2025 this rate has increased to 12%. All contributions in respect of employees' accumulated contribution entitlements are recognised as an expense when they become payable. The Corporation's obligation with respect to employees' accumulated contribution entitlements is limited to its obligation for any unpaid superannuation guarantee contributions at the end of the reporting period. All obligations for unpaid superannuation guarantee contributions are measured at the (undiscounted) amounts expected to be paid when the obligation is settled and are presented as current liabilities in the Corporation's statement of financial position.

(h) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

(i) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

(j) Income Tax

No provision for income tax has been raised as the Corporation is exempt from income tax under Div. 50 of the Income Tax Assessment Act 1997.

(k) 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 benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of reporting period.

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
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NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2025

Note 1 Material Accounting Policy Information (Cont.)

(l) Comparative Figures

Where required by Accounting Standards comparative figures have been adjusted to conform with changes in presentation for the current financial year.

(m) Trade and Other Receivables

Trade and other receivables include amounts due from clients for fees and services provided, from donors and any outstanding grant receipts. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for measurement. Refer to Note 1(e) for further discussions on the determination of impairment losses.

(n) Trade and Other Payables

Trade and other payables represent the liabilities for goods and services received by the Corporation during the reporting period that remain unpaid at the end of the reporting period. Trade payables are recognised at their transaction price. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(o) Contract Liabilities

Contract liabilities represent the Corporation's obligation to transfer goods or services to a customer or complete required performance obligations and are recognised when a customer pays consideration, or when the Corporation recognises a receivable to reflect its unconditional right to consideration (whichever is earlier), before the Corporation has transferred the goods or services to the customer and or completed required performance obligations.

(p) Critical Accounting Estimates and Judgements

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

(i) Impairment- General

The Corporation assesses impairment at the end of each reporting period by evaluating conditions and events specific to the Corporation that may be indicative of impairment triggers.

Impairment of Land, Building improvements and plant and equipment

The Corporation assesses impairment of land, buildings, property improvements and plant and equipment at each reporting date by evaluating conditions specific to the Corporation and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs to sell or value-in-use calculations, which incorporate a number of key estimates and assumptions. There was no provision for impairment of land, buildings, property improvements and plant and equipment at 30 June 2025 (2024: \$Nil).

Impairment of accounts receivable

The provision for impairment of receivables assessment requires a degree of estimation and judgement. The level of provision is assessed by taking into account the recent sales experience, the ageing of receivables, historical collection rates and specific knowledge of the individual debtors' financial position. There was no provision for impairment of receivables at 30 June 2025 (2024: \$Nil).

(ii) Useful lives of property, plant and equipment

The Corporation reviews the estimated useful lives of buildings and improvements and plant and equipment at the end of each reporting period, based on the expected utility of the assets.

The Corporation determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

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NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2025

Note 1 Material Accounting Policy Information (Cont.)

(p) Critical Accounting Estimates and Judgements (Cont.)

(iii) Valuation of land and buildings

At 30 June 2025, the Directors have assessed the value of the Corporation's buildings and structural improvements. The Directors believe, that based on the expected utility of the assets, their existing condition and the cost of replacement of these assets, that the carrying amount of the buildings and structural improvements reflects the fair value at 30 June 2025.

(iv) Performance Obligations Under AASB 15

To identify a performance obligation under AASB 15, the promise must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the promise is sufficiently by taking into account any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature / type, cost /value, quantity and the period of transfer related to the goods or services promised.

(v) Lease Term and Option to Extend under AASB 16

The lease term is defined as the non-cancellable period of a lease together with both periods covered by an option to extend the lease if the lessee is reasonably certain to exercise that option; and also periods covered by an option to terminate the lease if the lessee is reasonably certain not to exercise that option. The options that are reasonably going to be exercised is a key management judgement that the Corporation will make. The Corporation determines the likelihood to exercise the options on a lease-by-lease basis looking at various factors such as which assets are strategic and which are key to future strategy of the Corporation.

