north richmond
community health

Annual Report and Quality of Care
2011–2012

Contents

About Us

North Richmond Community Health Limited (NRCHL) has been providing quality health and welfare services since 1974.

The City of Yarra's diverse community remains the focus of much of the organisation's work, however, services are also provided across Melbourne and to communities in rural and remote areas of Victoria.

Throughout its history, NRCHL has maintained a strong commitment to supporting culturally and linguistically diverse communities by offering accessible and culturally appropriate services and programs.

Sharing our knowledge and expertise of working with marginalised and diverse communities is also an important part of our work.

The Centre for Culture Ethnicity and Health (CEH), which is part of NRCHL, provides education and training programs in cultural competency and cross-cultural communication so that organisations are better prepared to meet the needs of their refugee and migrant clients.

NRCHL currently offers more than fifteen services, has an annual budget of $9 million, and a committed staff of over 120 people.

Photo: Dianna Snape.

NRCHL Photo: Dianna Snape.

Chairperson's and Chief Executive Officer's Report

On behalf of the Board of Directors, management and staff we are pleased to present the 2011-2012 Chairperson and CEO's report to Members and the community.

Highlights for 2011-2012

This year, NRCHL completed a number of significant projects and undertook the planning and development of new initiatives that will position NRCHL as major primary health provider in inner-city Melbourne and beyond.

Completion of Stage 2 of NRCHL new building

After four years of planning and two years of construction, Stage 2 of NRCHL's new building has been completed.

All staff and services were finally relocated to the new building in July 2012. Stage 2 provides the community with spaces such as the new purpose built community room; a new café; accommodation for the City of Yarra's Maternal and Child Health Service; and accommodation for the Centre for Culture Ethnicity and Health who have returned to Lennox Street after six years in Carlton.

We take this opportunity to thank all those who have contributed to the construction of this magnificent new building, which provides state of the art accommodation for all NRCHL programs and services.

We especially thank all of the staff and community members who participated in consultations for the new building and contributed to the outstanding and innovative design; to our architects Lyons and the consultant team for their creativity and dedication; and to our builders Kane Constructions, who have completed construction of the new building to a very high standard.

We especially thank the Victorian Government and the City of Yarra for providing the capital funding and for all their support during the past six years. Finally we thank the staff, our clients and the community for their patience and perseverance during this period.

The result is a magnificent iconic building that will service the community for many years to come.

Service initiatives and service expansion

This year, NRCHL was able to secure additional funding to undertake new service initiatives and expand existing services. New service initiatives and expanded services include:

- The establishment of the Vietnamese Family Club on the North Richmond public housing estate to promote alternative activities to gambling
- Additional funding received by Inner Melbourne Post Acute Care to provide additional services

Planning for new initiatives

NRCHL and CEH also undertook new planning initiatives during 2011-2012. A number of planning 'clouds' were established to begin planning for:

- Prevention of violence against women.
- Design of new logo and new NRCHL website by the Communication Cloud.
- Planning for an integrated response to chronic illness prevention and management.

This year, NRCHL has also commenced the planning for the 2013-2016 Strategic Plan. This project will provide the framework which will guide the organisational development of NRCHL.

The project will undertake a thorough analysis of all relevant internal and external environments and issues; and the process will be inclusive of all NRCHL stakeholders: the Board, management, staff, clients and consumers, the community and partners.

We take this opportunity to thank the Victorian Government, the Department of Health, all of our funding bodies, board members, staff and especially our volunteers for the magnificent contribution to the work of NRCHL during 2011- 2012.

We look forward to working together again during 2012 – 2013.

Demos Krouskos
CEO

Paul Tchia
Chair Board of Directors

Photo: Georgia Metaxas.

Partnerships and Community Participation

Community Partnerships

NRCHL and CEH staff participated in a number of community partnerships including:

- Medicare Locals: Inner North West, Northern and Inner East Medicare Locals
- Department of Human Services Office of Housing: 'Safe Active Attractive' committee
- Counselling Casework Community Program: chaired and organised the Local Area Partnership working together on addressing issues facing children, young people and families in the local area.
- Oral Health Program: Member of the Project Advisory Group for the Refugee Oral Health Project with the Victorian Foundation for Survivors of Torture
- Oral Health Program: member of Victorian Advisory Council on Koori Oral Health.
- Oral Health Program: Mobile Dental Care Program, partnership with the Australian Dental Association, Dental Health Services Victoria and the Royal Flying Doctor Service. Dr Martin Hall was a key member of the consultative committee and visiting dentist.
- Oral Health Program: Friends of Aileu, an oral health project operating in Timor-Leste
- Multicultural Gambler's Help Program: Partnership with Gambler's Help Wodonga targeting the local Italian population.
- Health Promotion: Timorese Ethnic Chinese Community In Victoria; City of Yarra Community Development Program; North Richmond Chinese Friendship Association.
- Health Sector Development: Member of the Health Policy Committee coordinated by the Ethnic Communities' Council of Victoria; Member of the Northern Health Cultural Diversity Committee; People with Diabetes from CALD communities Working Party coordinated by Diabetes Australia –Victoria; Member of Southern Health Cultural Responsiveness Committee.

Internal Partnerships

In order to improve organisational culture and plan and respond to emerging issues, NRCHL and CEH staff participated in the following:

- Action Learning Group - continued to seek feedback and participation from staff members about organisational culture.
- Group Reflective Practice – direct service practitioners met together to discuss practice issues in a reflective learning environment.
- Chronic Illness Management Cloud– discussion and planning about better managing chronic health conditions such as diabetes.
- Domestic Violence Cloud—discussion and planning about providing a better response to the community's concern about domestic violence.
- Communications Cloud—discussion and planning about internal and external communications including developing and designing North Richmond Community Health's updated website

Research Partnerships

NRCHL and CEH staff participated in the following research patnerships:

- Hall's Technique Research Project: Dental Health Services Victoria/University of Melbourne research on a new technique for restoring primary teeth using stainless steel crowns.
- Local Area Partnership, chaired by the Counselling Casework Community Programs manager commissioned a literature review of well-being strategies or programs targeting children aged 8-12 years from disadvantaged backgrounds. See: Karen Block, Lisa Gibbs, Sarah Howell-Meurs, Elizabeth Waters (2012) Promoting and supporting wellbeing for middle-years children – a literature review. Conducted for children living on the North Richmond housing estate. Jack Brockhoff Child Health and Wellbeing Program, The McCaughey Centre VicHealth Centre, Melbourne School of Population Health, University of Melbourne.
- The Australian Health Workforce Institute Telecommunications and Health Information for Multicultural Australia: Australian Health Workforce Institute at The University of Melbourne with the Medical Education Unit and General Practice Victoria.

Moon Lantern Festival 2011

A bright and colourful world of art, dance and music once again gathered on the grounds of the North Richmond public housing estate for the 17th Annual Moon Lantern Festival on 17 September 2011.

Originating as a Chinese and Vietnamese festival in honour of the Autumn Moon Harvest, the Moon Lantern Festival was once again enjoyed by thousands of people from the local community and visitors from across Melbourne.

The festival was attended and opened by the Hon. David Davis, Victoria Minister for Health and Ageing; The Hon. Richard Wynne MP, Member for Richmond and Minister for Housing; and Mr Adam Bandt MP, Federal Member for Melbourne. NRCHL was proud to again host this much-loved community event.

A wide variety of family entertainment was on offer during the afternoon. Circus workshops by Westside Circus were held as well as workshops on lantern making, origami, calligraphy and African henna painting. Polyglot Puppet Theatre also sparked the imagination of children of all ages with their Dream City Building.

Alongside the talents of estate residents and the wider Yarra community, the festival also showcased dance and music from the Chinese, Vietnamese, African, Timorese, West Papuan, Turkish, Pacific Island and Indigenous Australian communities. The festival culminated in the evening with a fabulous performance from the Punjabi Bhangra Dancers, and a magical moon lantern parade amidst a sea of candles.

Moon Lantern Photos: Georgia Metaxas.

Aboriginal and Torres Strait Islander Community Engagement

The ATSI Connections Project partnership between the Drug Safety Program (DSP) and Turning Point Drug and Alcohol Centre continued successfully throughout 2011-2012. The purpose of the partnership was to develop relationships with the Aboriginal community on and around the North Richmond public housing estate and to provide referrals and advocacy when required.

One of the highlights of the year was the celebration of NAIDOC week in July 2011. A barbeque was hosted by NRCHL at the request of the Aboriginal community. The barbeque was also well attended by children and families of all cultural backgrounds on the estate.

DSP was also successful in obtaining a grant from the City of Yarra for arts, meals and recreational programs. The Aboriginal community directly benefitted from this funding by enjoying arts activities such as boomerang and canvas paintings; participating in community meals; and gaining access to subsided gym memberships.

The Moon Lantern Festival was also well attended by the community who organised and ran their own exhibition, entitled 'Indigi Tent'. A traditional smoking ceremony was performed and Wurundjeri member Colin Hunter offered all visitors to the estate a customary welcome to country.

IMPAC, the Oral Health Program and the Diabetes Nurse Educator continued to provide flexible and creative responses to the needs of Aboriginal community members referred to them by DSP Outreach Team staff.

Cultural Competency

NRCHL and CEH staff undertook the Cultural Competence Organisational Review (CORe) this year. Forty staff members completed an online survey, the results of which will inform the whole organisation's future Cultural Responsiveness planning.

Key results included:

Strengths:

- Reception staff can speak key community languages.
- Bilingual posters displayed in the building reflect the language diversity of the community.
- Interpreter access signage is displayed in the building.
- Translated information is available in key community languages.
- The organisation offers training in developing cultural competence.
- The organisation ensures that services are accessible to culturally diverse communities.

Areas for Improvement

- Increase representation of staff from culturally and linguistically diverse backgrounds in decision-making bodies within the organisation.
- Consult with culturally and linguistically diverse communities on the organisation's planning, service development, monitoring and evaluation.
- Incorporate cultural competence in organisational plans.
- Set a clear expectation that staff consider a client's cultural factors or migration-related experiences whilst providing their service.

Photos: Georgia Metaxas.

Health promotion

The priorities for Health Promotion in 2011 – 2012 were physical activity, healthy eating and social inclusion.

A major strategy for delivering outcomes on these priorities has been by the provision of a number of groups, particularly focusing on exercise and social inclusion for the elderly Vietnamese, Chinese and Hakka communities.

Improvements have been achieved in the standard of evaluation of the various groups following feedback from the Department of Health.

Safety on the North Richmond public housing estate continued to be a major concern of the local community.

Due to concerns about their personal safety, residents of the estate can be reluctant to use outdoor common areas for physical activity.

As part of a health promotion response, the manager of Counselling Casework and Community Programs (CCCP) participated on the 'Safe Active and Attractive' working party chaired by the Richmond office of the Office of Housing.

As the facilitator of the Local Area Partnership (LAP) on children, young people and families on the North Richmond estate, the manager of the CCCP team helped facilitate a study of young resident's views and concerns about living on the estate.

Personal safety was a major concern expressed by the participants and their comments have subsequently informed the work of the Drug Safety Program of NRCH, the Community Liaison Committee of the North Richmond housing estate and the 'Safe Active and Attractive' working group.

The Healthy Relationships Group

The Healthy Relationships Group was attended by twelve enthusiastic women from the Vietnamese community. The women were invited to examine various attitudes, values and behaviours concerning interpersonal relationships.

The group held open discussions and undertook experiential exercises about relationships, including honest discussions about their experiences of domestic violence. The group was facilitated by Katherine Hubbard, senior counsellor in Counselling Casework Community Programs; local community worker Quyen Mai; and Huong Tran, NRCHL's Vietnamese interpreter.

The group explored the many different forms of domestic violence and learned that it included not just physical assaults, but also emotional, sexual, social and financial abuse.

The women developed their very own Charter of Healthy Relationships which includes concepts that they believed were crucial for quality relationships between men and women. The women created the Charter in both the English and Vietnamese languages.

The group members also gave permission for the formal evaluation of the group to be presented as a book of poetry and writings. This innovative approach aims to convey a whole new understanding of women's experiences of domestic violence. The poetry will be presented in a special public performance in both the English and Vietnamese languages.

The book will be an enduring record of local women's all-too-common experiences of violence. It is also hoped that the artistic format of the presentation will make this challenging subject matter palatable and engaging to a wider audience.

