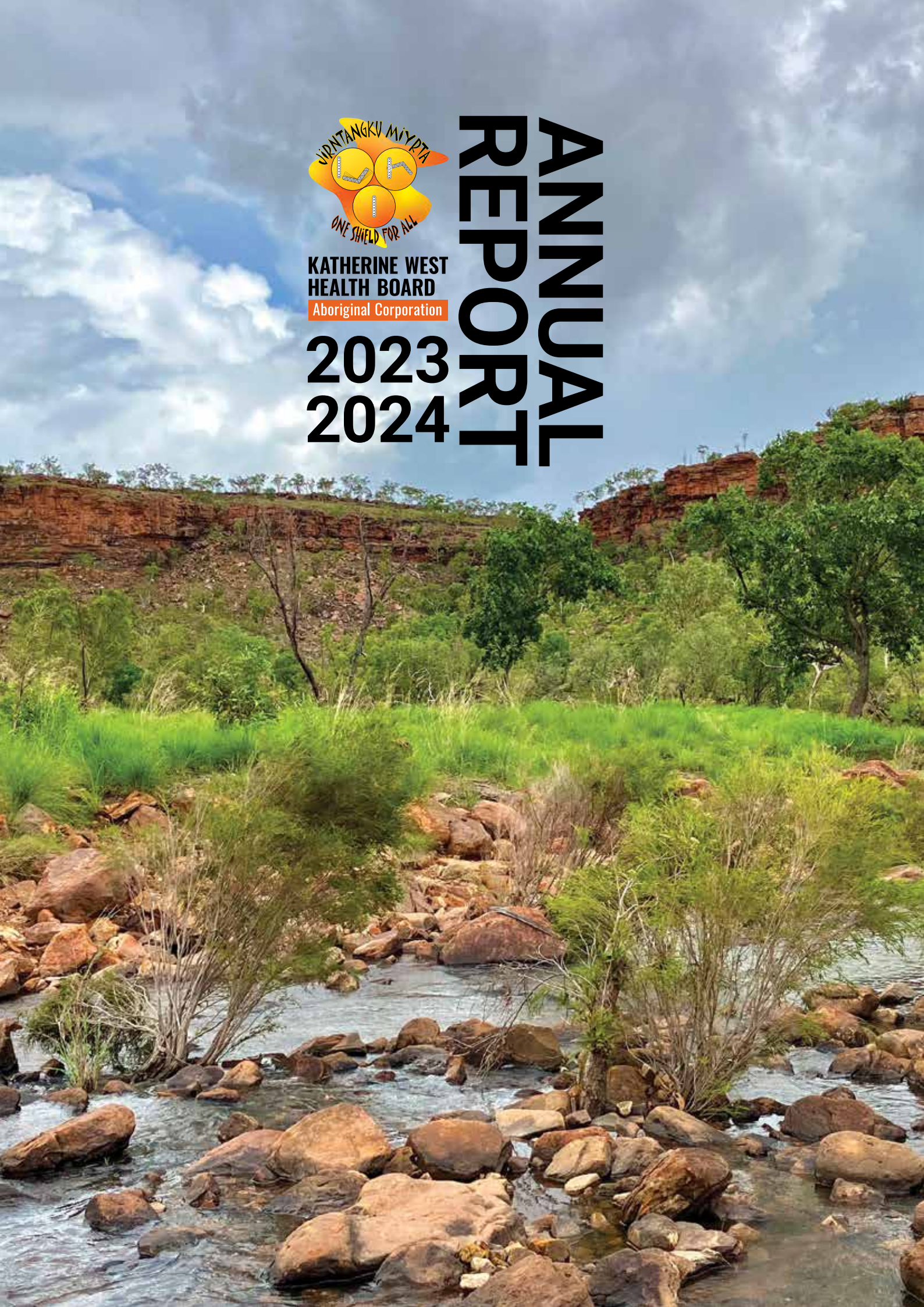




**KATHERINE WEST
HEALTH BOARD**
Aboriginal Corporation

**2023
2024**

ANNUAL REPORT





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

This annual report was compiled for Katherine West Health Board Aboriginal Corporation (KWHB). The KWHB Directors present this document as a true and accurate summary and report for the financial year ending 30 June 2024.

Please note:

- There is a full list of acronyms on page 110 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 kwhb.com.au

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Roslyn Frith
Chairperson



Welcome from our **Chairperson**

On behalf of the Directors of Katherine West Health Board (KWHB), welcome to our 2023-2024 Annual Report.

I did not expect that in 2024 I would again start my report by highlighting another instance of major flooding in our communities, leading to the evacuation of residents to Darwin and Katherine. However, I am proud to share that Katherine West Health Board staff once again rose to the challenge, providing our community members with respect and care. Our team worked closely with the NT Government and other community stakeholders to ensure that our community members were well-supported during this difficult time and could return to their homes once it was safe to do so.

Due to the floods, we were unable to hold our first Full Board Meeting for the 2024 calendar year until May. With most Directors in attendance, it was a full day filled with reports and updates from KWHB management and staff. It was a relief to finally gather everyone together in Katherine and to focus on our work after the challenging start to the new year.

The Executive Board Directors continued their governance training with Ambrose Solutions and were presented with certificates of completion upon completing the online learning modules of the program. This investment in governance training continually shows

'I am proud to share that Katherine West Health Board staff once again rose to the challenge, providing our community members with respect and care.'

'Earlier in 2024, KWHB excelled in its ISO audit, and we are continuing to expand our services and staff through a targeted approach that aligns with our strategic plan.'

KWHB's commitment to enhancing the skills and engagement of our Board of Directors, aligning with our 2022-2027 strategic plan of governance excellence. As the full board continues their governance training journey, I am excited to see their growing understanding of their responsibilities as Board Directors.

We were finally able to kick off our 25 year celebrations with successful events in Timber Creek and Bulla in June. The festivities in all other KWHB communities will take place in the next financial year. I congratulate the KWHB staff for organising these events. They were well attended by the community, and it was wonderful to see everyone come together in their celebration t-shirts to honour the ethos of KWHB – an Aboriginal-controlled health service dedicated to our communities for over 25 years now.

I would like to extend my gratitude to our CEO, Sinon Cooney, and the senior management team

for their unwavering commitment to improving health outcomes across the region. Their efforts, along with those of the Board, in advancing our Strategic Plan 2022-2027 are crucial in ensuring our finances are well-managed and that KWHB remains compliant with its reporting obligations to funders. Earlier in 2024, KWHB excelled in its ISO audit, and we are continuing to expand our services and staff through a targeted approach that aligns with our strategic plan.

While this past year has brought exciting progress at KWHB, including the announcement of funding for a new clinic in Yarralin, it has also been marked by significant hardships. I want to take this opportunity to extend my heartfelt condolences to our communities and staff who have lost loved ones and valued community members.

2025 is an election year for our Board Directors and we look forward to working with our communities to identify and nominate



Katherine West Health Board (absent Dione Kelly and Andrew Johnson)



representatives from the communities of the region to serve as a Board Director. Throughout 2025 we will hold Director nominations and community elections, encouraging community members to get involved with the health service and taking the leap to become a Director to be a voice for our communities' health. KWHB members should keep an eye out for posters and social media posts notifying them of times for nomination and elections in the coming year. Before the election period will also have a membership drive, encouraging anyone in community who's not yet a KWHB member to become a member and have a say in the elections – maybe also to nominate! We would love to see more young ones coming onto our Board and learning as we share the knowledge we have learned through our own governance journeys.

Finally, I want to personally thank our communities and members for their support, guidance, and feedback. Your input helps us grow and strengthen the services we provide.

The Board, CEO and the staff are on a continuous improvement journey, and it is only with community support that we will succeed in building on what we have accomplished over the last 25 years.

I am enormously proud of KWHB and the excellent work that our staff do, and I look forward to continuing working with all the communities as we improve health and wellbeing across the KWHB region.



Board of Directors

2023 - 2024

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 2024.



Roslyn Frith
Chairperson
Kalkaringi



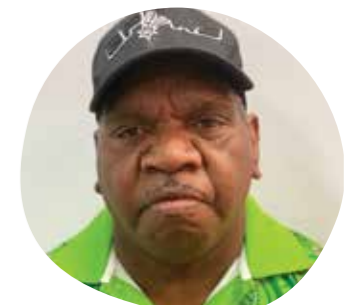
Jocelyn Victor
Vice Chairperson
Nitjpurru (Pigeon Hole)



Caroline Jones
Board Director
Timber Creek



Debra Victor
Board Director
Kalkaringi



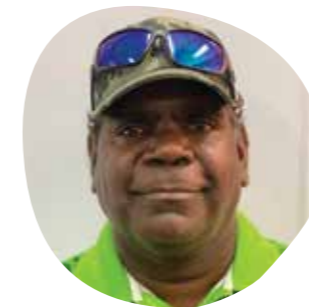
Jonathon Dixon
Board Director
Lajamanu



Dione Kelly
Executive Director
Lajamanu



Andrew Johnson
Executive Director
Lajamanu



Joseph Archie
Board Director
Bulla



Denise Humbert
Board Director
Amanbidji (Kildurk)



Lisa Smiler
Board Director
Kalkaringi/Daguragu



Deborah Jones
Executive Director
Timber Creek



Wesley Campbell
Executive Director
Yarralin



Matrina Robertson
Board Director
Lajamanu



Aileen Daly
Board Director
Yarralin



Sharatine Campbell
Board Director
Yarralin

Board Appointments

The names of the Directors throughout 2023/2024 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
Aileen 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 Board Meetings and Attendance

Title	Date	Attendance	Member Name	Meetings Attended
Full Board Meeting (FBM)	26/07/23	14	Roslyn Frith	6
Executive Board Meeting (EBM)	20/09/23	5	Jocelyn Victor	6
Full Board Meeting	15/11/23	13	Dione Kelly	3
Annual General Meeting (AGM)	16/11/23	11 FBM 8 Members	Andrew Johnson	2
Full Board Meeting	7/05/24	12	Deborah Jones	5
Executive Board Meeting	26/06/24	4	Wesley Campbell	6
			Caroline Jones	4
			Debra Victor	3
			Jonathon Dixon	4
			Joseph Archie	3
			Denise Humbert	4
			Lisa Smiler	4
			Matrina Robertson	3
			Aileen Daly	1
			Sharatine Campbell	3

Title	No. of meetings throughout the year
Full Board Meeting	3
Executive Board Meeting	2
Health Services Advisory Committee (HSAC) (formerly Primary Health Care Governance Meeting)	6 Online 1 Face to Face
Senior Leadership Team Meeting (SLT)	15
Annual General Meeting	1
Safety Team Meeting	3
Finance Committee	4

Board meetings were held in Katherine and Darwin throughout 2023-2024



Sinon Cooney
Chief Executive Officer

'Aboriginal Health Practitioners are the backbone of our service, and we were so proud that those who make such a significant contribution are a part of our team.'

Foreword from our Chief Executive Officer

As I reflect on the past year, it is with immense pride that I present this report on behalf of the Katherine West Health Board. The last 12 months have been defined by both remarkable achievements and significant challenges. We have continued our incredible growth as an organisation and continue our promise to deliver high-quality healthcare across our region while upholding the principles of Aboriginal community control.

Major Achievements and Recognition

The past 12 months have been extraordinary in terms of recognition for KWHB. Our organisation has been acknowledged at both the state and national levels for our unwavering commitment to improving health outcomes in remote and rural areas.

'The last 12 months have been defined by both remarkable achievements and significant challenges.'

KWHB received 4 prestigious awards and one significant medal, each celebrating our dedication to healthcare. We proudly received the Primary Health Care Service of the Year award at the Northern Territory Primary Health Network (NTPHN) Health Professional of the Year Awards, recognising our unwavering teamwork during the challenging 2023 floods. The Administrator's Medal highlighted our profound impact on healthcare across the Northern Territory. Our innovative multidisciplinary approach was honoured with the

National Rural and Remote Health Award for Rural/Remote Multidisciplinary Collaboration of the Year. Additionally, at the NT Aboriginal and Torres Strait Islander Health Worker and Practitioner Excellence Awards, we celebrated the outstanding contributions of Lorraine Johns and paid tribute to the late Mr Little for his enduring commitment to culturally safe healthcare. Aboriginal Health Practitioners are the backbone of our service, and we are so proud that those who make such a significant contribution are a part of our team. Congratulations Lorraine, and thank you to the Northern Territory Government for recognising Mr Little's significant achievements - it was such a great honour to Mr Little and his family.

Community Response to Natural Disaster

Natural disasters once again tested our resilience.

In mid-January 2024, a tropical low triggered severe flooding across the Victoria Daly region. Daguragu, Kalkaringi, Nitjpurru, Timber Creek, and Yarralin were affected, with roads flooded and residents cut off from essential services.

KWHB immediately stepped into action, prioritising medical evacuations for vulnerable residents. Working closely with our communities, community stakeholders and other agencies, we ensured that affected individuals were safely relocated, including elderly members who were evacuated to Rocky Ridge in Katherine. Throughout this crisis, our staff and Board demonstrated outstanding leadership and commitment, keeping the communities' health and wellbeing at the forefront of every decision.



KWHB Primary Health Care Service of the Year award at the NTPHN Health Professional of the Year Awards

Celebrating 25 years of Community Control
2023 marked a significant milestone for KWHB —25 years of delivering Aboriginal community controlled health care. While our plans for region-wide celebrations were postponed due to the flood response in 2023, we were able to begin the festivities in June 2024, with events held in Timber Creek and Bulla. These celebrations were a wonderful opportunity to reflect on our achievements over the past quarter-century and look forward to what lies ahead.

Artist Andrew Burke and community members in Bulla and Amanbidji created 2 eye-catching murals that added a special touch to the celebrations, symbolising the spirit and resilience of our communities.

We are so proud of the accomplishments of KWHB over the journey and the resilience and power of our communities to stand up and raise their voice to speak up for their health. We are looking forward to continuing the celebrations across the region in the second half of 2024.

Health Services and Expansion

KWHB continues to deliver a comprehensive suite of primary health care services across the Katherine West region. Our clinical services have expanded in response to community needs, and we remain focused on delivering culturally appropriate, high-quality care. Over the past year, our teams have worked tirelessly to provide primary health care, chronic disease management, maternal and child health services, and mental health support, among other essential services.

A key focus has been on improving access to specialist services through telehealth and outreach clinics. This year, we have further strengthened our relationships with key stakeholders and partners, allowing us to provide even greater access to allied health, dental, and specialist services for our remote communities.

We also further developed our family support services, introducing a new model of care and more clearly defined roles for our team.

It is great to see the evolution of this important area of work at KWHB for our communities

and families. Growing the program ensures we are strengthening families in a way that meets cultural and community expectations.

Transition to Remote Practice Program

Our Transition to Remote Practice Program provides Registered Nurses (RN) and Aboriginal Health Practitioners (AHP) who are new to remote area practice with the skills and knowledge to transition to a role with KWHB.

The program has been an excellent way to attract committed and motivated individuals to our service and deliver on our strategic objective of growing our workforce. The program not only supports a smooth transition of new staff to remote healthcare environments but also strengthens our workforce, with all 2023-2024 program participants securing additional contracts and ongoing employment with KWHB.

Aboriginal Health Coaching Program

In 2023 we successfully secured funding from the Paul Ramsay Foundation to implement the Aboriginal Health Coaching project. This significant investment allows us to implement this flagship course to ensure the ongoing development of our Aboriginal primary health care workforce.