(q) Fair Value of Assets

The Corporation measures some of its assets at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

(r) Economic Dependence and Going Concern

The financial statements have been prepared on a going concern basis, which contemplates continuity of normal business activities and the realisation of assets and settlement of liabilities in the ordinary course of business.

The Corporation is dependent on Commonwealth and NT Government grants for the majority of its revenue to operate its programs and business. At the date of this report, the Directors have no reason to believe that the above governments will not continue to support the Corporation. The operations and future success of the Corporation is dependent upon the continued support and funding by the government bodies, its members and donors and the achievement of operating surpluses and positive operating cash flows.

(s) New and Amended Accounting Standards and Policies Adopted By The Corporation

AASB 2022-5: Amendments to Australian Accounting Standards- Lease Liability in a Sale and Leaseback.

AASB 2022-5 amends AASB 16 to add subsequent measurement requirements for sale and leaseback transactions that satisfy the requirements in AASB 15: Revenue from Contracts with Customers to be accounted for as a sale.

The adoption of the amendment did not have a material impact on the financial statements.

AASB 2022-6: Amendments to Australian Accounting Standards - Non-current liabilities with covenants.

The Corporation adopted AASB 2022-6 Amendments to Australian Accounting Standards - Non-current liabilities with covenants which amends AASB 101 to improve the information an entity provides in its financial statements about liabilities from loan arrangements for which the entity's right to defer settlement of those liabilities for 12 months after the reporting period is subject to the entity complying with conditions specified in the loan arrangement.

The adoption of the amendment did not have a material impact on the financial statements.

AASB 2023-3: Amendments to Australian Accounting Standards – Disclosure of Non-current Liabilities with Covenants - Tier 2.

AASB 2023-3 amends AASB 1060 to align the disclosure requirements of Tier 2 entities with the Tier 1 equivalents in AASB 2020-1 and AASB 2022-6. AASB 2023-3 amends AASB 1060 to:

(a) Clarify that a liability is classified as non-current if an entity has the right at the reporting date to defer settlement of the liability for at least 12 months after the reporting date;

(b) Clarify the reference to settlement of a liability by the issue of equity instruments in classifying liabilities; and

(c) Require the disclosure of information that enables users of the financial statements to understand the risk that non-current liabilities with covenants could become repayable within twelve months.

The adoption of the amendment did not have a material impact on the financial statements.

Note 2 Revenue and Other Income

Government Grants

The majority of Katherine West Health Board Aboriginal Corporation's funding is in the form of grants from governmental department bodies. The Corporation has assessed that the majority of its grant agreements are enforceable and contain sufficiently specific performance obligations. This determination was made on the basis that the funding agreements require the Corporation to carry out various community support services with the types of services to be provided, duration of such programs and reporting obligations prescribed within the relevant agreements. The Corporation therefore recognises funding received under such agreements as Revenue under AASB 15. Revenue is recognised as the Corporation delivers the required services over the duration of the underlying programs.

	2025	2024
	\$	\$
2A Grant Revenue		
Operational Activities :		
DoH Federal - Operational	13,465,505	12,897,611
NT Top End Health Services - Operational	8,568,845	6,841,858
Department of Social Services - Prime Minister and Cabinet	1,437,115	782,563
National Indigenous Australians Agency	520,274	501,600
Dept Infrastructure, Transport, Regional Dev, Communications	314,963	-
NDIS	322,860	307,500
NACCHO	1,360,535	2,080,062
Northern Territory PHN	4,276,939	2,218,397
Menzies School of Health	120,429	31,716
University of Queensland	626,382	-
James Cook University	10,000	-
The University of Melbourne	50,000	50,000
Flinders University	40,000	60,000
Paul Ramsay Foundation	1,000,000	1,365,000
AMSANT	50,977	62,250
Total Operational Grant Funding :	32,164,824	27,198,557
Plus (Less) Decrease / (Increase) in Unexpended Operational Grants	(151,248)	(1,999,763)
Less Grants Repaid	(111,033)	(112,625)
Total Grant Income from Operational Activities :	31,902,543	25,086,169
Capital and Infrastructure Activities :		
Capital Grant Income DoH - Commonwealth Government	8,459,098	2,336,203
Doh Territory Capital	1,283,000	-
Total Capital and Infrastructure Grant Funding :	9,742,098	2,336,203
Plus (Less) Decrease / (Increase) in Unexpended Capital Grants	(9,081,356)	-
Total Capital and Infrastructure Grant Income :	660,742	2,336,203
Total Grant Income	32,563,285	27,422,372
2B Other Income		
	\$	\$
Miwatj Health	75,468	56,601
Medicare	815,189	805,083
Insurance Recoveries	425,260	125,744
Interest income	727,203	124,170
Gain on Sale of Assets	82,306	102,727
Sundry Income	83,578	1,063
Total Other Income	2,209,004	1,215,388
Note 3 Expenses		
3A Depreciation		
Property, Plant and Equipment	\$	\$
Buildings	328,422	315,998
Furniture and Fittings	31,496	33,042
Medical Equipment	93,259	64,336
Computer Equipment and Software	3,658	439
Motor vehicles	311,414	259,965
	768,249	673,780
Right Of Use Assets - Leased		
Right of Use Assets- Buildings	344,226	341,742
Total Depreciation expense	1,112,475	1,015,522

