



north richmond
community health

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About us

The culturally and linguistically diverse community of North Richmond remains the focus of much of our work

WE ARE 40 YEARS OLD THIS YEAR!

North Richmond Community Health (NRCH) has been providing quality community health services since 1974. The culturally and linguistically diverse community of North Richmond remains the focus of much of our work, however, we also provide services to people across the City of Yarra, greater Melbourne and communities in rural and remote areas of Victoria.

Throughout our history, we have maintained a strong commitment to supporting and connecting with diverse communities by focussing on providing important health services that are relevant and accessible. We are proud to offer a range of high quality,

accredited clinical and community services that our communities value.

In honour of the opening of our new building, NRCH was given an Aboriginal name by Wurundjeri Senior Elder Doreen Garvey-Wandin. NRCH's name is 'Wulempuri-Kertheba'. The name translates from the Woi wurrung language as 'staying healthy together'. Wulempuri-Kertheba recognises the Wurundjeri people as the Traditional Custodians of the land our building stands on. We respect the land in honour of the Wurundjeri Ancestors, who walked this land for many thousands of years. We acknowledge the Wurundjeri Ancestors, Elders and Community Members past and present.



Our future

Vision

Healthcare that builds community

Mission

Build healthier communities by making healthcare more accessible and culturally relevant

Where we're headed

Client experience

Understanding what people want from their experience with us and striving to make it happen.

New and different approaches

Building new and different approaches into our services and programs, the ways and places we work and where we obtain our resources.

Working in partnership

Building a partnership approach into all that we do with people and communities, staff and volunteers, funders and other organisations.

How we'll make it happen

Client experience

- By respecting and valuing people
- By learning about and understanding our communities, their preferences and needs
- By being culturally and socially welcoming and skilled

New and different approaches

- By being a strong and creative organisation focused on high quality
- By continually learning and improving and being accountable
- By planning and reviewing all that we do so that we know the outcomes of our work
- By shaping our structure and the ways we use our resources to meet our strategic ambitions
- By becoming a health literate organisation

Working in partnership

- By seeking out and being open to new and different opportunities and ways of working
- By delivering on the ambitions we share with our partners

Our future

A typical week





QUALITY OF CARE REPORT

2013 – 2014

Welcome

The CEO & Chairperson's Message

This year North Richmond Community Health proudly celebrates 40 years of service to the community. The service began operating in a small portable building on our current site and initially employed 4 staff. NRCH now employs more than 130 staff from a broad range of disciplines and provides innovative and comprehensive care to our community. It was one of the first community health services to provide a medical service and these services have always been free of charge to the patient. A practice that continues to this day. From its very first day of operation accessibility has been a core value. NRCH was also one of the first providers of in-house interpreter services and remains one of the highest users of interpreter services in Victoria. For 40 years NRCH has been a leader in the provision in multicultural primary health services and has established the benchmark for culturally competent health care. The other core values of NRCH are innovation, embracing diversity, equity of access, organisational learning, respect for others, openness and connectedness with our community. These remain as relevant today as they did when NRCH was founded.

NRCH plans to celebrate 40 years of community service with a number of events to be held later in 2014. These events include the official naming of the community room as the Stephen Russell Kerr Community Room in honour of our past Chairman of the Board of Directors.

For 40 years NRCH has been a leader in the provision in multicultural primary health services and has established the benchmark for culturally competent health care.

The late Stephen Kerr served as a member of the NRCH for more than 12 years including 6 years as Chairman. Stephen played a leading role in securing more than \$25 million in major capital funding which allowed NRCH to construct the superb new building at 23 Lennox Street Richmond. Stephen Kerr passed away in early 2014 and we take this opportunity to acknowledge Stephen's leadership and selfless, dedicated contribution to the community. We convey our deepest condolence to Stephen's family and many friends.

We thank the Commonwealth Government, Victorian Government, Victorian Responsible Gambling Authority, City of Yarra and all other funders, for their continued support of NRCH program and services.

Finally we thank all NRCH staff for their professionalism and dedication to their clients and the community. This year has been challenging in many ways and NRCH has responded, as always, in innovative and creative ways to continue our commitment to delivering high quality consumer focussed primary healthcare. Our very special thanks to all our volunteers, sponsors and suppliers. They provide vital support to our clients and the community. We look forward to working together in 2014-2015.

Demos Krouskos
CEO

Paul Tchia
Chairperson
NRCH Board Of Directors



The value of partnerships



Listening to, understanding and knowing our partners underpins how we think about our work, how we plan and how we deliver services.

OUR COMMITMENT TO PARTNERING

We work together with our partners in many ways. From care planning with clients, responding to feedback, reaching larger communities by co-locating with other services or training the next generation of our workforce with support from Universities, we are always improving the ways we make a difference.

The NRCH strategic plan identifies partnerships as a key strategic ambition. Partnerships not only offer clear, evidence based pathways to improve health outcomes but they are an effective way to bring together diverse skills and resources in our sector.

The value of partnerships cont.

SUPPORTING AND CELEBRATING DIVERSITY

We have a proud history of welcoming diverse communities to our Centre. Through CEH, we have also developed a strong reputation for helping other agencies work together with their diverse communities to deliver high quality care.

In 2013/14, NRCH was independently audited by two external organisations who assessed how well we deliver accessible and culturally appropriate services. Here's a summary of the results.

1. We were granted the rating of 'exceeded' for the *Cultural Safety* standard by our accreditation body, QIP, in November 2013.
2. The University of Melbourne identified an 'improvement in NRCH's organisational cultural competence', particularly in the 'following organisational cultural competence domains: Organisational Vision and Values, Governance, Planning, Monitoring and Evaluation, Communication, and Staff Development.' Their assessment related to the second cultural competence organisational review process (CCORe) that NRCH had participated in. It showed clear improvements in our results from the first review in 2011. The review's aim was to increase organisational capacity to be culturally competent in order to increase service access for people from refugee and migrant communities.

Our links to local communities are important to how we plan services and meet the ever changing needs of the dynamic landscape. To support this work,

- NRCH employs staff from many diverse backgrounds - approximately 60 % of staff were born outside Australia and more than 65% of staff speak a language other than English – many speak 4 or 5 languages!
 - More than ½ of the NRCH Board represents local CALD communities. They are supported by having Board material translated, and interpreters from 3 language groups attend all Board meetings/functions
 - Cultural Competence and Aboriginal Cultural Training are mandatory for all new NRCH employees
- NRCH is very active in the local and national diversity environment. Staff are frequently invited to participate in diversity conferences, forums and committees to share our best practice work and research. Here's a flavour of the work we're involved in
- African Reference Group-Australian
 - Victorian Hepatitis B Alliance (VHBA)
 - Chinese workers network
 - Multicultural BBV/STI research group
 - VAHN-Victorian African health network
 - African workers network-northern & southern
 - CALD Communities Leading the Way to Respectful Relationships
 - Australian College of Emergency Medicine: Indigenous Health & Cultural Competence Reference Group



The value of partnerships cont.

CONNECTING WITH THE INDIGENOUS COMMUNITY

In 2013/14, NRCH continued to work closely with local Indigenous groups, especially focussing on linking them into appropriate health and support services. We also continued our partnership with the Murray Valley Aboriginal Health Service in Robinvale (rural Victoria) providing an outreach dental clinic.

NRCH introduced Aboriginal cultural training, which was a popular inclusion to our training calendar and highly valued by all participants.

We celebrated NAIDOC Week with a community BBQ and encouraged those from all diverse backgrounds to join together in acknowledging the original custodians of our land.

In July 2013 NRCH undertook an Aboriginal Cultural Audit. We are working to implement the recommendations and aim to improve our results in the next audit.

INTERPRETING & TRANSLATION

Interpreter services review

In 2013, NRCH undertook a review of its interpreter services.

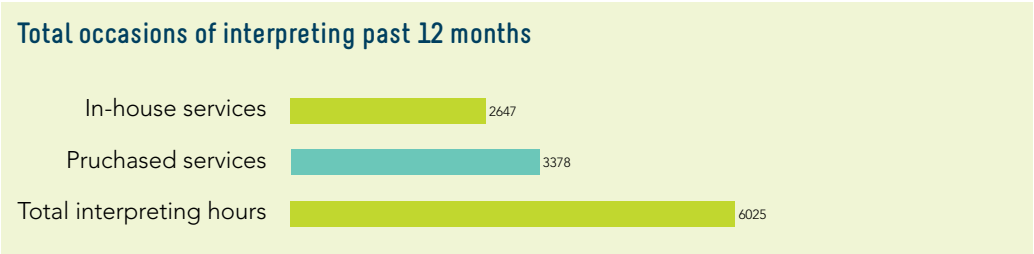
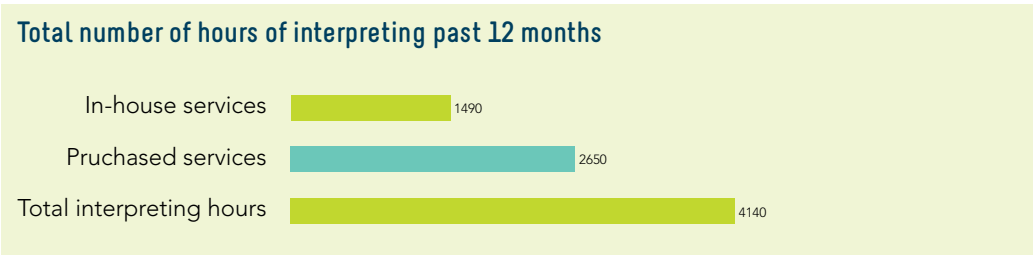
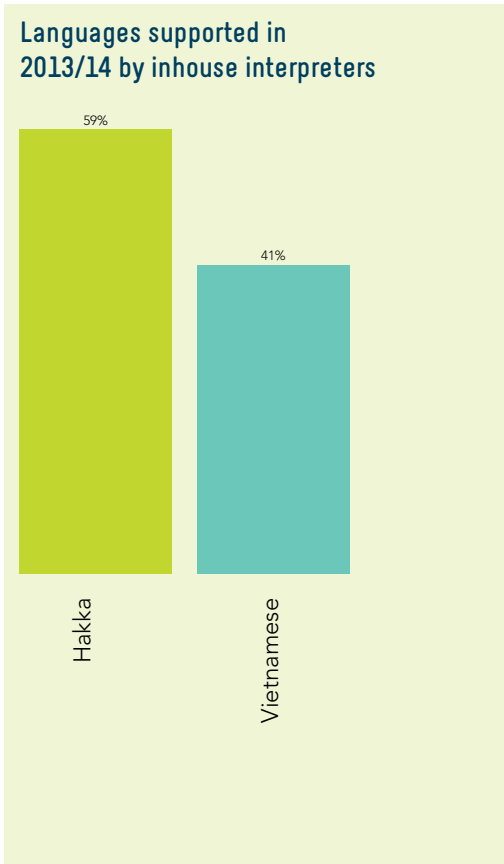
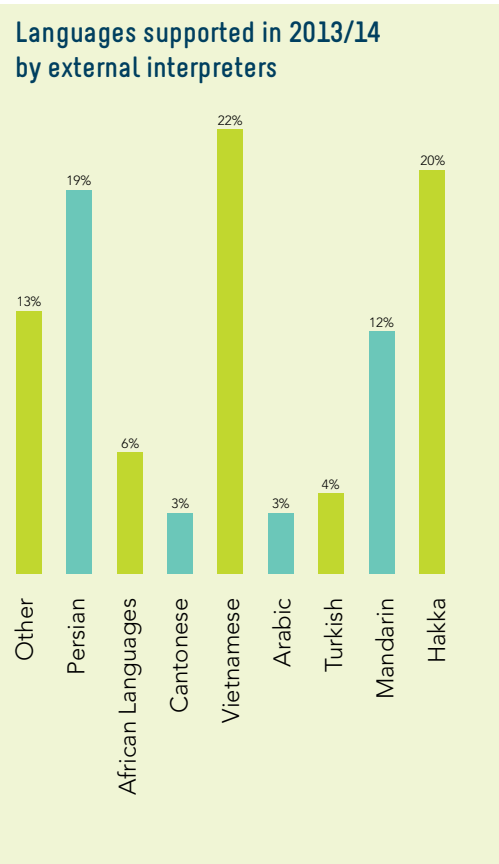
- The aims of the review were to assess NRCH's strengths and weaknesses in the provision of interpreter services and identify opportunities for improvements. The review analysed usage data, our policies and processes and looked at how we fund interpreter services. The project also interviewed and consulted staff about their experiences.
- There were 6 key recommendations which focussed on building more efficiencies into our systems and practices, including how bookings are made, how data is collected and introducing mandatory staff training. These changes are currently being introduced with the aim of improving the experience of our clients and making better use of valuable resources in the agency.