Health coaching is a new initiative developed by KWHB to assist Aboriginal and Torres Strait Islander clients in managing their chronic health conditions. This program involves eligible community members completing a 2-unit, nationally accredited vocational education and training (VET) course. A VET course is ideal for this hands-on health coaching program because it emphasises practical skills and job-ready knowledge over academic study.

The initiative represents an innovative approach to primary health care for the Katherine West region. It will enable health coaches to work closely with clients to enhance their understanding of health, build confidence, and support them in taking control of their health. Health coaching trainees will also contribute to our health centres, supporting clients both at the centre and in their homes.

We are excited to advance this project and look forward to the delivery of the learning and workforce development activities.



The Administrator's Medal. (Credit: Charlie Bliss)



National Rural and Remote Health Award for Rural/Remote Multidisciplinary Collaboration of the Year.



Celebrating Lorraine Johns who was runner up at the NT Aboriginal and Torres Strait Islander Health Worker and Practitioner Excellence Awards.



Honouring the late Mr Little for his enduring commitment to culturally safe healthcare. (Credit: Charlie Bliss)

‘As we embark on a new financial year, I want to extend my deepest gratitude to our Board, staff, and community members for their unwavering support and dedication.’

Workforce and recruitment

Recruitment remains a critical focus as we strive to attract and retain talented professionals who are committed to delivering high-quality care in remote areas. This year, we welcomed a new General Manager of Corporate Services, a role that will strengthen our corporate governance and support service delivery across the region.

In addition to recruiting skilled clinical staff, we have continued to invest in the professional development of our existing team. Ongoing training and support ensure that our staff remain at the cutting edge of healthcare, equipped to meet the unique challenges of working in remote communities.

Accreditation and quality improvement

Maintaining the highest standards of healthcare is crucial to everything that we do. KWHB remains accredited under both the Royal Australian College of General Practitioners (RACGP) and ISO Standards, reflecting our commitment to clinical excellence and organisational quality.

In May 2024, our systems underwent a comprehensive audit against the ISO 9001:2016 standards, including visits to Yarralin and Timber Creek Health Centres. The auditor was impressed by our clinical systems and operational processes, with no major non-conformities identified. This is a testament to the dedication of our staff and management team, who consistently strive for excellence in remote healthcare.

Financial performance

I am pleased to report that KWHB continues to demonstrate strong financial management. We have completed another year with a clean audit, fully compliant with our funding agreements. Our financial performance has been marked by consistent growth, allowing us to expand our services and respond to the evolving needs of our communities. We remain vigilant in monitoring funding opportunities and ensuring that resources are directed towards optimising health outcomes for our clients.

Board and governance training

Our Board has regularly met to discuss our organisational performance and continues to guide and develop our organisation in line with community guidance and expectation. As staff we are well supported by a fair and engaged Board who enable the KWHB leaders to deliver on the Board and communities’ strategic priorities.

We have further developed our Board through our ongoing governance training with Clint from Ambrose Solutions, and we were so proud to see our Executive Directors complete the online learning modules and be awarded certificates of completion. This further demonstrates the ongoing commitment of our Directors and organisation as a whole to development and growth.

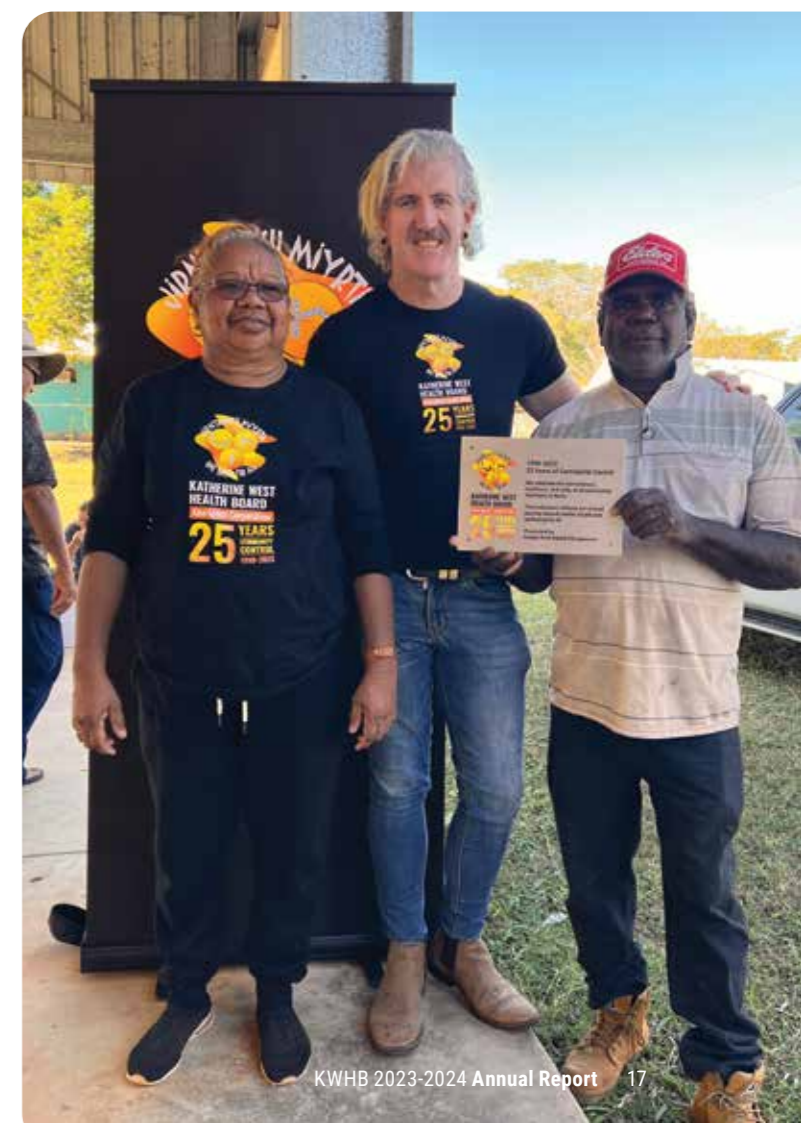
Looking ahead

As we embark on a new financial year, I want to extend my deepest gratitude to our Board, community members and staff for their unwavering support and dedication. A special thanks to our Chairperson Roslyn Frith and Vice Chair Jocelyn Victor. Roslyn and Jocelyn continually represent KWHB across the region and at key meetings across the NT and the country. The challenges we have faced have only strengthened our resolve, and I am confident that KWHB will continue to grow and thrive in the years to come. Together, we will ensure that our communities receive the culturally safe, high-quality healthcare they deserve.

With the strength of our team and the trust of our communities, I am confident that we are well-prepared to face whatever challenges lie ahead, continuing to deliver on our mission of improving health outcomes for community members living across the Katherine West region.



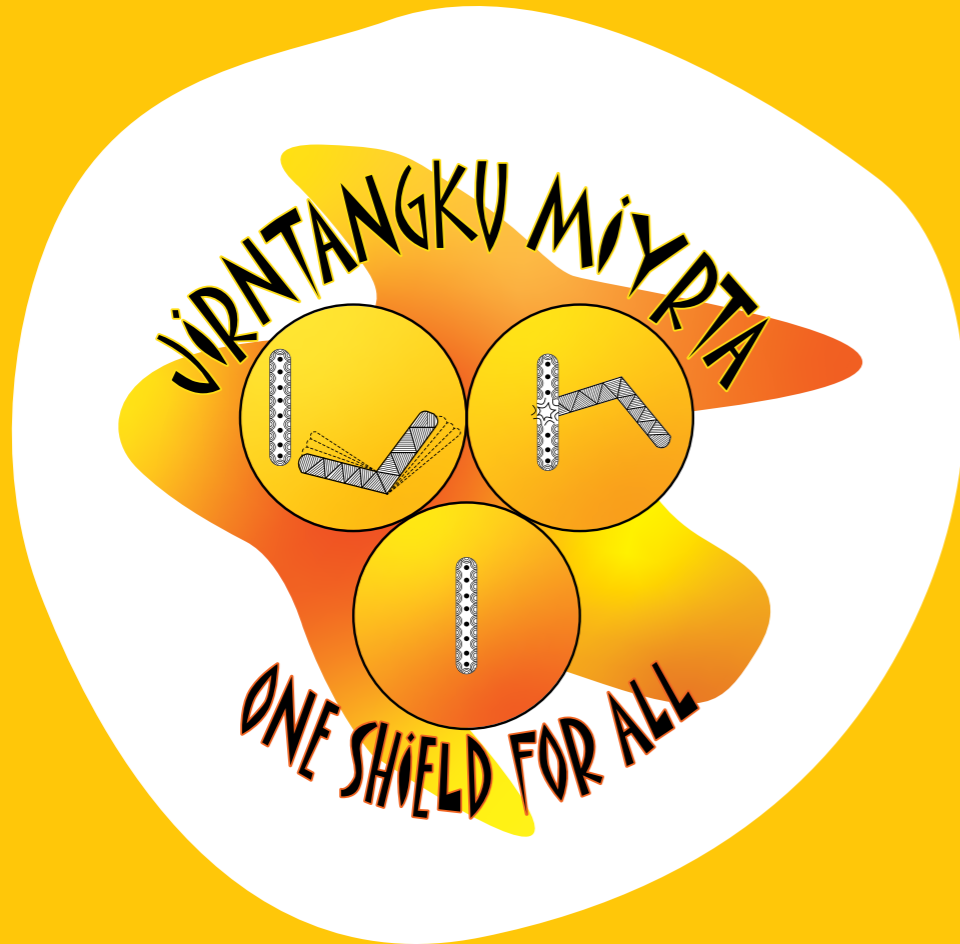
(All images) Celebrating 25 years of Katherine West Health Board Community Control at Timber Creek and Bulla communities



Our Mission

Katherine West Health Board is a leading Aboriginal community-controlled health service. We aim to improve the health and wellbeing of all people in the Katherine West region.

We provide culturally secure primary health care and we are a voice for our communities on all matters affecting our health.



Our Logo

The boomerang represents sickness. The shield represents the Health Centres. The shield stands protective against sickness as one.

The name of Jirntangku 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.

