

The cover features a collage of six photographs showing NWRH staff and residents in various settings: a social gathering with a large balloon, a staff member at a desk, a staff member in a grocery store with a family, a staff member with a resident, a group of residents, and a staff member assisting a resident in a swimming pool. The design includes large, stylized arrow shapes in blue, yellow, and orange, and a white jagged arrow graphic on the left side.

ANNUAL REPORT 2017-2018

The logo consists of three stylized arrows pointing to the right, colored orange, yellow, and blue.

NWRH



YEAR IN REVIEW

Efficiency and business diversification have been the key drivers for the Board, Executive and Senior Management teams in 2017/2018.

Considerable time was devoted to realigning services and improving internal systems that increased service and cost efficiencies in a fluid funding environment. This ensures NWRH remains a flexible leader of Primary Health Care services in rural, regional and remote Australia.

Increased activity in tender submissions has provided a positive result under the National Disability Insurance Scheme (Information Linkages and Capacity Building and Community Connector Programs) and for the Northern Queensland Primary Health Network (Primary Mental Health Stepped Care Services in Croydon and Etheridge Shires and remote communities). In addition, submissions were successful in transitioning funding for the Residential Aged Care facilities from the Aged Care Financial Instrument (ACFI), to block funding under the National Aboriginal and Torres Strait Island Flexible Aged Care Program. These successes are broadening business partnerships as NWRH provides services to an expanded geographic area.

I acknowledge the great work performed by staff across the NWRH service delivery footprint and the commitment to building firm connections and relationships with communities and key identified organisations. It is important to maintain integrity and dignity, achieve a genuine understanding of the priorities, needs and cultural sensitivities of clients and community. This is

supported by strategically developed policies and procedures which have a focus on strong outcomes for engagement with all tiers of communities.

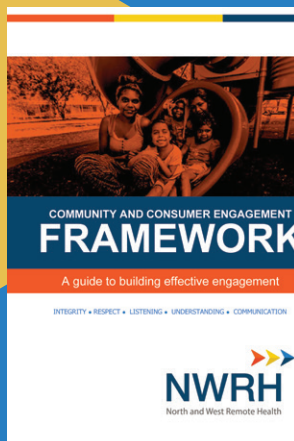
An increased focus on advocacy has also strengthened the NWRH brand through providing counsel as an experienced rural and remote service provider. While there were many occasions, some of the more notable contributions were to several Governmental enquiries and advocacy groups:

- Aged Care Workforce Strategy Taskforce led by Professor John Pollaers to help industry agree on the priorities to address workforce issues for remote and very remote aged care providers
- Senate Inquiry into the accessibility and quality of mental health services in rural and remote Australia (written and verbal submissions)
- Aged Care Roundtable with The Hon Ken Wyatt AM, MP and Senator the Hon Ian Macdonald
- North Qld Mental Health Alliance
- North Qld Health Leaders Forum sponsor / leader
- Ms Cathy O'Toole MP, Member for Herbert Mental Health Reference Group and Health Reference Group

I anticipate the new year will bring NWRH more opportunities to further diversify and grow, all of which cannot be achieved without the collective commitment by all at NWRH. I would like to thank the Directors, Executive, Management teams and employees for their dedication and commitment to their roles within this great organisation.

Evelyn Edwards

CHIEF EXECUTIVE OFFICER



COMMUNITY AND PARTNERING

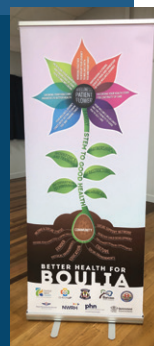
The following outlines key achievements and highlights achieved in the community and partnering sector of NWRH operations throughout the 2017/2018 year:

• COMMUNITY ENGAGEMENT

- Partnered with Health Consumers Queensland and communities to develop a Community and Consumer Engagement Framework that supports effective, meaningful engagement and develops strong community partnerships that drive change, deliver better outcomes and provide healthcare the community wants
- Participated in the Mount Isa Health Expo to support the community to own their own health

• PARTNERING

- Commenced a formal contract agreement with Gidgee Healing to deliver Family Wellbeing services; aligned with existing NWRH Wellbeing services, pairing Clinical Case Managers with Family Support Workers