How we supported our clients with language services in 2013/14

Overall average number of people supported per day in 2013/14	23.2
Average number of hours of interpreting provided per day in 2013/14	16 Hrs
Programs with highest use of interpreters	Dental (49%) Medical (27%)
Average number of languages supported each month	31



The value of partnerships cont.



The value of partnerships cont.

Community celebrations bring people together. They promote respect and showcase the best of our diverse cultures.

EID FESTIVAL DINNER

North Richmond Community Health held its first ever Eid festival dinner for residents of the Richmond Public Housing Estate, to celebrate the end of the holy month of Ramadan. The event was successful in raising the profile of Islamic residents on the Estate by bringing together residents from a range of ethnicities including Somali, Ethiopian, Eritrean, Sudanese and Turkish. The event attracted more than 45 people who enjoyed dinner, musical entertainment by a local Ethiopian band and children's art activities. Feedback indicated that participants felt welcome, their religious beliefs respected and the event provided a safe space for women to enjoy themselves with their children, which is not readily available. A group of 6 women supported NRCH with valuable cultural and practical planning and preparations for the event.

UNDER ONE MOON FESTIVAL 2013

'Under One Moon' is a community driven festival that promotes and celebrates the cultural diversity, sense of place and greater social cohesion of residents in and around the Richmond Public Housing Estate and its surrounding precinct.

In 2013 it celebrated 18 years of community cultural practice. The festival involved three months of community arts and development and culminated in presenting a festival program on Oct 5, 2013, from 2 PM – 7 PM.

Held on the Richmond Housing Estate grounds and North Richmond Community Health's community spaces, the festival demonstrated the perfect platform for a range of community development and interactivity.

3,500 people attended the festival of which 90% were City of Yarra residents.

The Festival Director liaised across agencies and organizations to build upon the partnerships between the festival and the community. This role added value to community participation, providing professional development opportunities to the broader community through interagency collaboration, increasing public awareness of the festival outreach activities as well as building upon community networks

Key Partners and Sponsors include: North Richmond Community Health, City of Yarra, Department of Human Services, Victorian Multicultural Commission as well as a huge effort from major services including Mission Australia, Bridge Church, Belgium Avenue Neighborhood House, the Brotherhood of St. Lawrence. Thank you to Bunning's Warehouse for their generous contribution towards materials for the Lantern Parade.

The festival helped to strengthen social connections between many different ethnicities on the Estate, especially the Chinese, Vietnamese, Sudanese and Samoan community members with a theme that resonated with all cultural groups and encouraged a deeper understanding of Moon Lantern festival traditions.

- 12 Melbourne based arts workers were employed during the lead up to the festival.
- 17 arts workers were employed at the festival event.
- 20 volunteers provided support on the day of the event. Many more were involved in preparations leading up to the event.
- 20 NRCH staff were involved in the event



The value of partnerships cont.

We've received many very positive comments especially from Estate residents and from our special guests Cr Jackie Fristacky, Mayor, City of Yarra and Mr Richard Wynne MLA, Member for Richmond.

HARMONY DAY 2014

NRCH Harmony Day is an annual event providing an opportunity for groups of people to celebrate and reflect on the values of cultural diversity. The event held at NRCH attracted between 300-350 people from the community and was enjoyed by all participants. We've received many very positive comments especially from Estate residents and from our special guests Cr Jackie Fristacky, Mayor, City of Yarra and Mr Richard Wynne MLA, Member for Richmond. Over 15 local community groups participated in the event, each bringing a different cultural element. The stage held 13 different cultural performances from local community groups and individuals with the Oromo Women's

Dance Group and New Persia - a music group of newly arrived refugees from Iran attracting lots of attention. East Timorese and Vietnamese catering and Oromo coffee was provided by the local community. Arts activities, decorations and installations all held a cultural element and gave the event a festive feel. Four NRCH teams promoted their services to raise health awareness across the community. Six community volunteers and 20 NRCH staff were involved in making the event a success.



The value of partnerships cont.

COMPANION ANIMAL SUPPORT PROGRAM

NRCH in partnership with City of Yarra, provides a Companion Animal Support Program to help older residents and residents with a disability care for their pets. Pets provide great support and companionship to people in our community. For some, pets also provide security and a reason to spend time outside their homes, which helps residents stay connected to their community.

The program started as a trial in May 2011 and was made permanent in March 2012. The Companion Animal Support Program aims to help residents care for their pets so they do not need to give them up if some pet-care tasks become too difficult. The program matches residents with volunteers who can provide assistance with exercising, feeding, cleaning and grooming. The service is provided to residents at no cost. The program is also available to older residents and residents with a disability who do not currently have a pet, but would like to have a pet if support was available.

What the carers have said about working with clients of the program and their pets;

About the client

I have seen ups and downs with my resident's health due to the nature of her condition but her overall mental wellbeing has definitely improved and she is more engaged with life again and less stressed now she has assistance with her little dog.

About the pet

He's the same little bundle of energy and joy he always was from the moment I met him. I know he really looks forward to our walks because I'm probably the only person who can keep up with him! Oh and there's also the schmackos I bring him. That helps too!

About the client

Seems more content and less concerned about his animals.

About the pet

one has lost weight and is healthier, other is less agitated at being locked inside all the time.

About the client

happier

About the pet

More friendly...less scared of other dogs/people

Other comments:

I (volunteer) may never have understood the issues of being socially isolated. The Program has had many benefits for everyone involved – resident, pet and me. It connects the community and raises awareness at the same time.

Have seen an improvement in health of both resident and pet. Have been able to pick up and bring to attention a few issues which needed addressing in resident and pet.



The value of partnerships cont.



OCCUPATIONAL THERAPY

Shared OT Waiting List

In the City of Yarra there are 3 Community Health Centres – North Richmond Community Health, Inner East Community Health and coHealth. To better service our clients who require occupational therapy, we share a waiting list. This list is held at NRCH. We continue to further improve and streamline this service so that clients are seen quicker in the City of Yarra.

OT Network Meeting

A lot happens behind the scenes in occupational therapy, and we are pleased to report that there are some really wonderful working relationships to enhance service delivery, information and knowledge sharing. NRCH offered to assist Inner East Community Health to co-coordinate their OT Network Meeting - an opportunity for OTs in metropolitan Melbourne to get together, find out what is happening at other services, share information and an opportunity for Professional Networking and Development.

SPEECH PATHOLOGY

The Speech Pathology staff at NRCH have participated in the two stages of the *Improving Child Language Outcomes* project, run by Inner North West Melbourne Medicare Local and Murdoch Childrens Research Institute. This project aims to reduce the barriers to Speech Pathology by working more effectively and collaboratively within the sector.

Hear what some of our speech pathology families had to say about this vital service.

'Monique is always extremely positive, and full of new ways we can progress. My daughter is always excited to see her and loves what she has prepared for us in each session'.

'Our daughter attends speech therapy sessions weekly with Monique Thompson at North Richmond. She finds speech sessions very difficult and hard work, however she has made great progress. Monique makes speech fun and interesting while still challenging her to do her best. We are excited that her progress has given her the opportunity to start school next year'.

The value of partnerships cont.

IMPAC

The Inner Melbourne Post Acute Care Program provides post discharge support to clients who are discharged from a public hospital and reside in the City of Melbourne, City of Boroondara, City of Yarra and the southern parts of City of Darebin. The program aims to facilitate transition towards independence and return to premorbid state of health through the provision of regular contact, psychosocial support, nursing and personal care, and various other clinical therapies.

IMPAC has had a busy and productive 2013/14 year, with the development of an exciting new role and ongoing strengthening of our existing partnerships and integration of our program.

The Discharge Support Worker role has been established to work closely with the client's Care Coordinator and hospital staff to further facilitate hospital discharge and provide direct support in the immediate post discharge period, including home visits and social support.

IMPAC continues to work closely with St Vincent's Hospital (STV) under the Health Independence Program (HIP) and has commenced a redesign project which is currently in the planning stages of working towards full integration of all Health Independence Programs across NRCH

IMPAC's strong partnership with St Vincent's Hospital has helped the program grow and innovate.

and STV. This is an exciting opportunity to develop a creative and innovative model of care focused on patients' health and wellbeing that embraces the relationship with community health.

IMPAC in partnership with the STV Admissions Risk Program (HARP) have developed an after-hours agreement which allows clients to be fast tracked home from the Emergency Department with Post Acute Care support that would otherwise be unavailable.

The Allied Health Assistant (AHA) Implementation Project is also being undertaken in partnership with STV under guidance from the Department of Health. The aim of this project is to assess our current Allied Health Professional (AHP) workforce at NRCH and STV and develop a plan for the integration of AHAs to support this increasingly time pressured workforce.

'As I sit here tonight, and reflect upon last Friday night when my wife and I were in hospital, with my wife in pain and undergoing various tests, to finally identify the twisted bowel. I reflect upon a few of my feelings at the time- nervous, scared and had little clarity of the next steps.

Post operation, some of these feelings continued, however speaking to you, gave me some comfort and clarity about the support available.

I appreciate your effort in speaking with your manager in extending the normal offer of support, it means a great deal to me.

I would like to thank you for all your assistance, as it means a great deal to regaining some normality for my family.

Once again, thank you.' IMPAC client



The value of partnerships cont.

THE MULTICULTURAL SEXUAL HEALTH NETWORK (MSHN)

The Multicultural Sexual Health Network (MSHN), a network established by the Multicultural Health and Support Service at NRCH, brings together stakeholders across different sectors to discuss emerging sexual health issues and strategies to ensure better health and wellbeing outcomes for multicultural communities in Victoria.

The network acts as a hub for information sharing, referral, enhanced coordination, service model development and multi-sectoral advocacy. The network's focus is to address the multifaceted need of people from refugee, asylum seeker, migrant, and international backgrounds at the point of service delivery.

In the 2103/14 MSHN held two forums:

1. the other side of the rainbow: same sex attraction within culturally & linguistically diverse communities
2. hand in hand: partnering with spiritual and community leaders in preventing HIV transmission in migrant and refugee communities

Reports from these forums contain key recommendations on improving the health of migrant and refugee communities at risk of blood-borne viruses and sexually transmissible infections.

MEDICAL STUDENTS AT NRCH MEDICAL SERVICES

Students are our future. NRCH Medical Service is involved in training the next generation of doctors from The University of Melbourne.

Feedback from the students has been very positive:

- My GP supervisor was a skilled teacher
- My GP was a skilled clinician
- The variety of patients seen was excellent
- I had ample opportunity to see patients independently
- I was able to learn a variety of new skills from Allied Health and specialist providers during my placement
- It was a fantastic placement, there are a lot of additional things going on in addition the GPs which students can be involved in.

Amongst the highlights students listed the following:

- Autonomy with patients. Great explanation by Doctors/ debrief at end of clinics
- Learning how to use interpreters, both face to face and phone.
- Opportunity to do procedures ie injections, wound care, veinpuncture ECG etc. Seeing patients on my own then presenting to the GP.

Challenges included the following:

- Language barrier.
- Patients who didn't want to be seen by student
- Cultural differences – very diverse population
- Completing paperwork beyond my role

NALOXONE TRAINING PROGRAM

Since its introduction, we have had a great response to the program and continually have people requesting participation. We have trained 22 participants and have 6 reported cases of successful overdose reversal. NRCH have agreed to be a part of Penington Institute's COPE Program which will see Naloxone being rolled out on a larger scale amongst our client group.



How we improve what we do

Our strategic plan is very important to us and our communities as it guides how we are able to provide healthcare services. In 2013, we developed a new plan to steer our work over the coming four years.