The Charter of Healthy Relationships

Mutual Respect: Friendship and Support: Communication: Support for Work Done in the Home: Care for One Another: Encouragement: Praise: Right to be Happy: Faithfulness: Equality: Compassion: Safety

Tôn Trọng Lẫn Nhau: Tình Bạn và Lòng Tương Trợ: Nói Chuyện Với Nhau: Hỗ Trợ Tinh Thần: Sự Tín Nhiệm: Chia XẻTrách Nhiệm: Tôn Trọng và Chia Xẻ Công Việc Nhà: Săn Sóc Lẫn Nhau: Khuyến Khích Nhau: Khen Tặng Nhau: Quyền Được Hưởng Hạnh Phúc

CLINICAL GOVERNANCE

NRCHL adheres to the clinical effectiveness principles of achieving:

- Right care – the right care is provided to the patient.
- Right patient – right patient who is informed and involved in their care.
- Right time – at the right time.
- Right clinician – by the right clinician with the right skills.
- Right way – in the right way.

NRCHL's clinical and project staff invested heavily in the continuing development of our clinical governance systems in the 2011-12 year.

New initiatives and project included:

- Completion of a draft clinical governance framework.
- The establishment of a data, performance and planning project.
- The establishment of a clinical reflective practice group.
- The expansion of the clinical supervision program.
- Continuing support for knowledge sharing between and within programs.
- Implementation of a new GP Practice model.
- Implementation of new software for the GP's.
- Reporting and assessment of clinical and corporate risks across the organisation as part of annual planning processes.
- Improved care planning processes, including more integrated care plans for clients with chronic and complex needs.
- Completion and implementation of clinical scope of practice policy.
- Streamlined staff credentialing processes.
- Significant increase in cleaning resources.
- Service coordination planning to implement primary prevention diabetes program - Life! Program.

NRCHL also undertook planning in the following areas:

- Patient Audit of Chronic Illness Care (PACIC).
- Audit of Chronic Illness Care (ACIC).
- Cleaning and Infection Control.

Cleaning and infection control are critical components in the clinical governance system of any health care organisation.

NRCHL is committed to implementing effective policies and procedures for cleaning and infection control that reduce or mitigate risks to our staff and clients, including;

- On-staff and contract cleaners who undertake a daily cleaning program that extends throughout the day as well as a full clean when the facility is closed.
- Regular quality audits of the cleaning program.
- Specific training for staff in high-risk programs such as Nursing, Oral health and Drug Safety Program.
- Cleaning and infection control training and information provided to staff at induction/ orientation.
- Access to free yearly flu vaccinations for all staff.
- Hazard reporting system to report infection risks.
- Adequate and effective resources for all staff to provide services in a safe, low risk environment.
- Comprehensive sterilization processes and modern sterilization equipment.
- Comprehensive policies and equipment for storing and using vaccines.
- Expert infection control advice and support provided to staff by nursing and medical practitioners.
- Good hand hygiene practices.
- Use of personal protective equipment (PPE) when appropriate.
- Standardized cleaning protocols.
- Medical, infectious and general waste is disposed of appropriately, including sharps.
- Dedicated, purpose built storage rooms for cleaning equipment.
- Broken, torn or damaged equipment is replaced or fixed.
- Dedicated laundry areas with regular contract cleaning of soiled laundry.

"Clinical governance is the systematic approach to improving the quality of client care"

ANALYSIS OF DATA

Incidents

The total number of incidents reported in the 2011-12 year increased by 56% from the previous year. This accounted for an average of 4.1 incidents per month compared to only 2.6 last year.

15 more incidents were recorded in the two categories of personal injuries and fire incidents.

The sharp increase in these areas was mostly due to injuries from building defects, and staff adjusting to changes in work practices or new systems since moving into the new building at 23 Lennox Street Richmond.

Defects are continually being rectified as part of the ongoing maintenance program and work practices are modified where appropriate after incidents are reviewed.

Fire incidents spiked during the 2011-12 year due to Stage 2 building construction works falsely triggering the fire alarm on three occasions.

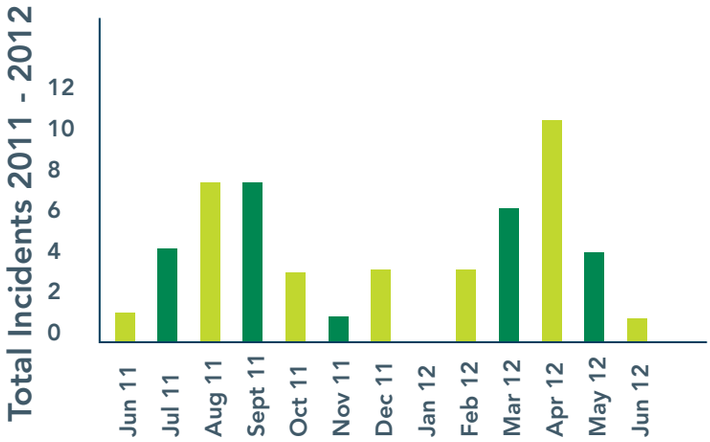
The false alarms provided unexpected but opportunistic evacuation exercises.

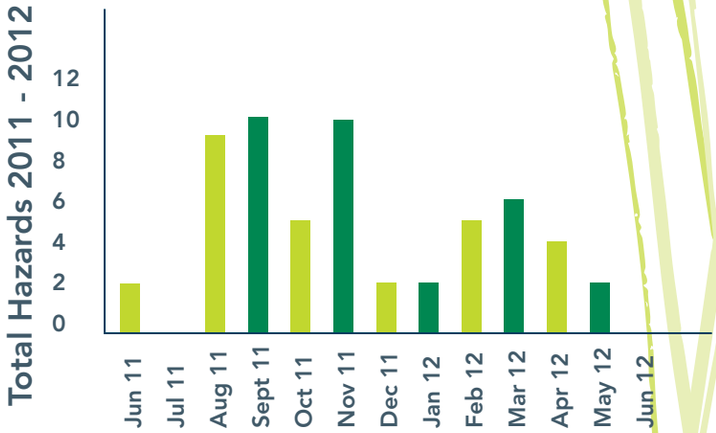
We successfully evacuated in less than four minutes on each occasion, which was a great effort by all the emergency wardens. The evacuations also allowed us to identify and rectify a number of failings in the new building management system.

It was pleasing to see that incidents in the categories of inappropriate behaviour and overdoses had halved, providing evidence that our strategies to better manage these events has been successful.

Hazards

The total number of hazards reported in the 2011-12 period increased by 40%. This was almost exclusively due to more vigilant reporting of public injecting by staff. NRCHL continues to respond proactively to reports of public injecting, and works co-operatively with internal and external stakeholders to minimize risks.





Summary of Incidents by type 2011–2012

	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	Apr 12	May 12	Jun 12	TOTAL
Inappropriate behaviour				2			2				1			5
Sharps/splash accidents											1			1
Medical emergency				1	1					3		1		6
Theft/ Damage to property											2	1		3
Personal injury		2	3	2	1	1	1			1	2	1		14
Overdose										1		3		4
Needlestick/ sharps injury	1	1	1		1									4
Infection control		1												1
Fire / electrical incident			1						2	1			1	5
Other			2	2					1		1	1		7
TOTAL	1	4	7	7	3	1	3	0	3	6	7	7	1	50

SAFETY & QUALITY SYSTEMS

NRCHL incorporates the principles of safety, quality and risk management into all aspects of our operations. We take our responsibilities to staff, clients, contractors and visitors seriously, ensuring both our policies and practices meet legislative standards and community expectations.

We currently have a number of committees that focus on different aspects of our quality, risk and safety systems but also integrate to provide a comprehensive approach to managing, reviewing and evaluating our systems.

- OH&S committee
- Emergency Response Committee
- Emergency Planning Committee
- Quality Committee
- Board of Governance—Finance Audit and Risk Sub Committee

Key safety, risk and quality improvements

introduced in the 2011-12 period were:

- The development of a comprehensive Emergency Management Plan
- The recruitment of a part time Quality and Risk Co-ordinator
- Allocation of funding to support an ongoing facilities management role
- A review of NRCHL's financial reporting processes
- The recruitment of a part-time Human Resources Officer to support the Human Resources Manager
- Governance training for the NRCHL Board of Governance
- Implementation of a project to improve NRCHL's data collection, reporting and planning processes
- All Program Managers supported to undertake an Advanced Diploma of Management
- A focus on delivering projects and developing policies that support better clinical governance

NRCHL's OH&S priorities 2011–12

NRCH's OHS priorities for 2011-12 were;

- Injury Prevention—psychological and physical
- Refinement of NRCH's risk and safety systems

Our performance against the 7 strategies identified in the OH&S plan for 2011-12 was;

5 = fully achieved
1 = partially achieved
1 = not achieved

"NRCHL recorded only 1 WorkCover claim for the 2011–12 reporting period"

NRCHL Accreditation Status

Community Health programs, Oral Health program, Post Acute Care program and CEH are accredited by:

- Quality Improvement & Community Services Accreditation (QICSA)
- Full accreditation granted November 2010
- Next review: November 2013

The medical practice is accredited by:

Australian General Practice Accreditation Limited (AGPAL)

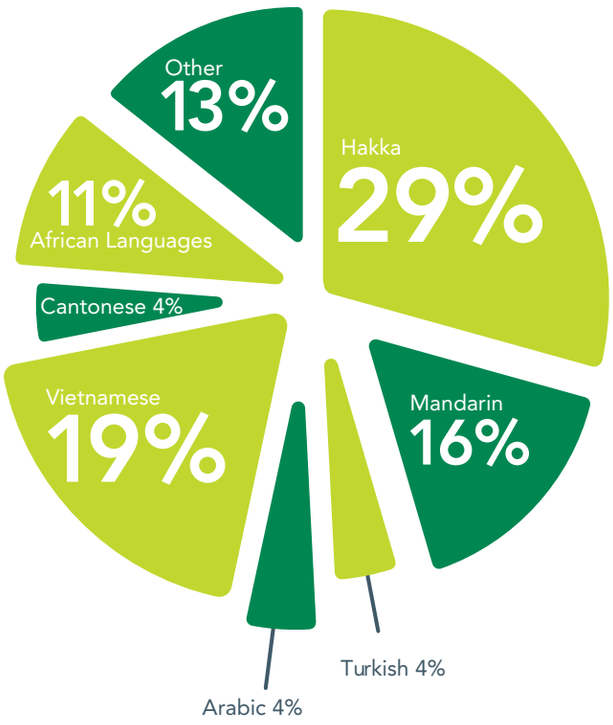
- Full accreditation granted February 2011
- Next review: February 2014

NRCH Quality Improvement Priorities 2012-13

PRIORITY	STATUS
Review & update emergency response plan ning procedures	Complete
Improve risk planning, reporting & monitoring	Underway
Improve compliance systems	Underway
Board of Governance training & performance management	Partially complete
Establish an employee assistance program	Underway
Improve internal auditing	Underway
Implement an integrated client care framework	Underway
Improve client involvement in service planning	Project planning commenced
Develop organisational processes to support increased innovation	Not commenced
Improve document control processes	Project planning commenced
Improve knowledge sharing practices	Underway

LANGUAGE SERVICE SUPPORT TO CLIENTS

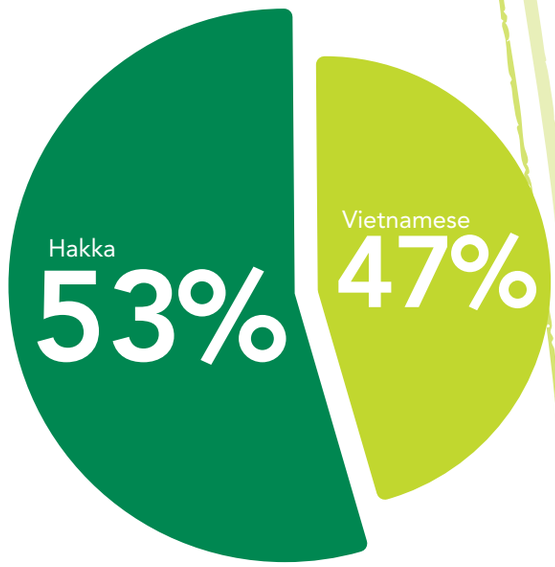
Purchased Languages
July 2011- June 2012



Our commitment to providing accessible, high quality care through appropriate language service support continues to be a feature of NRCHL's quality framework.

24 different languages were provided during more than 3600 appointments where interpreters were required

In-house Languages provided
July 2011- June 2012



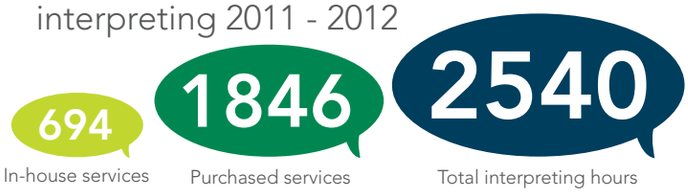
NRCHL provided 49 hours of interpreting support to clients every week in 2011-12.