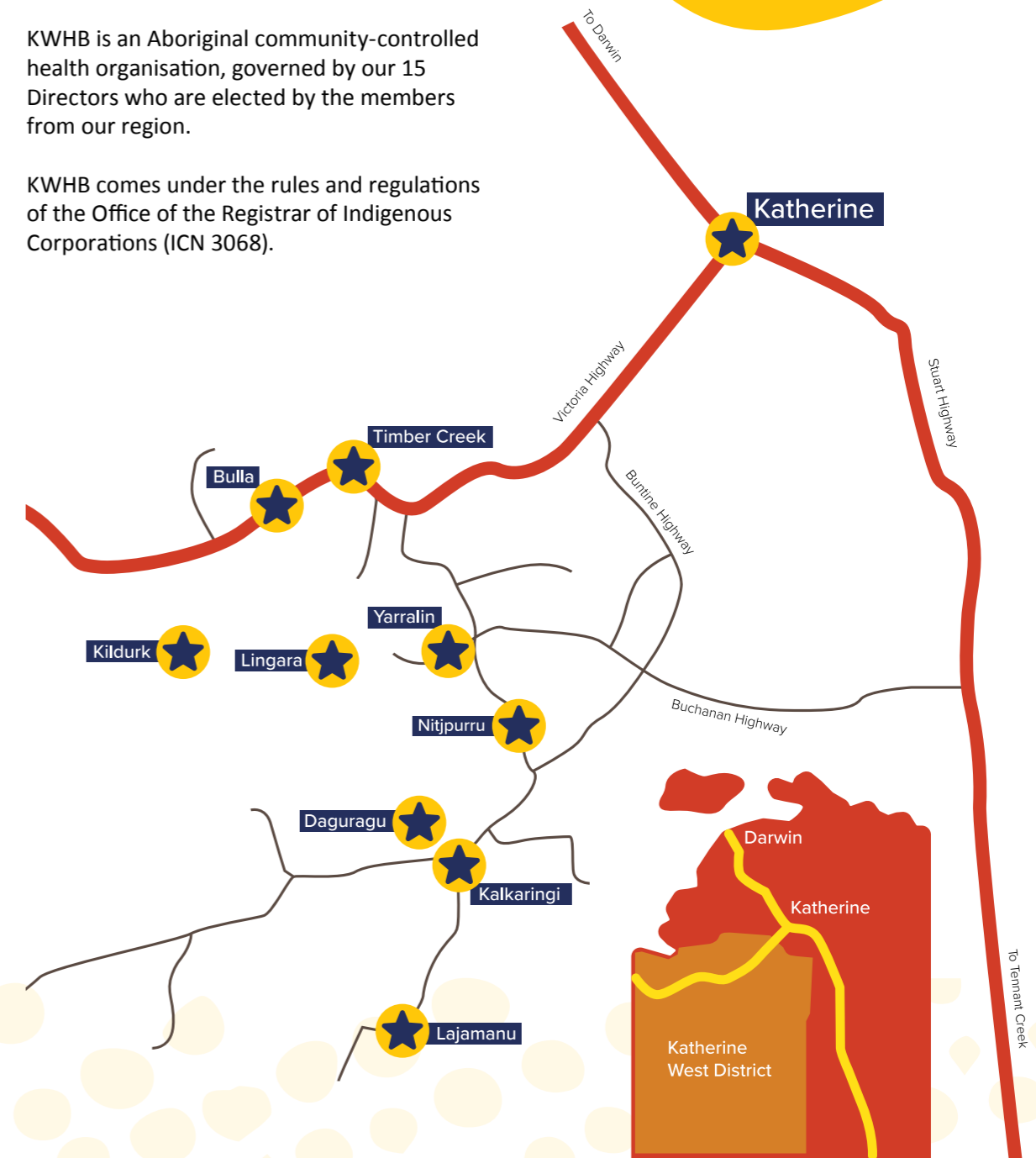
Our Region

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

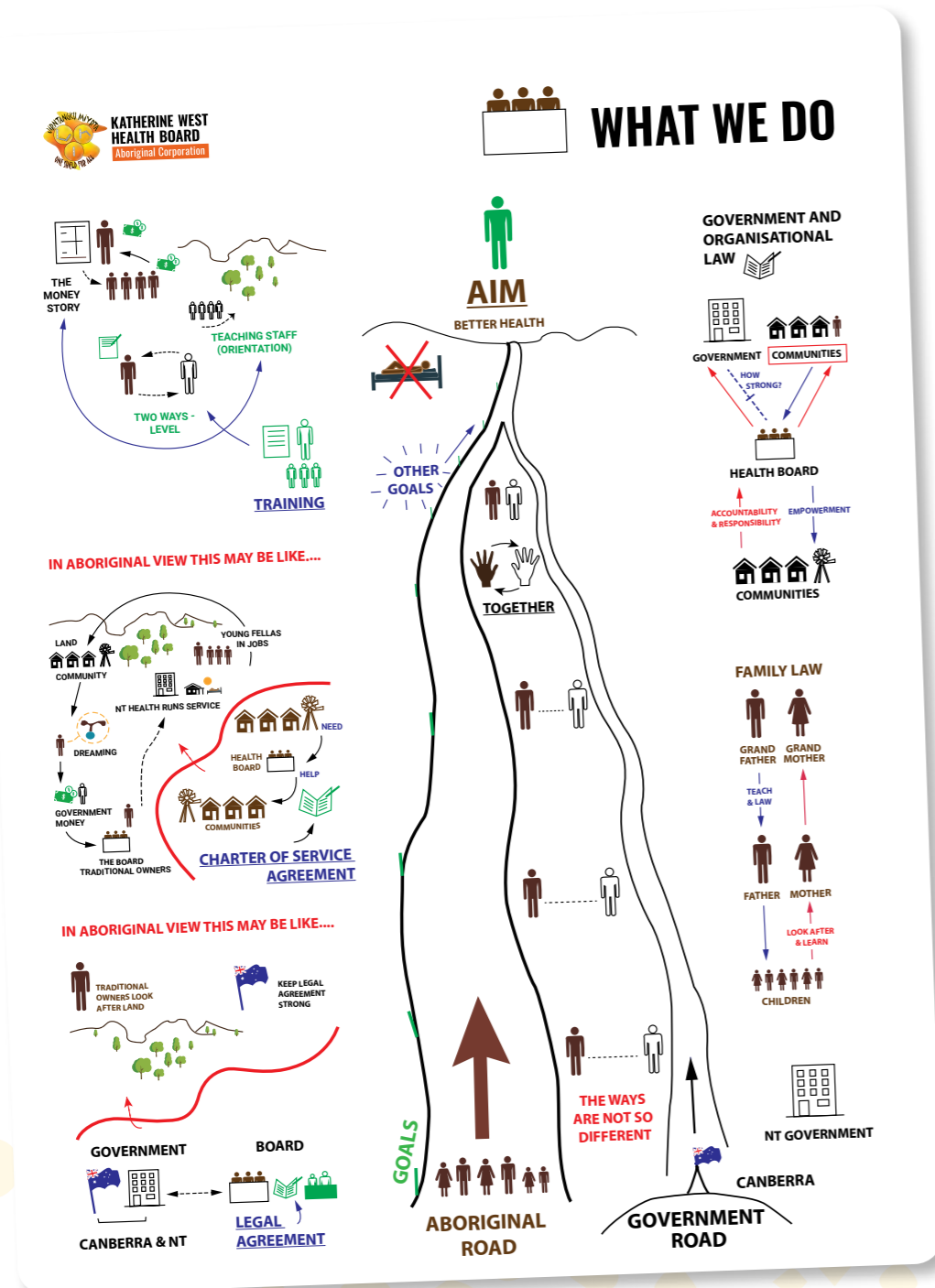
Developed in 1998, the KWHB Road to Health is a core document that now hangs in our Katherine reception area. It was originally created as a Health Service development plan.

The three main tasks were:

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

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

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



Organisational Structure

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



Our People



*Please find all acronyms and abbreviations on page 110



Megan Green
General Manager Health Services



Health Services

‘The wisdom and enthusiasm displayed by our Board on behalf of their communities continues to drive the delivery of KWHB’s culturally secure primary healthcare services.’

The 2023-2024 financial year was a period of growth, adaptation, and continued commitment. The January 2024 floods had a significant impact on several of the communities we serve with evacuations of residents and limited ability to access some communities for several months.

Despite these challenges, KWHB celebrated 25 years as an Aboriginal community-controlled organisation, sharing this major achievement with community members and staff, and recognising their continued hard work, commitment and unmatched resilience.

KWHB Board Directors continue to lead and guide our strategic priorities and direction. The wisdom and enthusiasm displayed by our Board on behalf of their communities continues to drive the delivery of KWHB’s culturally secure primary healthcare services. Snapshots of the year include:

Service delivery

KWHB continued to expand and enhance health and wellbeing services across the Katherine West region, focusing on culturally appropriate, client-centred care.

Primary health care in the bush continues to be the backbone of our service, addressing chronic conditions with a focus on preventive care.

Our health centres continued to provide excellent care and support across all ages and our Aboriginal Health Practitioners (AHPs), GPs,

‘Our Child Health Coordinators worked to build the program’s foundation on the strengths of each community to ensure children receive quality and culturally secure health care setting them up for a healthy future.’



Health Centre Coordinators (HCCs), Remote Area Nurses (RANs) and local support staff worked incredibly hard, day and night, to meet the health needs in our communities.

Maternal and child health our maternal health team was, as always, closely supported by our remote clinicians. The team provided care to over 50 pregnant women, ensuring mothers and babies received the necessary support throughout their journey. The year saw an increase in community-based education sessions on nutrition, breastfeeding, and childhood vaccinations. Our Child Health Coordinators worked to build the program’s foundation on the strengths of each community to ensure children receive quality and culturally secure health care setting them up for a healthy future.

Mental health and alcohol and other drugs (AOD) services were expanded, focusing on trauma-informed care, culturally sensitive counselling services, psychological support and assistance with substance misuse. The ongoing integration of mental health and AOD services within health centres was supported with the recruitment of an additional mental health nurse and a new AOD coordinator.

Public health and health promotion programs that focused on activities in the areas of tobacco cessation, nutrition, social and emotional well-being and physical activity. The health promotion team was expanded with a health promotion coordinator and several new health promotion officers. This has increased the team’s capacity to provide health promotion activities, health days,

workshops, screenings, education and interactive sessions around our region.

Telehealth services have developed and support our clients to connect with specialist services, reducing the need for long-distance travel. The service was expanded, leading to a greater uptake of telehealth services.

Specialist outreach which includes the coordination of regular cardiology, ophthalmology, ear, nose, throat (ENT) and paediatric care visits. These are critical in reducing the burden of travel on clients and ensuring timely access to care.

Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD) program a recent investment into this preventable illness has been funded by National Aboriginal Community Controlled Health Organisation (NACCHO). A dedicated team have now started developing the program to provide community education and support clients to receive optimal preventative and treatment options.

Allied health with regular community visitation by the adult and paediatric physiotherapists, exercise physiologist, diabetes educators, NDIS connector coordinator, elder care connector coordinator and Healthy Homes officer. These allied health visits provide clients with consultations, referrals and connection to additional support services where appropriate.

Mobile team outreach across the most remote parts of our region. The team provided health checks, preventative healthcare and support



to clients on cattle stations and in communities. This year has seen the resignation of Sharon and Phil Weymouth who have provided this service on behalf of KWHB for the last 10 years. Though leaving big shoes to fill, we sincerely thank Sharon and Phil for all their hard work, dedication and service over the last decade.

Sexual health remains a key focus area. We are testing and treating people at risk of sexually transmitted infections (STI) throughout the region. Our partnership with the University of Queensland in the Synergy Project has seen vast community consultation with our Community Advisors to develop strategies and interventions aimed to eliminate STIs.

Family Services provides holistic support to families across the region, to support parents and their extended families to grow up strong and healthy children.

Family services growth this financial year has included:

- High quality delivery of the Maternal Early Childhood Sustained Home-visiting (MECSH) nurse program, supporting families with baby's growth up until the child turns 3 years of age, which is a popular program with strong uptake across the region.
- Regular meetings with Territory Families, Housing and Communities to ensure families at risk of statutory intervention are prioritised.
- A focus on organisational strengthening and developing accessible referral pathways to support KWHB remote clinicians to make referrals to the program.
- Developing a manual, model of care and Communicare clinical items to support program aims and guide best practice casework. There has been an emphasis on ensuring regular case conferencing and documenting clear actions particularly where families have multiple complex needs and require multi-disciplinary support.

- Regularly attending key stakeholder meetings including the Katherine Family Safety Framework, Child Safety and Wellbeing Partnership meetings, MECSH Community of Practice, Risk Assessment Management Framework (RAMF) Community of Practice, Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) Social and Emotional Wellbeing Management meetings and local Katherine service provider meetings.
- Launching the Walking a New Path Together program. The program provides early intervention with young men aged 11-17 years. It connects young men with culture and community and teaches about respectful relationships and emotional regulation to prevent domestic, family and sexual violence. In the early stages of implementation, this program has had support from male community members who have co-designed the program with staff and led cultural activities including bush yarning circles.

- Supporting social work student placements. We hosted 8 students, strongly supported by Flinders University and the University of Melbourne. This proved to be a successful initiative, with positive feedback from students. The program resulted in one student returning to work in Katherine, and we hope to see more return to the NT in the future.
- Developing internal system and policy reforms to support our workforce to effectively screen and respond to domestic, family and sexual violence (DFSV), ensuring KWHB is a Child Safe Organisation and strengthening KWHB's alignment with the National Principles for Child Safe Organisations.

Accreditation

In May, KWHB successfully passed accreditation in ISO 9001 (Quality Management) for another 3 years. The ISO ensures that KWHB meets Australian standards in service systems quality, consistency, safety, and efficiency.

We are currently preparing and ensuring that continuous quality improvement measures are in place to meet the robust clinical standards for the RACGP accreditation in the second half of 2024.

Aboriginal Health Coaching Program

KWHB is committed to the ongoing employment and support of a local workforce. The Aboriginal Health Coaching Program is a new initiative which will see Health Coaching trainees complete an accredited 2 Unit VET course and then graduate as an Aboriginal Health Coach. This education and training will be delivered on country.

Working within the community and the health centres, the Health Coach will provide support and education for community members to manage their chronic health conditions.

The first Health Coaching Roadshow, which will raise awareness about the course, curriculum and job pathways as well as recruit potential Health Coach trainees, is now planned for the second half of 2024.

Transition to Remote Practice Program

The Transition to Remote Practice Program launched in 2024 has been instrumental in preparing AHPs and RNs for the unique challenges of remote service delivery. In the first half of 2024, 4 registered nurses completed the program, receiving training in cultural competency, emergency care, primary health care and telehealth. We have a strong number of applicants for our next scheduled program. The Transition to Remote Practice Program is helping to reduce staff turnover by fostering confidence and expertise in remote practice, thereby ensuring more stable service delivery for our communities.



‘The murals are now central to ongoing discussions about mental health in these communities, serving as a catalyst for engagement and reducing stigma surrounding mental health issues.’



Community Mental Health Murals – Bulla and Amanbidji

As part of our mental health and well-being initiatives, KWHB collaborated with international street artists Andrew, Georgie and Bryan and local community members to design and paint community mental health murals in Bulla and Amanbidji. These murals serve as a visual representation of mental health awareness and resilience, promoting positive messages about emotional well-being, help seeking and community solidarity.

The process of creating the murals involved workshops with community members, particularly youth, to discuss mental health themes, allowing them to express their experiences and aspirations through art. The murals are now central to ongoing discussions about mental health in these communities, serving as a catalyst for engagement and reducing stigma surrounding mental health issues.

The murals promote the same message written on existing murals in Lajamanu, Kalkaringi, Timber Creek, Daguragu and Yarralin - #SpeakUp Share Your Worries!

Challenges

- Staffing: Despite improvements in recruitment and retention, staffing shortages continue to impact our ability to provide consistent services, particularly in smaller, more isolated communities.
- Infrastructure: Some health centres require upgrades to accommodate the growing demand for services. Funding has been secured for a new Yarralin Health Centre and additional funding for staff accommodation has been granted for Lajamanu, Yarralin and Kalkaringi.
- Natural disasters: The flood evacuations highlighted areas where our disaster preparedness can be improved. We are currently reviewing these processes and working to enhance our emergency response capabilities.

Looking forward

Looking ahead, KWHB is committed to further expanding our services, improving health outcomes, and continuing to empower communities.



Key focus areas include:

- Expanding telehealth to reduce geographic barriers to care.
- Delivering the Aboriginal Health Coaching Program on country to support clients with chronic disease.
- Advocating for infrastructure improvements to ensure our health centres and programs meet the needs of growing communities.

Maintaining strong governance structures to ensure KWHB continues to monitor, evaluate and improve all health services. 2023-2024 has been a year of both challenges and achievements. Through the strong leadership of our Board, supportive management, dedicated staff, strong community partnerships, committed health centres and programs providing services of excellence, KWHB has

made significant progress in improving health outcomes and expanding services.

KWHB remains committed to addressing the health disparities faced by Aboriginal communities and continuing to deliver high-quality, culturally secure care.

It remains a privilege to work with such an amazing team of people who are all playing their part to ensure we do our very best for the communities we serve and I look forward to the new challenges of 2024-2025.

I would like to thank all our staff and communities for working hard together to ensure KWHB continues to grow from strength to strength, placing us in a great position to celebrate 50 years as an Aboriginal Community Controlled Health Organisation (ACCHO) in 2048!

Primary Health Care Activity - Visiting Specialist 2023-2024

Specialty Type	Bulla		Nitjipurru		Kalkaringi		Katherine		Lajamanu		Amanbidjji		Timber Creek		Yarralin		Total	
	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts	Days	Pts
2023/2024																		
KWHB STAFF																		
Community Services Worker	1	1	1	4	12	43	11	13	6	13	1	1	9	16	11	23	52	114
Chronic Care Coordinator									2	2			1	1	63	271	66	274
Diabetes Educator	1	9	3	9	25	126	57	268	27	143	2	4	17	56	16	39	148	654
Drug and Alcohol Counsellor					3	4							4	5	2	2	9	11
Exercise Physiologist	3	5	1	5	5	22	9	12	7	29	1	1	7	27	4	12	37	113
Physiotherapist	1	2	5	12	11	33	7	9	18	70			9	25	12	25	63	176
Social Worker	7	9	13	21	46	137	187	1220	43	201	4	11	18	48	64	205	382	1852
EXTERNAL STAFF																		
Audiologist	1	6	4	16	18	101			19	125			8	36	6	39	56	323
Cardiologist (telehealth)					2	40											2	40
Dental Therapist					22	104			5	30							27	134
Dentist					11	60			18	52			4	19	7	31	40	162
ENT Specialist									1	2							1	2
Obstetrician & Gynaecologist					10	73	1	1	10	55	1	1	10	49	1	4	33	183
Optometrist	1	4			8	51			8	36			7	34	5	30	29	155
Paediatrician	1	6			3	35			4	44	2	13	5	32	5	60	20	190
Sonographer									1	1							1	1
Specialist Med Practitioner					1	7			1	11			1	6	1	11	4	35
Specialist Physician					6	44			6	43			1	12	2	19	15	118
Registrar	1	5			9	42			9	33			5	27	2	12	26	119
EXTERNAL AND KWHB STAFF																		
Podiatrist	4	17			19	72	1	1	20	69	4	9	15	49	14	66	77	283
Total	21	64	27	57	215	994	273	1524	468	959	15	40	121	442	215	849	1094	4939

*Days = Days available to community Pts = Patient consults

Resources

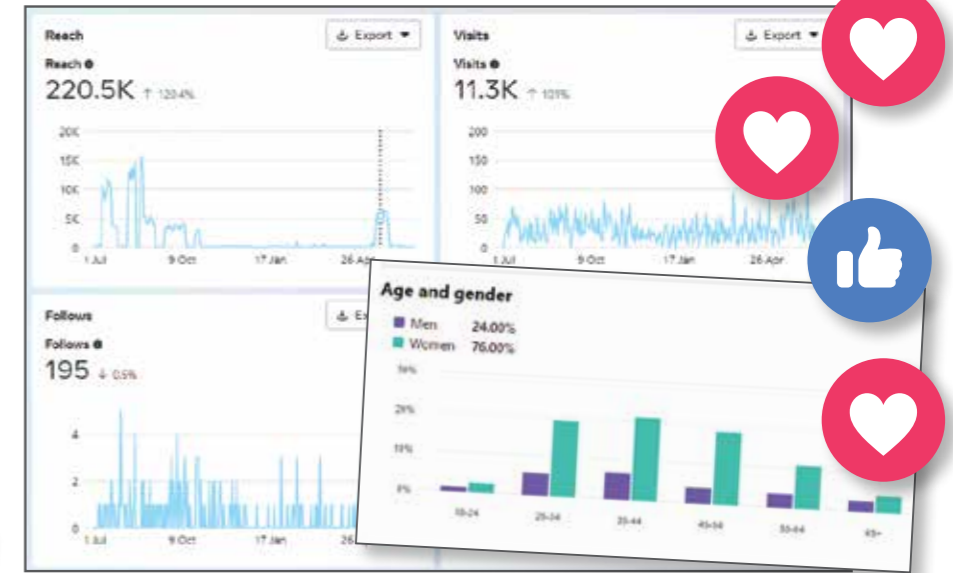
Online orientation



Program resources



Social media



Sample stats from facebook. #oneshieldforall Follow us on social media. More information on the back cover.