DEVELOPMENT OF A NEW STRATEGIC DIRECTION

In developing our plan we knew it was critical to get the views of our clients and communities as well as learn about government policies, budgets, funding and other data. We also thought it important to research details of programs and services on offer elsewhere. So we asked over 300 clients, community members, staff and our board for their ideas and read over 50 reports. Our asking for the views of clients and communities involved:

- Asking volunteers to interview people while they waited for their appointments and recorded their responses into iPads
- Visiting and meeting with community groups
- Conducting surveys on our website and Facebook page so that anyone who was interested could give us their ideas
- Holding workshops with our staff and another with our board

From this work we learned that:

- The future is about healthcare driven by clients and their experience in using services like those at NRCH
- Healthcare faces changes and challenges
- Government budgets will remain tight
- We've got work to do on our systems, policies and processes
- There are lots of opportunities but we need to be forward thinking and creative

Our plan for the future has three key ambitions and focusses on building healthier communities by making healthcare more accessible and culturally relevant

How we improve what we do cont.

Work is well underway in reviewing our systems and practices, and we are on track to implement important improvements in 2014/15.

CLINICAL GOVERNANCE

Reviewing our Clinical Governance Framework

NRCH strives to deliver client focussed, high quality and safe services that meet client expectations. An effective clinical governance framework provides NRCH with a systematic way of maintaining and improving client care.

In 2013/14, we undertook to thoroughly review our clinical governance framework with the aim of implementing best practice changes into how we work. Two committees were formed to support the project, each with different but complimentary areas of focus. Work is well underway in reviewing our systems and practices, and we are on track to implement important improvements in 2014/15.

Clinical Governance at NRCH means...

- Asking clients and communities to comment on the quality of our services and to make suggestions for improvements
- Having a Clinical Governance Action and Implementation Plan
- Policies, work practice guidelines and reporting
- A Clinical Governance Committee which is made up of both practitioners and managers
- Checking health practitioner credentials (qualifications, registrations, licenses and insurances)
- Clinical performance indicators and checking against them (client file audits)
- Health care practitioners using the Reflective Practice methodology to review their work
- All staff of NRCH have regular supervision with their managers/team leaders, this includes all health care practitioners
- Reporting and tracking all incidents and near misses to look for trends and to find ways to address them
- Engaging independent specialists to review our current policies, identify gaps and make recommendations on changes. Our most recent example of this is type of reviewing involved looking in depth at how we manage infection prevention and control



How we improve what we do cont.



We made some important changes to our infection control and cleaning systems to ensure we meet new standards and growing consumer expectations.

INFECTION CONTROL & CLEANING

Preparations for our 2013 accreditation review provided us with an important opportunity to thoroughly review and evaluate our infection control systems across the organisations. Although we successfully met the requirements of the accreditation review, we made some important changes to ensure we align our practice and policies with strong evidence and rising consumer expectations.

Key areas of improvements to our infection control systems included;

- Review of the Infection Prevention and Control policy
- Development of a suite of indicators based on external audit results to assist with the monitoring the effectiveness of the infection prevention and control policy and associated procedures
- Development of programmatic work guidelines for more thorough management and monitoring of specific infection control risks in each team

In 2014/15, we plan to have our systems independently audited. This supports our commitment to the continuous quality cycle and provides important training opportunities for key staff who are responsible for managing and monitoring infection control at NRCH.

Feedback on the quality and nature of cleaning also led to changes in how we minimize infection risks and keep our building clean. Through improved communication and clearer definition of roles, we continue to work closely with our contractors and internal cleaning staff to ensure high standards are maintained and relevant training is provided.

MANAGING OUR RISKS

Understanding and managing potential risks is vital to ensuring that our organisation is well managed and that our services are provided safely. Risk management is a step by step process that commences with recognising what possible risks our organisation may face and the second is developing methods to minimise their impact. Here are some of the ways that we address risk within NRCH:

How we improve what we do cont.

SERVICE DELIVERY	STRATEGIC	SUPPORTING SERVICE DELIVERY	COMPLIANCE	FINANCIAL
<ul style="list-style-type: none"> • Held a staff workshop to review and collect ideas to support a renewed Code of Conduct • Updating the staff induction program to ensure that new staff know about how NRCH works • Reviewed and changed service related forms and information including: <ul style="list-style-type: none"> • Client Registration Form • Consent Form • Clients' Rights and responsibilities • Continuing to upgrade our care planning processes and tools as part of making sure that our services encourage health literacy and are focussed on working in partnership with our clients 	<ul style="list-style-type: none"> • Created a new strategic plan to guide our work until 2017. This plan involved much consultation with our clients and communities • Developed the Strategic Development & Quality Team whose task is to assist NRCH to continue to grow and improve our services 	<ul style="list-style-type: none"> • Four staff completed the Service Coordination unit at Kangan TAFE • Our new WinHR software makes it easier for us to review and record our credentialling and indemnity evidence so that we know that all our healthcare practitioners have up to date registrations and licenses 	<ul style="list-style-type: none"> • We've developed an overall NRCH Compliance Plan • We've started working on a Clinical Governance Framework. That is, a document that describes what we mean by clinical governance and we will make sure it happens • We have a comprehensive risk management policy • The risk register is updated annually and reviewed every 6 months • Credentialling oversight allocated to Clinical Governance Committee 	<ul style="list-style-type: none"> • Continuing to review and modify budget processes to introduce greater accountability • Our Finances Manager provides training to key staff when we have changes to the ways we manage our finances

How we improve what we do cont.

COMPLIANCE

NRCH, like all organisations, needs to know about and meet laws and government policies and regulations. We call this compliance and we do it in a number of ways including:

- Subscribing to websites and email lists that provide information about changes
- Including relevant laws and government policies and regulations in our own policies and program work guidelines. This helps us to make sure that how we work meets our requirements
- Having our Board directors participate in the Australian Centre for Healthcare Governance training program
- Having our systems, policies and program work guidelines independently assessed through our tri-annual quality accreditation reviews
- Having internal working groups like the Clinical Governance and Service Coordination Committees. These groups are made up a selection of practitioners and managers and continually review how we work
- Building compliance into our program planning. Managers are required to consider the laws and government policies and regulations that relate to their particular area and how they will be addressed
- Reviewing and reporting our progress throughout the organisation, including to the board,



How we improve what we do cont.

CONTINUALLY IMPROVING OUR QUALITY

Receiving high quality services is as important to the people who use them as it is to those who provide them. To make sure that our services are indeed high quality, at NRCH, we plan and check. Some of this planning and checking work happens internally and some through external independent means. Here are some examples:

- NRCH has a three year strategic plan which outlines the areas that we will concentrate on. The current plan, 2013 – 2017, features improving client experience, using new and different approaches and working in partnership as the three key areas. Each of these three key ambitions have improving quality as an underlying theme, with their progress regularly reviewed by management and the Board
- Each service produces an annual plan that describes what they are going to do over the coming year. At the end of the year, the team reviews the plan to check what actually happened and how it can be improved
- Located at each of the NRCH receptions there are postcards inviting comments from those who use our services. The comments received are collected and used to inform improvements. Here is some of what people told us:

WHAT WE DO WELL	WHAT WE CAN DO BETTER	WHAT WE DID WITH PEOPLE'S FEEDBACK
<ul style="list-style-type: none"> • Knowledgeable and friendly staff • Talk through the process of what is happening – the procedures used by staff • Gave good instructions on cleaning and flossing • Easy set-up, straight forward, friendly • Customer service • Explain to the children what is happening 	<ul style="list-style-type: none"> • Improve the signage • Clock to be available in the waiting room • Have more and different bike racks at the front entrance 	<ul style="list-style-type: none"> • New signage has been installed • Clock has been installed • If existing bike racks aren't suitable, although they meet the standards, visitors to the centre can contact the Facilities Coordinator who will arrange for them to be secured

Another major way of checking the quality of our services is our accreditation reviews which happen every three years. Since our last report all our services, and the organisation, have been independently reviewed against the following externally set standards:

- National Safety and Quality Standards (oral health services)
- Home Care Standards (occupational therapy, dietetics and volunteers)
- Royal Australian College of General Practitioners (medical services)

- Quality Improvement Council Standards (all of NRCH)

The table to the right shows the great results that we achieved in each of these reviews, even exceeding the requirements in some areas. We have now been awarded accreditation with each set of standards.

Whilst we welcome independent verification of the quality of our services, we also welcome advice on how we can continue to improve. The reviews, and the feedback we receive from our clients and communities, provide NRCH with both. We use this information to inform our three-year Quality Improvement Workplan.

Accreditation status across all service areas

NSQHS	6 standards with 166 criteria 152 Met 7 Exceeded 14 not applicable
HCS	18 standards 17 met 1 needing additional work
AGPAL	5 standards with 42 criteria All met
QIC	18 standards 16 met 2 exceeded

How we improve what we do cont.

OUR HEALTH AND SAFETY

At NRCH, health and safety is embedded into everything we do. We have sophisticated systems for planning and developing safety improvements that involve all levels of management and staff. Safety and emergency management committees form the foundation of much of this work but there are also mechanisms in place to allow feedback and changes via other avenues.

Working in a dynamic and often unpredictable environment ensures we manage risks appropriately. This includes having reliable practices and trained staff that can respond to difficult and challenging incidents.

Incidents and Hazards

After Incident and hazard data is collated and key trends identified, the OHS committee and the Emergency Response Committee assess risks and consider ways to improve safety. Their recommendations are important and frequently lead to changes such as how we work, what equipment is provided, what our environment looks like and whether policy changes are required. The following information summarises the incidents and hazards recorded at NRCH in 2013/14.

NRCH Summary of Incidents & Hazards By Type

INCIDENTS	JUL 13	AUG 13	SEP 13	OCT 13	NOV 13	DEC 13	JAN 14	FEB 14	MAR 14	APR 14	MAY 14	JUN 14	TOTAL
Inappropriate behaviour	2	2	2	4	3	2	1	1	1	2	2	6	28
splash accidents													0
Medical emergency	1	1		1	1		3		2	1		1	11
Theft/ Damage to property						1							1
Personal injury	1	1		3	2			1	2		2	2	14
Overdose	1			1		1		1			2		6
Needlestick / sharps injury		1	1					2	2			1	7
Infection control				1							1		2
Fire / electrical incident									1	4			5
Other			1	2		2	1	2		4			12
TOTAL	5	5	4	12	6	6	5	7	8	11	7	10	86

How we improve what we do cont.

NRCH Summary of Incidents & Hazards By Type cont.

HAZARDS	JUL 13	AUG 13	SEP 13	OCT 13	NOV 13	DEC 13	JAN 14	FEB 14	MAR 14	APR 14	MAY 14	JUN 14	TOTAL
slippery/unsafe flooring, paths, etc													0
unsafe work practices/ policies	1	1			1			3		1	1		8
broken/unsafe equipment				1									1
dangerous substance exposure/storage													0
electrical/lighting/fire risk									1				1
Public injecting													0
infection risks													0
noise													0
unsafe building & environment											1		1
manual handling													0
Other		1					1				1		3
TOTAL	1	2	0	1	1	0	1	3	1	1	3	0	14

How we improve what we do cont.

FEEDBACK

From our clients

What our clients said:

- ‘We have always felt listened to - thank you’.
- ‘Friendly, professional, compassionate service from reception to the medical care’.
- ‘Receptionists are very efficient so is the dentist’
- ‘Very happy with service received. We listened and the doctor was thorough’
- ‘Everything was explained to me – the service was great’
- ‘Flexible with appointment times, provided a comprehensive assessment and treatment, answered my questions and responded to my concerns and preferences’
- ‘Listened to my concerns, even worked through your lunches to assist me’
- Great dentist – found problems others missed. I have restored confidence because of her.
- The best dental experience EVER! The staff were extremely professional, kind and gentle. The examination was thorough and careful. I feel like I’m in really good hand and I can now manage my disease with the help and clinical practice. Thank you so much!!

What does NRCH do best?

- ‘NRCH do the best dental cleaning and extraction’
- ‘Information, advice and great service’
- ‘It may have been easier to ask was there anything that you did not do right. The attitude of staff was very good and the quality of work very high. Thank you.’

Changes we’ve made:

In September we introduced NRCH Feedback Pamphlets at our Main Reception and Oral Health Area.

We now regularly inform managers and staff of client feedback to make changes and recognise good practice.