This statistic does not include services provided by bi-lingual workers, including reception and clinical staff.

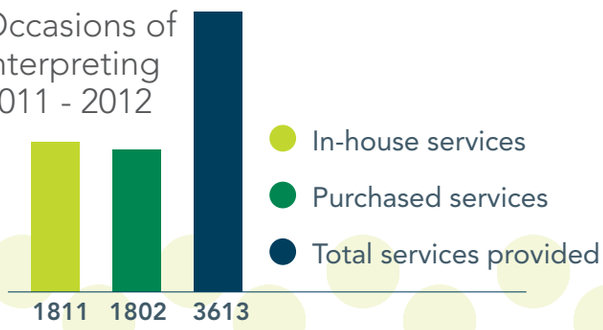
In-house language support for Hakka and Vietnamese speaking clients continues to be a highly efficient way of delivering interpreting services.

The reliability, continuity and quality of care this arrangement affords is especially valued by our clients.

Total number of hours interpreting 2011 - 2012



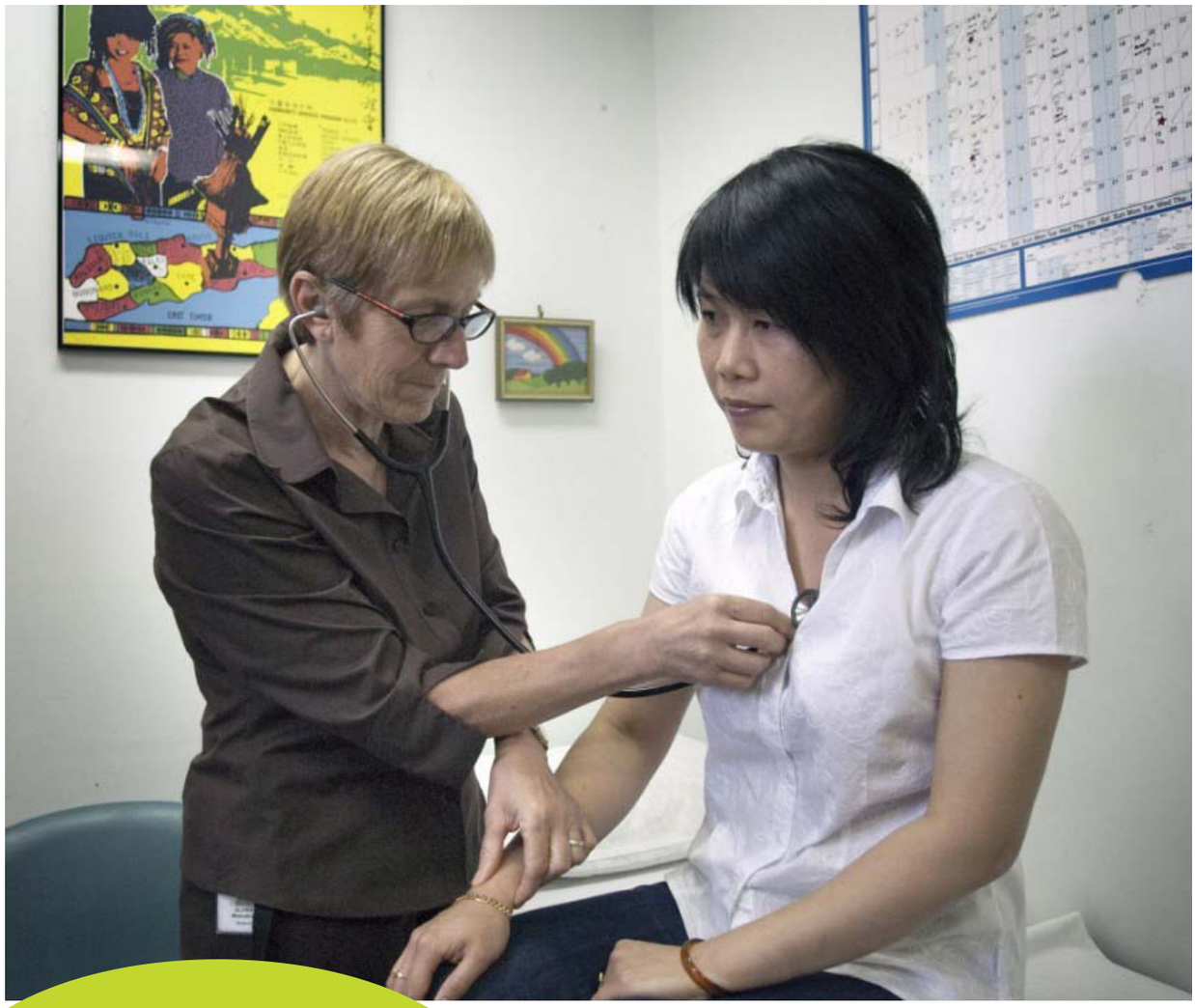
Occasions of interpreting 2011 - 2012



Hakka, Vietnamese and Mandarin were again the most requested languages for NRCHL clients in the 2011—12 period. Together they accounted for 74% of the total interpreting hours provided to NRCHL clients.

Requests for African languages remained strong at 11%, however were slightly lower than for the 2010-11 period when they accounted for 14% of total interpreting hours.

Languages such as Greek and Turkish, which were once in strong demand at NRCHL , continue to decline as the population in the City of Yarra changes over time.



Services: Year In Review

Medical Services

Medical Services enjoyed an interesting year beginning with the move into brand new facilities in NRCHL's new building.

Two medical students from The University of Melbourne began a two year practical placement one day per week, which provides them a fantastic opportunity to learn and understand the complexities of medical practice in a culturally diverse community.

A major achievement for the year was completing the Australian General Practice Accreditation Limited (AGPAL) accreditation for the next three years.

The team also continued to plan for greater service expansion. Recruitment for a Practice Nurse began in order to assist with developing a systematic and comprehensive approach to chronic disease management.

Recruitment of a Practice Manager was also begun in order to assist with implementing innovations in the medical practice such as a new appointment system, electronic billing and the full use of computer filing for medical records . The team were also very keen to expand the number of doctors in the practice and began actively recruiting.

Notification of Hospital Emergency Admissions

The percentage of GPs notified of emergency admissions within 24 hours varied from hospital to hospital. The main hospital for acute adult admissions was St Vincent's Hospital Melbourne and the reported rate of Emergency Department admissions from St Vincent's Hospital is 1/3.

Discharge Summaries

Discharge summaries from St Vincent's Hospital Melbourne were received within one week for an estimated 60-70% of patients. Notifications within one week from the Royal Children's Hospital emergency department were also estimated at 60-70%. These notifications were sent electronically but were also subject to patients clearly identifying North Richmond Community Health as their general medical practice.

Care Planning

An estimated 15-20% of patients with complex and chronic diseases have formal documented care plans as these plans are needed by a patient in order to access allied health services and dental services through Medicare. Many patients also have informal care plans with their clinicians.

Oral Health Program

The Oral Health Program has moved into an exciting phase with the establishment of a new seven-chair clinic in NRCHL's new building.

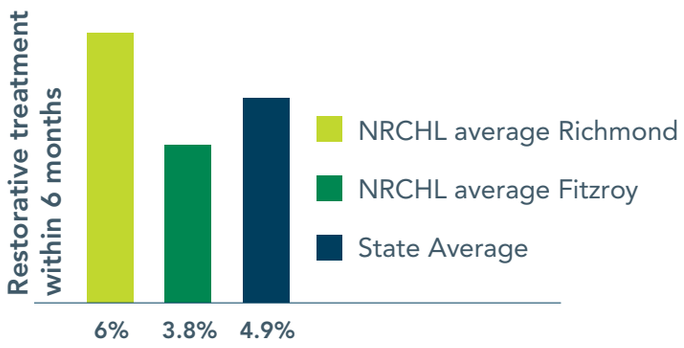
Due to this large increase in capacity, the program was able to recruit four new dental assistants and provided them with training in Certificate III in Dental Assisting. The program also recruited a new receptionist to support the increased number of dental operators. A new dental laboratory has also been established onsite for the manufacturing of dentures.

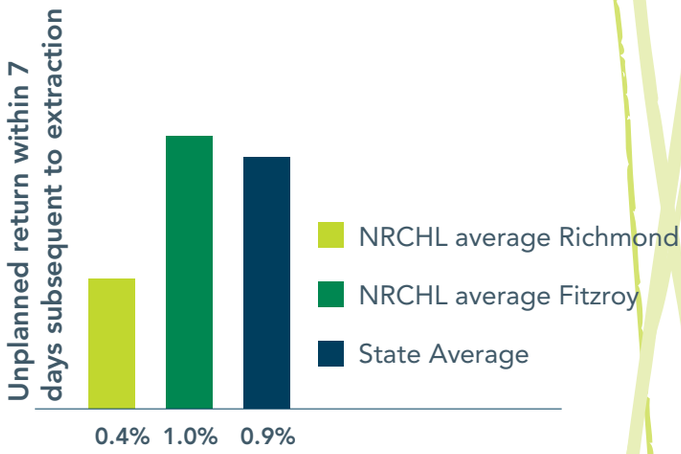
The Child Oral Health Program was also established during the year and involves providing a comprehensive program of services using prevention-based models and minimal intervention techniques. Families can be recalled if they are considered at risk of dental decay and school education sessions are also provided.

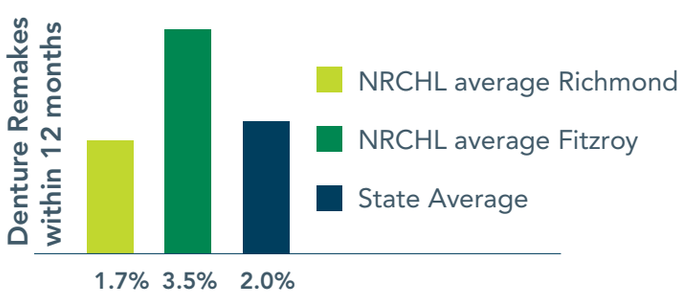
An Oral Health Education Clinic was also established. The clinic provides intensive oral hygiene education for high risk clients; including diet and home care analysis, plaque scoring, and hygiene techniques.

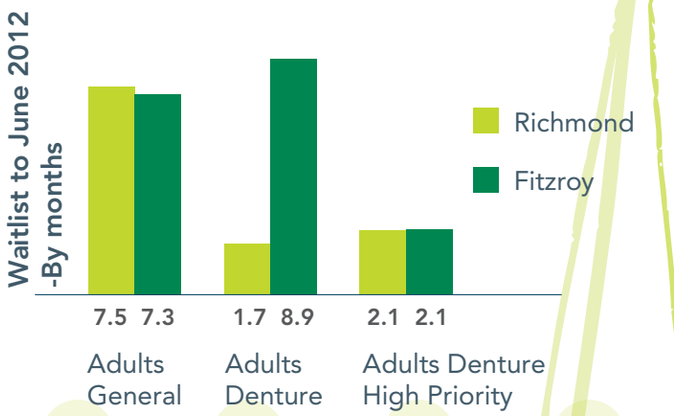
The program also welcomed Dr Siobhan McMorrow, a dentist participating in the Irish Dentist Program. Dr McMorrow worked in the program on a six-month working holiday arrangement.

The program was also pleased to employ an Iranian dentist, Sam Rouhfza, who is currently seeking asylum in Australia. Sam has undergone mandatory detention on Christmas Island and Curtain Immigration Detention Centre and is now employed as a dental assistant.









Nursing & Allied Health

Nursing and Allied Health experienced a steady year in 2011-2012. A Home and Community Care (HACC) funded Occupational Therapist began providing much needed services to the community in partnership with North Yarra Community Health and Inner East Community Health.

The Occupational Therapist also underwent training to facilitate the HACC funded 'No Falls' training; and a group targeting the Hakka-speaking community will benefit from this service next year.

The program includes strengthening, stretching and balance exercises run by an experienced physiotherapist, occupational therapist and skilled assistants.

The 'No Fall's program is a well-researched and has proven to be effective in helping lower a person's risk of falling, as well as offering other general health and social benefits. The program will be run in conjunction with Monash University as part of a research project for the Department of Health.

The Diabetes Education service successfully ran a Life! diabetes prevention group in early 2012. The group was targeted at Hakka-speaking members of the community who were identified by their GPs as being at high risk of developing Type II Diabetes.