Note		2025	2024
		\$	\$
Note 3	Expenses (Cont.)		
3B	Employee Benefits Expenses		
	Staff remuneration expenses	17,969,640	15,165,795
	Employee leave entitlements	129,739	223,396
	Other employee benefits	203,809	203,452
	Superannuation contributions	1,953,341	1,385,359
	Workers compensation insurance	257,808	210,166
	Total Employee Benefits Expenses	20,514,337	17,188,168
3C	Medical Expenses		
	Doctors - Locum	391,044	342,819
	Medical supplies	526,885	476,698
	Health promotions	1,060,528	918,734
	Services purchased	954,895	561,846
	Total Medical Expenses	2,933,352	2,300,097
3D	Travel and Accommodation Expenses		
	Travel and accommodation - staff	2,262,825	1,764,421
	Travel and accommodation - board	251,315	219,697
	Travel and accomm - patients	8,499	12,181
	Total Travel and Accommodation Expenses	2,522,639	1,996,299
Note 4	Cash and Cash Equivalents		
	2025	2024	
	Note	\$	\$
	CURRENT		
	Cash at bank	4,311,116	15,149,089
	Term deposits	6,151,233	-
	PCCU - Deposit investment account	-	2,695,291
	ANZ Negotiator Investment Account	19,949,408	-
	Total Cash and Cash Equivalents	30,411,757	17,844,380
	15, 17		
	Cash and Cash Equivalents are comprised of :		
	Tied Cash Holdings :	21,042,107	7,936,873
	Untied Cash Holdings :	9,369,650	9,907,507
	Total Cash Holdings :	30,411,757	17,844,380
Note 5	Trade and Other Receivables		
	2025	2024	
	Note	\$	\$
	CURRENT		
	Receivables :		
	Trade receivables	671,610	194,789
	Less : Provision for impairment of receivables	-	-
	Total accounts receivable	671,610	194,789
	Other Receivables :		
	Other receivables	125,150	103,834
	Total Other receivables	125,150	103,834
	Total current trade and other receivables	796,760	298,623
	17,18		
	The Corporation's normal credit term is 30 days.		
	No collateral is held over trade and other receivables.		
Note 6	Other Current Assets		
	2025	2024	
	\$	\$	
	CURRENT		
	Bonds paid	32,575	33,342
	Prepayments	197,249	82,929
	Total Other Current Assets	229,824	116,271