CLIENT'S COMMENT	CHANGES WE'VE MADE
The Government needs to increase funding to better resource NRCH so it's not so difficult to get appointment	In February and March this year we welcomed two new GP's.
The seats in waiting room are uncomfortable	The seats height has been adjusted
Clock to be available in the waiting room	Clock has been installed



How we improve what we do cont.

From our work experience students

What our students said about working at NRCH:

- The wide variety of patients.
- Opportunity to learn how to use interpreters. The fantastic teaching and mentoring from all the GPs.
- Dynamic engaged staff. Drug and alcohol services.
- Ample time with allied health.
- Autonomy with patients.
- Great explanation by Doctors/debrief to do procedures i.e. injections, wound care, venepuncture ECG, etc. Seeing patients on my own then presenting to the GP.
- I would like to thank you once again for giving me the opportunity to have work experience in your company. I really enjoyed working behind the counter with you guys and enjoyed learning about what you guys do.

DATE	AWARD, RECOGNITION, ETC	STAFF/PROGRAM
2013	Winner - Public Oral Healthcare Awards for Innovative Model of Care – Health Promoting Practice Model	Oral Health
2013	Finalist - Public Oral Healthcare Awards – Leader in Oral Health	Martin Hall
2013	Finalist – Public Oral Healthcare Awards – Excellence in Service Delivery	Oral Health
2013	Dean's Honours List Bachelor of Oral Health 3rd year	Ngoc Hieu Tran
2013	YDHF Worker of the Year Award	John Anderson (NSP)
2014	Nominations for Inspirational Women of Yarra - Recognition of outstanding contribution to the prevention of family violence, especially within culturally diverse communities.	Kat Hubbard Huong Tran
2014	Finalist Victoria Practice Manager of the Year	Maggie McPherson
2014	Scholarships to attend Australian Viral Hepatitis Conference in Alice Springs	Phuong Nguyen Nafisa Yussf
2014	Speech Pathology Australia Book of the Year Awards. Monique Thompson has been involved with Speech Pathology Australia as an expert panellist selecting the Book of the year. The Award recognises Australian books that promote oral language and development	Monique Thompson

How we improve what we do cont.



The Health Translation Directory is an on-line portal that provides health and health service information in over 150 languages.

HEALTH LITERACY

The Centre for Culture Ethnicity and Health (CEH) continued to expand its range of services and will now manage the Health Translation Directory for the Victorian Department of Health. This directory is an on-line portal that provides health and health service information in over 150 languages. To date, CEH has undertaken an audit of the site's content and developed new guidelines. In 2014-2015 CEH will support all Victorian organisations develop resources in other languages as well as develop a set in translated materials targeting refugee and asylum seeker communities.

Health Literacy has continued to be a priority for NRCH. In 2013-14 over 40 staff participated in training and a NRCH health literacy committee was established, which introduced a number of important changes:

- Reviewed intake processes to ensure they are more patient and health literacy focused
- Staff surveyed clients and community members with low health literacy in the waiting room and at our community BBQ's
- Developed and implemented the 'Ask me 3' campaign. 'Ask me three' is an evidence based health literacy tool that encourages patients and their families to become active members of their health care team, and promote improved health outcomes. The NRCH campaign have started in four languages: English, Chinese, Vietnamese and Arabic. In every consultation room at NRCH there are notepads in the four languages with the three questions.

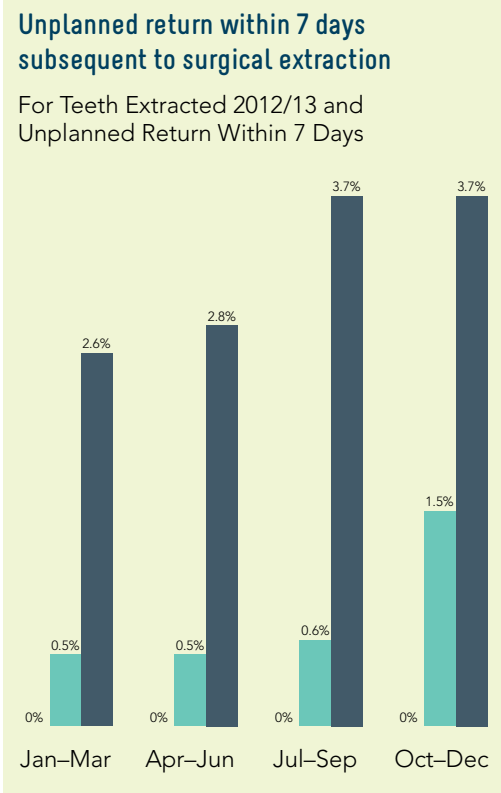
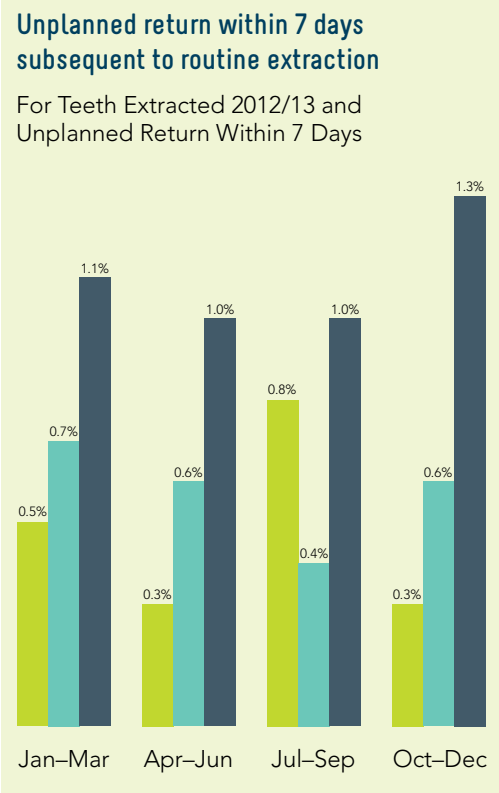
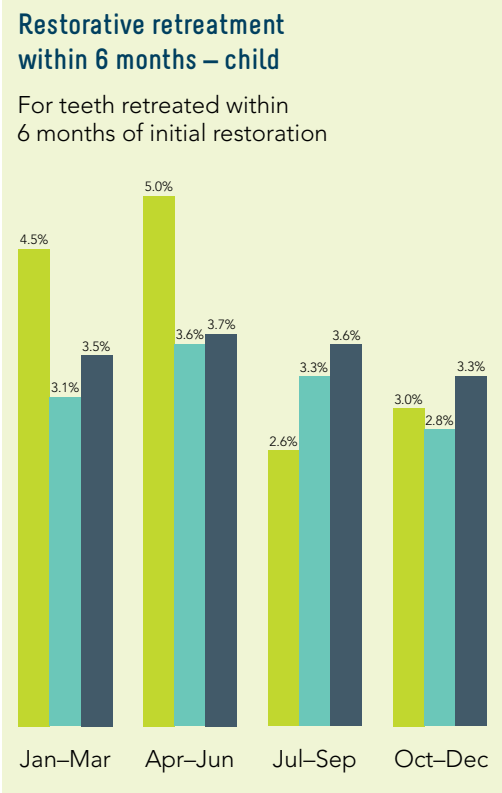
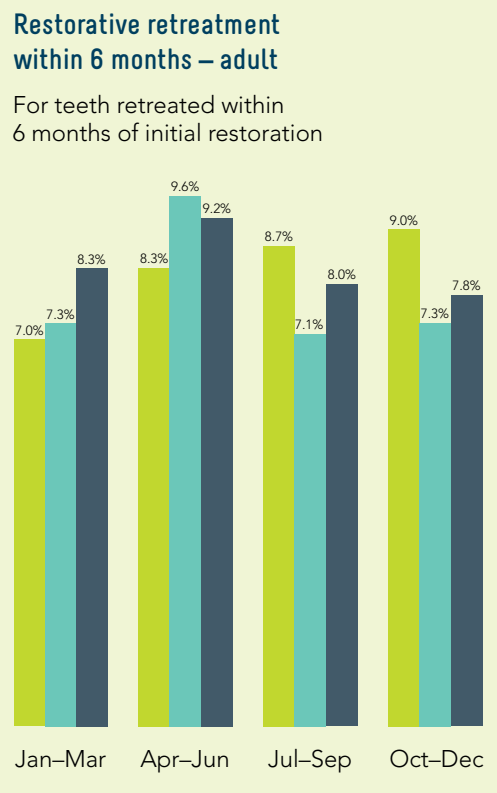
Clients and their families are encouraged to use the notepad, ask their health service provider the three questions, below, and write the answers.

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

To encourage the use this tool, all staff have undergone training through their team meetings.

How we improve what we do cont.

ORAL HEALTH CLINICAL INDICATORS



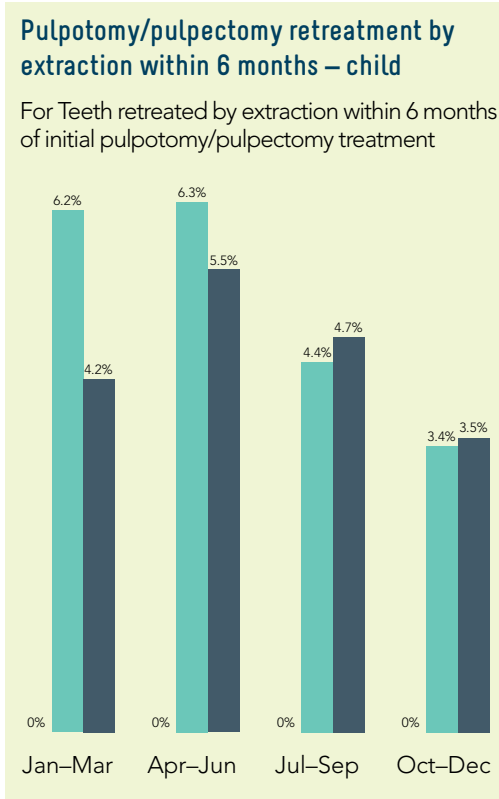
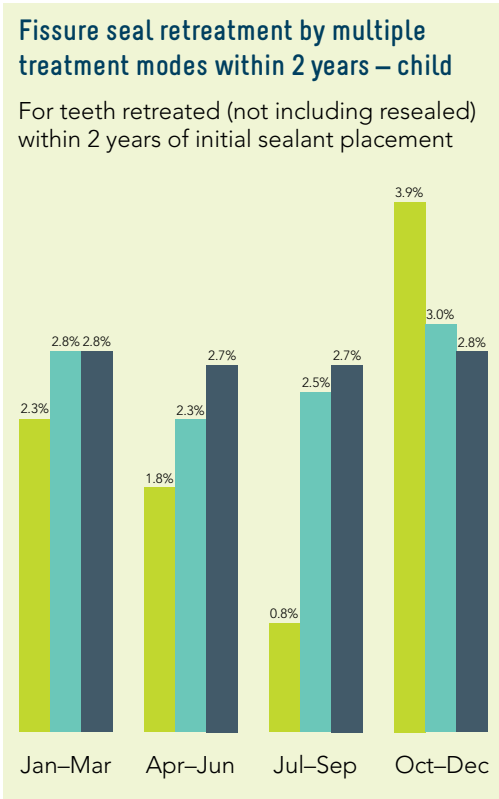
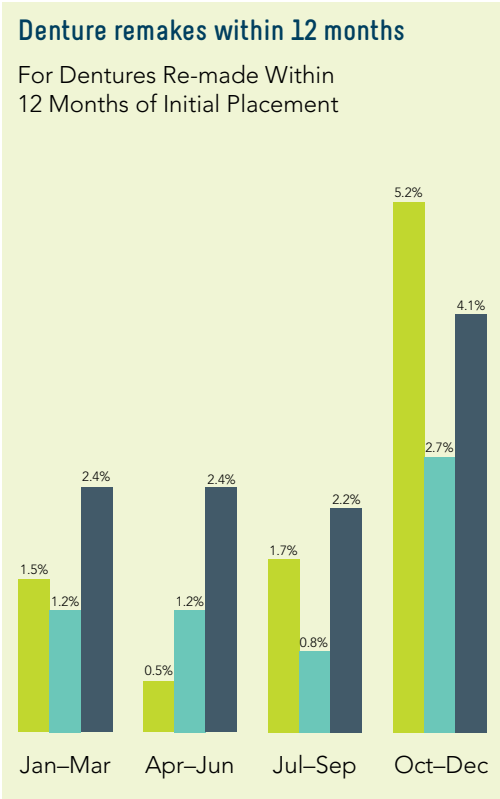
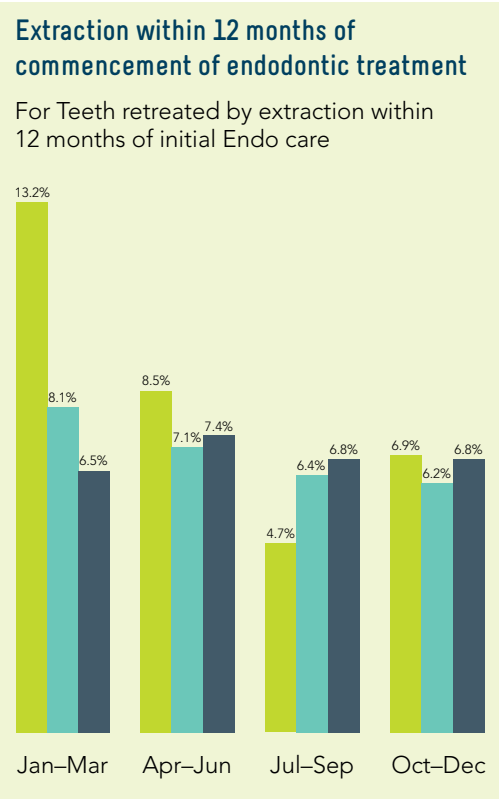
■ Agency ■ Region ■ State

Agency: North Richmond Community Health Ltd. Region: Northern Metro. Please note this indicator looks at retrospective data

With the introduction of the Dental Health Program Dataset, new counting rules apply. As a result, some elements included in this report may change over time as work is done to finalise targets, definitions and validate data

How we improve what we do cont.