Group members learned how to lower their risk by undertaking more physical exercise and eating healthier foods. A Vietnamese diabetes support group also operated across the year, and was well attended by many Vietnamese community members seeking education and social support in managing their illness.

The Paediatric Speech Pathology service continued to experience high demand and as such, received limited extra funding in order to lessen waiting list times for children in need of services.

The Community Midwife also continued to work in partnership with City of Yarra's Maternal and Child Health Services to ensure that newborn babies on the estate were properly referred to their local service and that all babies underwent their six-week health check-up.

Drug Safety Program

Alcohol and Other Drug (AOD) Counselling

The Drug Safety Program (DSP) has continued to deliver counselling services to clients referred under the Community Offenders Advice and Treatment Service system and voluntary clients.

All counselling services are funded by the Department of Health, and the DSP counselling service completed the financial year at 120% of its annual targets. The program also began offering counselling sessions for residents living in Homeground's 'Common Ground' facility; and participated in a trial for SupportLink.

Needle and Syringe Program (NSP)

The NSP has provided clean injecting equipment, education and a gateway to AOD counselling and support for 26,235 clients in the past 12 months. As well as counselling, this service facilitates access to health, housing and other support services, both within NRCHL and to external service providers.

Outreach

Over the last 20 months, there has been a significant increase in the Aboriginal community presence around Richmond. DSP, especially the Outreach Team, have adjusted their work practices to accommodate this community who often have culturally specific drug and health-related issues.

The Outreach Team, with the assistance of an Aboriginal staff member from alcohol and drug treatment service Turning Point, has made a strong connection with this community. Many community members have as a result made NRCHL their preferred health service provider.

Client Advocacy

DSP works with stakeholders such as Fitzroy Legal Service and the Yarra Drug Health Forum to advocate on behalf of marginalised clients who often find themselves unsupported and at odds with the police and the broader community.

Lack of housing is a perennial issue for the client group, and staff are often called upon to support clients with their housing matters. This continues to be a very frustrating experience for the team given the unavailability of appropriate, affordable housing in Melbourne.

Substance dependence is often part of a dual-diagnosis that includes mental health issues. DSP staff are regularly called upon to support clients with their mental health issues and to link them in to support services such as St Vincent's Hospital Melbourrne and their community mental health services.

During 2011, the Outreach Team participated in the 'Key Peer Educator' project in partnership with Harm Reduction Victoria. DSP assisted by helping project worker's gain access to DSP clients living on or visiting the North Richmond public housing estate. The project was successfully completed and may pave the way for future peer-focused projects.

Community participation

DSP continues to participate in key agency networks such as the Yarra Drug Health Forum, Richmond Local Safety Committee and the Yarra Local Safety Committee. We continue to provide an AOD-related education program for residents of the North Richmond public housing estate.

CASE STUDY

John has been attending Drug and Alcohol Counselling for the past six months. John has been in and out of prison for over twenty-five years and regularly re-offended during his parole periods.

Knowing that John would likely be pessimistic and distrustful of the counselling process, the DA counsellor worked to established an honest, 'straight shooting' relationship with him from the start. He reassured John that he was there to support him to recover, move forward and gain confidence.

Due to the relationship with his counsellor, John eventually disclosed stories of abuse he was subjected to as a child and a major health issue he'd suffered for several years without seeking any treatment. He has since completed several months of his parole without re-offending; a significant achievement for him. John has also worked with his counsellor on strategies to reduce anger and aggression and has realised the benefit of talking about his experiences rather than keeping it all inside.

Counselling, Casework and Community Programs

CCCP counsellors and caseworkers worked with 241 people during the year; the Initial Needs Identification/Intake worker had contact with 234 people; the Psychiatric Disability Rehabilitation Support Service team supported 33 people; and the youth worker supported 25 young people.

This year saw the team placing greater emphasis on responding to family violence. The team participated in the Not 1 More White Ribbon Day event in November 2011 and increased their liaison with other family violence organisations.

A 'cloud' was also convened to discuss how NRCHL could collectively respond more effectively to the issue. As a result of these efforts, the number of referrals for counselling for family violence increased.

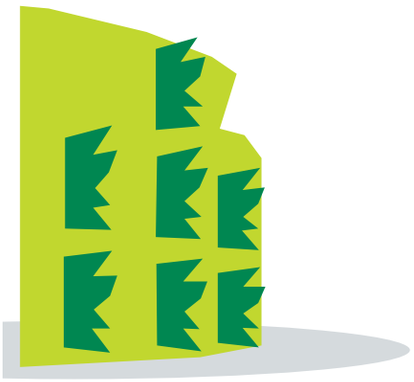
The CCCP team was directly responsible for a number of groups with culturally and linguistically diverse membership; many of which had health promotion as a focus.

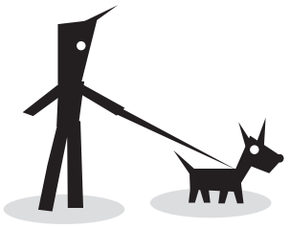
These included:

- A walking group
- An English conversational class
- A basketball group for young people
- Living Longer Living Stronger gym exercise group
- A young women's group
- A water aerobic exercise group
- A tai chi group
- A gentle exercise group
- A homework support group
- Health Information Groups

CASE STUDY

Trinh is a female participant of the Water Exercise group in her late sixties. She suffers from arthritis. Whilst on a trip to China, Trinh felt able to join other her friends in climbing the Great Wall. Trinh said that she would not have been able to undertake such a huge physical challenge without the strength and fitness she gained from participating in the Water Exercise group.





During theyear, consultations were held with leaders of local communities about their health needs and found that an exercise program for the ageing population was required. Plans were begun for a chair-based exercise pilot project to begin in 2012-2013.

During the year, the Volunteer Co- ordinator supported a total of 81 volunteers. At the end of the financial year, there were 52 active volunteers associated with NRCHL.

The team also organised and operated the successful Companion Animal Support Program. In this program, volunteers were matched with elderly City of Yarra residents or those with special needs in order to help them maintain care of their pets.

CASE STUDY -

Joe is a local resident in his mid-70's who is isolated and lives alone. Joe loves the company and companionship of his pet dog Gerry and wanted to get another dog. Joe was also concerned about older abandoned dogs and wanted to provide a home for another one, as well as a giving Gerry a playmate. Joe was concerned however that he would be physically unable to walk two dogs.

Joe was matched with Christina, a local volunteer who was happy to walk two dogs. Joe was then able to give a home to Angie, who has lost a lot of weight and is much healthier since being re-homed with Joe and Gerry. Joe and Christina have also established a good friendship based on their mutual love of dogs.

Health Independence Programs

Inner Melbourne Post-Acute Care (IMPAC)

Inner Melbourne Post-Acute Care is state government funded program that provides short-term services to help people recover at home following a stay in a public hospital. A variety of services can be arranged and funded.

In 2011-2012, IMPAC received over 1800 referrals from 38 public hospitals. They provided over 10,000 visits or services such as home help, personal care, nursing and physiotherapy to their clients. Our care coordinators made over 6,600 client contacts: around 50% were directly with clients and 50% were liaising with hospitals, service providers and other community agencies.

Assessment, Liaison, Early Referral Team (ALERT)

ALERT is a Hospital Admission Risk Prevention program, funded by the state government to reduce demand on public hospital emergency departments.

The ALERT program aims to address complex care needs and chronic disease by creating partnerships between the public hospital system and community organisations.

26 new referrals were received from St Vincent's Hospital Emergency Department to ALERT's NRCHL-based outreach worker. The outreach worker supported a range of clients with complex needs over the year, including 42% of clients who were homeless.

Listening to our consumers

In Late 2011, the Health Independence Programs held a consumer forum with their sister programs at St Vincent's Hospital Melbourne to seek feedback from clients and carers about their services. Sixteen people attended and reported that overall they were satisfied with the services they were offered and appreciative of the care and services that they received.

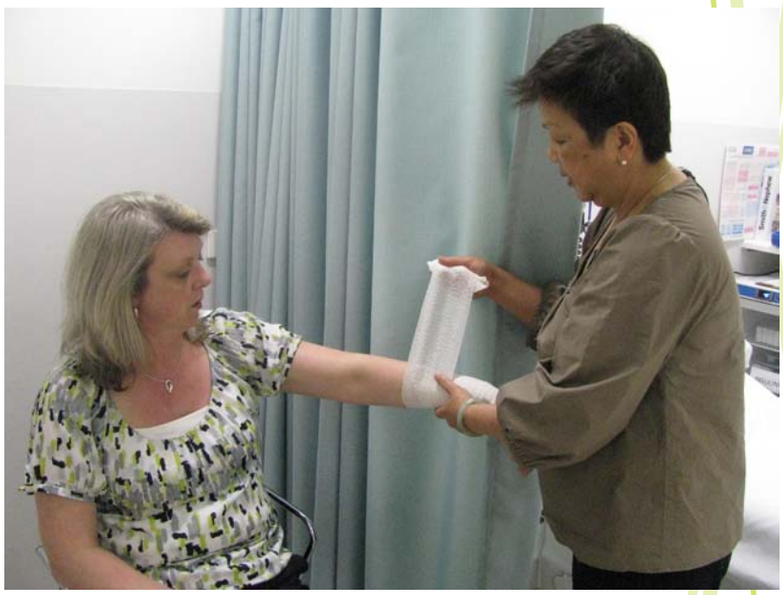
They were pleased with the good communication between the program, client's and their GP's and suggested that their needs to be better explanation of the role of a 'care-coordinator'.

How Health Independence Program services manage expectations was also found to be important: they were advised that they needed to be clear about their role, what they do, for how long they will be involved, who will be involved, and which other health professionals will be informed of their referral to the programs.

Clients wanted more opportunities to provide feedback

Each service has been addressing the areas of specific feedback. They have been reviewing their processes and making the required changes. For example, IMPAC developed a new brochure for clients and has simplified their telephone system.

IMPAC now also plans to run two consumer feedback sessions annually.



Centre for Culture, Ethnicity & Health

centre for culture, ethnicity &health

The Centre for Culture, Ethnicity and Health is a unique agency that provides specialist information, training and support on cultural diversity and wellbeing.

The Centre work to ensure that everyone in Australia has access to vital services such as health and education. Where people cannot access services due to cultural, language or educational barriers, the Centre help tailor these services to their needs.

Photo: Nicole Sultana

Multicultural Gambler's Help Program

The Multicultural Gambler's Help Program aims to ensure that the needs of migrant and refugee communities are taken into account in state-wide responses to problem gambling.

Highlights from the last twelve months include:

International Students' Project

In partnership with Gambler's Help, the program facilitated an international student peer leaders working group. The aim of the working group was to develop a social marketing campaign to promote responsible gambling messages to international students.

A Facebook poster competition was developed and organised, and the challenge was set for students to design a poster highlighting responsible gambling messages.

A total of seventeen entries were received and the winner is featured below:

Karen Community Project

Members of the Burmese Karen community in the Western region of Melbourne have reported increasing concerns about the use of electronic gaming machines by Karen families.

In response, a partnership was formed with the community in order to reduce their vulnerability to the impact of problem gambling.

The partnership produced a DVD entitled A Karen Gambling Story. A Karen Gambling Story stars 'Wahpah' and shows the impact that problem gambling has had on her husband and their financial affairs.

The DVD has been viewed by more than one thousand members of the Karen community Australia-wide.

The DVD can be viewed on CEH's website at: www.ceh.org.au

The partnership also facilitated two Karen community soccer days in Werribee. The soccer events were designed to provide recreational alternatives to problem gambling and to also build resilience and connections in the community.

Richmond Family Club

The Richmond Family Club is a karaoke and dancing club for the Vietnamese community. It was developed to provide recreational activities for the community and therefore to reduce vulnerability to problem gambling.

The Family Club was aims to reduce social isolation. It was launched in May 2012 and is held every Friday evening at the North Richmond public housing estate.

Afghani Partnership Project

The Afghani partnership project focused on raising awareness of problem gambling issues in the Afghani community living in the Southern Melbourne.

To achieve this goal, problem gambling education brochures were distributed at two Afghani community festivals and through eight health and community organisations.

Problem gambling education posters were also displayed at nineteen Afghani grocery stores and a radio interview was played on Melbourne Ethnic Community Radio station 3ZZZ's Afghan Program.

Bilingual Services Demonstration Pilot Project

The Bilingual Services Demonstration Pilot Project aimed to increase access to problem gambling counselling services for culturally and linguistically diverse communities through the employment of Vietnamese-speaking and Italian-speaking counsellors.