Note		2025	2024					
		\$	\$					
Note 7	Property, Plant and Equipment							
	NON CURRENT							
	Property							
	Land At Cost	428,000	428,000					
		428,000	428,000					
	Building and improvements							
	Buildings and Improvements At Cost	6,282,492	6,144,728					
	Less Accumulated depreciation	(2,523,526)	(2,195,105)					
	Total Building and Improvements	3,758,966	3,949,623					
	Total Land & Buildings	4,186,966	4,377,623					
	Plant and Equipment:							
	Furniture & Fittings:							
	At cost	475,187	369,394					
	Less Accumulated depreciation	(347,227)	(315,731)					
	Total Furniture & Fittings	127,960	53,663					
	Medical Equipment :							
	At cost	887,904	877,531					
	Less Accumulated depreciation	(789,541)	(696,282)					
	Total Medical Equipment :	98,363	181,249					
	Computer Equipment and Software at cost							
	At Cost	591,108	591,108					
	Less Accumulated depreciation	(584,231)	(580,573)					
	Total Computer Equipment and Software	6,877	10,535					
	Motor vehicles:							
	At Cost	3,995,957	3,241,405					
	Less Accumulated depreciation	(2,181,557)	(2,209,659)					
	Total Motor vehicles	1,814,400	1,031,746					
	Work in Progress	-	135,292					
	Total Plant and Equipment	2,047,600	1,412,485					
	Total Property, Plant and Equipment	6,234,566	5,790,108					
	Movements in Carrying Amounts							
		WIP	Land	Buildings and	Furniture &	Computers &	Motor Vehicles	Total
		\$	\$	\$	Fittings and	Software	\$	\$
					Medical			
					Equipment			
					\$			
	Carrying amount at 1 July 2024	135,292	428,000	3,949,623	234,912	10,535	1,031,746	5,790,108
	Additions at cost	-	-	2,473	116,166	-	1,094,068	1,212,707
	Transfers	(135,292)	-	135,292	-	-	-	-
	Disposals	-	-	-	-	-	-	-
	Depreciation expense	-	-	(328,422)	(124,755)	(3,658)	(311,414)	(768,249)
	Carrying amount at 30 June 2025	-	428,000	3,758,966	226,323	6,877	1,814,400	6,234,566

Note 8	Right of Use Assets		
	(a) AASB 16 Related Amounts Recognised in the Balance Sheet		
	NON CURRENT		
		2025	2024
		\$	\$
	Right of Use Assets :		
	Leased Buildings	2,677,953	2,677,953
	Less Accumulated depreciation	(1,372,739)	(1,026,027)
	Total Right of Use Assets	1,305,214	1,651,926

The Corporation's lease portfolio includes buildings only. These leases have an average of 8 years as their lease term.

The option to extend or terminate are contained in the property leases of the Corporation. These clauses provide the Corporation the opportunities to manage leases in order to align with its strategies. All of the extension or termination options are only exercisable by the Corporation. The extension or termination options which were probable to be exercised have been included in the calculation of the Right of Use Asset.

Movements in Carrying Amounts:

	Leased Buildings	Total
	\$	\$
Carrying amount at 1 July 2024	1,651,926	1,651,926
Additions at cost	-	-
Lease termination	(2,486)	(2,486)
Depreciation expense	(344,226)	(344,226)
Carrying amount at 30 June 2025	1,305,214	1,305,214

(b) AASB 16 Related Amounts Recognised in the Statement of Profit and Loss

	2025	2024
	\$	\$
Depreciation charge related to right of use assets	344,226	341,742
Interest expense on lease liabilities	80,700	95,046
Short Term leases expense	282,399	231,022
Low value asset leases expenses	22,404	22,081
	729,729	689,891

Note 9	Trade and Other Payables		
		2025	2024
		\$	\$
	CURRENT		
	Trade creditors	2,169,507	726,046
	Accrued liabilities	857,092	593,695
	GST payable (net)	1,112,511	527,716
	Other payables	11,337	11,927
	Total Trade and Other Payables	4,150,447	1,859,384

(a) Financial liabilities at amortised cost are classified as trade and other

Trade and other payables:		
— Total Current	4,150,447	1,859,384
— Total Non Current	-	-
Total trade and other payables	4,150,447	1,859,384