ORAL HEALTH CLINICAL INDICATORS CONT.



■ Agency ■ Region ■ State

Agency: North Richmond Community Health Ltd. Region: Northern Metro. Please note this indicator looks at retrospective data

With the introduction of the Dental Health Program Dataset, new counting rules apply. As a result, some elements included in this report may change over time as work is done to finalise targets, definitions and validate data

Our commitment to delivering great services



Through the activities of the Pearly White's program, we aim to improve the oral health of residents of aged care facilities.

Pearly Whites is new outreach Aged Care Dental Program developed by NRCH providing individual oral health assessments and preventive based information to aged care facilities within the Inner North West Melbourne Medicare Local catchment.

Through the activities of this program, we aim to improve the oral health of residents of aged care facilities by:

- Improving oral health in residents of aged care facilities within City of Melbourne.
- Providing oral health education for both staff and residents in aged care facilities within City of Melbourne.

- Establishing referral pathways and to increase the number of referrals to NRCH oral health program.
- Providing a sustainable program to continue to increase awareness of oral health and to improve oral health in aged care residents.
- Enabling aged care facilities to meet their accreditation requirements.

Aged care facilities visited 2013-2014

Cyrill Jewell House	26 residents
Saint Basil's	137 residents

Our commitment to delivering great services cont.

Chompers is a preventative oral health program aimed at improving children's oral health

Chompers is an outreach School Dental Program developed by North Richmond Community Health delivering early visits and preventive information to local schools and kindergartens. From this program, we aim to improve children's oral health through:

- Working collaboratively with the local community
- Increased availability of dental care to all families

Schools Chomped 2013-14

Richmond West	115 children
Trinity	114 children
Richmond	118 children

The Chompers program has enabled a range of things including access to care, reducing fear and wanting to come back.

Client story

'Today I went for lunch at Thy Thy. I told the person that I was from the Health Centre. He told me that we have a very good dentist at the centre. His daughter attends Trinity PS. She had a bad experience with a private dentist whereby bone had been left in the gum after an extraction. The daughter then ended up with temperature and pain. After the Dad demanded an xray (he had to pay cash) was undertaken it was found that there was bone remaining.

After this experience he said that his daughter was afraid of the dentist. He said that the school program had helped his daughter to not be afraid and that his daughter now trusts a dentist. He mentioned that he thought he needed to reassure his daughter to sit in the chair, but she has told her dad not to worry, 'its ok Dad!!' Apparently his children ask to go to the dentist regularly to have their teeth cleaned.

He said that he likes Huu and that he is very happy that his kids can go to the dentist, that they aren't afraid and want to go of their own accord.

I told him that I am very happy to hear this feedback and that I am glad that his daughter can go to the dentist without being scared.'



Our commitment to delivering great services cont.

STEP INTO BALANCE

The Step into Balance Program was an evidence-based falls and balance program run at NRCH from February 19th to 16th April 2014. Clients were encouraged to attend if they had experienced a fall or were at risk, or fearful of falls.

Einat Bardea (Physio – IMPAC) and Emma White (OT) reviewed the literature to determine the structure of the program. The program ran for 1 hour per week class time, with exercises provided for clients to continue at home to promote strength and balance.

The post-assessments revealed some statistically significant results, with wonderful improvements in balance. Further, clients reported improved confidence in day to day tasks.

As this was a pilot program to determine outcomes, success and ongoing capacity - a grant application has been submitted to City of Yarra for funding to run the program again. Wish us Luck!

TAI CHI

Tai Chi is a wonderful form of gentle-movement which is good for balance, strength, joint movement, circulation and overall mindfulness.

I am thrilled to report that we have had a wonderfully successful Tai Chi Program at NRCH. We were successful in a City of Yarra Grant for 2014, which has enabled us to run 2 Tai Chi Programs for 2014.

Maddy is a Trained Tai Chi Leader who is a Physiotherapist and attends NRCH to run the programs.

We are hoping to continue this wonderful program as there are many physical, social and well-being benefits of Tai Chi.

CHAIR-BASED EXERCISE GROUP

This program continues to operate in 2014 due to the demand and success of the pilot last year. In 2014 we obtained \$3000 in funding from the City Of Yarra Community Grant to support this exercise program for the seniors who have mobility issues and who are socially isolated.

During 2013-2014 we recruited 14 new participants and conducted 40 exercise sessions. All sessions have been well attended and well received.

This program also emphasises the importance of social connectedness. Morning tea is organised monthly for the participants, after the exercise session. As most participants are socially isolated due to their physical health condition, it is important they have the opportunity to connect with other members of the community.

All participants have acknowledged that the activity was valuable and enjoyable. They all practice the exercises at home and feel better and stronger as a consequence.

The following is some of the feedback received from participants during the morning tea conversations:

'these exercises are very good for my knees'

'when I sit down to watch TV, I remember to exercise my knees and my arms...'

'I realise now I shouldn't sit down to watch TV for too long, and I get up every now and then to practice what I learned from Sharon (the exercise instructor).'

'I think my whole body feels better since I join the group'

Our commitment to delivering great services cont.

HOMEWORK SUPPORT PROGRAM

Since 2004 this Program has provided educational support and study assistance for the participants who are students (grade 5 to VCE level students) living in the Richmond Estates.

In 2013 the Program recruited 23 volunteer tutors and enrolled 42 students. Thirty five sessions were conducted in a safe and supportive learning environment for the participating students. On average, 25-38 students attended the group sessions which operated every Thursday night from 6.00pm-7.30pm during school terms.

Feedback

During 2013 we conducted questionnaire surveys with students and tutors separately. Their responses were overwhelmingly positive. Firstly, the students emphasised the value and benefit they received from the tutors with their ability to assist them with their homework, as well as acknowledging the fact that the tutors were fun and that they enjoyed their company. Most tutors indicated that they found their time volunteering at the group was highly rewarding. They emphasised their desire to work with students that needed help, and the reward of seeing improvement in the student's knowledge during the course of a session.

On average, 25-38 students attended the group sessions which operated every Thursday night from 6.00pm-7.30pm during school terms.

We also conducted a parent focus group. The feedback from the parents was very positive. They valued the program highly and were grateful for the support their children received to improve their study skills.

Highlight of 2013

Two NRCH's staff members joined the Group and became volunteer tutors. One of them is a speech pathologist and she was able to provide special help and support to a student who has dyslexia. The student, who is now seeing this staff member on a regularly basis (apart from the program's group sessions) is showing huge improvement in his reading skills and self-confidence. This is an enormous help for the family who is from CALD background and who had no other means

to help their son, other than the very little assistance received from the school.

Another highlight was that the parents of the students were invited to the end of year celebration. Many of them helped preparing food and mingled with each other in the kitchen. This type of activity will be encouraged more in the future to strengthen the community connectedness.

We truly believe this program is highly valuable for the community. It is the best way to empower disadvantaged school children and make a meaningful contribution to the improvement of their future prospects.



Our commitment to delivering great services cont.



COMMUNITY GYM MEMBERSHIP PROGRAM:

The Gym Community Membership program continues to receive strong support despite raising the cost of the memberships in 2013/14 to ensure parity with other local organisations who offer access to this important initiative. Usage of the program increased in the past year, with NRCH issuing a total of 448 memberships..

Feedback from the members is that this continues to be a very good program which has enabled the disadvantaged community to access main stream, high quality exercise facilities. The benefits include improvements to both the physical and social wellbeing of participants.

SOCIAL CONNECTEDNESS THROUGH ENGLISH CONVERSATION

A key barrier to social connectedness of many residents of the Richmond Housing Estate is lack of confidence in their English language skills. This is why the English Conversation Group is so popular and beneficial to the community. The program was established more than ten years ago and is still going stronger than ever.

The group was established to encourage people to make social connections by getting to know their neighbours and joining local groups and activities. The participants learned survival English through singing and actual conversations with the volunteers. Not only do the participants have the opportunity to learn and practise their English, they also have a place where many wonderful friendships have formed over the ten years since the operation of the group.

During 2013-2014 the program conducted 33 sessions and reached out to more than 50 people, including the volunteers who help facilitate the conversation. Many participants live outside the Richmond area and choose to commute from suburbs such as Mont Albert, Northcote, East Bentleigh, Broadmeadow, Airport West, Truganina and Seaford to participate. When asked why they would travel so far to attend the class, their responses were: 'This is the best English Class we have ever attended.'

AFRICAN WOMEN'S ZUMBA GROUP

A weekly Zumba exercise group was run during 2013/14. The classes provided a much needed opportunity for local women to engage in regular, fun exercise with child care provided for their children. Between 6 and 8 women regularly attended the Zumba class. The women were from Eritrean, Ethiopian and Somali communities living in the Richmond Housing Estate. This project was conducted in partnership with African Communities Foundation Australia.

HEALTHY EATING PROGRAM

NRCH successfully delivered a 6 week healthy eating program for women of African backgrounds. 25 people attended the program from Somali, Ethiopian and Eritrean backgrounds. The women learnt to how to read food labels, source ingredients and prepare nutritious foods. Some of the highlights of the program were leaning to cook new recipes and being introduced to unfamiliar foods. As the program continued, word of mouth increased and the women brought along their friends to participate in the program.

Our commitment to delivering great services cont.

The extra Speech Pathology resources have been an important factor in allowing us to increase our work in preventative, community based programs.

SPEECH PATHOLOGY PROGRAM

In addition to changing the service delivery model (creating two waitlists, for assessment and therapy) Speech Pathology benefited from a small increase in staffing during the 2013/14 year. This additional resource has allowed us to assess clients within a more timely manner and plan appropriately for the needs of the community

A new assessment model has allowed us to:

- Reduce wait times from initial referral
- Assess children and determine recommendations for interventions based on diagnosis and severity. This may include no intervention (discharge), review, group therapy or individual therapy
- Initiate referrals to external services when required (audiology, Paed etc.)

- Provide parents with a written report, with a feedback session one week post assessment with opportunity to discuss the assessment and recommendations. These recommendations provide parents with information while they wait for therapy services. Feedback from an assessment is therapeutic in itself, as the parent's understanding of the issues develops and they begin to make small changes at home

- Provide referrers with written feedback regarding the child
- Have current, recent information on our Speech Pathology Therapy waitlist, which allows planning for service delivery, including groups

This process of referral assessment session feedback session with written report has been in place since November 2013.