The pilot was completed in June 2012 and was able to demonstrate an increased amount of referrals for Vietnamese and Italian clients to problem gambling services and greater client satisfaction overall.

The Multicultural Gambler's Help Program also developed a number of problem gambling education resources targeting culturally and linguistically diverse communities; provided cultural responsiveness training to the Gambler's Help sector; and commenced other projects such as the Sudanese Partnership Project and Responsible Gambling Awareness Week activities.

Health Sector Development

The Health Sector Development (HSD) program assists health and community service providers to plan and deliver culturally appropriate and inclusive services for migrant and refugees.

Highlights from the last 12 months include:

Cultural Competency Organisation Reviews

The HSD program uses a cultural competence framework to assist health and community organisations to review and improve their service delivery to clients from refugee and migrant backgrounds.

Over the past year, HSD has worked with five organisations and helped them to review and improve their policies, procedures and practices related to the planning, delivery and evaluation of services for refugee and migrants.

Cultural Responsiveness Training

The HSD team was in high demand over the year and were kept busy delivering cultural responsiveness training all over Victoria. Some of the most popular training programs were 'Introduction to cultural diversity' and 'Improving cross-cultural communication'.

Working with Interpreters.

Over the year, 63 training programs were delivered in Victoria reaching over 1200 health and community workers.

Oral Health Project

Over the year, consultations were held with selected public oral health programs across Victoria. The purpose of the consultations was to identify gaps in information and to understand the cultural competency needs of the oral health workforce. The information obtained from the consultations will be used to inform the development of training programs and other projects specifically for the oral health sector.

Library and Information Services

There has been increasing demand for the library and information services provided by the Centre for Culture, Ethnicity and Health. The library provides health, community services and other interested stakeholders with comprehensive information on culture, ethnicity and health.

Over the year, more than 300 new resources were added to the library and staff responded to over 160 requests for information.

Photos: Georgia Metaxas.

Multicultural Health and Support Service (MHSS)

Multicultural Health and Support Service (MHSS) aims to address poorer health outcomes for culturally and linguistically diverse (CALD) communities in the highly complex and culturally sensitive areas of HIV/AIDS, hepatitis and sexually transmissible infections.

In the year 2011–2012, MHSS continued to increase its reach across high prevalence ethnic communities and increase the capacity of partner organisations and the broader service sector to work more effectively to address the needs of people affected by blood borne viruses and sexually transmissible infections.

Over the year MHSS has delivered:

- Support to 14 new clients with diagnoses of viral hepatitis and other sexual health issues, the majority of whom were Vietnamese-speaking prisoners.
- 39 community education sessions for over 1300 people: including Vietnamese-speaking prisoners and students, including international students, from TAFE and AMES.
- 5 presentations were given at forums and events that included the Department of Health Victorian Integrated Hepatitis C Nurse Partnership Forum; Blood Borne Viruses & Sexually Transmissible Infections Sub-Committee (BBVSS) Hepatitis B Workshop; and Migrant Resource Centre North West's International Women's Health Day.
- 11 training sessions provided to organisations including La Trobe University, MacKillop Family Services, Asian Workers Network and RMIT University.
- 2 full-day forums: one entitled Spotlight on Chronic Hepatitis B held on 27 July 2011 and another entitled Sexual and Reproductive Health for People from Refugee Backgrounds held on 6 September 2011.
- 3 articles published in the Australian Federation of AIDS Organisation's (AFAO) quarterly magazine titled HIV Australia Volume 9 No 2. The articles included Returning to the homeland: a means of addressing heroin issues for Vietnamese-Australian young people and families by Naomi CK Ngo; HIV and the social exclusion of culturally and linguistically diverse men who have sex with men by Daniel Reeders; and Making sexual health hip by Cara Brough, Chiedza Malunga and Dan Walls.
- A social marketing campaign promoting hepatitis testing and vaccination within the Vietnamese and Chinese speaking communities. The campaign was disseminated through community health centres, radio, print media and advertisements shown on SBS television.

Cantonese and Vietnamese Posters

MHSS strives to address emerging issues identified by the broader service sector and CALD communities themselves. Increasingly, the demand for MHSS services in particular areas has grown exponentially.

In particular, MHSS has been asked to respond to:

- Unplanned pregnancy, particularly within newly arrived African communities and international student populations with limited access to health services upon arrival.
- Support for predominantly young male asylum seekers held in immigration detention and groups of unaccompanied asylum seeking young people living in the community.

The MHSS team would like to thank the BBV/STI Program of Department of Health for their ongoing support of the service, and in particular Bronwyn Kaaden for her passion and enthusiasm.

multicultural health & support service

Director's Report

Directors' Report - Year ending 30 June 2012.

Each of the directors of NRCHL is independent and serves on the Board of Governance in a voluntary capacity. NRCHL does not provide any remuneration for carrying out Director's duties.During the 2011-2012 financial year, the people included in the following table were listed as Board Directors.

The relevant dates of appointments and resignations together with relevant qualifications and experience are shown in the following table:

Table of North Richmond Community Health Limited Board of Directors

Name	Appointment as Director	Resignation as Director	Qualifications and Experiences
Chris Altis Deputy Chairperson as from 27 March 2012	13 December 2011		The newest board Director, Chris currently has experience in the Corporate sector as well as familiarity of the Local Government sector.
Leo Groenen Chairperson, Financial Risk and Financial Audit Sub Committee	27 April 2010		Accounting, Chemical Engineering, Medical Research. Association with East Timorese support groups.
Stephen Kerr Board Chairperson	16 February 2009	13 December 2011	Consultancy in Health and Hospital sectors as well as to Government.
A. Heang Lay	16 February 2009	15 October 2011	Representing the client base of the North Richmond community.
Douglas McManus Deputy Chairperson	23 July 2009		Consultancy within the Health and Community Sector, together with strong advocacy for the Aboriginal community.
Kiang Seng Nheu Chairperson, Remuneration and Nomination Sub Committee	16 February 2009		Former school principal in East Timor and well respected by many former students and their families who now reside in the North Richmond community.
Tat Hian Tchia (Paul) Chairperson as from 28 February 2012	16 February 2009		Well respected and very active member of the North Richmond community. Retired member of the East Timorese Police Force.
Wei Bin Xia	23 July 2009		Bachelor of Science in Textile Designing Engineering and current President of the Melbourne Chinese Singing and Dance Troupe Inc.
Anping Xue	27 April 2011		A very active member of the local North Richmond community.
Xue Li Zhao	23 November 2010		Retired medical professional who is an active member of local North Richmond community groups.

Board Sub-Committees

A summary of the board sub-committees that were held and attended during the 2011-2012 financial year are as follows:

Name	Remuneration and Nomination Sub-Committee
Kiang Seng Nheu (Chairperson)	2/2
Wei Bin Xia	2/2
Xue Li Zhao	2/0

Name	Financial Risk and Financial Audit Sub-Committee
Leo Groenen (Chairperson)	5/5
Tat Hian Tchia	5/5
Douglas McManus	5/3

Attendance at Board of Governance Meetings:

The Board of Governance was convened ten times during this financial year, the exceptions being July 2011 and January 2012. The number of meetings attended by each Board Director against the total number of meetings held is shown below:

Name:	
Chris Altis**	10/4
Leo Groenen	10/9
Stephen Kerr ***	10/5
A. Heang Lay ****	10/1
Douglas McManus	10/9
Kiang Seng Nheu	10/9
Tat Hian Tchia	10/8
Wei Bin Xia*	10/7
Anping Xue*	10/5
Xue Li Zhao*	10/7

* Board members granted leave of absence due to overseas travel

** Commenced December 2011

*** Ceased December 2011

**** Ceased October 2011

Corporate Governance Statement:

Legislative Structure:

North Richmond Community Health Limited became a company limited by guarantee on the 16th February 2009, and is registered with the Australian Investments and Securities Commission (ASIC) under the Corporations Act (Commonwealth) 2001. This change also brought with it a change of name from North Richmond Community Health Centre Incorporated to North Richmond Community Health Limited.

The Board of Directors has ultimate responsibility for governance of NRCHL and aligns themselves with the basic corporate governance principles of accountability, transparency, risk management, confidentiality and fiduciary duties.

Membership:

Membership of NRCHL is divided into the following classes of membership: Voting Members, Associate Members (non-voting) and Life Members.

There is no annual subscription fee for any class of membership.

Liability of Members & Winding Up Guarantee:

As a company limited by guarantee, the liability of all classes of membership is limited. Every member undertakes to contribute $1.00 to the assets of the Company if it is wound up while he or she is a Member, or within one year afterwards of the time of current membership.

Current membership numbers as at 30 June 2012 totalled 256, therefore the total amount that members of the company were liable to contribute at that date was $256.00.

The Board's Role at NRCH:

The Board at NRCHL has the following main objectives:

- Reviews the medium and long term goals of NRCHL, as defined by the Executive Management Team (EMT) within a clearly defined strategic plan, and gives recommendations for change and updates in consultation with the EMT as needed.
- Approves budgets.
- Monitors business performance and ensures that NRCHL is compliant with regulatory obligations.
- Appoints and evaluates the role of CEO.
- Has a clearly defined charter and delegations policy.
- Is aware of its duties and responsibilities, such as the need to comply with ASIC and The Corporations Act, and other community health sector related regulatory bodies.
- Has a range of skills, knowledge and experience to achieve NRCHL's purposes, directions and representation of the local community.
- Ensures there is adequate financial management reporting and regular updated financial statements.
- Establishes sub-committees in the areas of Financial Risk /Financial Audit, and in Remuneration and Nomination.
- Makes provision for succession planning.

Code of Conduct:

Each Director of NRCHL joins with management, staff and volunteers in complying with the NRCHL Code of Conduct and is expected to carry out their duties with integrity, honesty and fairness. The underlying corporate governance principles of accountability, confidentiality and privacy are adhered to as well as with ethical practice standards and compliance with relevant legislative requirements.

Principal Activities & Objectives:

NRCHL provides community health and related services. There has been no change in the organisation's principal activities during the 2011-2012 financial year.

Short and long term objectives of NRCHL are determined by the collective input of the Board, management, staff and community. This input informs the company's Strategic Plan and the complementary Operational and Program Plans.

The Strategic Plan is aligned to the annual operating Budget. Strategic and financial monitoring and evaluation is undertaken throughout the period of the Strategic Plan by the Board of Governance and Executive Management.

Strategic Plans focus on three year projections whilst five year projections are incorporated within the financial management process to provide guidance on areas such as cash flow management, investment opportunities and solvency of the company for trading.

2011-12 saw the review of management structure, reporting processes and direct program and service delivery. The central aim of the reviews was to promote sustainable growth within a culture of quality and safety; with the ultimate aim of improving health outcomes by being better focused on addressing health inequalities within the community. These aims were identified by NRCHL's service providers.

A major project that dominated the 2011-12 financial year at NRCHL was the completion of the new building at 23 Lennox Street Richmond.

The striking new facilities enable all NRCHL staff, including the Centre for Culture Ethnicity and Health (CEH), to once again be situated in the same building. We also welcomed the City of Yarra's Maternal and Child Health service into the building to begin operation as a co-located service.

Review of Operations & Likely Developments:

The financial result of operations for the year ending 30 June 2012 was a budget surplus of $210,914. The company is expected to continue to provide community health and related services in future years on behalf of the Victorian State Government and other parties.

Change in State of Affairs:

Other than mentioned elsewhere in this Report and the attached financial report, there were no significant changes in the state of affairs of the company during the year.

Dividends:

The Constitution of the company prohibits the payment of dividends.

Environmental Regulation:

The company's operations are not subject to any particular environmental regulations under any State, Territory or Commonwealth laws.

Diversity:

NRCHL takes an active role in promoting diversity in all its forms. The Board is a true reflection of the cultural diversity of NRCHL as it represents four major language groups of the local community.

Timorese Hakka and Mandarin interpreters provide language interpretation for some Board members in executing all of their responsibilities, which has encouraged active participation by all Directors. Increasing gender diversity is also identified as a key goal, and has been addressed by having women comprising 40% of the current Board.

Insurance

NRCHL holds the following insurance policies: Directors' and Officers' Liability; Professional Indemnity; Public and Products Liability; Industrial Special Risks; Volunteers; Construction Risks; Medical Indemnity and Personal Accident. Insurance premiums are paid by the Department of Human Services (DHS) to the Victorian Managed Insurance Association (VMIA).