Less:		
— Deferred income	-	-

Financial liabilities as trade and other payables	17,18	4,150,447	1,859,384
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Note 10	Contract Liabilities	2025	2024
		\$	\$
	CURRENT		
	Revenue received in advance	1,296,929	-
	Contract Liabilities - Operational grant funded programmes	365,910	214,661
	Contract Liabilities - Capital grant funded programmes	13,071,461	3,990,105
	Total Contract Liabilities	14,734,300	4,204,766
	Contract liabilities - movement in amounts :		
	Balance at the beginning of the year	4,204,766	2,090,703
	Additions: Grants for which performance obligations will only be satisfied in subsequent years	14,734,300	4,204,766
	Expended : Grants acquitted or utilised during the year	(4,204,766)	(2,090,703)
	Closing balance	14,734,300	4,204,766

Note 11	Lease Liabilities	Note	2025	2024
			\$	\$
	CURRENT			
	Leases - properties		329,675	327,139
			329,675	327,139
	NON-CURRENT			
	Leases - properties		1,129,885	1,459,440
			1,129,885	1,459,440
	Total Lease Liabilities	17,18	1,459,560	1,786,579

The lease liabilities are secured by the underlying assets and are subject to the terms of their individual lease agreements.

Note 12	Employee Provisions	2025	2024
		\$	\$
	CURRENT		
	Provision for annual leave	1,277,613	1,085,443
	Provision for long service leave	550,072	460,141
		1,827,685	1,545,584
	NON-CURRENT		
	Provision for long service leave	355,665	508,027
		355,665	508,027
	Total provisions for employee benefits	2,183,350	2,053,611

Analysis of total provisions:

Opening balance at 1 July 2024	2,053,611
Net provisions raised during the year	129,739
Balance at 30 June 2025	2,183,350

Provision For Employee Benefits

Employee provisions represents amounts accrued for annual leave and long service leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements and the amount accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the Corporation does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the Corporation does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement. The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based upon historical data. The measurement and recognition criteria for employee benefits have been discussed in Note 1(g).

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
ABN: 23 351 866 925
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2025

Note 13 Key Management Remuneration	2025	2024
	\$	\$
Any persons having authority and responsibility for planning, directing and controlling the activities of the Corporation, directly or indirectly, including any Committee Member (whether executive or otherwise) of the Corporation, is considered to be Key Management Personnel (KMP).		
The totals of remuneration paid to KMP of the Corporation during the year are as follows:		
Short- term employment benefits	1,566,608	1,002,451
Long term employment benefits	50,859	35,532
Post employment benefits	131,147	67,056
Total Key Management Remuneration	1,748,614	1,105,039

Note 14 Other Related Party Disclosure

Other related parties include close family members of key management personnel and entities that are controlled or jointly controlled by those key management personnel or individual or collectively with their close family members.
Transactions between related parties are on commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.

During the year ended 30 June 2025, the Corporation paid Directors travel allowances for attending meetings for and on behalf of the Corporation.

	2025	2024
	\$	\$
Directors' travel allowances	251,315	219,697

Family members of KMP including Directors are employed by the Corporation. These nine people are employed and remunerated on normal commercial terms and arrangements. The amounts paid to these people in 2025 totalled \$798,908 (2024 : \$401,419 for four people).

There were no other related party transactions in 2025 (2024: \$Nil).

Note 15 Cash Flow Information

Note	2025	2024
	\$	\$
(a) Reconciliation of cash and cash equivalents to Statement of Cash Flows:		
Cash on hand and at bank	4 30,411,757	17,844,380
Total cash as stated in the Statement of cash flows	30,411,757	17,844,380
(b) Reconciliation of Cash Flow from Operating Activities with Current Year Profit		
Profit for the current year	653,496	683,465
Less Capital Grant Funding Income	(660,742)	(2,336,203)
Less Increase in Unspent Capital Grant contract liabilities	(9,081,356)	-
Non-cash flows:		
Depreciation expense	1,112,475	1,015,522
Loss (Gain) on sale of assets	(82,306)	(102,727)
Interest expense on lease liabilities	80,700	95,046
Changes in assets and liabilities:		
(Increase)/decrease in Trade and other receivables	(498,137)	996,731
(Increase)/decrease in Other current assets	(113,553)	101,715
Increase/(decrease) in Trade and other payables	2,291,063	105,540
Increase/(decrease) in Other liabilities	10,529,534	2,114,063
Increase/(decrease) in Employee provisions	129,739	223,396
Net cash provided by operating activities	4,360,913	2,896,548