Planning and Community Programs

The extra Speech Pathology resources have been an important factor in allowing us to increase our work in preventative, community based programs. This included regular meetings with the Preschool Field Officer regarding Kindergarten Speech Pathology screenings; presenting to the City of Yarra Early Childhood educators and Playgroup Network; participation in Inner North West Melbourne Medical Local research project; and attending early childhood language conferences. All speech pathologists who work across agencies within the City of Yarra are working to increase knowledge of local kindergarten and childcare staff and confidence to refer. This was identified as an issue in the Improving child language outcomes across inner north-west Melbourne final report.

Furthermore, research into group therapy options and school readiness has been possible with the extra staff. This has allowed us to support more effective planning to meet the diverse needs of our clients. We have a mix of ages and diagnosis, and our improved assessment processes allow us to stream children into groups that are better matched in terms of age, developmental stage, diagnoses and families.

Our commitment to delivering great services cont.

NEW GP'S AT NRCH MEDICAL PROGRAM

In February and March this year we welcomed 2 new GP's. So far Dr Ha and Dr Ruth have seen 339 new patients to North Richmond Medical Services.

Number of patients seen in a week by GP's

- 2013 – average of 308 patients per week
- 2014 – average of 381 patients per week

This means that we have seen an increase of 23.70% increase in the number of appointments available.

FLU CLINIC

In March 2014 we conducted our annual flu clinic. 219 people attended which was an increase of 33% on last year.

Those who are eligible for free government supplied seasonal influenza vaccine include,

- People who are 65 years of age and over
- Pregnant women at any time during their pregnancy
- Aboriginal and Torres Strait Islander people aged 15 years and older
- Residents of nursing homes and other long-term care facilities
- Any person 6 months of age and older with a chronic condition such as;
 - cardiac disease
 - chronic respiratory conditions
 - immunocompromising conditions
 - renal disease
 - diabetes and other metabolic disorders
 - chronic neurological conditions
 - haematological disorders



Our commitment to delivering great services cont.

CEH INFORMATION SERVICES

The CEH library and information service exists to provide health services and other stakeholders with comprehensive information about culture, ethnicity, health and wellbeing

Those who accessed our library service in 2013/14 included: the Cancer Council, Continence Foundation Australia, various hospitals, Canberra Institute of Technology, DHS /Youth Justice, Victorian Community Health services, Flemington Neighbourhood House, RMIT, Medicare Local, Diabetes Australia, Family Planning NSW, Dental Health Services Victoria, Mater Health Services, Nutrition Australia, Uniting Care, Health NSW, Ethnic Communities Council QLD, Royal Perth Hospital, Chinese Cancer Society of Victoria, Family Planning Victoria, Victorian

Alcohol and Drug Association, City of Port Philip, Brotherhood of St Laurence, Migrant Information Centre Eastern Melbourne, University of Newcastle, Vic Health and the Australian Red Cross.

The nature of enquiries varied considerably. Here's a selection of topics we offered supported with :

- Healthy lunchboxes for CALD communities
- Health Literacy
- Cultural competent health assessments
- Fertility issues in African communities
- Statistics on Refugees and Public Health
- Language services
- Sexual health
- Aged care
- Mental health
- Chronic Illness
- Oral health
- Death and dying and palliative care
- Diabetes
- Radio messages evaluation methods
- Young refugees and problem gambling
- Culturally appropriate Self Help Initiatives
- Audio-visual resources on the Afghani community
- Reviews on validity and accuracy of health content on Wikipedia
- Best practice for written client information in health services
- Cross-cultural expression of distress – cultural differences
- Evaluation/Planning for CALD community projects





ANNUAL DIRECTORS' REPORT AND AUDITED FINANCIAL STATEMENTS

Year Ending 30 June 2014

Directors' Report

YEAR ENDING 30 JUNE 2014

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 2013-2014 financial year the people included in the following table were listed as board directors. The relevant dates of appointment and/or resignation together with relevant qualifications and experience are also shown for each director.

COMPANY SECRETARY

Demos Krouskos, CEO, held the position of Company Secretary at the end of the financial year and was appointed to this role on 16 February 2009

NAME	APPOINTMENT AS DIRECTOR	RESIGNATION AS DIRECTOR	QUALIFICATIONS AND EXPERIENCES
Tat Hian (Paul) Tchia Chairperson	16/02/2009		Well respected and very active member of the North Richmond community. Retired member of the Macau Police Force.
Dr Xue Li Zhao Deputy Chairperson	27/11/2010		Retired medical professional who is an active member of local North Richmond community groups.
Chris Altis Deputy Chairperson	13/12/2011		Chris currently has experience in the Corporate sector as well as familiarity of the Commonwealth, State and Local Government sectors.
Kiang Seng Nheu Chairperson, Remuneration & Nomination Subcommittee	16/02/2009		Former school principal in East Timor and well respected by many former students and their families who now reside in the North Richmond community.
Leo Groenen Chairperson, Financial Risk and Financial Audit Subcommittee	27/04/2010		Accounting, Chemical Engineering, Medical Research, Association with East Timorese support groups.
Wei Bin Xia	23/07/2009		Bachelor of Science in Textile Designing Engineering and active involvement in the Melbourne Chinese Singing and Dance Troupe Inc.
Anping Xue	27/04/2011	19/10/2013	A very active member of the local North Richmond community.
Hatice Yilmaz	27/11/2012		Qualified electrician, Office of Housing Community Liaison Committee, volunteer for numerous community groups.
Shan E Shen	10/12/2013		Active member of local North Richmond community groups.

Attendance by Directors

ATTENDANCE AT BOARD SUBCOMMITTEES

A summary of the board subcommittees that were held and attended during the 2012-2013 financial year are as follows:

NAME	REMUNERATION AND NOMINATION SUBCOMMITTEE	
Kiang Seng Nheu (Chairperson)	Meetings Held during term: 2	Meetings Attended: 2
Xue Li Zhao (full year)	Meetings Held during term: 2	Meetings Attended: 2
Hatice Yilmaz (full year)	Meetings Held during term: 2	Meetings Attended: 0

NAME	FINANCIAL RISK AND FINANCIAL AUDIT SUBCOMMITTEE	
Leo Groenen (Chairperson)	Meetings Held during term: 5	Meetings Attended: 5
Paul Tchia (full year)	Meetings Held during term: 5	Meetings Attended: 5
Wei Bin Xia (full year) Note: Leave of absence for 3 meetings whilst overseas.	Meetings Held during term: 5	Meetings Attended: 2

ATTENDANCE AT BOARD OF GOVERNANCE MEETINGS

The Board of Governance was convened eleven times during this financial year, the exception being January 2014.

The number of meetings attended by each board director is shown below. An asterisk indicates directors granted extended leave of absence due to overseas travel.

NAME	BOARD OF GOVERNANCE MEETING ATTENDANCE	
Chris Altis	Meetings Held during term: 11	Meetings Attended: 6
Leo Groenen	Meetings Held during term: 11	Meetings Attended: 10
Kiang Seng Nheu	Meetings Held during term: 11	Meetings Attended: 10
Tat Hian (Paul) Tchia	Meetings Held during term: 11	Meetings Attended: 10
Wei Bin Xia*	Meetings Held during term: 11	Meetings Attended: 8
Anping Xue (part year)	Meetings Held during term: 3	Meetings Attended: 3
Hatice Yilmaz	Meetings Held during term: 11	Meetings Attended: 7
Xue Li Zhao	Meetings Held during term: 11	Meetings Attended: 10
Shan E Shen* (part year)	Meetings Held during term: 6	Meetings Attended: 4

Corporate Governance Statement

LEGISLATIVE STRUCTURE

North Richmond Community Health Limited became a Company Limited by Guarantee on 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 (NRCHL).

In early 2013 NRCHL became a registered Charity with the Australian Charities and Not-For-Profits Commission (ACNC). The initial Annual Information Statement was lodged in accordance with ACNC time lines.

Annual compliance has also been received by Department of Human Services for monitoring of community health centres registered under *The Health Services Act 1988*.

The Board of Directors has ultimate responsibility for governance at 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 AND 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 2014 totalled 270, therefore the total amount that members of the company were liable to contribute at that date was \$270.00.

THE BOARD'S ROLE AT NRCHL

The Board at NRCHL has the following main objectives:

- Reviews the medium and long term goals of NRCHL as outlined within a clearly defined strategic plan and accompanying operational plan, and gives recommendation for change and updates in consultation with the executive management team 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 delegations policy.
- Is aware of its duties and responsibilities, such as the need to comply with ASIC, ACNC, 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 subcommittees in areas of Financial Risk/Financial Audit, and 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 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.

Corporate Governance Statement cont.

PRINCIPAL ACTIVITIES AND OBJECTIVES

NRCHL's principal activities continue to be the delivery of community health and related services. These include medical; nursing; allied health; dental; counselling; diabetes education; language services including interpreters and translation; health promotion; and community building programs. State wide training and resources for the sector are provided by the Centre for Culture, Ethnicity and Health (CEH).

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. A new Strategic Plan for 2013-2017 was launched in October 2013.

Long term objectives of the company are to plan and manage sustainable growth through innovation, collaboration and opportunity; promote and foster a culture of quality and safety and improve health outcomes by addressing key issues that create health inequalities.

Short term objectives have been reviewed throughout financial year ending 30 June 2014 and include:

- Growth of services through expansion and positioning
- Improving and strengthening organisational structures and processes
- Improving the productivity and quality of services whilst strengthening the company's financial sustainability
- Working collaboratively with the local community to address key community priorities
- Strengthening the clinical governance framework
- Increasing health promotion and education to the local community
- Improving health literacy of CALD communities
- Strengthening training and development opportunities for board directors

A broad range of strategies have been implemented to achieve the short term objectives.

During this period there have been consultations and discussions to enhance the service delivery components offered to the community, such as embedding the extension of medical services being delivered after hours to cover four nights per week; Saturday dental

services; and continued partnership with the North West and Inner Metropolitan Medicare Local. The board directors have commenced an online training and development course with Australian Centre for Healthcare Governance (ACHG) that is directly linked to NRCHL's governance manual and procedures. Participation in the ACHG modules provides a comparison of the board's performance with other participating non-profit organisations within Victoria. To date, results have indicated that NRCHL directors are at par with their peers for the majority of governance areas and slightly above the average performance rate on certain components.

The financial result of operations for the year ending 30 June 2014 was a budget surplus of \$522,923.

MEASUREMENT OF PERFORMANCE

Performance is monitored and measured at regular intervals throughout the year through a range of reporting exercises that are determined by funding agreements, accreditation reviews and reports, financial measures, client and community satisfaction feedback.

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.

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.

DIVERSITY

NRCHL takes an active role in promoting diversity in all forms. The board is a true reflection of the cultural diversity of NRCHL. Timorese Hakka, Mandarin and Turkish interpreters provide language interpretation for some board directors in executing all of their responsibilities, which has encouraged active participation by all directors. A Mandarin speaking volunteer has been engaged to assist in board training and development exercises. Directors Information Kits are provided in both English and Mandarin to optimise understanding of the broad aspects of governance related matters and responsibilities. Increasing gender diversity is also identified as a key goal and has been addressed by having women comprising 50% of the current board membership.

Corporate Governance Statement cont.

Statement by the Board of Directors

INSURANCE

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

PROCEEDINGS ON BEHALF OF THE COMPANY

No person has applied leave of Court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings. The company was not party to any such proceeding during the year.

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 as part of the accompanying financial statements and is part of the overall Directors' Report for the financial year ending 30 June 2014.

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

Tat Hian (Paul) Tchia
Chairperson

Dated at Richmond this 23rd day of
September 2014.

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 Australian Charities and Not-for-profits Commission (ACNC) and the Corporations Act 2001, including:
 - i) Giving a true and fair view of the company's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
 - ii) Complying with Accounting Standards and the Corporation Regulations 2001; and
- b) 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 (Paul) Tchia
Chairperson
Director

Dated at Richmond this 23rd day of
September, 2014



Auditor's Independence Declaration

To the Directors of the Board of Governance of North Richmond Community Health Limited, in accordance with the requirement of section 60.40 of the Australian Charities and Not-for-Profits Commission Act 2012

In relation to my audit of the financial report of North Richmond Community Health Limited for the financial year ended 30 June 2014, I declare to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.