- Joined the Integrated Care Innovation Fund (ICIF), an 18-month project and ongoing partnership between Central West Hospital and Health Service; NWRH, Local Governments, Western Queensland Primary Health Network, Checkup and Royal Flying Doctor Service aiming to:
 - Improve the overall wellness of people living in the communities of the Barcoo, Diamantina and Boulia
 - Facilitate service integration through standardising systems across agencies and communities; facilitating referrals to where consumers want to go; increasing telehealth services; improving information sharing and improving culturally safe environments
 - Improve the service and community use of My Health Record to enable consumers to own their own health
- Co-located services with General Practitioners in many of the communities serviced; additionally, welcoming service partners to co-locate where clinical and office space is available
- Partnered with James Cook University, Health Workforce Queensland, Australasian College of Health Service Management and TAFE Queensland to support trainee pathways and future workforce initiatives
- Proactively engaged with Local Government and Queensland Health on Disaster Management Plans for each community within the NWRH service footprint, particularly in the Lower Gulf for cyclone season



PROGRAM OVERVIEW

AGED CARE

NWRH continue to successfully operate three Aged Care Facilities, providing 40 Aged Care beds in very remote areas of Queensland; including Mornington Island (Kuba Natha Hostel), Doomadgee (Ngooderi House) and Normanton (Kukatja Place).

December 2017 signified the completion of a second full year of operation of these facilities for the organisation – vital community services which support NWRH's commitment to keeping elders connected with families in their communities and on country.

Occupancy levels in the facilities are typically very high, with Doomadgee and Normanton at approximately 95% and Mornington Island at 70% permanent and a further steady 20% in respite.



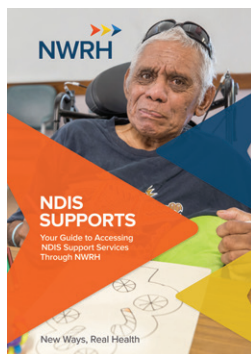
These steady high levels of occupancy are viewed as an indication of trust by the community.

Whilst facilities are small, (10 or 15 beds each), the minimum workforce requirements are equivalent to managing a 30-bed facility with the cost exceeding funding. This is in addition to the challenges of very remote operations such as workforce availability and increased costs for supply of food and services.

Throughout the reporting period a program of minor infrastructure replacement has also been maintained including whitegoods and general refurbishment of premises and rooms.

In January 2018 NWRH were successful through a competitive tender process in transitioning funding for the facilities to the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP).

In addition, as part of the NATSIFACP funding arrangement the assistance of KPMG has been secured to review operational and workforce models. Feedback from KPMG has been extremely positive, and work continues with them to improve operational efficiencies.



While this funding thankfully improved the financial position, it fails to cover the financial burden of the facilities and they continue to operate at a significant loss.

Throughout the reporting period the **Australian Aged Care Quality Agency conducted several announced, unannounced and accreditation audits under both the Aged Care Funding Instruments (ACFI) and NATSIFACP Funding arrangements. NWRH are pleased to report that all three facilities were found to be operating at a high standard.**

Efforts to build community trust through a multi-dimensional community engagement strategy is paying dividends. In addition to care for residents, NWRH Aged Care facility staff assisted the Community and Disability Services team by delivering community care in very remote locations. Examples of these services are meals, transport, nursing care and domestic assistance amongst others.



COMMUNITY AND DISABILITY SERVICES

As part of the NWRH Community and Disability Services program a raft of services are provided throughout remote and very remote Queensland with clients in all the communities visited. Funding for these services is received from many sources, mainly the Community Home Support Program (CHSP), Home Care Program (HCP), Queensland Community Care Services (QCCS) and National Disability Insurance Scheme (NDIS).

During the period NWRH have significantly expanded Allied Health Service delivery on the East Coast and from the Mount Isa and Longreach offices. Community Services have grown steadily over the period and considerable additional potential is seen in both Community and Disability Services within the service footprint. In total just under 58,000 occasions of service were delivered in 2017/2018 within the Community and Disability Services program.

EARLY INTERVENTION AND OUTREACH ALLIED HEALTH

NWRH provide a range of different Allied Health services to some of the most remote areas of Queensland. Throughout the reporting period consistent face to face and telehealth services have continued to be delivered to the East Coast communities surrounding Townsville, the North West communities surrounding Mount Isa and the Central West communities surrounding Longreach.