Health centre aids

MANDATORY REPORTING

Under Northern Territory law, you must make a mandatory report for:

- Child Abuse and Neglect**
- Domestic and Family Violence**

Program support is available

Unsure whether to make a mandatory report?

Ferrosig is the IM form of Iron. **Do Not Give IV**

Ferrinject is the IV form of Iron. **Do Not Give IM**

Strive for Five

After Hours MANAGER (aka Navman)

When to call the AHM:

- When responding to call alerts
- Issues contacting Police or Police response
- Safety Concerns
- Workload issues
- Unresolved clinical issues with SMO or concerns around guidance from DMSU Care Flight
- Logistic Issues
- For any other issue where you need advice or guidance

0439 161 568

My Needle, My way!

Who is giving my needle

Where am I having my needle

Before my needle - I like

During my needle - I like

After my needle - I like

Easy invite notepads

Immunisation needs keep us healthy

Women's Clinic

Ear, Nose & Throat Doctor visit

Chronic Disease Doctor visiting

Dentist visit for Adults

Hearing mob visit for Kurdu Kurdu

Stickers and posters

Keeping kids safe in the car

Babies and kids travelling in KWHB cars must be in a car seat.

Babies under 6 months | 6 months - 3 year olds | 4 year olds to 7 year olds

GURINJI RIDERS

Help get rid of skin sores

25 year celebrations



Nitjpurru Health Centre
(Service provided from Kakarangi Health Centre)

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

24 HOUR EMERGENCY RESPONSE
CALL: 89 750 785 or 000

THIS IS A SMOKE FREE AREA

Craig Baxter
General Manager Corporate Services



Corporate Services

'This year's achievements reflect our collective dedication and resilience, positioning KWHB to continue making impactful strides in healthcare delivery and community support.'

2023-2024 has been another eventful year for corporate services with a few challenges and plenty of opportunity for each area to contribute to the successes of KWHB and support our primary health care and program staff in delivering their frontline work throughout the Katherine West region.

We are excited to have added several new team members to our corporate services team, enhancing our ability to meet the demands of KWHB's expanding services. At the same time, we have been fine-tuning our processes and systems to better support the increasing needs of our corporate services. We have focused on implementing and refining a quality management system (QMS) tailored to our needs as an Aboriginal Community Controlled Health Organisation. Additionally, we have made significant progress on the development work upgrading our outdated payroll and human resources (HR) systems.

The corporate services team has also continued to provide exceptional support ensuring that KWHB has access to all the resources and support needed to deliver services in a safe and effective manner. The dedication of the team has been demonstrated again through a very challenging wet season that included its fair share of flooding and access challenges. Teamwork and innovation was highlighted by staff in supporting each other and getting the job done.





Work health safety

For the financial year 2023-2024, the Work Health and Safety team at KWHB has diligently ensured compliance with national legislation. This was achieved through an independent review of the organisation's Work Health and Safety status, which enabled us to identify areas for continuous improvement.

Following the review, KWHB has worked towards establishing baseline compliance with relevant legislation and codes of practice. We have successfully updated our policies and procedures to ensure a consistent and streamlined approach to work health and safety practices. Additionally, we have implemented a KWHB Safety Team, which functions as the organisation's Health and Safety Committee. This team, composed of self-identified safety team representatives, is dedicated to engaging staff in Work Health and Safety matters. We have also conducted workplace inspections at all 4 major clinics within the KWHB region, identifying compliance issues and continuous improvement strategies to maintain a safe and healthy work environment for all.

Finance

In the 2023-2024 financial year, the finance department processed 3,369 payrolls over 26 fortnights, averaging 130 pays per fortnight, and handled approximately 6,500 creditor invoices. We received around \$30 million in income, primarily from grant funding and Medicare. KWHB managed 49 grants—equivalent to one per 63 residents—and submitted 179 reports, or one per 17 residents. The Australian Government was our largest funding source, contributing \$17.2 million (58% of total income), followed by the Northern Territory Government with \$6.7 million (23% of total income).

In addition to managing payroll and creditor payments, the finance team supported 2

research projects. The first, with the Northern Territory Aboriginal Health Forum, aimed to map primary health care funding in the Northern Territory to develop a more equitable needs-based funding model. The second project, in collaboration with Menzies School of Health Research, analysed the true costs of employing staff in remote locations. By sharing our findings, we hope to contribute to more sustainable funding for high-quality healthcare in remote areas, benefiting not only our organisation but all ACCHOs.

Reporting and compliance

This year has been notably active in the reporting and compliance sector, with KWHB managing numerous grants and submitting a significant number of reports to our funding partners. Despite the extensive grant management, we have maintained 100% compliance with all funding obligations.

Following successful grant applications, KWHB launched several key programs, including the Aboriginal Health Coaching, Acute Rheumatic Fever and Rheumatic Heart Disease, Walking a New Path Together, Supporting RAMF Implementation, and the Big Rivers Tackling Indigenous Smoking programs. Additionally, we secured funding through the Indigenous Australians' Health Programme's Service Maintenance Program, which has facilitated extensive repairs and maintenance across KWHB's offices, clinics, and accommodation facilities.

2023-2024 also saw the beginning of our staff accommodation projects, with plans to build 3 new staff houses in Yarralin, Kalkaringi, and Lajamanu. Although we encountered delays related to land tenure arrangements, these issues are being addressed, and we expect significant progress in the coming year.

We are also pleased to announce a new Major Capital Works grant for the construction of a new health centre in Yarralin. This important project will commence in the 2025 financial year.

Assets

With the announcement of the Major Capital Works grant it has been an exciting year for our assets team. The new clinic will enhance our capacity to provide primary health care tailored to community needs. The assets team will work closely with this project to ensure a smooth construction process and that medical equipment is integrated seamlessly with other clinics.

The clinic operations and maintenance schedules were challenged to stay on track by the floods in our region. However due to the relationships we have with stakeholders and the KWHB team, we have been able to complete a comprehensive service maintenance plan and continue to improve each year by evaluating the implementation and recognising the remote challenges.

Our fleet of vehicles continues to grow and with the implementation of a revised Fleet Management Policy it will offer clarity on upgrades and maintenance of the cars in a sustainable manner, ensuring we are mitigating any risks and providing clinics with upgrades to clinic cars and emergency vehicles when required.

KWHB has continued to work closely with the Northern Territory Government on ensuring we are working towards improved housing for staff in the bush and that we are advocating the needs for our staff. In addition, we are working closely with the Australian Government to communicate some challenges and delays we have had with the new accommodation builds in Yarralin, Kalkaringi and Lajamanu. Despite the delays we are working to progress with this project in the next financial year and see some construction begin.

Human Resources

In the 2023-2024 period, KWHB has seen significant growth in programs delivered and staff required to meet the needs of those programs. We have grown the Human Resources team, welcoming a new Human Resources Officer and a manager of Human

Resources which has helped the team continue to provide an exceptional experience to the growing number of staff. This expansion has coincided with a positive trend of increased direct employment of Remote Area Nurses (RANs), reducing the need for agency staff in remote clinics. The introduction of more flexible employment arrangements has improved employee retention and decreased dependency on short-term agency staff, streamlining the onboarding and orientation process and providing both a more stable workforce and improving client relationships through more familiar staff.

The Onboarding and Orientation Project, a key initiative of the HR team, reached a milestone. With delivery of the core design and process documentation which will inform KWHB HR reform as we move to the implementation phase of the project. A full review of our current processes and documentation was undertaken through a specialist consultant who provided a roadmap to assist in reaching our strategic priority of 'Attracting, retaining and developing the best staff for the job.'

IT and communications

As our online systems and platforms at KWHB have expanded, we have made sure our IT hardware and connectivity are up to date to support this growth and the diverse needs of our working environment, from regional offices to remote bush health centres. The introduction of Starlink technology has significantly enhanced connectivity across our region, enabling us to maintain connectivity to our patient information systems and other communications during landline and mobile service interruptions that periodically occur throughout the NT.

Additionally, we have been actively working on improving our SharePoint systems to cater to our growing range of programs and the increase in staff numbers and information that is required to deliver those programs.

Overall, this year's achievements reflect our collective dedication and resilience. It positions KWHB to continue making impactful strides in healthcare delivery and community support. A heartfelt thank you to all our staff for their unwavering commitment and hard work. Your efforts are instrumental in driving our success and fulfilling our mission.

Kalkaringi Health Centre



Dr Susan Clarke
Senior Medical Officer



Medical Services

'KWHB continues to collaborate with Wurli Wurlinjang, Sunrise Health Services and NT Health to improve the health of people across the Big Rivers region.'

The 2023-2024 financial year has been an interesting one, after the continual challenges outside of our control, and yet another severe flooding event in 2024, we are starting to re-direct our focus back to core business; improving primary health care delivery. Following the floods in early 2024, the medical services team has concentrated on enhancing General Practitioner (GP) recruitment and retention, improving patient outcomes through staff education, and strengthening communication between our service, hospitals, CareFlight, and the District Medical Officer (DMO) service.

Recruitment

Attempts to recruit GPs have had mixed success. In collaboration with Wurli Wurlinjang Health Service, we recruited Dr Trisha Milne, who has been working in Lajamanu for several months. In November 2023, Wurli Wurlinjang, Sunrise, and KWHB joined forces to advertise at the Rural Medical Association conference. Anthea Anthony, our newly appointed Aboriginal Health Practitioner, Dr Natasha Pavlin, Dr Gautham Sundararaju, and I attended, engaging with a wide range of GPs. From that conference, 1 GP has already signed on to work with us, and several others have expressed interest in the region. We plan to attend the conference again this year in Darwin to continue promoting our region and attracting more doctors to the Big Rivers region.

In 2023-2024 we welcomed 2 new locum doctors, both of whom are likely to return. Our regular doctors—Dr Odette Phillips, Dr Bruce Hocking, Dr Karen Fuller, and Dr John Purton—continue to provide valuable services. Additionally, our off-site doctors - Dr Ann Parker, Dr Andrew Boyden, and Dr Rebecca Warren - offer excellent telehealth consulting service.





'Improving healthcare delivery is always our top priority. We conduct reviews of client outcomes and treatments every six weeks through the Fraught Clinical Scenarios group.'



KWHB also signed a single employment model agreement with the Northern Territory Government (NTG), aimed at facilitating the sharing of doctors between services, with NTG as the employer. Additionally, we are excited to be part of a program with the NTG that gives junior doctors the opportunity to experience remote practice, with the goal of encouraging them to pursue careers in rural medicine.

to further enhance our service delivery. Additionally, doctors meet for regular education sessions, and we continue to present clinical scenarios during our Friday all-staff collaborations

Specialist visits

Katherine District Hospital (KDH) continues to excel in providing specialist visits, with regular physicians and obstetricians visiting the community. Katherine West has received very positive feedback from these visiting specialists regarding the excellent organisation of our health centre teams, so well done to everyone involved. However, attracting specialists from Royal Darwin Hospital (RDH) has been more challenging, and we are actively working to improve outreach from there. Dental services have been particularly difficult to provide in all communities, especially Timber Creek. We are developing a proposal to transport patients to town for dental care if dentists are unable to visit the community. While this is less than ideal, the recent damage to the dental clinic in Timber Creek due to floods and ongoing difficulties in recruiting dentists find us in a position where we need to explore alternative options.

Collaboration

KWHB continues to collaborate with Wurli Wurlinjang, Sunrise Health Services and NT Health to improve the health of people across the Big Rivers region. Apart from recruitment we are working together to improve outcomes in areas such as kidney disease and obstetric and gynaecology conditions. We are also aiming to improve the provision of palliative care on-country so people in their final stage of life can be surrounded by family, culture, community and country. Work has recently started on improving referrals and communication between the hospitals and health services.

Medical students

Throughout the year, we have supported several medical students, providing them with brief exposure to remote medical practice. The feedback has been very positive, and we hope to expand these opportunities once staff accommodation has been built.

The year ahead

Recruitment of GPs remains a challenge across the health sector, particularly in remote communities. Encouraging newer doctors to take up remote medicine is a significant focus for us in the coming year. We will place a strong emphasis on improving Medicare billing to ensure we are appropriately resourced to provide safe and effective comprehensive primary health care. Additionally, we will expand our existing health promotion initiatives to include a kidney camp aimed at improving kidney health in our communities. Thank you to everyone for your hard work and dedication, and we look forward to the opportunities next year will bring.