David Sauer
Principal
David Sauer, Chartered Accountant

Declared in Melbourne, 23 September 2014

David Sauer, Chartered Accountant

Training & Advice ♦ Accounting & Audit

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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 2014, and the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year ended on that date, notes comprising a statement of significant accounting policies and other explanatory information, and the Responsible entities' declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for:

- the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards, Division 60 of the Australian Charities and Not-for-Profits Commission Act 2012 and Australian Charities and Not-for-Profits Commission Regulation 2013; and
- the maintenance of adequate financial records and such internal control as the directors determine in necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement whether due to fraud or error.

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. Those 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

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2014 audit report to the members of North Richmond Community Health Limited Page 2 of 2

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 APES 110 Code of Ethics for Professional Accountants.

Audit opinion

In my opinion, the financial report of North Richmond Community Health Limited is in accordance with Division 60 of the Australian Charities and Not-for-Profits Commission Act 2012, including:

- (i) giving a true and fair view of the company's financial position as at 30 June 2014 and of its performance and cash flows for the year ended on that date; and
- (ii) complying with Australian Accounting Standards and the Australian Charities and Not-for-Profits Commission Regulation 2013.

David Sauer
Principal
David Sauer, Chartered Accountant

Opinion formed in Melbourne, 23 September 2014

Statement of Comprehensive Income

FOR THE YEAR ENDED 30 JUNE 2014

INCOME	NOTE	2014 \$	2013 \$
Government grants		9,816,173	8,822,604
Service fees		451,648	494,647
Consultancy contracts		366,083	381,143
Client's fees		192,580	140,447
Interest		159,257	179,755
Rental		58,600	87,435
Proceeds from sale/trade-in of fixed assets		8,105	9,237
Donations		200	0
Other sources		112,958	75,113
Total Income	[3]	11,165,604	10,190,381

EXPENSES	NOTE	2014 \$	2013 \$
Personnel cost		(7,429,142)	(6,800,186)
Agency staff and consultant		(1,596,573)	(1,616,406)
Employee benefit provisions		(115,194)	(27,911)
Depreciation		(202,198)	(197,364)
Residual value written-off on disposal of fixed assets		(2,159)	(0)
Other recurrent costs		(1,297,415)	(1,277,999)
Total Expenses	[4]	(10,642,681)	(9,919,866)

Surplus (Deficit) from operating activity		522,923	270,515
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Surplus (Deficit) for the year		522,923	270,515
Other comprehensive income		0	0
Total comprehensive income		522,923	270,515

Balance Sheet

AT 30 JUNE 2014

CURRENT ASSETS	NOTE	2014 \$	2013 \$
Cash and cash equivalents	[7]	1,261,122	526,507
Receivables	[8]	217,660	156,467
Inventories	[9]	19,009	54,020
Other financial assets	[10]	3,855,375	3,713,593
Total current assets		5,353,166	4,450,586

NON-CURRENT ASSETS	NOTE	2014 \$	2013 \$
Property, plant and equipment	[11]	759,225	826,987
Total non-current assets		759,225	826,987

Total Assets		6,112,391	5,277,573
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CURRENT LIABILITIES	NOTE	2014 \$	2013 \$
Payables	[12]	1,024,794	828,094
Provisions	[13]	1,200,624	1,131,055
Total current liabilities		2,225,418	1,959,148

NON-CURRENT LIABILITIES	NOTE	2014 \$	2013 \$
Provisions	[13]	474,543	428,918
Total non-current liabilities		474,543	428,918

Total Liabilities		2,699,961	2,388,066
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Net Assets		3,412,430	2,889,507
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EQUITY	NOTE	2014 \$	2013 \$
Accumulated surplus (deficit)		3,412,430	2,889,507
Total equity at end of period		3,412,430	2,889,507

Statement of changes in equity

FOR PERIOD FROM 1 JULY 2013 TO 30 JUNE 2014

ACCUMULATED SURPLUS & TOTAL EQUITY	NOTE	2014 \$	2013 \$
Total surplus & equity at 1st July		2,889,507	2,618,992
Surplus (Deficit) for year		522,923	270,515
Total surplus & equity at 30th June		3,412,430	2,889,507

Statement of cash flows

FOR PERIOD FROM 1 JULY 2013 TO 30 JUNE 2014

CASH FLOWS FROM OPERATING ACTIVITIES	NOTE	2014 \$	2013 \$
Receipts from fund providers and clients		11,920,068	11,036,740
Payments of GST and PAYG deductions to ATO		(1,501,202)	(1,251,730)
Payments to suppliers and employees		(9,573,235)	(9,475,386)
Interest received		159,257	179,755
Net cash provided/(used) by operating activities	[15b]	1,004,888	489,380

CASH FLOWS FROM INVESTING ACTIVITIES	NOTE	2014 \$	2013 \$
Fixed assets purchases		(136,596)	(311,431)
Term deposit (invested)		(6,760,942)	(1,720,881)
Term deposit redemption		6,619,161	1,098,291
Proceeds on sale of fixed assets		8,105	9,237
Net cash provided/(used) by investing activities		(270,272)	(924,785)

Net increase/(decrease) in cash held		734,616	(435,406)
Cash held at 1st July		526,506	961,912
Cash held at 30th June	[15a]	1,261,122	526,506

Notes to and forming part of the financial statements

FOR THE YEAR ENDED 30 JUNE 2014

NOTE [1] – STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements of the single entity and registered charity, *North Richmond Community Health Limited*, are a general purpose financial report prepared in accordance with the requirements of the Australian Charities and Not-for-profits Commission Act 2012, and Australian Accounting Standards – Reduced Disclosure Requirements as issued by the Australian Accounting Standards Board ('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 23rd September 2014.

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 or where stated otherwise. Cost is based on the fair value of consideration given in exchange for assets.

In the application of AASs, 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 judgments. 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 in which the estimate is revised if the revision affects only that period or 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 AASs 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(n) 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 comparative information.

(a) Currency and rounding

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

(b) Income recognition

Government 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 company 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.

Other income

Revenue from consultancy and training activities is recognised at the time services are provided & control of product passes to the client.

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

Service fees are recognised as revenue at the time services are provided.

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

Interest income is recognised on a time basis with reference to the effective 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.

Notes to and forming part of the financial statements cont.

(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.

Superannuation 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 2014, 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.

Provision is made in respect of other long-term employee benefits, which are all leave entitlements not expected to be taken wholly within 12 months of the respective service being provided (i.e. annual and long service leave). These are measured as the present value of the estimated future cash outflows to be made by the company in respect of services provided by employees up to reporting date using the remuneration rate expected to apply at the time of settlement.

Provisions for any other benefits expected to be wholly settled within 12 months of the service being provided are measured at nominal amounts.

(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.

(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 uncollectible are written off.

(h) Inventories

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

(i) Other financial assets

Other financial assets are bank term deposits. These have a fixed term to maturity and are stated at their amortised cost, with interest derived from them recognised as income over that term based on their effective interest rate.

(j) Property, plant & equipment

Property, plant & equipment is measured at cost less depreciation. The depreciable amount of all fixed assets 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 10 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, if 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).

Notes to and forming part of the financial statements cont.

(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 amount 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 allocation.

(p) New Accounting Standards and Interpretations

(i) New and amended Accounting Standards adopted by the entity

The company has applied the following standards and amendments for the first time for annual reporting period commencing 1 July 2013:

AASB 1053 *Application of Tiers of Australian Accounting Standards* and AASB 2012-10 *Amendments to Australian Accounting Standards – Transition Guidance and other Amendments* which provides an exemption from the requirement to disclose the impact of the change in accounting policy on the current period

AASB 13 *Fair Value Measurement* and AASB 2011-8 *Amendments to Australian Accounting Standards arising from AASB 13*

AASB 119 *Employee Benefits* (September 2011) and AASB 2011-10 *Amendments to*

Australian Accounting Standards arising from AASB 119 (September 2011)

AASB 2012-5 *Amendments to Australian Accounting Standards arising from Annual Improvements 2009-2011 Cycle*, and

AASB 2012-2 *Amendments to Australian Accounting Standards – Disclosures – Offsetting Financial Assets and Financial Liabilities*

The adoption of AASB 13 and AASB 119 resulted in changes in accounting policies and amendments to disclosures, but there were no material financial impacts and no adjustments to the amounts recognised in the financial statements. AASB 13 provides a new consistent definition of fair value based on the concept of an exit price. AASB 119 amends the classification of annual leave to being a long-term benefit, as not all annual leave liability is expected to be settled within 12 months of the employees rendering the related service. The impact is immaterial because most annual leave is still settled within 12 months of it being accrued.

AASB 1053 introduces a disclosure framework for Tier 2 entities which removes the requirement to make disclosures that are:

- mandatory for listed and other public interest entities (as defined in that standard); but
- might be excessive in terms of the information needs of users of other entities.

As NRCH is eligible to use Tier 2, directors have elected to do so from this reporting period onwards.

The other standards had no material impact on the recognised amounts or disclosures.

(ii) New and amended Accounting Standards not adopted by the entity

New Accounting Standards and Interpretations have been made which are not mandatory for the financial year ended 30 June 2014. The company has elected not 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. The standards and interpretations that the company believes may need to be applied in future periods are shown in the table below. The remaining future rules are not expected to have application to the company's financial statements.

Notes to and forming part of the financial statements cont.



FOR THE YEAR ENDED 30 JUNE 2014

STATEMENT	EXPECTED IMPACT	APPLIES IN PERIODS BEGINNING ON OR AFTER
AASB 9 Financial Instruments	(d)	1 Jan 2018
AASB 2009-11 Amendments to Australian Accounting Standards arising from AASB 9	(d)	1 Jan 2018
AASB 2010-7 Amendments to Australian Accounting Standards arising from AASB 9	(d)	1 Jan 2018
AASB 2014-1 Amendments to Australian Accounting Standards (Part E)	(d)	1 Jan 2015
AASB 10 Consolidated Financial Statements	(c)	1 Jan 2014
AASB 11 Joint Arrangements	(c)	1 Jan 2014
AASB 12 Disclosure of Interests in Other Entities	(c)	1 Jan 2014
AASB 127 Separate Financial Statements	(c)	1 Jan 2014
AASB 128 Investments in Associates and Joint Ventures	(b)	1 Jan 2014
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 2014
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]	(c)	1 Jan 2014

STATEMENT	EXPECTED IMPACT	APPLIES IN PERIODS BEGINNING ON OR AFTER
AASB 2013-5 Amendments to Australian Accounting Standards – Investment Entities [AASB 1, AASB 3, AASB 7, AASB 10, AASB 12, AASB 107, AASB 112, AASB 124, AASB 127, AASB 132, AASB 134 & AASB 139]	(b)	1 Jan 2014
AASB 2013-8 Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not-for-Profit Entities – Control and Structured Entities [AASB 10, AASB 12 & AASB 1049]	(c)	
AASB 14 Regulatory Deferral Accounts	(b)	1 Jul 2016
AASB 2012-3 Amendments to Australian Accounting Standards – Offsetting Financial Assets and Financial Liabilities [AASB 132]	(c)	1 Jan 2014
AASB 2013-3 Amendments to AASB 136 – Recoverable Amount Disclosures for Non-Financial Assets	(c)	1 Jan 2014
AASB 2013-4 Amendments to Australian Accounting Standards – Novation of Derivatives and Continuation of Hedge Accounting [AASB 139]	(b)	1 Jan 2014
AASB 2013-6 Amendments to AASB 136 arising from Reduced Disclosure Requirements	(c)	1 Jan 2014
AASB 1055 Budgetary Reporting	(f)	1 Jan 2014

Notes to and forming part of the financial statements cont.

FOR THE YEAR ENDED 30 JUNE 2014

STATEMENT	EXPECTED IMPACT	APPLIES IN PERIODS BEGINNING ON OR AFTER
AASB 2013-9 Amendments to Australian Accounting Standards – Conceptual Framework, Materiality and Financial Instruments (Materiality)	(c)	1 Jan 2014
AASB 2014-1 Amendments to Australian Accounting Standards (Parts A-C, Annual improvements 2010-2012 and 2011-2103 Cycles)	(c)	1 Jul 2014
AASB 2014-1 Amendments to Australian Accounting Standards (Part D Consequential Amendments Arising from AASB 14)	(b)	1 Jan 2016
AASB 2014-2 Amendments to AASB 1053 – Transition to and between Tiers, and related Tier 2 Disclosure Requirements [AASB 1053]	(c)	1 Jul 2014
AASB 2014-3 Amendments to Australian Accounting Standards – Accounting for Acquisitions of Interests in Joint Operations [AASB 1 & AASB 11]	(b)	1 Jan 2016
AASB 2014-4 Amendments to Australian Accounting Standards – Clarification of Acceptable Methods of Depreciation and Amortisation [AASB 116 & AASB 138]	(c)	1 Jan 2016

Expected impacts on future financial reports:

- (a) Statements reduce the disclosures required to be provided by eligible entities, but will not have an effect on the operating result or financial position.
- (b) Statement addresses material that is not relevant to the company's financial statements
- (c) Statement is not expected to have material impact 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 policy but will expand the disclosures provided.
- (f) Statement will not be applicable unless the company presents its report to Parliament.