Allied Health disciplines such as dietitians, diabetes educators, exercise physiologists, physiotherapists, podiatrists, occupational therapists, speech pathologists, aboriginal health practitioner's, continence advisors and

dementia advisors, travelled together in teams to provide a multidisciplinary approach to early intervention, chronic disease management and specialised care for clients of all ages.

This year NWRH have focused on developing services under the National Disability Insurance Scheme (NDIS) and Commonwealth Home Support Program (CHSP): Aged Care Services; both presenting the largest area of growth within the NWRH Allied Health sector. Collaborations were formed with local General Practice (GPs) on the East Coast to introduce Medicare Benefits Schedule (MBS) Allied Health Services, with this area of growth set to expand to the North and Central West regions in the next financial year.

NWRH continue to provide mild to moderate counselling and wellbeing services in the North West region, with a large team of psychologists, provisional psychologists and social workers. Working collaboratively with other health service providers,

the year ahead will see the NWRH service footprint expand to include regular psychology visits in communities such as Ingham, Richmond and Hughenden and communities within the Croydon and Etheridge Shires.



ENHANCED INTERNAL CAPACITY

NWRH continues to provide services through a hub and spoke community-based model applying an evidence-based approach to clinical care, using the 2015 Queensland Health Chronic Conditions Manual; and aligning policies and practice with the National Standards for Mental Health Services 2010.

Considerable resources have been committed throughout this reporting period to enhance internal capacity and increase both service provision and cost efficiencies across the organisation:

- **Structural – The organisation structure has been bedded down to reflect a philosophy of coordinated and increased value for money services. This is apparent in:**
 - Achieving integrated functions across all organisational levels
 - Aboriginal and/ or Torres Strait Islander representation across Board, Executive, Team Leader and Front-line service levels
 - Realignment of programs and workforce to achieve organisation-wide efficiency



- **Development of workforce - additional investment has been committed to:**
 - Repositioning of the workforce to adapt to the new model service delivery requirements across multiple funding groups and entire business geographical area
 - Undertake behavioural change management of the workforce
 - Emerging Leaders Program to identify and develop potential leaders in the organisation and achieve minimum leadership competency standards across all organisational levels
 - A new staffing model created to adequately and safely staff NWRH Aged Care Facilities. New model sees non-local staff roster out of the community for one week in six.



- **Reconciliation Action Plan (RAP) -** Since launching the Reflect RAP in 2015, ***NWRH has embarked on the Innovate RAP journey and is expecting to launch this in early 2019***



- Considerable work has been done to enhance Race Relations; improve Equality, Equity and Unity in services, operations and policies; develop greater Institutional Integrity and foster and promote Historical Acceptance in NWRH workforce and communities
- **Data and systems - Considerable investment was made to implement a Client Management System across the company to:**
 - Facilitate intake and referral management process
 - Improve upon ability to schedule and maximise resources thereby assisting with the integrated workforce model
 - Create real time, electronic, point of service data capture via a mobility solution suitable for remote and very remote service delivery

- Improve accountability and reporting by funding model
- Provide transparency of client billing and information sharing
- Streamline back of house processes via automation

- **Corporate services**

- ***Completion of the centralisation of purchases and payables achieving a reduction in processing vendor payments from 28 to 7 days***



- Commencement of the central intake, triage and scheduling program, consolidating referral pathways and service delivery scheduling to maximise use of clinician/client time
- Centralisation of data collection and streamlined reporting across all programs has seen early indications of increased service delivery efficiency.

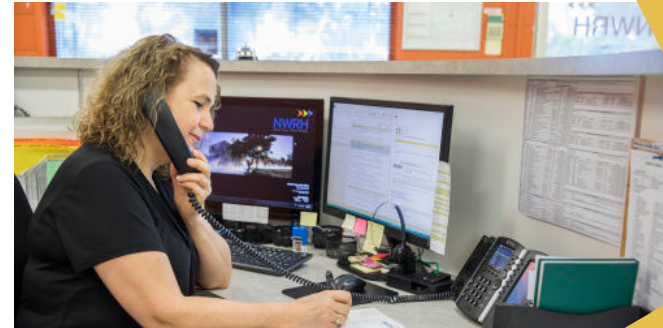


FINANCIAL OVERVIEW

During the year the principal continuing activities of the company was to support, enhance and deliver primary health care, residential aged care, home care and home support programs and to respond effectively to local health care needs.

NWRH measures performance through achieving contract obligations and milestones with grant funders to achieve health outcomes in rural, regional and remote communities.