Quality improvement

Improving healthcare delivery is always our top priority. We conduct reviews of client outcomes and treatments every six weeks through the Fraught Clinical Scenarios group. This group examines client journeys within the health service and develops action plans to enhance care based on protocols, cultural safety, client experiences, and interactions with tertiary services. As we strive to improve our model, this group will evolve over the next year



Primary Health Care

AHKPI 1.1 - Episodes of Health Care and Client Contacts



35,004

Episodes of health care

AHKPI 1.2.1 - First Antenatal Visit



73% < 13 weeks

8% < 20 weeks

15% 20+ weeks

AHKPI 1.2.2 - Anaemia in Pregnancy



22% Anaemic at last test during pregnancy

76% Anaemic at any test during pregnancy

94% Women who gave birth to Indigenous babies and measured for anaemia

AHKPI 1.3 - Birth Weight



0% High

19% Low

81% Normal

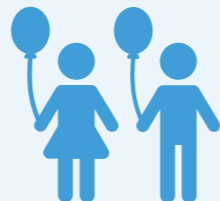
AHKPI 1.4.1 - Fully Immunised Children



96%
6-11 months



96%
12-23 months



99%
24-71 months

AHKPI 1.4.2 - Timeliness of Immunisations



16% 4 months

8% 12 months

32% 18 months

39% 4 years

Immunised on time

AHKPI 1.5 - Underweight Children



94%

Measured

3%

Underweight

AHKPI 1.6 - Anaemic Children

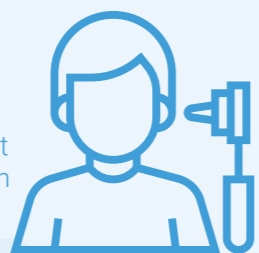


51% Anaemic at any examination

77% Measured

24% Anaemic at last examination

AHKPI 1.20 - Ear Disease in Children



20%

Ear discharge at any examination

5%

Ear discharge at last examination

86%

Ear discharge test recorded

AHKPI 1.7 - Chronic Disease (CHD) Management Plan



100%

Clients with diabetes & CHD on GPMP/ALT GPMP

96%

Clients with CHD on GPMP/ALT GPMP

98%

Clients with diabetes on GPMP/ALT GPMP

AHKPI 1.8.1 - HbA1c Tests



82%

HbA1c Test

AHKPI 1.8.2 - HbA1c Measurements



32%

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

17%

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

16%

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

35%

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

AHKPI 1.9 - ACE Inhibitor and/or ARB



78% ACE and/or ARB

67% ACE

13% ARB

AHKPI 1.10 - Health Check



21% Completed health check

23% Completed ALT health check

AHKPI 1.12 - Cervical Screening



73% Cervical screening

AHKPI 1.13 - Blood Pressure Control



80% Blood pressure recorded

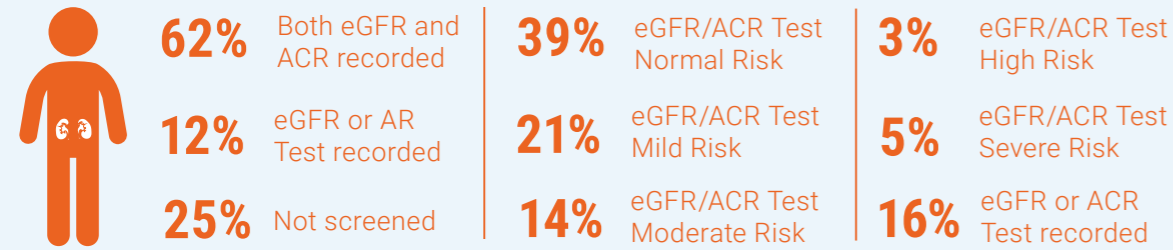
38% Blood pressure less than or equal to 130/80 mmHg

*Please find all acronyms and abbreviations on page 110

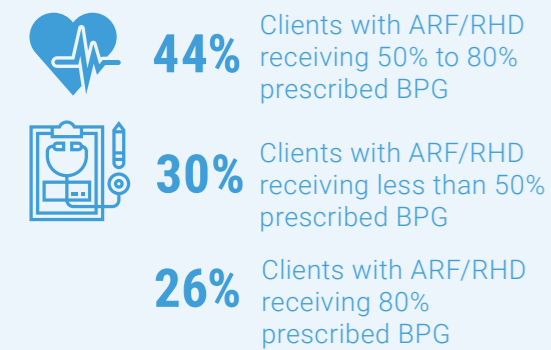
Primary Health Care Data continued

NT Aboriginal Health Key Performance Indicators (KWHB) 2023-2024

AHKPI 1.14 - eGFR/ACR Test Recorded



AHKPI 1.15 - Rheumatic Heart Disease



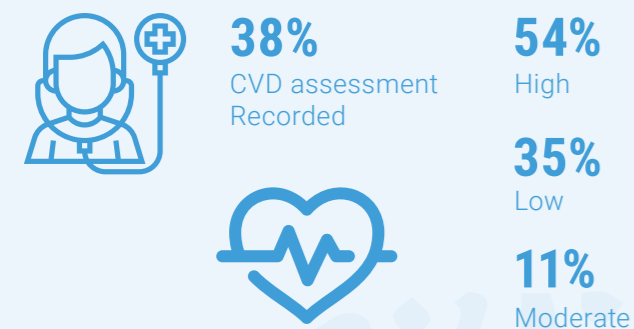
AHKPI 1.16 - Smoking Status Recorded



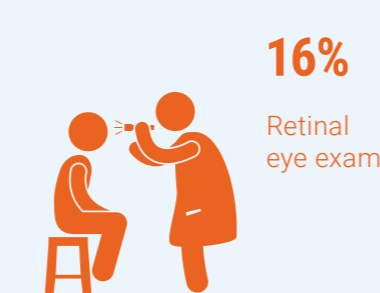
AHKPI 1.17 - STI Test Recorded



AHKPI 1.18 - Cardiovascular Risk Assessment



AHKPI 1.19 - Retinal Screening



*Please find all acronyms and abbreviations on page 110

Timber Creek



Timber Creek Health Centre





Jessica Hagley Regional Manager -
Big River Tackling Indigenous Smoking

Big Rivers Tackling Indigenous Smoking

‘The Big Rivers TIS program has been actively expanding tobacco control efforts across a vast regional footprint of 340,000 km².’

The Big Rivers Tackling Indigenous Smoking (TIS) program reached its one year anniversary at the end of June 2024. Over the past year, we have been working alongside Wurli Wurlinjang Health Service, Sunrise Health Service, and the Northern Territory Government to improve tobacco literacy, prevent the uptake of smoking and vaping, and promote smoking cessation across the Big Rivers region. This exciting partnership has strengthened our existing working relationships with the local health partners through the co-design and facilitation of culturally safe initiatives for the region. I would like to acknowledge the exceptional leadership and governance of our consortium partners, who have provided invaluable advice and direction on the implementation of the Big Rivers TIS program. The success of the program so far reflects the strong relationships and leadership from the partnering organisations.



The Big Rivers TIS program has been actively expanding tobacco control efforts across a vast regional footprint of 340,000 km². Guided by strong governance leadership, the team has dedicated significant time and kilometres, traveling to 31 remote communities to build relationships and understand how the TIS program can best provide support. We received regular positive feedback from communities, highlighting the value of our collaboration and the



activities we bring to communities. We have also developed strong relationships with schools, service providers, and regional councils to help reduce smoking through education, smoke-free community events, and support for developing smoke-free policies.

On 31 May 2024, World No Tobacco Day was celebrated at the SunCable Big Rivers Football League (BRFL) competition in partnership with AFL NT. Competing football teams reinforced the smoke-free message through a photo pledge. Attendees had the opportunity to visit the TIS information stall to access resources on the benefits of being smoke-free and to learn where to find quit-smoking support. This collaborative effort extends beyond the football field. All AFL NT-hosted events at the Katherine Showgrounds will now transition to smoke and vape-free environments.

We have expanded our partnerships with Life Education NT to deliver integrated community education sessions across the Big Rivers region.

This collaboration has been vital in initiating rapport with communities and services. I would like to take this opportunity to acknowledge the hard work of Life Education NT and the TIS team for reaching 22 remote schools across the Big Rivers region in just 12 weeks!

The program has embarked on a journey to develop a regional social marketing campaign featuring inspiring and talented smoke-free champions. These stories showcase their quit smoking journey, the reasons for choosing not to smoke, and the support available. The campaign is set to air on national TV and social media in 2025 – stay tuned!

The success of the Big Rivers TIS program reflects the strong partnerships, leadership, and dedication of everyone involved. I look forward to working alongside the team and consortium organisations in 2024-2025 as we continue to make strides in preventing the uptake of smoking and promoting smoking cessation across the Big Rivers region.

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

ENTRANCE



2023 A Big Year for awards



KWHB Primary Health Care Service of the Year award at the NTPHN Health Professional of the Year Awards

Katherine West Health Board was honoured to receive the Primary Health Care Service of the Year award at the NT Primary Health Network (NTPHN) Health Professional of the Year awards in September 2023. This recognition reflects the exceptional teamwork of our Board Directors, community members, and staff, particularly in response to the challenges of the 2023 floods. With much excitement we were then called up to receive the prestigious Administrator's Medal in Primary Health Care, recognising our leadership, dedication, and contributions to healthcare. We shared this moment with our Board Directors, staff and community partners.

Emily McDonnell, our MECOSH Social Worker, was a nominee for the 2023 Mary Moylan Social Worker of the Year Award, acknowledging her commitment to supporting the Katherine West region communities.

Darren Robinson, our Mental Health Coordinator, was nominated for the Leadership in Community

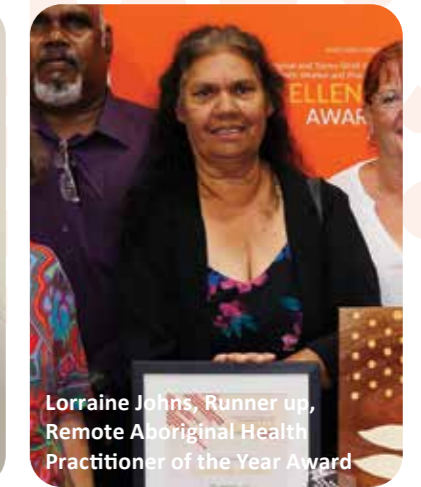
Mental Health Award at the 2023 NT Top End Mental Health and Wellbeing Awards, highlighting his impactful work supporting our communities' mental health needs. Darren is a great advocate for our clients and goes over and above to ensure safe and effective mental health care is provided. Additionally, we celebrated the achievements of Lorraine Johns and Mr Little at the 2023 NT Aboriginal and Torres Strait Islander Health Worker and Practitioner Excellence Awards. Lorraine's success in the highly competitive category of Remote Aboriginal Health Practitioner was a proud moment for KWHB, and her recognition by NT Chief Executive Dr Marco Briceno underscored the significance of her contribution. Mr Little was awarded the prestigious Dr John Hargrave Honour Roll (Lifetime Achievement) award, recognising and celebrating his commitment, service and inspiration to improving the health and wellbeing of individuals, families and communities. With pride, Mr Little's family attended the ceremony alongside our staff



Emily McDonnell (Right), Nominee Social Worker of the Year Award



Darren Robinson, Mental Health Nurse, Nominee Social and Emotional Wellbeing Award



Lorraine Johns, Runner up, Remote Aboriginal Health Practitioner of the Year Award



The Administrator's Medal (Left) and Honouring the late Mr Little for his enduring commitment to culturally safe healthcare (Right) (Photo:Charlie Bliss)

to receive the award celebrating a lifetime commitment to the Aboriginal Health profession.

In November, our team received national recognition with the inaugural National Rural and Remote Health Award for Rural/Remote Multidisciplinary Collaboration of the Year, presented in Canberra. This award honours the exceptional teamwork and communication of KWHB staff during the March 2023 floods. During the floods, our team managed immense community welfare needs, including crisis payments, support for victims of violence, trauma counselling, and providing culturally safe primary health care to 750 evacuees displaced from their homelands. This response showcased our strong collaboration among the community, Board, Aboriginal health practitioners, program teams in Katherine and Darwin, GPs, and remote area nurses. Our staff's dedication ensured high-quality care and demonstrated our commitment to the region.



National Rural and Remote Health Award for Rural/Remote Multidisciplinary Collaboration of the Year

The public recognition of KWHB is a testament to the spirit of community control and the unwavering commitment of our staff to providing culturally appropriate, high-quality, and client-centred care, even in times of adversity. The efforts of every team member, especially during the unprecedented 2023 rainfall and subsequent flooding events, ensured our clients felt safe and supported, and access to essential health services was maintained. Feedback from Board Directors, clients, and stakeholders has highlighted the vital role our team played in supporting the community during these challenging times.

We extend our heartfelt gratitude to all our staff for their relentless dedication to our mission. Your work continues to make a significant impact, and these recognitions reflect the outstanding service you provide every day.



'... the goal to better understand disease risk factors and diseases linked to homes and environmental health.'

The Healthy Homes Program works in collaboration with Acute Heart Disease (AHD) and Acute Rheumatic Fever (ARF) and Healthy Skin and Eyes program. The program aims to improve environmental factors that contribute to ill-health. A key role is liaising with Territory Housing to advocate for timely maintenance and repairs to homes.

In November 2023, KWHB hosted a Healthy Homes Workshop in Katherine in partnership with the Environmental Health Trachoma Project, at Curtin University, and the Indigenous Eye Health Unit, at University of Melbourne. Thirty participants attended, including Aboriginal health practitioners, child and family support staff, remote nurses, housing officers, environmental health practitioners, nutritionists and others.

Participants were fully engaged in 2 days of learning about the 'healthy homes approach' for remote NT Aboriginal communities with the goal to better understand disease risk factors and diseases linked to homes and environmental health. The WA environmental health program stories provided a close look at non-functional bathrooms and working bathrooms. Interactive activities taught how to match disease risk factors with key parts of the home environment.



Milpa's Six Steps to Stop Germs resources provide culturally safe and best practice education to help reduce the burden of multiple infectious diseases. These key actions were incorporated throughout the 2 days.

The workshop was well received and was an excellent example of collaboration across local health organisations and showed the importance of working together to address the social determinants of health.

In May 2024, representatives of the Healthy Homes and AHD and ARF programs attended the National Aboriginal and Torres Strait Islander Environmental Health Conference in Melbourne. This 4-day event significantly enhanced understanding and awareness of environmental health issues within Aboriginal and Torres Strait Islander communities. The conference was followed by the Aboriginal and Torres Strait

Islander Eye Health Conference in Hobart. This gathering brought together leading experts and practitioners to discuss and present on critical issues in Aboriginal and Torres Strait Islander eye health.

In June 2024, KWHB staff attended the Trachoma Health Promotion Evaluation in Alice Springs. This event provided valuable opportunities for participants to expand their knowledge, engage with fellow professionals, and contribute to the ongoing efforts in environmental health and trachoma elimination within Aboriginal and Torres Strait Islander communities.

As an outcome of the Healthy Homes Program a number of our clients received face-to-face, in home consultation and support in 2023-2024.

Amanbidji Health Centre



Amanbidji Health Centre

(Service provided from Timber Creek Health Centre)



Opening Hours:

Tuesday

THIS IS A SMOKE FREE AREA

Katherine West Health Board supports and advises its community members and staff members 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**



Transition to Remote Practice Program

**'Attracting, retaining,
and developing the
best staff for the job.'**

The Transition to Remote Practice Program has been a key initiative at KWHB. The program is a 12-week workplace development program designed for registered nurses and Aboriginal Health Practitioners seeking to learn remote clinical practice skills and upskill for roles in the bush. Developed in alignment with the National Rural and Remote Nursing Generalist Framework 2023-2027 (Australian Government, 2023) and the National Framework for Determining Scope of Practice for the Aboriginal and/or Torres Strait Islander Health Practitioner Workforce (NAATSIHWP, 2021), the program is tailored to meet KWHB's needs. It directly supports Priority 3 of our 2022-2027 Strategic Plan: 'Attracting, retaining, and developing the best staff for the job.'

The program offers a blend of face-to-face learning, hands-on practical skill scenarios, online education, workplace development and ongoing mentoring support, allowing practitioners to build their knowledge and skills in key areas, including culturally safe practice, critical analysis, relationships, partnerships and collaboration, and capability for practice. Upon successful completion, participants will be equipped to provide culturally safe remote

health care, understand the social determinants of health in our region, and respond to social and health inequities with appropriate clinical measures. They will be prepared to define their scope of practice in a remote context, use remote primary health care manuals like Central Australian Rural Practitioners Association (CARPA) for evidence-based care, conduct comprehensive assessments throughout a person's life, manage emergencies, and provide primary care and chronic disease management.

The first group commenced training in March 2024, with all participants successfully graduating. This program stands as a testament to the exceptional commitment and collaborative efforts at KWHB to develop and support our staff to deliver safe and effective primary health care. Many of KWHB's clinical and program staff have shared their expertise, experience and personal stories of remote work with program participants, ensuring thorough preparation for participants stepping into or advancing within remote practice roles. We thank our staff and participants for their commitment to the program and the development of our remote primary health care workforce for the future.



Standing Strong



In mid-January 2024, severe flooding affected our region for the second consecutive year. The large rainfall significantly impacted the communities of Daguragu, Nitjpurru, Gilwi, Gulardi, One Mile and Myatt with medically vulnerable and other residents relocated to temporary emergency accommodation in Darwin and Katherine.