Indemnification of Officers and Auditor

The company has not offered officers or the auditor any indemnity against their liability which may arise under civil or criminal proceedings involving them acting in that capacity, and has not paid for any insurance policy providing officers or the auditor cover of the costs of defence of such proceedings.

Auditor's Independence Declaration

The auditor's independence declaration is set out at the conclusion of the financial statements and is part of the overall Directors' Report for the financial year ending 30 June 2012.

This report is signed in accordance with a resolution of the Directors.

Tat Hian Tchia
Chairperson

Statement by the Board of Directors

In accordance with a resolution made by the Directors of North Richmond Community Health Limited, we state that in the opinion of the Directors:

a) The financial statements and the notes of the company are in accordance with the Corporations Act 2001,

including:

i) Giving a true and fair view of the company's financial position as at 30 June 2012 and of its performance for the year ended on that date; and

Complying with Accounting Standards and the Corporation Regulations 2001; and

ii) There are reasonable grounds to believe that the company will be able to pay its debts as they become due and payable.

Signed on behalf of the Board by:

Tat Hian Tchia
Chairperson

Director

Dated at Richmond on the 25th day of September 2012.

david sauer

INDEPENDENT AUDIT REPORT

To the members of North Richmond Community Health Limited

Report on the Financial Report

I have audited the accompanying financial report of North Richmond Community Health Limited (the company), which comprises the Balance Sheet as at 30 June 2012, and the Statement of Comprehensive Income, Statement of Changes in Equity and Cash Flow Statement for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with the Australian Accounting Standards (including the Australian Accounting Interpretations) and the *Corporations Act 2001*. The director's responsibility also includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free of material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

.../2

David Sauer, Chartered Accountant
Training & Advice ◆ Accounting & Audit
ABN 91 089 353 143
Liability limited by a scheme approved under Professional Standards Legislation
21 Davies Drive
PO Box 691
Eltham Victoria 3095
p: +61 3 9431 0518
e: david.sauer@davidsauer.com.au
w: www.davidsauer.com.au

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

In conducting my audit, I have complied with the independence requirements of the *Corporations Act 2001*. I have given the directors of the company a written Auditor's Independence Declaration, a copy of which accompanies the financial report.

Audit opinion

In my opinion, the financial report of North Richmond Community Health Limited is in accordance with the Corporations Act 2001, including:

(i) giving a true and fair view of the company's financial position as at 30 June 2012 and of its performance and cash flows for the year ended on that date; and

(ii) complying with Australian Accounting Standards and the *Corporations Regulations 2001*.

David Sauer
Chartered Accountant

Opinion formed on 25 September 2012

david sauer

Auditor's Independence Declaration to the Directors of North Richmond Community Health Limited

In relation to my audit of the financial report of North Richmond Community Health Limited for the financial year ended 30 June 2012 to the best of my knowledge and belief, there have been no contraventions of the auditor independence requirements of the Corporations Act 2001 or any applicable code of professional conduct.

David Sauer
Chartered Accountant

25 September 2012

David Sauer, Chartered Accountant
Training & Advice ◆ Accounting & Audit
ABN 91 089 353 143
Liability limited by a scheme approved under Professional Standards Legislation
21 Davies Drive
PO Box 691
Eltham Victoria 3095
p: +61 3 9431 0518
e: david.sauer@davidsauer.com.au
w: www.davidsauer.com.au

Statement of Comprehensive Income

For the Year Ended 30 June 2012

	Note	2012 ($)	2011 ($)
INCOME			
Government Grants		8,182,932	7,948,965
Consultancy contracts		176,135	203,661
Rental		75,440	86,184
Client's fees		501,926	388,886
Donations		420	100
Interest		200,844	146,335
Proceeds from sale/trade-in of fixed assets		57,191	0
Other sources		76,492	36,397
Total income	[3]	**9,271,380**	**8,810,528**
EXPENSES			
Personnel cost		(6,207,916)	(5,425,044)
Agency staff and consultant		(628,027)	(679,111)
Purchased care		(593,717)	(668,940)
Employee benefit provisions		(199,471)	(90,560)
Depreciation		(162,269)	(173,374)
Residual value written-off on disposal of fixed assets		(46,500)	(300)
Other recurrent costs		(1,222,565)	(926,395)
Total expenses from operating activity	[4]	**(9,060,466)**	**(7,963,724)**
Surplus (Deficit) from operating activity		**210,914**	**846,804**
Write-down of value of building to be demolished	[11]	**-**	**(1,231,344)**
Surplus (Deficit) for the year		**210,914**	**(384,540)**
Other Comprehensive Income		0	0
TOTAL COMPREHENSIVE INCOME		**210,914**	**(384,540)**

This statement should be read in conjunction with the accompanying notes

Balance Sheet

At 30 June 2012

	Note	2012 ($)	2011 ($)
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	[7]	961,913	1,244,040
Receivables	[8]	188,136	289,780
Inventories	[9]	21,118	13,850
Other financial assets	[10]	3,091,003	2,505,122
Total Current Assets		**4,262,169**	**4,052,792**
NON-CURRENT ASSETS			
Property, plant and equipment	[11]	712,918	344,064
Other financial assets	[10]	0	0
Total Non-current Assets		**712,918**	**344,064**
TOTAL ASSETS		**4,975,088**	**4,396,856**
LIABILITIES			
CURRENT LIABILITIES			
Payables	[12]	824,034	656,189
Provisions	[13]	1,059,525	918,991
Total Current Liabilities		**1,883,559**	**1,575,180**
NON-CURRENT LIABILITIES			
Provisions	[13]	472,536	413,598
Total Non-current Liabilities		**472,536**	**413,598**
TOTAL LIABILITIES		**2,356,095**	**1,988,778**
NET ASSETS		**2,618,992**	**2,408,078**
EQUITY			
Accumlated surpluses (deficits)		2,618,992	2,408,078
Total equity at end of period		**2,618,992**	**2,408,078**

This statement should be read in conjunction with the accompanying notes

Statement of Changes in Equity

For period from 1 July 2011 to 30 June 2012

	Note	2012 ($)	2011 ($)
ACCUMULATED SURPLUS & TOTAL EQUITY			
Total at 1st July		**2,408,078**	**2,792,618**
Surplus (Deficit) from operating activities		210,914	66,018
Write-down of value of building to be demolished	[11]	-	(1,231,344)
Surplus (Deficit) for Year		201,914	(1,165,326)
Retrospective restatement following change in accounting policy for grant income	[1(b)]	**-**	**780,786**
Restated surplus (deficit) for the year		210,914	(384,540)
Total at 30th June		**2,618,992**	**2,408,078**

Statement of Cash Flows

For period from 1 July 2011 to 30 June 2012

	Note	2012 ($)	2011 ($)
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from fund providers and clients		9,926,256	8,695,156
Payments of GST and PAYG deductions to ATO		(1,191,087)	(1,088,793)
Payments to suppliers and employees		(8,111,827)	(7,247,029)
Interest received		200,844	146,335
Net cash provided/(used) by operating activities	[15b]	**824,186**	**505,669**
CASH FLOWS FROM INVESTING ACTIVITIES			
Fixed assets purchases		(577,623)	(62,100)
Cash (invested)/withdrawn		(585,881)	(1,554,431)
Proceeds on sale of fixed assets		57,191	0
Net cash provided/(used) by investing activities		**(1,106,312)**	**(1,616,531)**
NET INCREASE/(DECREASE) IN CASH HELD		**(282,128)**	**(1,110,862)**
Cash held at 1st July		1,244,040	2,354,902
Cash held at 30th June	[15a]	**961,912**	**1,244,040**

This statement should be read in conjunction with the accompanying notes

Notes to and forming part of the financial statements

For the year Ended 30 June 2012

NOTE [1] - STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements of the single entity, North Richmond Community Health Limited, are a general purpose financial report prepared in accordance with the requirements of the Corporations Act (2001), Australian Accounting Standards and Interpretations ("AASs) and other mandatory professional requirements. The company is a not-for-profit entity and therefore applies the additional paragraphs applicable to not-for-profit entities under the AASs.

The financial statements were authorised for issue by the Board of Directors on 25th September 2012.

Basis of preparation

The financial report has been prepared on an accrual basis in accordance with the historical cost convention, except for financial instruments measured at fair value. Cost is based on the fair value of consideration given in exchange for assets.

In the application of AAS, management is required to make judgements, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstance, the results of which form the basis of making the judgements. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period of the revision, and future periods if the revision affects both current and future periods.

Judgements made by management in the application of AAS that have significant effects on the financial statements and estimates with a risk of material adjustments in the next year are disclosed in Note 1(b) - 1(h) and 2 to the financial statements.

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

Reporting entity

The entity is an individual company limited by guarantee incorporated in Victoria, Australia. The company is a not-for-profit entity whose principal activity is that of a Community Health Centre.

It is a public benevolent institution and is therefore exempt from income tax. The registered office/principal place of business is 23 Lennox St, Richmond North Vic 3121. The association's Australian Registered Body Number is A0021519G and its Australian Business Number is 21820901634.

The following is a summary of the significant accounting policies adopted in the preparation of the statements, including the comparitive information.

(a) Currency and rounding

The statements are presented in Australian dollars rounded to the nearest whole dollar.

(b) Income recognition

Governments Grants and other transfers of income (other than contributions by owners)

In accordance with AASB 1004 "Contributions", government grants and other transfers of income (other than contributions by owners) are recognised as income when the company gains control of the underlying assets irrespective of whether conditions are imposed on the company's use of the contributions.

Contributions are deferred as income in advance when the Health Service has a present obligation to repay them and the present obligation can be reliably measured.

Grant income is subject to estimation as some grant programs run over multiple financial periods, and program outcomes and grantor policy are subject to change.

The company has modified this accounting policy in the current financial year to be consistent with the policy now applied in the Victorian Government health sector, as illustrated by the Victorian Department of Health. Previously, the distinction between classifying reciprocal grants as income or income in advance was based on whether performance of the grant had occured.

NOTE [1] - STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

In accordance with accounting standards, the change in accounting policy is applied retrospectively, to ensure that the 2010-11 statements are comparable. The impact of the change in policy is to recognise some income earlier. This is shown in the Statement of Changes in Equity, and has resulted in the following changes:

	2011 - 12	2010 - 11
Increase in government grant income	571,343	780,786
Increase (decrease) in surplus (deficit) for the year	571,343	780,786
Increase (decrease) in accumulated surpluses (deficits) at 30th June	571,343	780,786
Increase (decrease) in income received in advance and total liabilities	(571,343)	(780,786)

It is not practical to identify the extent of the $780, 786 which is cumulative effect that is attributable to periods prior to 2010-11 had this modified policy always been applied.

Other income

Revenue from consultancy and training activities is recognised at the time invoices are raised.

Rental income is recognised on a straight-line basis over the lease term.

Client fees are recognised as revenue at the time invoices are raised.

Interest income is recognised on a time basis with reference to the effectual interest rate.

(c) Resources received free of charge or for nominal consideration

Contributions in the form of services are only recognised when a fair value can be reliably determined and the services would have been purchased if not donated.

(d) Goods and Services tax

Income expenses and assets are recognised net of the amount of associated GST, except:

(i) where the amount of GST incurred is not recoverable from the taxation authority, in which case it is recognised as part of the related asset or expense; or

(ii) where receivables or payables are presented including GST. The net amount of GST recoverable from, or payable to, the taxation authority is included with other receivables or payables in the balance sheet.

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 taxation authority, are presented as operating cash flow.

(e) Employee Benefits

Employee benefits expenses include all costs related to employment including wages and salaries, leave entitlements, redundancy payments and superannuation contributions. These are recognised when incurred.

Liability for employee benefits arising from services rendered by employees to the reporting date is recognised when it is probable that settlement will be required and the amounts may be measured reliably.

Where the settlement of employee benefits legally cannot be deferred beyond twelve months after reporting date, they are classified as current liabilities.

Provisions made in respect of employee benefits which are not expected to be settled within 12 months are measured as the present value of the estimated future cash outflows to be made by the Centre in respect of services provided by employees up to reporting date using the renumeration rate expected to apply at the time of settlement. Provisions expected to be settled within 12 months are measured at nominal amounts.

Supperannuation contributions are made by the organisation on behalf of employees in accordance with statutory requirements and/or salary packaging agreements. These contributions were paid to the superannuation funds nominated by the employees as per legislative requirements applicable to the Centre and charged as expenses when incurred.

Contributions were also paid on behalf of a small number of employees to a defined benefit scheme administered by Health Super Pty Ltd. and, as at 30 June 2012, there were no outstanding contributions owed in this respect. As the Centre is unable to identify its share as an employer of the net surplus or deficit of this scheme, the accounting policy applied has been as if the fund were a defined contributions fund.