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
ABN: 23 351 866 925
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2025

Note 16 Capital and Leasing Commitments:	2025	2024
	\$	\$
(a) Lease Liability Commitments :		
— not later than 1 year	394,826	407,870
— later than 1 year but not later than five years	918,708	1,098,437
— later than five years	394,884	618,416
Total Future Lease Payments at the End of the Reporting Period :	1,708,419	2,124,723
(b) Operating Lease Commitments		
<i>Rental commitments : short term and low value assets</i>		
Payable – minimum lease payments no later than 12 months :		
— Short term leases	487,553	282,399
— Low value assets	64,307	67,212
	551,860	349,611

The non-cancellable operating leasing commitments in 2025 were for the short term lease of Photocopiers, and a short term lease of a Rental property. The property lease at 30 June 2025 is on a month to month basis and the photocopiers were leased for a term of 36 months.

(c) Capital Expenditure Commitments

The Corporation has capital expenditure commitments of \$12,079,808 (2024 : \$3,508,427) being the unspent amount of capital funding received for accommodation buildings at Lajamanu, Kalkarinji and Yarralin and a new clinic at Yarralin. The Project is covered by Grant Funding.

Note 17 Financial Risk Management

The Corporation's financial instruments consist mainly of deposits with banks, local money market instruments, short term and long-term

The totals 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:

Financial assets	Note	2025	2024
		\$	\$
Financial assets at amortised cost:			
Cash and cash equivalents	4	30,411,757	17,844,380
Trade and other receivables	5	796,760	298,623
Total financial assets		31,208,517	18,143,003
Financial liabilities			
Financial liabilities at amortised cost:			
Trade and other payables	9	4,150,447	1,859,384
Lease liabilities	11	1,459,560	1,786,579
Total financial liabilities		5,610,007	3,645,963

Refer to Note 18 for detailed disclosures regarding the fair value measurements of the Corporation's financial assets.

Note 18 Fair Value Measurements

Fair value estimation

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying values as presented in the statement of financial position.

Note	2025		2024		
	Carrying Amount	Fair Value	Carrying Amount	Fair Value	
	\$	\$	\$	\$	
Financial assets					
Cash and cash equivalents	4, 17	30,411,757	30,411,757	17,844,380	17,844,380
Trade and other receivables	5, 17	796,760	796,760	298,623	298,623
Total financial assets		31,208,517	31,208,517	18,143,003	18,143,003
Financial liabilities					
Trade and other payables	9, 17	4,150,447	4,150,447	1,859,384	1,859,384
Lease liabilities	11, 17	1,459,560	1,459,560	1,786,579	1,786,579
Total financial liabilities		5,610,007	5,610,007	3,645,963	3,645,963

(i) Cash on hand, accounts receivable and other debtors, accounts payable and other payables and borrowings, are short-term instruments
 (ii) Lease liabilities fair values are assessed on an annual basis by Management and the Directors. Current available data is used in assessing their carrying and fair values.

A fair value measurement assumes that the transaction to sell the asset or transfer the liability takes place either:

- (a) in the principal market for the asset or liability; or
- (b) in the absence of a principal market, in the most advantageous market for the asset or liability.

Note	2025		2024		
	Carrying Amount	Fair Value	Carrying Amount	Fair Value	
	\$	\$	\$	\$	
Non-Financial assets					
Freehold land	7	428,000	428,000	428,000	428,000
Buildings and improvements	7	3,758,966	3,758,966	3,949,623	3,949,623
Total Non-financial assets		4,186,966	4,186,966	4,377,623	4,377,623

For buildings and structural improvements, the fair values are based on a cost basis less accumulated depreciation. In the Directors' annual assessment of impairment of assets, the cost basis of buildings and improvements less accumulated depreciation, is considered to be the appropriate base still, given the assets' locations, use and the cost of replacement.