All KWHB communities were affected by the 2024 floods. The Buntine Highway, connecting most of the Katherine West region to key services, was flooded and impassable throughout the beginning of the year with the roads only re-opened in mid-April. The Victoria Highway flooded for traffic traveling in both directions, with Timber Creek residents unable to access Kununurra and Katherine – effectively rendering the town an ‘island’. Surrounding Timber Creek communities were severely affected with community members unable to leave or return home often throughout the season. Both Lajamanu and Yarralin roads were

inaccessible for months, with those communities constantly navigating food security and supply shortages.

Timber Creek experienced widespread damage, on the back of the incredibly challenging 2023 wet season. Roads were damaged, homes submerged, and essential services were interrupted. KWHB’s Dental Clinic was destroyed and staff housing was so significantly affected it could not be recovered. Despite these difficulties, the community came together, sharing resources to ensure those most vulnerable could access essential supplies.

There were significant impacts on service delivery. Katherine-based staff were often unable to travel to communities by road or air due to the flooding and heavy weather. When weather permitted, staff supporting community primary health care service delivery were transported by helicopter or fixed wing aircraft to ensure we were able to provide an effective

service to our people. Program staff were redistributed to support clients in temporary accommodation in Darwin and Katherine and facilitate client connection to key medical and community services.

KWHB was a steadfast advocate for clients during the flooding emergencies, attending key stakeholder meetings to address concerns on the ground and ensure resources were allocated to the most affected areas. Once the response stage was completed, our team stepped in to support recovery efforts.

Advocacy and stakeholder liaison work continues as the back-to-back floods have created significant environmental health and social welfare issues in our region. These include household mould, road damage, crowded housing, and the social effects of sustained isolation impacting our communities. Looking forward, KWHB will be enhancing our emergency preparedness and essential planning to navigate

extreme weather events. We are dedicated to strengthening our partnerships, improving infrastructure, enhancing communication networks, and ensuring that our communities are better equipped to handle the challenges posed by severe weather. Through ongoing training, resource allocation, and collaboration with local, regional, Territory and national partners, we will continue to prioritise the safety and well-being of our community members and plan to respond effectively to any future emergencies.

We would like to thank our Board Directors and staff who were pivotal in supporting the response and worked long hours to navigate the comprehensive challenges presented by the floods. We would also like to shout out to the staff who supported evacuees in Katherine and Darwin, ensuring clients received timely care and support during these challenging times.

Yarralin Health Centre





what's your
smoke free story?

The branding of

Big Rivers Tackling Indigenous Smoking

The collaborative approach and success of the Big Rivers Tackling Indigenous Smoking (TIS) program has directly influenced the branding strategy. By ensuring that the branding is shaped by the voices and insights of the communities it serves. The TIS team has created a brand that is easily recognisable by people across the whole Big Rivers Region. Working closely with community leaders, Aboriginal Community Controlled Health Organisations, and other stakeholders has enabled the program's brand strategy to become a true reflection of the collective vision and values of the region. The collaboration not only builds trust and relevance but also strengthens the connection with the target audience. This approach ensures the branding resonates on a deeper level, supporting the program's mission to improve

tobacco literacy and ultimately reduce the tobacco use among Aboriginal and Torres Strait Islander people.

From the outset, the branding process was driven by extensive consultations across the 340,000 km² footprint of the Big Rivers region. The goal was to ensure that the branding not only represented the diverse communities but provides a toolkit of easily recognisable resources that demonstrate the program's mission in a way that would resonate with communities and reflect the unique cultural values, art styles and preferences of each area.

The result is a visually compelling and culturally sensitive branding that embodies the spirit of the Big Rivers region. The branding features



a thoughtfully designed logo, colour palette, and messaging that align with the values and identities of the Aboriginal communities we service. The logo incorporates varied art styles from across the region, such as dot painting and rarrk, ensuring inclusivity and cultural relevance. It serves as a symbol of the strength, resilience, and unity of these communities in their fight against tobacco use. This joint branding effort has greatly enhanced the visibility and recognition of the TIS program, while also fostering a strong sense of ownership and pride within the communities. Having agency over the collaborative development of the communities' own logo serves as a foundational step towards self determination and empowers communities to take ownership of their own health. The positive feedback received from our

partners and community members has been overwhelming, further solidifying the program's position as a trusted and integral part of the regional health landscape.

Through this collaborative journey, working with our partners Sunrise Health Service, Wurlu Wurlinjang Health Service and NT Health, the Big Rivers TIS program has set a new standard for culturally relevant health promotion in the region, ensuring that our messages are not only heard but embraced by the people we aim to support. The logo and branding toolkit serves as our flagship, proudly displayed at events and prominently featured throughout all our merchandise and health promotion materials.

25+ Years of Reporting

Celebrating 25 years of the Katherine West Health Board as an Aboriginal Community Controlled Health Organisation also means celebrating a quarter of a century of reporting. Our annual reports serve as a comprehensive record, showcasing our history, the journey of our achievements, challenges, and growth over the years as a community controlled health organisation. Key stakeholders including our members and funders get a detailed overview

of our financial performance, strategic direction, and governance practices. Annual reports offer transparency by disclosing financial and operational information and they are a key communication tool between KWHB's management team, community members and stakeholders. Here, we have brought together all of these reports in one place, offering a reflective look back at our shared milestones.



Scan the QR code to explore more.



Bulla Health Centre

(Service provided from Timber Creek Health Centre)



Opening Hours:

Monday: 10.00am - 2.00pm

Wednesday: 10.00am - 2.00pm

Friday: 10.00am - 2.00pm

THIS IS A SMOKE FREE AREA

A Kimberley Health Board staff member or staff member who may want to quit, or call back on smoking.



Tackling Indigenous Smoking

**24 HOUR
EMERGENCY
RESPONSE**

7 DAYS A WEEK
FROM TIMBER CREEK

**CALL:
89 750 727
or 000**



The Mobile Team Celebrating a decade of dedication

For the past 10 years, Phil and Sharon Weymouth have been the driving force behind KWHB's Mobile Team, delivering essential primary healthcare services to some of the most remote communities and cattle stations in the country. The Mobile Team services around 60 pastoral communities, Aboriginal communities, outstations, ranger stations, and roadhouses, ensuring that even the most isolated families and communities are visited at least twice a year.

The key health services provided by the Mobile Team include well-being checks, chronic disease management, immunisations, primary mental health care, first aid and medical emergency management training, sexual health services, and referrals to specialist services. All people in the Mobile Team's region, including babies and children, are offered a well-being check during the team's visits, with a focus on preventive care to reduce the need for acute care interventions.

The Mobile Team's mission extends beyond routine visits, also providing critical relief for our health centres when staff are on leave or during events that bring large numbers of visitors to a community, or at the Centre for National Resilience (CNR) during the flood events. The Toyota Landcruiser is specifically kitted out for the work and rough terrain, stocked with clinical equipment, a rooftop tent, and all the necessary gear for long-distance travel. Phil and Sharon embrace the challenge of navigating the rugged

roads of the Katherine West region. Phil is a RAN and Sharon is a nurse practitioner. Their journey in the NT spans 27 years, working in various locations such as Katherine, Nhulunbuy, and Mpartnwe (Alice Springs). Sharon worked with the NT Government way back when KWHB was established, and Phil and Sharon's interest was sparked in KWHB's Mobile Team due to the interesting nature of the work and the beautiful country that they would travel. Although they initially missed the application deadline, they soon became valued members of the team, appreciating the opportunity to work together in primary healthcare and apply their complementary skillsets to provide comprehensive services, including streamlined consults for men's and women's health. Phil has honed his skills in taking bloods and applying plasters, while Sharon's midwifery background provided essential antenatal and postnatal care for clients.

Phil and Sharon's highlights in the Mobile Team include delivering primary health care in its purest form and building strong connections by meeting people in their homes and leveraging local resources, with a strong focus on preventive health measures. Engaging with diverse communities twice a year, Phil and Sharon enjoy the privilege of experiencing the breathtaking landscapes of the region, and the remote Menngen community holds a special place in their hearts.



Phil and Sharon say the support from the KWHB network and resources was invaluable, as is being part of a supportive and collaborative team. They emphasise that their work is not possible without the essential administrative and assets support, including help with Medicare claims and Communicare and the work to keep the Landcruiser fully operational. Partnering with dedicated colleagues, such as GPs and mental health teams, is a crucial part of the job and ensures the continuity of services. Another highlight is the increasing Indigenous employment in the region, particularly noting the positive impact of the young rangers training on cattle stations.

The job is not without its challenges. Technical difficulties with IT and syncing records, the long distances and extensive travel, and running an additional clinic at the CNR in Howard Springs, Darwin during natural disasters, such as the 2023 floods, all test the team's resilience and adaptability. Medical emergencies also pose significant challenges, such as stabilising clients in critical conditions, including after road accidents, until further help arrives.

In the early days, the team travelled 30,000 to 40,000 km per season (March to November), often searching for residents with only a list of names. Over time, as the team became more familiar with the region, the number of kilometres travelled each season lessened to

approximately 24,000 km, with an estimated 350,000 km travelled over the 10 years.

A typical week for the team involves departing on Monday or Tuesday, depending on pathology results, and covering 400 to 500 km on the first day. The team stays out for 3 nights, either in the rooftop tent or at station accommodation, providing care to station staff and nearby residents, before returning to Katherine on Thursday or Friday.

Over the past 10 years Phil and Sharon have witnessed significant changes. KWHB has grown, and the organisation's structure has evolved. When they started with the Mobile Team there was no internet, and letters had to be sent out or phone calls made to schedule client appointments. Now, KWHB is looking forward to the arrival of a new dual-cab truck fitted with Starlink (for internet access), which will improve connectivity and further enhance the Mobile Team's work in the region.

Phil and Sharon are retiring from the mobile team in mid 2024. KWHB thanks them for their years of commitment to the important work of supporting people in the most remote areas of the country, and appreciates their hard work and dedication. We wish Sharon and Phil all the best for their future.

Community Engagement

'Now, 26 years later a strong voice for our communities is still KWHB's number one priority.'

Community engagement is at the heart of everything we do. Without the voices of our communities, we would not be able to deliver the high-quality, culturally secure primary health care that everyone in the Katherine West region deserves. The vision of our communities, and the early work of our Board Directors, laid the foundation for the road to better health. Their vision highlights the strength of Aboriginal communities, where knowledge is passed down through generations, in contrast to the changing ways of government systems that often leaves communities with little control over their own health.

In the 1990s, when communities were first consulted about health service delivery, they spoke of the old way—the way health was handled in the past and how people relied on NT Health and the Flying Doctors. These services mainly focused on treating illness, not looking at the bigger picture, such as how things like nutrition and housing affected health. The Katherine West Coordinated Care Trial (1997) and the election of an Aboriginal Board of Directors (1998) changed this, giving our communities a real say in their health care and shifting the focus to community empowerment and the social determinants of health.

From the very beginning, the goal was clear: If you had a chance to fix your health and the health of your community, what would you do? Those words from Jack Little (Something Special, 2003) still resonate with us today. Thanks to the strength of our communities and the leadership of our Board, we have created a unified voice for improving health and well-being across our region.



With the formation of a Health Committee, regular meetings between staff and community members became an essential part of shaping our health services. Vanessa Harris, KWHB's first Community Development Officer, alongside Board Directors and community elders played a key role in building relationships with local councils and health groups, helping to strengthen public health efforts. In 2004, we adopted a community-based strategy to improve communication between management, clinic staff, and communities. This brought about culturally appropriate services, including GPs, Aboriginal Health Practitioners, mobile services, and specialist visits.

By 2007-2008, with the introduction of a Community Development Manager, we further enhanced cultural safety. Open community meetings gave people more opportunities to have their say, and this has remained a cornerstone of our approach. Now, 26 years later, ensuring a strong voice for our communities is still our number one priority.

We continue to move forward under the leadership of our Board and communities,

always listening to how we can improve. We are proud of the ways we advocate for the health needs of all people in our region, and we are committed to maintaining a strong focus on cultural security throughout our entire organisation. This commitment extends to every aspect of our work, from improving health literacy to creating programs that address not only immediate health concerns but also the broader factors that impact well-being.

In 2023-2024, we carried out a range of health promotion activities based on what our communities asked for. By working together, we ensure that health initiatives are culturally informed and relevant to the unique needs of each community. Our Health Promotion team delivered multiple health education sessions and events, all aimed at empowering individuals to make informed choices about their health. A great example is our continued partnership with Life Education NT, which brings Healthy Harold, a community favourite, to our kids with important messages about hygiene, social and emotional well-being, tackling Indigenous smoking, and alcohol and other drugs.

'If you had a chance to fix your health and the health of your community, what would you do?'
Jack Little (Something Special, 2003)



We understand how important it is for our communities to be involved in delivering health messages. The Health Promotion and Health Programs teams have continued their great work with local people to create audio and video resources on topics like cardiac health, alcohol and other drugs, and sexual health. These resources are used in our social marketing, in health centres, aired on local radio, and shared on our YouTube channel.

This year, we celebrated 25 years of community-controlled, with events in our communities to honour the guidance and support we have received over the years.

Our celebrations were a way to say thank you to our communities for walking with us on this journey toward better health.

None of this work would be possible without the support of our partners. We want to extend our thanks to our community control partner organisations, Child and Family Centres (CFC), schools, Families as First Teachers (FaFT), childcare centres, local shops, regional councils, funders and all community partners.

Thank you for standing with us and alongside our communities.