A copy of the full financial report and auditors report has been provided to the members and all funding partners of the company.



KEY ACHIEVEMENTS



20% reduction in staff turnover rate over 12-month period

Outreach Allied Health Services are **19%** more efficient in 2017/2018 than 2016/2017



Early Intervention and Outreach Allied Health occasions of service

35.5

35.5% of total workforce identify as Aboriginal; Torres Strait Island or South Sea Islander



Community and Disability occasions of service



REFLECTIONS AND FUTURE

The 2017/2018 year yielded many great outcomes for Primary Health Care delivery across the areas and communities that NWRH Ltd are contracted to manage. The health and care teams are achieving good service results in a continued arena of fiscal tightening and increasing challenges to the operation.

Board strategies have been kept in focus and the Executive team are reaching the set milestones and objectives. It remains difficult under internal planning framework to witness unexpected funding reductions and the slippage of funds, well under adequate levels in some quarters, and many that are surprising developments, which serves only to reduce effective services to remote areas.

The flawed science around implied competition and efficiency drives for direct primary health services in remote towns and communities does not in any way recognise that the Primary Health Care agenda needs to be ramped up considerably. Much more is needed to provide adequate effective high-quality services for residents to significantly reduce their disease burden and decrease the load on the acute care sector in forward years and decades.

Considering this created environment, it is with great admiration of our teams of people in the Allied Health, Aged Care, Disability Care, Mental Health, and Well-Being services that we review the data through these streams and pay tribute to their sustained efforts throughout the year.

Equally, the CEO, Evelyn Edwards and her Executive team have produced excellent quality and new reach for the NWRH brand of services in the North of Queensland. I join with the Board of Directors in recognising their work and congratulating each Executive individually.

The Board also has duly noted the impending Aged Care Royal Commission recently announced and NWRH will participate by contributing a high-quality evidence-based submission highlighting the levels of Government support required for Residential Aged Care Facilities and services in very remote communities.

I would take this opportunity through this annual report to recognise the work and energy provided by each of our Directors, and thank them sincerely, as we deliver and extend valuable and viable health services to rural, regional and remote areas of North Queensland.

Phil Barwick

CHAIRMAN, NWRH

GOVERNANCE

NWRH is overseen by a Board of six highly qualified Non – Executive Directors who have experience in all aspects of corporate governance and health. Meeting monthly, the Board and Board Sub-Committees together ensure strong governance and oversight of all elements of operations.

NWRH Directors and their respective committee representations are as follows:



PHIL BARWICK

GAICD. Chair
Audit and Risk
Committee



DEBRA BURDEN

BBus FAICD FAIM.
Deputy Board Chair
and Chair of the Audit
and Risk Committee



ANNIE CLARKE

MAICD. Clinical
Governance
Committee and
Cultural Competency
and Stakeholder
Engagement Committee
Director Member



EDWARD FEWINGS

MAICD. Co-Chair
Cultural Competency
and Stakeholder
Engagement
Committee



HON. MIKE REYNOLDS

CBE, AM, BSW,
MAICD. Co-Chair
Cultural Competency
and Stakeholder
Engagement Committee
and Director Member
of the Audit and Risk
Committee



DR ROBERT STABLE

AM, M.B.B.S (Qld),
D Univ (QUT),MHP
(NSW), FRACGP, FAICD.
Chair of the Clinical
Governance Committee

NWRH PRINCIPLES



1. People own
their own health



2. Communities
control their own
health services
where possible



3. Staff are
employed locally,
and assisted to
build their skills
and capabilities



4. Flexibility and
responsiveness is
possible because
staff live where they
work

NWRH PURPOSE

*Healthier people in
remote, rural and regional
communities.*



NWRH

NWRH ACKNOWLEDGES THE FOLLOWING FUNDERS:

- Western Queensland Primary Care Collaborative Limited
- Mt Isa Aboriginal Community Controlled Health Service Limited Trading as Gidgee Healing
- Australian Government Department of Health
- Queensland Government Department of Communities, Child Safety & Disability Services
 - General Practice Queensland Ltd Trading as CHECKUP
 - Australian Government Department of Social Services
 - Australian Government Department of the Prime Minister & Cabinet



NWRH

NORTH AND WEST REMOTE HEALTH

3/106 Dalrymple Service Road
Currajong Q 4812
(07) 4781 9300

www.nwrh.com.au



NDIS Provider #51757136