Note 19 Contingent Liabilities and Contingent Assets

The Directors are not aware of any contingent liabilities or assets as at 30 June 2025 (2024 : \$Nil).

Note 20 Events after the reporting period

There are no matters or circumstances which have arisen since 30 June 2025 that have significantly affected, or may significantly affect the Corporation's operations, the results of those operations, or the Corporation's state of affairs in future financial years (2024 : Nil).

Note 21 Corporation Details

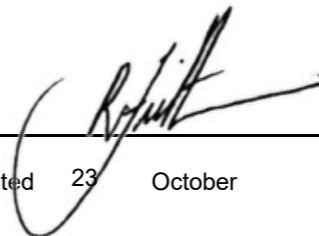
The Principal and registered place of business is:

Unit 10
 38 First Street
 Katherine NT 0851


The Directors of Katherine West Health Board Aboriginal Corporation, declare that in the Directors' opinion :

1. The financial statements and notes, as set out on pages 4 to 24, satisfy the requirements of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (CATSI Act 2006) and the *Australian Charities and Not-for-Profits Commission Act 2012* (ACNC Act) and :
 - (a) Comply with Australian Accounting Standards - Simplified Disclosures applicable to the entity; and
 - (b) Give a true and fair view of the financial position of the Corporation as at 30 June 2025, its performance and cash flows for the year ended on that date.
2. In the directors' opinion there are reasonable grounds to believe that the Corporation 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 of Katherine West Health Board Aboriginal Corporation and with subsection 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2022*.



 Dated 23 October 2025



 Dated 23 October 2025

Commonly used acronyms

<i>Acronym</i>	<i>Full Title</i>
AHKPI	Aboriginal Health Key Performance Indicators
AGM	Annual General Meeting
AHC	Aboriginal Health Coaches
AHP	Aboriginal Health Practitioner (formerly 'Aboriginal Health Worker' or 'AHW')
ACR	Albumin:creatinine ratio
AMSANT	Aboriginal Medical Services Alliance of the Northern Territory
AOD	Alcohol and Other Drugs
ARF	Acute Rheumatic Fever
ALT	Alternate
BPG	Benzathine penicillin G
CARPA	Central Australian Rural Practitioners Association
CHD	Chronic Disease
CEO	Chief Executive Officer
CVD	Cardiovascular diseases
CT	Computed Tomography
CaHLRR	Cultural and Health Literacy Resource Review
DMO	District Medical Officer
ECHO	Echocardiogram
EBM	Executive Board Meeting
ED	Executive Director
eGFR	Estimated Glomerular Filtration Rate
FDSV	Family, Domestic and Sexual Violence
FBM	Full Board Meeting
GP	General Practitioner
GPMP	General Practitioner Management Plan
HbA1c	Glycated haemoglobin
HCC	Health Centre Coordinator
HR	Human Resources
ISO	International Standards Organisation
KPIs	Key Performance Indicators
KWHB	Katherine West Health Board
MECSH	Maternal Early Childhood Sustained Home Visiting Program
NACCHO	National Aboriginal Community Controlled Health Organisation
NDIS / A	National Disability Insurance Scheme / Agency
nKPI	National Aboriginal Key Performance Indicators - Clinical measurements
NSW	New South Wales
NTAHKPI	Northern Territory Aboriginal Health Key Performance Indicators
NTPHN	Northern Territory Primary Health Network
NTG	Northern Territory Government
OT	Occupational therapists
PATS	Patient Assistance Travel Scheme
POCT	Point of Care Testing
QLD	Queensland
RACGP	Royal Australian College of General Practitioners
RAN	Remote Area Nurse
RAMF	Risk Assessment Management Framework
RHD	Rheumatic Heart Disease
STI	Sexually Transmitted Infections
SEWB	Social and emotional wellbeing
SA	South Australia
TIS	Tackling Indigenous Smoking
TTANGO	Test, Treat, and Go
WHS	Work Health and Safety



**KATHERINE WEST
HEALTH BOARD**
Aboriginal Corporation

PO Box 147 Katherine, Northern Territory 0851
ICN 3068 / ABN 23 351 866 925

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