(f) Cash and cash equivalents

Cash and cash equivalents include cash on hand, cash held in bank and credit card accounts, as well as on-call bank deposits.

NOTE [1] - STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

(g) Receivables

Receivables consist predominantly of debtors in relation to grants and services, advances, accrued investment income and GST input tax credits recoverable.

Receivables are recognised initially at fair value and subsequently measured at amortised cost, using the effective interest rate method, less any accumulated impairment.

A provision for doubtful receivables is made when there is objective evidence that the debts will not be collected. Receivables known to be uncollectable are written off.

(h) Inventories

Inventories are held for distribution and consist of medical supplies, materials and stationary purchased, but unused at balance date. They are measured at the lower of actual cost and net replacement cost.

(j) Property, plant & equipment

Property, plant & equipment is measured at cost less depreciation. The depreciable amount of all fixed assets, including buildings, but excluding land, is depreciated on a straight-line basis over each asset's useful life as follows:

Office equipment	**3 to 15 years**
Dental and medical	**5 to 20 years**
Furniture	**10 to 20 years**
Plant and machinery	**3 to 20 years**
Motor vehicles	**6 to 10 years**
Other equipment	**5 to 25 years**

The assets' useful lives, residual values and amortisation methods are reviewed and adjusted, of appropriate, at each financial year end.

The Company's former North Richmond premises were situated on land made available by the Victorian State Government at no charge. The new premises are made available under a lease from the Victorian Government for only a nominal charge ($1 plus GST per year).

(k) Impairment of assets

At each reporting date, the Company reviews the carrying amounts of tangible and intangible assets for indicators of any impairment loss. If there is any indicator, assets are written down to the depreciated replacement cost where this is lower than the carrying amount.

(l) Leases

Lease payments under operating leases, where substantially all the risks and benefits remain with the lessor, are recognised as an expense on a straight-line basis over the term of the lease.

(m) Payables

Payables represent liabilities for goods and services provided to the Company prior to the end of the financial year and which are unpaid. They are recognised when the Company becomes obliged to make future payments resulting from the purchase of goods and services and are measured at nominal value.

(n) Provisions

Provisions are recognised when the Company has a present obligation, the future sacrifice of economic benefits is probable, and the amout of the provision can be measured reliably.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cashflows estimated to settle the present obligation, its carrying amount is the present value of those cashflows.

(o) Restricted funds

The Company designates accumulated funds as restricted when it decides a specific purpose should be supported by an allocator.

NOTE [1] - STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

(p) New Accounting Standards and Interpretations made but not applied

New Accounting Standards and Interpretations have been made which are not mandatory for the financial year ended 30 June 2012. The Company has not elected to adopt these rules ahead of their mandatory application date. They will be applied in the company's first financial year after the mandatory application date. These standards and interpretations and their expected impacts are:

Statement	Expected Impact	Applies in periods beginning on or after
AASB 9 Financial Instruments	(d)	1 Jan 2015
AASB 2009-11 Amendments to Australian Accounting Standards arising from AASB 9	(d)	1 Jan 2015
AASB 1053 Application of Tiers of Australian Accounting Standards	(a)	1 Jul 2013
AASB 2010-2 Amendment to Australian Accounting Standards arising from Reduced Disclosure Requirements	(a)	1 Jul 2013
AASB 10 Consolidated Financial Statements	(b)	1 Jan 2013
AASB 11 Joint Arrangements	(b)	1 Jan 2013
AASB 12 Disclosure of Interests in Other Entities	(b)	1 Jan 2013
AASB 13 Fair Value Measurement	(e)	1 Jan 2013
AASB 119 Employee benefits	(e)	1 Jan 2013
AASB 127 Separate Financial Statements	(b)	1 Jan 2013
AASB 128 Investments in Associates and Joint Ventures	(b)	1 Jan 2013
AASB 2011-4 Amendments to Australian Accounting Standards to Remove Individual Key Management Personnel Disclosure Requirements [AASB 124]	(b)	1 Jul 2013
AASB 2011-6 Amendments to Australian Accounting Standards- Extending Relief from Consolidation, the Equity Method and Proportionate Consolidation - Reduced Disclosure Requirements [AASB 127, AASB 128 & AASB 131]	(b)	1 Jul 2013
AASB 2011-7 Amendments to Australian Accounting Standards arising from the Consolidation and Joint Arrangements Standards [AASB 1, 2, 3, 5, 7, 9, 2009-11, 101, 107, 112, 118 121, 124, 132, 133, 136, 138, 139, 1023 &1038 and Interpretations 5, 9, 16 & 17]	(b)	1 Jan 2013
AASB 2011-8 Amendments to Australian Accounting Standards arising from AASB 13 [AASB 1, 2, 3, 4, 5, 7, 9, 2009-11, 2010-7, 101, 102, 108, 110, 116, 117, 118, 119, 120, 121, 128, 131, 132, 133, 134, 136, 138, 139, 140, 141, 1004, 1023 & 1038 and Interpretations 2, 4, 12, 13, 14, 17, 19, 131 & 132]	(e)	1 Jan 2013
AASB 2011-9 Amendments to Australian Accounting Standards- Presentation of Items of Other Comprehensive Income [AASB 1, 5, 7, 101, 112, 120, 121, 132, 133, 134, 1039 & 1049]	(c)	1 Jul 2012
AASB 2011-10 Amendments to Australian Accounting Standards arising from AASB 119 (September 2011) [AASB 1, AASB 8, AASB 101, AASB 124, AASB 134, AASB 1049 & AASB 2011-8 and Interpretation 14]	(c)	1 Jan 2013
AASB 2012-6 Amendments to Australian Accounting Standards - Mandatory Effective date of AASB 9 and Transition Disclosures	(d)	1 Jan 2013
AASB 2012-7 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements	(b)	1 Jul 2013

NOTE [1] - STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)

Expected impacts on future financial reports:

(a) Statements reduce the disclosures required to be provided by elligible entities, but will not have an effect on the operating result of financial position. The company has not decided whether to elect to apply these standards.

(b) Statement addresses material that is not relevant to the company's financial statements.

(c) Statement is now expected to have material on the company's financial statements.

(d) Significant revisions to the classification and measurement of financial assets. No significant impact is expected on the company's financial statements.

(e) Statement will not change accounting plicy but will expand the disclosures provided.

NOTE [2] - ECONOMIC DEPENDENCY

The organisation receives most of its income as Government grants from the Victorian Department of Human Services. Without that funding or finding alternative sources of income, the program and services offered would be substantially curtailed. These statements are prepared applying the judgement that the company's activities will continue at levels currently planned by management.

	Note	2012 ($)	2011 ($)
NOTE [3] - INCOME			
Projects and programs			
Community health service	[5]	1,835,225	2,324,844
Youth welfare service		79,021	76,879
Community Projects		33,750	52,873
Arts & culture program		115,067	115,283
Centre for culture, ethnicity and health		2,133,411	2,353,333
Post-acute care program		1,467,811	1,195,500
Dental health service		2,446,924	1,634,129
Psychiatric disabilities program		158,730	153,894
Drug safety program		726,380	745,619
Sundry small projects	[6]	16,606	11,641
Interest on investments		200,844	146,335
Miscellaneous items (including donations)		57,611	398
Total income		**9,271,380**	**8,810,528**

NOTE [4] - EXPENSES			
Projects and programs			
Community health service	[5]	3,607,180	4,177,814
Youth welfare service		64,784	64,221
Community Projects		8,627	47,764
Arts & culture program		126,079	154,974
Centre for culture, ethnicity and health		1,450,733	1,434,002
Post-acute care program		1,203,703	1,021,237
Dental health service		1,989,777	1,547,650
Psychatric disabilities program		123,555	157,611
Drug safety program		474,388	411,449
Sundry small projects	[5]	11,640	23,817
Miscellaneous items		0	154,529
Total expenses		**9,060,466**	**9,195,088**

Notes to and Forming part of the Financial Statements

For the year ended 30 June 2012

	Note	2012 ($)	2011 ($)
NOTE [5] - COMMUNITY HEALTH SERVICE INCOME AND EXPENDITURE			
Income			
Government grants		1,650,900	2,029,554
Rental from various occupants		72,440	82,884
Consultancy fees		53,203	126,894
Client's fees		0	50,555
Administration fees from other programs		46,695	34,005
Miscellaneous income		11,987	953
Total income		**1,835,225**	**2,324,844**
Expenses			
Personnel cost (incl. overhead cost)		2,293,194	1,888,798
Variatino in leave provisions		108,865	30,897
Medical supplies and diagnostic facilities		16,805	11,598
Power (gas and electricity)		59,910	37,720
Linen, laundry and cleaning		20,729	7,282
Repairs and maintenance		7,595	63,214
Consultant's fees		56,083	132,300
Auditor's fees for audit of financial statements		8,300	8,400
Staff recruitment cost		14,582	6,682
Membership dues and subscription		26,992	16,351
Insurances		155,520	0
Stationary, photocopying and computer supplies		55,809	61,881
Books, audio-visual & health education materials		917	0
Telecommunication cost (incl ISP)		205,316	191,464
Postage and courier services		9,059	11,230
Motor vehicles cost		71,454	64,340
Travelling cost		7,833	6,452
Rent and rates (incl. equipment rental)		165,179	141,321
Public relations		2,738	1,036
Staff development cost		15,207	26,533
Translation and interpreting cost		66,938	45,054
Depreciation of fixed assets (incl write down on disposal)		208,769	173,674
Miscellanous expenses		31,334	20,264
Bad debts written off		0	0
Write Off Assets/ Building demolition		0	1,231,444
Total Expenses		**3,607,180**	**4,177,814**
Result for period		**(1,771,956)**	**(1,852,970)**

	Note	2012 ($)	2011 ($)
1. The auditor received no renumeration for any other services.			
NOTE [6] - SMALL PROJECTS			
Income			
Homework group activities		6,210	5,500
Social activities for residents		0	1,725
Others group activities		6,705	0
Vietnamese women's group activities		3,691	4,416
Total income		**16,606**	**11,641**
Expenses			
Homework group activities		4,143	3,990
Social activities for residents		0	3,979
Other group activities		6,020	0
Vietnamese women's group activities		1,477	2,427
Total expenses		**11,640**	**10,406**
NOTE [7] - CASH AND CASH EQUIVALENTS			
Cash on Hand		6,435	9,387
Cash at bank - cheque account		424,891	734,102
Cash at bank - credit card account		0	0
Cash at bank - cash management account		530,587	500,551
		961,913	**1,244,040**
NOTE [8] - RECEIVABLES			
Current receivables			
Trade debtors		71,533	157,105
Accrued income		97,014	93,672
Prepayments		19,589	39,003
Total Receivables		**188,136**	**289,781**
NOTE [9] - INVENTORIES			
Medical supplies, materials and stationary at cost		21,118	13,850
		21,118	**13,850**
NOTE [10] - OTHER FINANCIAL ASSETS			
Current		3,091,003	2,505,122
Bank term deposits (maturing within 12 months)		**3,091,003**	**2,505,122**
Non-current		0	0
Bank-term deposits (maturing later than 12 months)		**0**	**0**
Total Other Financial Assets		**3,091,003**	**2,505,122**

	Note	2012 ($)	2011 ($)
NOTE [11] - PROPERTY, PLANT & EQUIPMENT			
Office & computer equipment at cost		806,110	704,308
Less accumulated depreciation		630,128	551,449
		175,982	**152,859**
Dental & medical equipment at cost		275,844	162,902
Less accumulated depreciation		164,482	152,421
		111,362	**10,481**
Furniture at cost		369,921	37,864
Less accumulated depreciation		166,394	27,254
		203,527	**10,610**
Plant & machinery at cost		68,290	122,563
Less accumulated depreciation		68,290	7,163
		0	**5,090**
Motor vehicles at cost		466,374	426,345
Less accumulated depreciation		279,843	266,810
		186,531	**159,535**
Other equipment at cost		63,785	27,236
Less accumulated depreciation		28,268	21,745
		35,516	**5,489**
TOTAL		**712,918**	**344,064**

The State Government funded construction of a new building to replace the previous premises which were demolished in July 2010. The demolished premises were written off in the 2010/11 statements without replacement, as the company now operates from new premises which are leased from the State Government.