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.

Notes to and forming part of the financial statements cont.

FOR THE YEAR ENDED 30 JUNE 2014

NOTE [3] – INCOME PROJECTS AND PROGRAMS	NOTE	2014 \$	2013 \$
Community health service	[5]	2,197,879	2,517,235
Youth welfare service		92,794	40,008
Community projects		69,687	13,816
Arts & culture program		57,123	78,285
Centre for culture, ethnicity and health		2,540,729	2,251,442
Post-acute care program		1,625,112	1,623,481
Dental health service		3,441,202	2,571,008
Psychiatric disabilities program		172,637	164,585
Drug safety program		790,348	736,240
Sundry small projects	[6]	10,531	5,289
Interest on investments		159,257	179,755
Miscellaneous items (including donations)		8,305	0
Total income		11,165,604	10,190,381

NOTE [4] – EXPENSES PROJECTS AND PROGRAMS	NOTE	2014 \$	2013 \$
Community health service	[5]	4,070,282	3,791,774
Youth welfare service		67,125	65,064
Community projects		28,505	15,875
Arts & culture program		54,758	71,515
Centre for culture, ethnicity and health		1,283,132	1,615,009
Post-acute care program		1,355,969	1,363,223
Dental health service		3,121,298	2,320,838
Psychiatric disabilities program		133,117	129,550
Drug safety program		521,785	537,196
Sundry small projects	[6]	6,710	9,822
Miscellaneous items		0	0
Total expenses		10,642,681	9,919,866

Notes to and forming part of the financial statements cont.

FOR THE YEAR ENDED 30 JUNE 2014

NOTE [5] – COMMUNITY HEALTH SERVICE INCOME	NOTE	2014 \$	2013 \$
Government grants		1,737,396	2,237,559
Rental from various occupants		58,600	85,186
Consultancy fees		86,897	26,168
Client's fees		235,672	127,849
Administration fees from other programs		0	32,679
Miscellaneous income		79,314	7,794
Total income		2,197,879	2,517,235

NOTE [5] – COMMUNITY HEALTH SERVICE EXPENSES	NOTE	2014 \$	2013 \$
Personnel cost (incl. overhead cost)		2,841,704	2,425,741
Variation in leave provisions		65,091	16,667
Medical supplies and diagnostic facilities		13,700	12,346
Power (gas and electricity)		92,977	114,860
Linen, laundry and cleaning		21,655	19,680
Repairs and maintenance		46,220	17,972
Consultants' fees		38,580	97,093
Auditor's fees for audit of financial statements ¹		8,500	8,550
Staff recruitment cost		10,400	14,776
Membership dues and subscription		28,399	31,323
Facilities management		105,240	92,077
Stationery, photocopying and computer supplies		66,803	60,900
Books, audio-visual & health education materials		241	1,372
Telecommunication cost (incl. ISP)		257,349	257,314
Postage and courier services		10,442	7,433
Motor vehicles cost		63,333	65,122
Travelling cost		4,365	6,539
Rent and rates (incl. equipment rental)		27,008	32,650
Public relations		668	834
Staff development cost		16,765	73,864
Translation and interpreting cost		101,606	117,660
Depreciation of fixed assets (incl. write-down on disposal)		204,357	197,363
Miscellaneous expenses		44,879	119,638
Bad debts written off		0	0
Total expenses		4,070,282	3,791,774

1. The auditor received no remuneration for any other services.

Notes to and forming part of the financial statements cont.

FOR THE YEAR ENDED 30 JUNE 2014

NOTE [6] – SMALL PROJECTS INCOME	NOTE	2014 \$	2013 \$
Homework group activities		7,574	3,250
Other group activities		0	2,039
Vietnamese women's group activities		2,957	0
Total income		10,531	5,289

NOTE [6] – SMALL PROJECTS EXPENSES	NOTE	2014 \$	2013 \$
Homework group activities		5,271	4,918
Other group activities		0	3,603
Vietnamese women's group activities		1,439	1,301
Total expenses		6,710	9,822

NOTE [7] – CASH AND CASH EQUIVALENTS	NOTE	2014 \$	2013 \$
Cash on hand		8,605	14,165
Cash at bank - cheque account		839,838	11,409
Cash at bank - credit card account		0	0
Cash at bank - cash management account		412,679	500,933
Total cash and cash equivalents		1,261,122	526,507

NOTE [8] – RECEIVABLES CURRENT RECEIVABLES	NOTE	2014 \$	2013 \$
Trade debtors		154,672	89,305
Accrued income		47,964	64,829
Prepayments		15,024	2,333
Total receivables		217,660	156,467

NOTE [9] – INVENTORIES	NOTE	2014 \$	2013 \$
Medical supplies, dental materials and stationery at cost		19,009	54,020
Total inventories		19,009	54,020

NOTE [10] – OTHER FINANCIAL ASSETS CURRENT	NOTE	2014 \$	2013 \$
Bank term deposits (maturing within 12 months)		3,855,375	3,713,593
Total other financial assets		3,855,375	3,713,593

Notes to and forming part of the financial statements cont.

FOR THE YEAR ENDED 30 JUNE 2014

NOTE [11] - PROPERTY, PLANT & EQUIPMENT	NOTE	2014 \$	2013 \$
Office & computer equipment at cost		884,896	862,818
Less accumulated depreciation		783,238	711,638
		101,658	151,180
Dental & medical equipment at cost		197,641	297,405
Less accumulated depreciation		62,169	178,987
		135,472	118,418
Furniture at cost		422,659	569,665
Less accumulated depreciation		100,104	206,811
		322,555	362,854
Motor vehicles at cost		477,423	447,575
Less accumulated depreciation		332,669	313,226
		144,754	134,349
Other equipment at cost		72,744	97,363
Less accumulated depreciation		17,958	37,178
		54,786	60,186
Total property, plant & equipment		759,225	826,987

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 2012	ADDITIONS	DISPOSALS	DEPRECIATION	BALANCE 30 JUNE 2013
Office equipment	175,982	56,708	0	(81,510)	151,180
Dental & medical	111,362	21,561	0	(14,505)	118,418
Furniture	203,527	199,744	0	(40,417)	362,854
Motor vehicles	186,531	0	0	(52,182)	134,349
Other equipment	35,516	33,578	(159)	(8,749)	60,186
Total	712,918	311,591	(159)	(197,363)	826,987

	BALANCE 1 JULY 2013	ADDITIONS	DISPOSALS / DEMOLITION	DEPRECIATION	BALANCE 30 JUNE 2014
Office equipment	151,180	34,817	0	(84,339)	101,658
Dental & medical	118,418	33,694	0	(16,640)	135,472
Furniture	362,854	1,831	(0)	(42,130)	322,555
Motor vehicles	134,349	63,638	(2,159)	(51,074)	144,754
Other equipment	60,186	2,616	0	(8,016)	54,786
Total	826,987	136,596	(2,159)	(202,198)	759,225

Notes to and forming part of the financial statements cont.

FOR THE YEAR ENDED 30 JUNE 2014

NOTE [12] – PAYABLES	NOTE	2014 \$	2013 \$
Trade creditors		555,063	341,411
Accrued expenses		272,737	255,502
Unearned income (including grants received in advance)		196,994	231,181
Total payables		1,024,794	828,094

NOTE [13] – PROVISIONS CURRENT	NOTE	2014 \$	2013 \$
Annual leave		430,805	413,611
Long service leave		769,819	717,443
Total current provisions		1,200,624	1,131,055

NOTE [13] – PROVISIONS NON-CURRENT	NOTE	2014 \$	2013 \$
Long service leave		474,543	428,918
Total non-current provisions		474,543	428,918

Total provisions		1,675,167	1,559,972
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NOTE [14] – OPERATING LEASES A) COMMITMENTS	NOTE	2014 \$	2013 \$
Non-cancellable operating leases contracted for at balance date but not provided for in the accounts:			
Payable in less than one year		32,400	92,193
Payable later than one year, not later than five years		37,800	–
Total commitments		70,200	92,193

NOTE [14] – OPERATING LEASES B) EXPENSES	NOTE	2014 \$	2013 \$
Office equipment		37,989	36,331
Office space		27,008	51,717
Total expenses		64,997	88,048

The Company leased premises for some staff unable to be accommodated in its main premises for a 3-year term which expired 31 December 2013. As all staff is 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. The lease liability of \$46,096 was payable only in the event that the new lessee failed to meet its lease obligations.

A photocopier lease has been signed for a 3 year period starting 1 September 2013, committing the company to expenditure of \$32,400 per annum.

Notes to and forming part of the financial statements cont.

FOR THE YEAR ENDED 30 JUNE 2014

NOTE [15] – CASH FLOW INFORMATION	NOTE	2014 \$	2013 \$
A) RECONCILIATION OF CASH			
Cash at bank		1,261,122	526,506
Total cash at bank		1,261,122	526,506

B) RECONCILIATION OF NET CASH USED IN OPERATING ACTIVITIES WITH NET RESULT IN OPERATING STATEMENT	NOTE	2014 \$	2013 \$
Result as per Statement of Comprehensive Income		522,923	270,515
Depreciation: (Inc. Fixed asset residuals written off)		204,357	197,363
Net (Profit) / Loss on sale of assets		(8,105)	(9,237)

Changes in assets and liabilities:			
(Increase)/Decrease in receivables		(61,191)	31,669
(Increase)/Decrease in inventories		35,010	(32,902)
Increase/(Decrease) in creditors		196,700	4,060
Increase/(Decrease) in provisions		115,194	27,911
Total net cash used in operating activities		1,004,888	489,380

NOTE [16] – KEY MANAGEMENT PERSONNEL COMPENSATION	NOTE	2014 \$	2013 \$
The compensation paid to key management personnel during the year was:			
Short-term benefits		159,223	164,065
Post-employment benefits (superannuation contributions)		13,552	13,483
Long-term benefits		4,809	5,141
Total key management personnel compensation		177,584	182,690

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 outstanding obligations of the entity. At 30 June 2014 the number of members was 270.

NOTE [20] – CONTINGENT ASSETS AND LIABILITIES

The company has a contingent asset in the form of rental receivable since 1 July 2012 from a tenant of the 21 Lennox Street building. The company is expecting to receive \$99,842 but has not recognised an asset or income for this amount because a tenancy agreement is still under negotiation.

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 its 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 2014, as all identified bad debts have been written off and there are no significant exposures in the remaining receivables.

Notes to and forming part of the financial statements cont.

FOR THE YEAR ENDED 30 JUNE 2014

(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 into 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 2014	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	1,252,517	-	8,605	1,261,122	2.46
Receivables	-	-	317,501	317,501	
Other financial assets	-	3,855,375	-	3,855,375	3.96
Total financial assets	1,252,517	3,855,375	326,106	5,433,998	
Financial liabilities					
Payables	-	-	1,324,044	1,324,044	
Total financial liabilities	-	-	1,324,044	1,324,044	
INTEREST RATE EXPOSURE AT 30 JUNE 2013	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	512,342	-	14,165	526,507	3.12
Receivables	-	-	156,467	156,467	
Other financial assets	-	3,713,593	-	3,713,593	5.35
Total financial assets	512,342	3,713,593	170,632	4,396,567	
Financial liabilities					
Payables	-	-	823,094	823,094	
Total financial liabilities	-	-	823,094	823,094	

Feedback

We would like to know what you think about this report.
Your feedback will help us improve next year's report. Please complete and return to:

Jill Lane
Quality & Risk Co-ordinator
23 Lennox Street
Richmond 3121
E: jill@nrch.com.au
P: 9418 9974

Feedback

Age

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North Richmond Community Health
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