Strategic Plan

2022 - 2027



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



Scan for the full Strategic Plan on our website

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

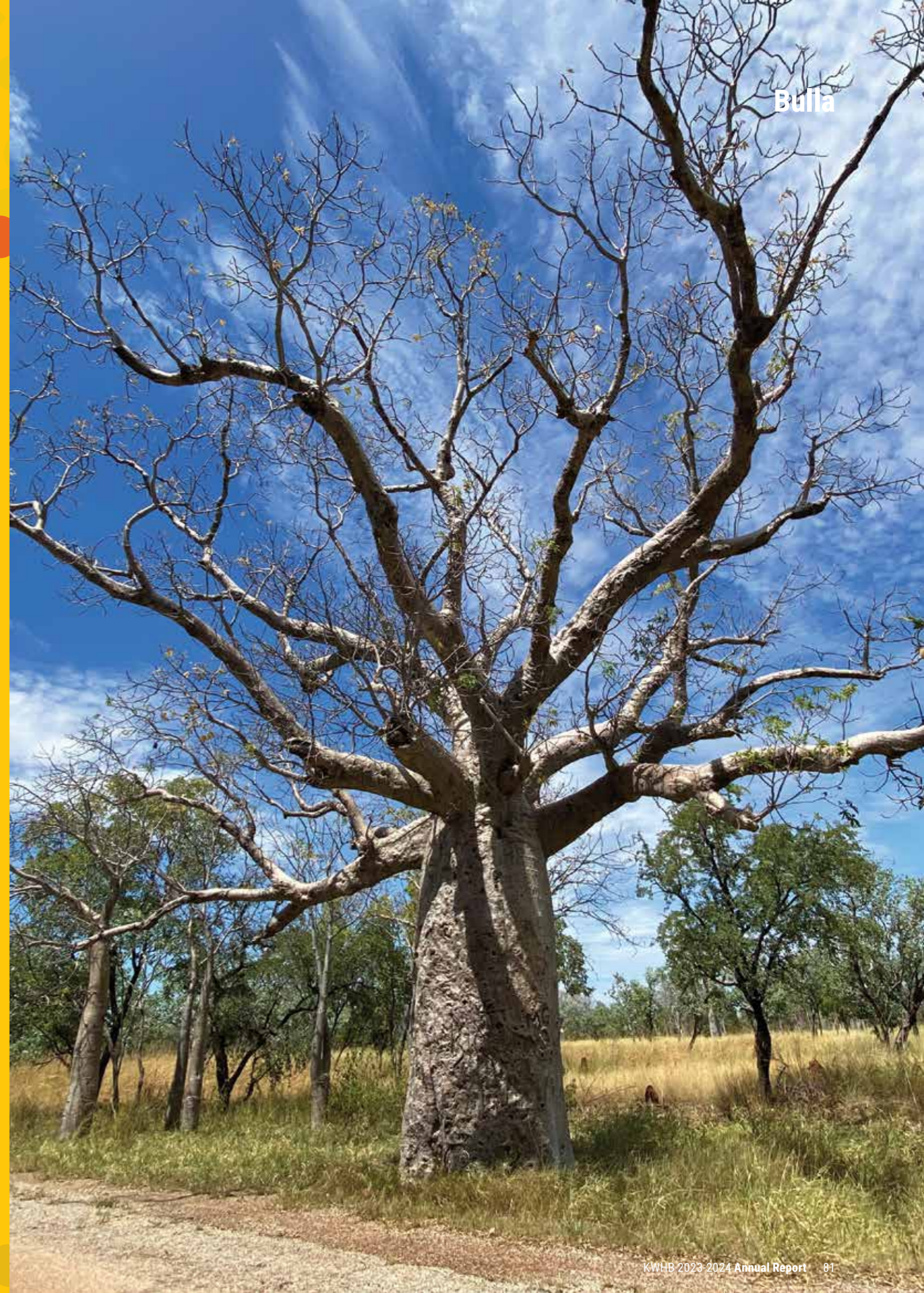
Our staff are our strength. We will continue to work on recruitment and retention, particularly of Aboriginal staff, and support all staff with training, orientation and a safe working environment.

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.

Bulla



Financial Report

The following pages are an extract from the KWHB 2023-2024 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 2023-2024 KWHB Audited Financial Report has been submitted and accepted by all of our funding bodies.

Delamere Dam

Katherine West Health Board Aboriginal Corporation
ABN: 23 351 866 925
Directors Report
For The Year Ended 30 June 2024

Your board of directors submit the financial report on the Katherine West Health Board Aboriginal Corporation for the financial year ended 30 June 2024.

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, Reappointed at FBM 28 Mar 2023, Reappointed to Chairperson at FBM 28 Mar 2023
Jocelyn Victor	Vice Chairperson	Nitjpurru	First appointed 27 Oct 2010, Reappointed 17 Nov 2016, Reappointed at FBM 28 Mar 2023, Reappointed to Vice Chairperson at FBM 28 Mar 2023
Dione Kelly	Executive Director	Lajamanu	First appointed 17 Nov 2016, Reappointed at FBM 28 Mar 2023, Reappointed to Executive 28 Mar 2023
Wesley Campbell	Executive Director	Yarralin	Appointed at FBM 28 Mar 2023
Deborah Jones	Executive Director	Timber Creek	Appointed at FBM 28 Mar 2023
Andrew Johnson	Executive Director	Lajamanu	Appointed at FBM 28 Mar 2023
Caroline Jones	Executive Director	Timber Creek	First appointed 17 Nov 2016, Reappointed at AGM 14 Nov 2019, Reappointed to Executive 14 Nov 2019
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
Aileen Daly	Director	Yarralin	Appointed at FBM 28 Mar 2023
Sharatine Campbell	Director	Yarralin	Appointed at FBM 28 Mar 2023
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

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	6
Jocelyn Victor	6	6
Dione Kelly	6	3
Wesley Campbell	6	6
Deborah Jones	6	5
Andrew Johnson	6	2
Caroline Jones	6	4
Jonathon Dixon	6	4
Debra Victor	6	3
Aileen Daly	6	1
Sharatine Campbell	6	3
Joseph Archie	6	4
Matrina Robertson	6	3
Lisa Smiler	6	4
Denise Humbert	6	4

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.

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 \$683,465 (2023: Loss of \$744,908).

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 2024 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:	25 October 2024
Director		Date:	25 October 2024

AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 339-50 OF THE CORPORATIONS (ABORIGINAL AND TORRES STRAIT ISLANDER) ACT 2006 AND UNDER SUBDIVISION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012

TO THE DIRECTORS OF KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2024 there have been no contraventions of:

- (i) the auditor independence requirements as set out in *the Corporations (Aboriginal and Torres Strait Islander) Act 2006* and section 60-40 *Australian Charities Not-for-profits Commission Act 2012*, in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.



Nexia Edwards Marshall NT
 Chartered Accountants



Noel Clifford
 Partner

Direct Line: 08 8981 5585 ext. 506
 Mobile: 0417 864 114
 Email: nclifford@nexiaemnt.com.au

Darwin, Northern Territory
 Dated: 28 October 2024

Advisory. Tax. Audit.

Nexia Edwards Marshall NT (ABN 74 414 259 116) is a firm of Chartered Accountants. It is affiliated with, but independent from Nexia Australia Pty Ltd. Nexia Australia Pty Ltd is a member of Nexia International, a leading, global network of independent accounting and consulting firms. For more information please see www.nexia.com.au/legal. Neither Nexia International nor Nexia Australia Pty Ltd provide services to clients.

Liability limited under a scheme approved under Professional Standards Legislation.

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 2024

	Note	2024 \$	2023 \$
Revenue and Other Income			
Grant Income - Operational	2A	25,086,169	19,985,193
Other income	2B	1,215,388	1,573,463
Total operating revenues		26,301,557	21,558,656
Operating Expenses			
Advertising and marketing		21,083	18,370
Audit fees		37,263	37,094
Cleaning		98,063	93,328
Consultancy costs		624,251	253,828
Depreciation - Right of Use Assets	3A	341,741	401,990
Electricity, Water and Sewerage		326,100	298,223
Employee benefits expenses	3B	17,188,168	15,162,868
Freight		94,157	59,740
Hire of equipment		20,605	1,840
Impairment of assets		-	270,188
Insurance		474,917	421,551
Interest expense - other		2,088	1,901
Interest - lease liabilities		95,046	111,361
IT, computer and network costs		762,811	625,238
Medical expenses	3C	2,300,097	1,419,349
Meeting expenses		26,287	31,609
Minor capital expenditure		220,178	245,015
Motor vehicle expenses		506,197	483,920
RAHC expenses		171,362	184,020
Recruitment costs		581,507	469,790
Rental and storage costs		349,650	231,022
Repairs and maintenance		352,665	314,127
Security costs		31,103	15,326
Service Charges and Rates		107,372	63,265
Subscriptions and membership costs		92,632	99,880
Sundry expenses		77,001	66,805
Telephone costs		256,483	247,781
Training and development		125,388	169,276
Travel and accommodation expenses	3D	1,996,299	1,656,036
Total operating expenses		27,280,514	23,454,741
Profit (Loss) for the year from operations		(978,957)	(1,896,085)
Capital and Infrastructure Activities :			
Capital Grant Income	2A	2,336,203	1,810,703
Depreciation on Property, Plant, Equipment and Infrastructure Assets	3A	(673,781)	(659,526)
Total Capital and Infrastructure Activities :		1,662,422	1,151,177
Net Current Year Profit (Loss) :		683,465	(744,908)
Other comprehensive income :		-	-
Total Other Comprehensive Income		-	-
Total Comprehensive Income (Loss) for the year		683,465	(744,908)
NET CURRENT YEAR PROFIT (LOSS) ATTRIBUTABLE TO MEMBERS OF THE CORPORATION		683,465	(744,908)
TOTAL COMPREHENSIVE INCOME (LOSS) ATTRIBUTABLE TO MEMBERS OF THE CORPORATION		683,465	(744,908)

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 2024

	Note	2024 \$	2023 \$
ASSETS			
CURRENT ASSETS			
Cash and Cash Equivalents	4	17,844,380	13,853,442
Trade and Other Receivables	5	298,623	1,295,354
Other Current Assets	6	116,271	217,986
TOTAL CURRENT ASSETS		18,259,274	15,366,782
NON-CURRENT ASSETS			
Property, Plant and Equipment	7	5,790,108	5,565,114
Right of Use Assets	8	1,651,926	1,962,608
TOTAL NON-CURRENT ASSETS		7,442,034	7,527,722
TOTAL ASSETS		25,701,308	22,894,504
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	9	1,859,384	1,753,844
Contract Liabilities - grant funded programmes	10	4,204,766	2,090,703
Lease Liabilities	11	327,139	310,577
Employee Provisions	12	1,545,584	1,384,665
TOTAL CURRENT LIABILITIES		7,936,873	5,539,789
NON-CURRENT LIABILITIES			
Lease Liabilities	11	1,459,440	1,795,662
Employee Provisions	12	508,027	445,550
TOTAL NON-CURRENT LIABILITIES		1,967,467	2,241,212
TOTAL LIABILITIES		9,904,340	7,781,001
NET ASSETS		15,796,968	15,113,503
EQUITY			
Retained Earnings		15,796,968	15,113,503
TOTAL EQUITY		15,796,968	15,113,503

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 2024

	Retained Earnings	Total Equity
	\$	\$
Balance at 1 July 2022	15,858,411	15,858,411
Comprehensive income:		
Loss for the year	(744,908)	(744,908)
Other comprehensive income for the year	-	-
Total comprehensive income (loss) attributable to Members of the entity for the year	<u>(744,908)</u>	<u>(744,908)</u>
Balance at 30 June 2023	<u>15,113,503</u>	<u>15,113,503</u>
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	<u>683,465</u>	<u>683,465</u>
Balance at 30 June 2024	<u>15,796,968</u>	<u>15,796,968</u>

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 2024

	Note	2024 \$	2023 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Grant receipts from funding bodies		27,200,232	22,075,896
Other receipts from customers		1,985,222	177,777
Interest received		124,170	62,577
Payments to suppliers and employees		(26,413,076)	(22,427,620)
Net cash provided by operating activities	15	<u>2,896,548</u>	<u>(111,370)</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Capital Grant Receipts from Funding Bodies		2,336,203	1,810,703
Proceeds from disposals of property, plant and equipment		102,727	136,364
Payments for property, plant and equipment		(898,775)	(262,709)
Net cash used in investing activities		<u>1,540,155</u>	<u>1,684,358</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments for lease liabilities		(445,765)	(416,165)
Net cash used in financing activities		<u>(445,765)</u>	<u>(416,165)</u>
Net increase in cash held		3,990,938	1,156,823
Cash and cash equivalents at beginning of the financial year		13,853,442	12,696,619
Cash and cash equivalents at end of the financial year	4,15	<u>17,844,380</u>	<u>13,853,442</u>

The accompanying notes form part of these financial statements.

Note 1 Material Accounting Policy Information

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 25th October 2024 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 its 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.

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%

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.

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 2023 to 30 June 2024 this was 11% of the employee's ordinary average salary. From 1 July 2024 this rate has increased to 11.5%. 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.

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 2024 (2023: \$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 2024 (2023: \$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.

Note 1 Material Accounting Policy Information (Cont.)

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

(iii) Valuation of land and buildings

At 30 June 2024, 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 2024.

(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.

Note 1 Material Accounting Policy Information (Cont.)

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

AASB 2021-2: Amendments to Australian Accounting Standards - Disclosure of Accounting Policies and Definition of Accounting Estimates.

The Corporation adopted AASB 2021-2 which amends AASB 7, AASB 101, AASB 108 and AASB 134 to require disclosure of "material accounting policy information" rather than "significant accounting policies" in an entity's financial statements. It also updates AASB Practice Statement 2 to provide guidance on the application of the concept of materiality to accounting policy disclosures.

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

AASB 2021-6: Amendments to Australian Accounting Standards – Disclosure of Accounting Policies: Tier 2 and Other Australian Accounting Standards.

AASB 2021-6 amends AASB 1049 and AASB 1060 to require disclosure of 'material accounting policy information' rather than "significant accounting policies" in an entity's financial statements. It also amends AASB 1054 to reflect the updated terminology used in AASB 101 as a result of AASB 2021-2. The adoption of the amendment did not have a material impact on the financial statements.

AASB 2022-7: Editorial Corrections to Australian Accounting Standards and Repeal of Superseded and Redundant Standards.

AASB 2022-7 makes editorial corrections to various Australian Accounting Standards and AASB Practice Statement 2. It also formally repeals the superseded and redundant Australian Accounting Standards set out in Schedules 1 and 2 of this standard.

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.

2A Grant Revenue	2024	2023
	\$	\$
Operational Activities :		
DoH Federal - Operational	12,897,611	10,804,587
NT Top End Health Services - Operational	6,841,858	6,262,565
Department of Social Services - Prime Minister and Cabinet	782,563	751,080
National Indigenous Australians Agency	501,600	266,521
NDIS	307,500	285,000
NACCHO	2,080,062	912,200
Northern Territory PHN	2,218,397	2,292,442
Menzies School of Health	31,716	31,476
NT General Practice Education	-	122,624
University of Queensland	-	200,000
The University of Melbourne	50,000	20,000
Flinders University	60,000	-
Paul Ramsay Foundation	1,365,000	-
AMSANT	62,250	76,000
Total Operational Grant Funding	27,198,557	22,024,495
Plus (Less) Decrease / (Increase) in Unexpended Grants	(1,999,763)	(1,810,703)
Less Grants Repaid	(112,625)	(228,599)
Total Grant Income from Operational Activities :	25,086,169	19,985,193
Capital and Infrastructure Activities :		
Capital Grant Income DoH - Commonwealth Government	2,336,203	1,810,703
Total Grant Income	27,422,372	21,795,896
2B Other Income	2024	2023
	\$	\$
Miwatj Health	56,601	-
Medicare	805,083	796,367
Insurance Recoveries	125,744	500,286
Interest income	124,170	62,577
Gain on Sale of Assets	102,727	136,364
Sundry Income	1,063	77,869
Total Other Income	1,215,388	1,573,463
Note 3 Expenses		
3A Depreciation	2024	2023
	\$	\$
Buildings	315,999	299,320
Furniture and Fittings	33,042	33,647
Medical Equipment	64,336	88,772
Computer Equipment and Software	439	-
Motor vehicles	259,965	237,787
Right of Use Assets- Buildings	341,741	401,990
Total Depreciation expense	1,015,522	1,061,516
3B Employee Benefits Expenses		
Staff remuneration expenses	15,165,795	13,479,782
Employee leave entitlements	223,396	112,929
Other employee benefits	203,452	188,512
Superannuation contributions	1,385,359	1,164,184
Workers compensation insurance	210,166	217,461
Total Employee Benefits Expenses	17,188,168	15,162,868
3C Medical Expenses		
Doctors - Locum	342,819	499,791
Medical supplies	476,698	466,443
Health promotions	918,734	266,489
Services purchased	561,846	186,626
Total Medical Expenses	2,300,097	1,419,349
3D Travel and Accommodation Expenses		
Travel and accommodation - staff	1,764,421	1,408,944
Travel and accommodation - board	219,697	243,056
Travel and accomm - patients	12,181	4,036
Total Travel and Accommodation Expenses	1,996,299	1,656,036

Note	2024	2023
	\$	\$
Note 4 Cash and Cash Equivalents		
CURRENT		
Cash at bank	15,149,089	11,235,819
PCCU - Deposit investment account	2,695,291	2,617,623
Total Cash and Cash Equivalents	17,844,380	13,853,442
Cash and Cash Equivalents are comprised of :		
Tied Cash Holdings :	8,362,750	3,844,547
Untied Cash Holdings :	9,481,630	10,008,895
Total Cash Holdings :	17,844,380	13,853,442
Note 5 Trade and Other Receivables		
CURRENT		
Receivables :		
Trade receivables	194,789	886,265
Less : Provision for impairment of receivables	-	-
Total accounts receivable	194,789	886,265
Other Receivables :		
Accrued insurance recoveries	-	350,200
Other receivables	103,834	58,889
Total Other receivables	103,834	409,089
Total current trade and other receivables	298,623	1,295,354
The Corporation's normal credit term is 30 days. No collateral is held over trade and other receivables.		
Note 6 Other Current Assets		
CURRENT		
Bonds paid	82,929	184,844
Prepayments	33,342	33,142
	116,271	217,986
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	6,144,728	5,794,528
Less Accumulated depreciation	(2,195,105)	(1,879,107)
Total Building and Improvements	3,949,623	3,915,421
Total Land & Buildings	4,377,623	4,343,421
Plant and Equipment:		
Furniture & Fittings:		
At cost	369,394	369,394
Less Accumulated depreciation	(315,731)	(282,689)
Total Furniture & Fittings	53,663	86,705
Medical Equipment :		
At cost	877,531	864,191
Less Accumulated depreciation	(696,282)	(631,946)
Total Medical Equipment :	181,249	232,245
Computer Equipment and Software at cost		
At Cost	591,108	591,108
Less Accumulated depreciation	(580,573)	(580,134)
Total Computer Equipment and Software	10,535	10,974
Motor vehicles:		
At Cost	3,241,405	2,996,533
Less Accumulated depreciation	(2,209,659)	(2,240,056)
Total Motor vehicles	1,031,746	756,477
Work in Progress	135,292	135,292
Total Plant and Equipment	1,412,485	1,221,693
Total Property, Plant and Equipment	5,790,108	5,565,114

Note 7 Property, Plant and Equipment (Cont.)