Reconciliations of the carrying amount of each class of property, plant and equipment asset at the beginning and end of the previous and current financial year is set out below:

	Balance 1 July 2010	Additions	Disposals	Depreciation	Balance 30 June 2011
Buildings	1,209,262	0	(1,186,344)	(22,918)	0
Office equipment	157,445	62,100	(300)	(66,386)	152,859
Dental & medical	21,042	0	0	(10,561)	10,481
Furniture	46,993	0	(30,000)	(6,383)	10,610
Plant and machinery	27,196	0	(15,000)	(7,106)	5,090
Motor vehicles	212,525	0	0	(52,990)	159,535
Other equipment	12,519	0	0	(7,030)	5,489
Total	**1,686,982**	**62,100**	**(1,231,644)**	**(173,374)**	**344,064**

	Balance 1 July 2011	Additions	Disposals/ Demolition	Depreciation	Balance 30 June 2012
Buildings	0	0	0	0	0
Office equipment	152,859	101,802	0	(78,679)	175,982
Dental & medical	10,481	112,942	0	(12,061)	111,362
Furniture	10,610	221,084	(10,610)	(17,557)	203,527
Plant and machinery	5,090	0	(5,090)	0	0
Motor vehicles	159,535	105,246	(30,800)	(47,450)	186,531
Other equipment	5,489	36,549	0	(6,522)	35,516
Total	**344,064**	**577,623**	**(46,500)**	**(162,269)**	**712,918**

	Note	2012 ($)	2011 ($)
NOTE [12] - PAYABLES			
Trade creditors		446,586	307,270
Accrued expenses		233,452	181,377
Unearned Income (including grants received in advance)		143,906	948,328
		824,034	**1,436,975**
NOTE [13] – PROVISIONS			
Current			
Annual leave		406,976	347,832
Long service leave		652,549	571,159
Total current provisions		**1,059,525**	**918,991**
Non-current			
Long service leave		472,536	413,599
Total non-current provisions		**472,536**	**413,599**
Total Provisions		**1,532,061**	**1,332,590**
NOTE [14] - OPERATING LEASES			
a) Commitments			
Non-cancellable operating leases contracted for at balance date but not provided for in the accounts:			
Payable in less than one year		20,254	168,871
Payable later than one year, not later than five years		-	213,436
		20,254	**382,307**
b) Expenses			
Office equipment		36,778	35,448
Office space		184,387	101,965
		221,165	**137,413**

The Company leased premises for some staff unable to be accommodated in its main premises. The lease is for a 3-year term expiring 31 December 2013. As all staff are now accommodated in the new Lennox Street building, the Company entered into a lease transfer for these premises from 17th July 2012 to 31 December 2013. A lease liability of $133,378 (less than one year) and $66,689 (between one year and five years) becomes payable only in the event that the new lessee fails to meet its lease obligations.

A photocopier is leased for a 2 year term with a minimum spend commitment.

	Note	2012 ($)	2011 ($)
NOTE [15] - CASH FLOW INFORMATION			
a) Reconciliation of cash		961,912	1,244,040
Cash on hand and deposit		**961,912**	**1,244,040**
b) Reconciliation of net cash used in operating activities with net result in Operating Statement		210,914	(384,540)
Result as per Statement of Comprehensive Income			
Non-cash flows in result:		208.769	173,374
Depreciation		(57.191)	1,231,644
Net (Profit) / Loss on sale of assets			
Changes in assets and liabilities:		101,644	(86,978)
(Increase)/Decrease in receivables		(7,268)	(4,200)
(Increase)/Decrease in inventories		167,845	(526,168)
Increase/(Decrease) in creditors		199,472	102,537
Increase/(Decrease) in provisions		**824,186**	**(505,669)**

	Note	2012 ($)	2011 ($)
NOTE [16] KEY MANAGEMENT PERSONNEL COMPENSATION			
The compensation paid to key management personnel during the year was:		177,257	147,965
Short-term benefits		**8,957**	
Post-employment benefits (superannuation contributions)		13,852	**5,135**
Long-term benefits		196,244	148,939
TOTAL			

Members of the Committee of Management are appointed on an honorary basis and do not receive compensation for their services.

NOTE [17] - RELATED PARTY TRANSACTIONS

There were no transactions with related parties during the reporting period.

NOTE [18] - SUBSEQUENT EVENTS

There have been no material or significant events occurring after the reporting date up to the date of authorisation for issue of this report.

NOTE [19] - MEMBERS' GUARANTEE

The company has no share capital and is limited by guarantee. If the entity is wound up, the constitution states that each member is required to contribute a maximum of $1.00 each towards meeting any outstandings and obligations of the entity. At 30 June 2012 the number of members was 256 (2011 – 201).

Note [20] – CONTINGENT LIABILITIES

There were no material contingent liabilities.

NOTE [21] - FINANCIAL INSTRUMENTS

(a) Risk management objectives and policies

The nature of the operations of the Company does not result in substantial financial risk. The assessed risks lie primarily in credit risk, liquidity risk and interest rate risk. The entity considers that there limited risk means there is no need to enter into risk management strategies involving derivative instruments. The Company does not enter into or trade financial instruments for speculative purposes.

(b) Significant accounting policies and terms and conditions

Details of:

- the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement and the basis on which income and expenses are recognised; and
- any significant terms and conditions

in respect of each class of financial asset and financial liability are identified in Note 1 to the accounts.

(c) Credit risk exposure

There is no provision for doubtful debts included in the accounts at 30 June 2012, as all identified bad debts have been written off and there are no significant exposures in the remaining receivables.

(d) Fair Value of Financial Assets and Liabilities

The carrying amount of financial assets and liabilities contained within these financial statements is representative of the fair value of each financial asset or liability.

(e) Liquidity risk

Management arranges for an appropriate mix between funds at call and on deposit to ensure adequate liquidity. Where payables have a contractual maturity, it is usually within 30 days or equivalent standard trading terms.

(e) Interest rate risk exposure

The Company places short-term surplus cash funds in to money market investments earning a market rate of interest.

The Company's exposure to interest rate risk and effective weighted average interest rate by maturity periods is set out in the following table. Exposures arise predominantly from assets and liabilities bearing variable interest rates.

Interest rate exposure at 30 June 2012	Floating interest rate $	Fixed interest rate (maturing in 1 year or less) $	Non interest bearing $	TOTAL $	Weighted average Interest rate %
Financial assets					
Cash at bank	955,478	-	6,435	961,913	3.90
Receivables		-	188,136	188,136	
Other financial assets	-	3,091,003	-	3,091,003	5.95
Total financial assets	955,478	3,091,003	194,571	4,241,052	
Financial liabilities					
Payables			824,034	824,034	
Total financial liabilities			824,034	824,034	

Interest rate exposure at 30 June 2011	Floating interest rate $	Fixed interest rate (maturing in 1 year or less) $	Non interest bearing $	TOTAL $	Weighted average Interest rate %
Financial assets					
Cash at bank	1,234,653	-	9,387	1,244,040	4.85
Receivables		-	289,781	289,781	
Other financial assets	-	2,505,122	-	2,505,122	6.00
Total financial assets	1,234,653	2,505,122	299,168	4,038,943	
Financial liabilities					
Payables			656,189	656,189	
Total financial liabilities			656,189	656,189	

Feedback

TELL US WHAT YOU THINK ABOUT NRCHL

We would like to know what you think about the content and presentation of this report.

Your feedback will help us make changes to future reports and improve the relevancy of the information we publish.

Please tick the most appropriate box for each question.

	Agree	Not sure	Disagree
The report was easy to understand			
The information was informative and helpful			
The print was large enough			
The style of the report made it easy to read and find information			
The photos and graphs were useful			

What would you like more information about? _____

_____

_____

What additional information would you like to see in next year's report?_____

_____

_____

Feedback about this report can be provided to:

Wendi Hobbins
General Manager, Strategy & Quality
North Richmond Community Health Limited
23 Lennox St I Richmond I 3121
E: wendih@nrch.com.au
T: 9418 9800

DONATIONS

If you would like to make a donation to NRCHL, please complete the form below and mail to:

Demos Krouskos
Chief Executive Officer
North Richmond Community Health Limited
23 Lennox St
Richmond I 3121

NRCHL Donation Form

Name:_____

Address:_____

Postcode:_____

Amount: $ _____

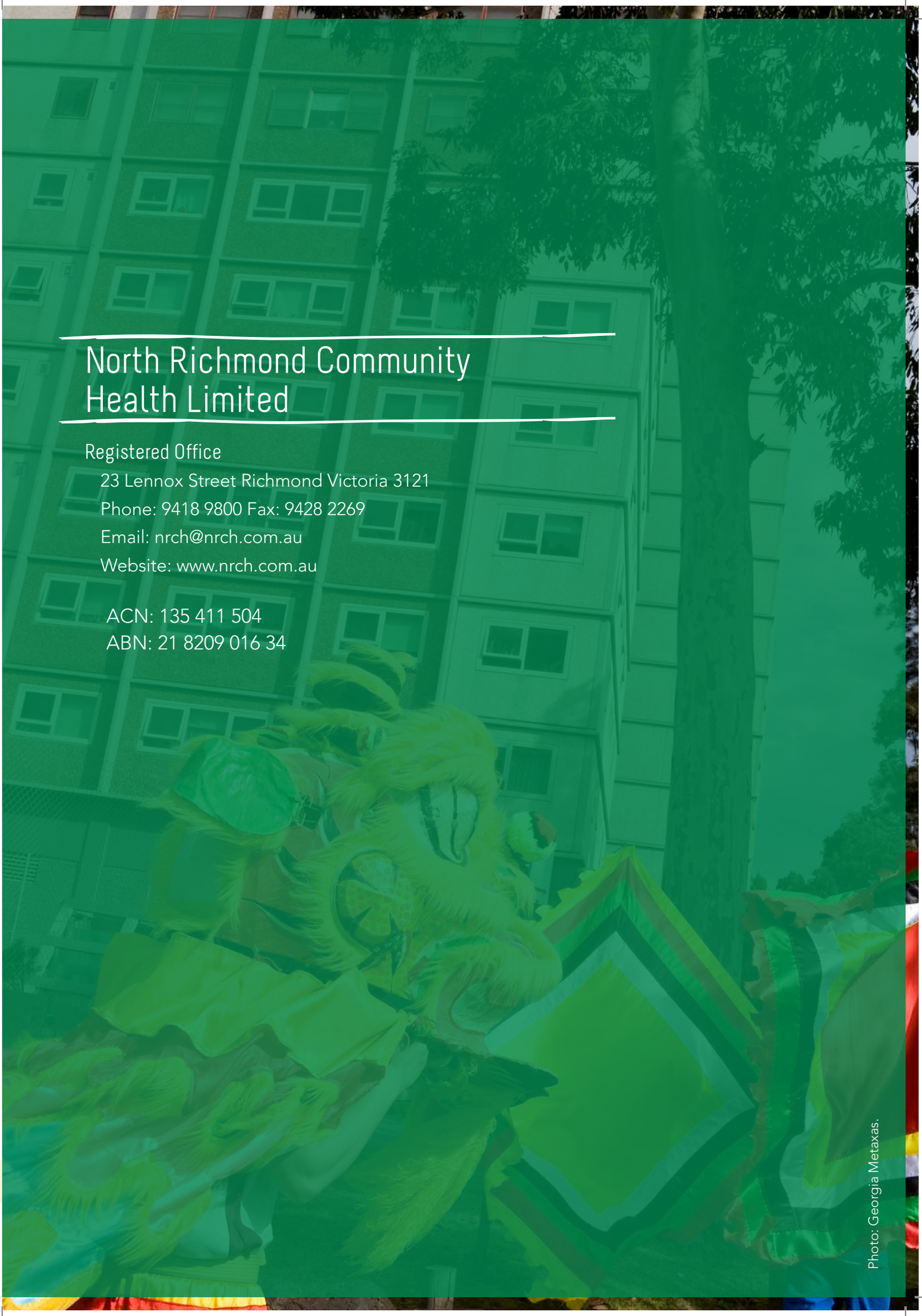
Payment type (please circle) Visa Mastercard Cheque

Card Number_____ Expiry:_____

NOTE: A receipt will be posted to your nominated address.

All donations are tax deductible.

Editor, content producer and project management: Annelise Ball
Photographers: Georgia Metaxas and Dianna Snape
Graphic design: Huu Thai



North Richmond Community Health Limited

Registered Office

23 Lennox Street Richmond Victoria 3121

Phone: 9418 9800 Fax: 9428 2269

Email: nrch@nrch.com.au

Website: www.nrch.com.au

ACN: 135 411 504

ABN: 21 8209 016 34

Photo: Georgia Metaxas.