Movements in Carrying Amounts

	Land \$	Buildings and Improvements \$	Furniture & Fittings \$	Medical Equipment \$	Computers & Software \$	Motor Vehicles \$	Total \$
Carrying amount at 1 July 2023	428,000	3,915,421	86,705	232,245	10,974	891,769	5,565,114
Additions at cost	-	350,201	-	13,340	-	535,234	898,775
Disposals	-	-	-	-	-	-	-
Depreciation expense	-	(315,999)	(33,042)	(64,336)	(439)	(259,965)	(673,781)
Carrying amount at 30 June 2024	428,000	3,949,623	53,663	181,249	10,535	1,167,038	5,790,108

Note 8 Right of Use Assets (a) AASB 16 Related Amounts Recognised in the Balance Sheet NON CURRENT

	2024	2023
	\$	\$
Right of Use Assets :		
Leased Buildings	2,677,953	2,646,895
Less Accumulated depreciation	(1,026,027)	(684,287)
Total Right of Use Assets	1,651,926	1,962,608

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 2023	1,962,608	1,962,608
Additions at cost	31,059	31,059
Lease termination	-	-
Depreciation expense	(341,741)	(341,741)
Carrying amount at 30 June 2024	1,651,926	1,651,926

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

	2024	2023
	\$	\$
Depreciation charge related to right of use assets	341,741	401,990
Interest expense on lease liabilities	95,046	111,361
Short Term leases expense	282,399	231,022
Low value asset leases expenses	22,404	22,081
	741,590	766,454

Note 9 Trade and Other Payables

	2024	2023
	\$	\$
CURRENT		
Trade creditors	726,046	538,662
Accrued liabilities	593,695	609,720
GST payable (net)	527,716	593,234
Other payables	11,927	12,228
Total Trade and Other Payables	1,859,384	1,753,844

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

	2024	2023
	\$	\$
Trade and other payables:		
— Total Current	1,859,384	1,753,844
— Total Non Current	-	-
Total trade and other payables	1,859,384	1,753,844

Less:

— Deferred income	-	-
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Financial liabilities as trade and other payables	17,18	1,859,384	1,753,844
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Note 10 Contract Liabilities	2024	2023
	\$	\$
CURRENT		
Contract Liabilities - grant funded programmes	4,204,766	2,090,703
Total Contract Liabilities	<u>4,204,766</u>	<u>2,090,703</u>
Contract liabilities - movement in amounts :		
Balance at the beginning of the year	2,090,703	-
Additions: Grants for which performance obligations will only be satisfied in subsequent years	4,204,766	2,090,703
Expended : Grants acquitted or utilised during the year	(2,090,703)	-
Closing balance	<u>4,204,766</u>	<u>2,090,703</u>

Note 11 Lease Liabilities	Note	2024	2023
		\$	\$
CURRENT			
Leases - properties		327,139	310,577
		<u>327,139</u>	<u>310,577</u>
NON-CURRENT			
Leases - properties		1,459,440	1,795,662
		<u>1,459,440</u>	<u>1,795,662</u>
Total Lease Liabilities	17,18	<u>1,786,579</u>	<u>2,106,239</u>

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

Note 12 Employee Provisions	2024	2023
	\$	\$
CURRENT		
Provision for annual leave	1,085,443	968,205
Provision for long service leave	460,141	416,460
	<u>1,545,584</u>	<u>1,384,665</u>
NON-CURRENT		
Provision for long service leave	508,027	445,550
	<u>508,027</u>	<u>445,550</u>
Total provisions for employee benefits	<u>2,053,611</u>	<u>1,830,215</u>
	Total	
	\$	
Analysis of total provisions:		
Opening balance at 1 July 2023	1,830,215	
Net provisions raised during the year	223,396	
Balance at 30 June 2024	<u>2,053,611</u>	

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).

Note 13 Key Management Remuneration	2024	2023
	\$	\$
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	1,411,957	1,002,451
Long term employment benefits	43,689	35,532
Post employment benefits	111,988	67,056
Total Key Management Remuneration	<u>1,567,634</u>	<u>1,105,039</u>

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 2024, the Corporation paid Directors travel allowances for attending meetings for and on behalf of the Corporation.

	2024	2023
	\$	\$
Directors' travel allowances	219,697	243,056

A family member of a KMP is employed by the Corporation under the Jirntangku Miyrta Enterprise Agreement. The family member is a long term employee who was engaged prior to the KMP's appointment to a management position. In 2024, the amount paid to this person accounted to \$182,359 (2023: \$117,033)

There were no other related party transactions in 2024 (2023: \$Nil).

Note 15 Cash Flow Information	Note	2024	2023
		\$	\$

(a) Reconciliation of cash and cash equivalents to Statement of Cash Flows:

Cash on hand and at bank	4	17,844,380	13,853,442
Total cash as stated in the Statement of cash flows		<u>17,844,380</u>	<u>13,853,442</u>

(b) Reconciliation of Cash Flow from Operating Activities with Current Year Profit (Loss)

Profit (Loss) for the current year	683,465	(744,908)
Less Capital Grant Funding	(2,336,203)	(1,810,703)

Non-cash flows:

Depreciation and amortisation expense	1,015,522	1,061,516
Loss (Gain) on sale of assets	(102,727)	(136,364)
Interest expense on lease liabilities	95,046	111,361
Impairment of assets	-	270,188

Changes in assets and liabilities:

(Increase)/decrease in Trade and other receivables	996,731	(1,196,745)
(Increase)/decrease in Other current assets	101,715	(70,102)
Increase/(decrease) in Trade and other payables	105,540	200,804
Increase/(decrease) in Other liabilities	2,114,063	2,090,703
Increase/(decrease) in Employee provisions	223,396	112,880

Net cash provided by (used in) operating activities

	<u>2,896,548</u>	<u>(111,370)</u>
--	------------------	------------------

Note 16 Capital and Leasing Commitments:	2024	2023
	\$	\$

(a) Lease Liability Commitments :

— not later than 1 year	407,870	495,372
— later than 1 year but not later than five years	1,098,437	1,287,045
— later than five years	618,416	837,678

Total Future Lease Payments at the End of the Reporting Period :

	<u>2,124,723</u>	<u>2,620,095</u>
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(b) Operating Lease Commitments

Rental commitments : short term and low value assets

Payable – minimum lease payments no later than 12 months :

— Short term leases	282,399	231,022
— Low value assets	67,212	66,243

	<u>349,611</u>	<u>297,265</u>
--	----------------	----------------

The non-cancellable operating leasing commitments in 2024 were for the short term lease of Photocopiers, and a short term lease of a Rental property. The property lease at 30 June 2024 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 \$3,508,427 being the unspent amount of \$3,621,408 capital funding received for accommodation buildings at Lajamanu, Kalkarinji and Yarralin. The total value of the project is \$6,035,678 which is wholly 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 investments,

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	2024 \$	2023 \$
Financial assets at amortised cost:			
Cash and cash equivalents	4	17,844,380	13,853,442
Trade and other receivables	5	298,623	1,295,354
Total financial assets		18,143,003	15,148,796
Financial liabilities			
Financial liabilities at amortised cost:			
Trade and other payables	11	1,859,384	1,753,844
Lease liabilities	13	1,786,579	2,106,239
Total financial liabilities		3,645,963	3,860,083

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

Note	2024		2023		
	Carrying Amount \$	Fair Value \$	Carrying Amount \$	Fair Value \$	
Financial assets					
Cash and cash equivalents	4, 17	17,844,380	17,844,380	13,853,442	13,853,442
Trade and other receivables	5, 17	298,623	298,623	1,295,354	1,295,354
Total financial assets		18,143,003	18,143,003	15,148,796	15,148,796
Financial liabilities					
Trade and other payables	9, 17	1,859,384	1,859,384	1,753,844	1,753,844
Lease liabilities	11, 17	1,786,579	1,786,579	2,106,239	2,106,239
Total financial liabilities		3,645,963	3,645,963	3,860,083	3,860,083

- (i) Cash on hand, accounts receivable and other debtors, accounts payable and other payables and borrowings, are short-term instruments in nature whose
 (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 18 Fair Value Measurements (Cont.)

Note	2024		2023		
	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	3,949,623	3,949,623	3,915,421	3,915,421
Total Non-financial assets		4,377,623	4,377,623	4,343,421	4,343,421

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 2024 (2023 : \$Nil).

Note 20 Events after the reporting period

There are no matters or circumstances which have arisen since 30 June 2024 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.

Note 21 Corporation Details

The Principal and registered place of business is:

Unit 10
 38 First Street
 Katherine NT 0851

KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION
ABN: 23 351 866 925
DIRECTORS DECLARATION
FOR THE YEAR ENDED 30 JUNE 2024



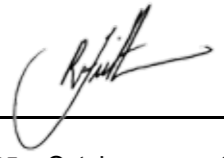
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The Directors of Katherine West Health Board Aboriginal Corporation, declare that in the Directors' opinion :

- The financial statements and notes, as set out on pages 4 to 23, 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 :
1. (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 2024, 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 25 October 2024



Dated 25 October 2024

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

Opinion

We have audited the financial report of Katherine West Health Board Aboriginal Corporation (the Corporation), which comprises the statement of financial position as at 30 June 2024, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information, and the Directors' declaration.

In our opinion, the accompanying financial report of Katherine West Health Board Aboriginal Corporation, is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* and the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* including:

- (i) giving a true and fair view of the Corporation's financial position as at 30 June 2024 and of its financial performance and its cashflows for the year then ended; and
- (ii) complying with Australian Accounting Standards – Simplified Disclosures, the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2017* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2022*.

Basis for opinion

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

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

Other Matter

The financial report of the Katherine West Health Board Aboriginal Corporation for the year ended 30 June 2023 was audited by another auditor who expressed an unqualified opinion on the financial report on 27 October 2023.

Other information

The Directors are responsible for the other information. The other information comprises the information in Katherine West Health Board Aboriginal Corporation's annual report for the year ended 30 June 2024, but does not include the financial report and the auditor's report thereon.

Our opinion on the financial report does not cover the other information and we do not express any form of assurance conclusion thereon.

Advisory. Tax. Audit.

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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION (CONT.)

Other information (Cont.)

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of the other information we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Financial Report

The Directors of Katherine West Health Board Aboriginal Corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards, *the Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

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

Auditor's responsibility for the audit of the financial report

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION (CONT.)

Auditor's responsibility for the audit of the financial report (Cont.)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by those charged with governance.
- Conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Corporation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Corporation to cease to continue as a going concern.
- Evaluate the overall presentation, structure, and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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



Nexia Edwards Marshall NT
Chartered Accountants



Noel Clifford
Partner

Direct Line: 08 8981 5585 ext. 506
Mobile: 0417 864 114
Email: nclifford@nexiaem.com.au

Darwin, Northern Territory

Dated: 28 October 2024

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Commonly used acronyms

<i>Acronym</i>	<i>Full Title</i>
ACCHO	Aboriginal Community Controlled Health Organisation
ACE	Angiotensin converting enzyme
AHKPI	Aboriginal Health Key Performance Indicators
AGM	Annual General Meeting
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
ARB	Angiotensin receptor blockers
ARF	Acute Rheumatic Fever
BPG	Benzathine penicillin G
BRFL	Big Rivers Football League
CARPA	Central Australian Rural Practitioners Association
CHD	Chronic Disease
CEO	Chief Executive Officer
CFC	Child and Family Centre
CVD	Cardiovascular diseases
CNR	Centre for National Resilience
DFSV	Domestic, Family and Sexual Violence
DMO	District Medical Officer
EBM	Executive Board Meeting
ENT	Ear Nose and Throat
eGFR	Estimated Glomerular Filtration Rate
FaFT	Families as First Teachers
FBM	Full Board Meeting
GP	General Practitioner
GPMP	General Practitioner Management Plan
HbA1c	Glycated haemoglobin
HCC	Health Centre Coordinator
HIV	Human immunodeficiency virus
HR	Human Resources
HSAC	Health Service Advisory Committee
ISO	International Standards Organisation
KDH	Katherine District Hospital
KPIs	Key Performance Indicators
KWHB	Katherine West Health Board
MECSH	Maternal Early Childhood Sustained Home Visiting Program -Strong Beginnings for Strong Families KWHB
NAATSIHWP	National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
NACCHO	National Alliance of Aboriginal Community Controlled Organisations
NDIS / A	National Disability Insurance Scheme / Agency
nKPI	National Aboriginal Key Performance Indicators – Clinical measurements
NTAHKPI	Northern Territory Aboriginal Health Key Performance Indicators
NTPHN / PHN	Northern Territory Primary Health Network (Funding Body)
NTG	Norther Territory Government
QMS	Quality Management System
RACGP	Royal Australian College of General Practitioners
RAN	Remote Area Nurse
RAMF	Risk Assessment Management Framework
RDH	Royal Darwin Hospital
RHD	Rheumatic HEart Disease
RN	Registered Nurse
SLT	Senior Leadership Team
STI	Sexually Transmitted Infections
TIS	Tackling Indigenous Smoking
VET	Vocational Education and Training





KATHERINE WEST HEALTH BOARD

Aboriginal Corporation

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