



north richmond  
community health  
Wulempuri - Kertheba



# Connected Through Communities



Annual Report  
2021-22



We respectfully acknowledge the Traditional Custodians of the land on which we work and meet,  
the Wurundjeri Woi-wurrung people of the Kulin Nation.

We recognise their ongoing connection to the land and value their unique contribution to North Richmond Community Health and wider Australian society. We honour and pay our respects to their unique roles in the life of this region, and in doing so, acknowledge all Elders past, present and emerging.



This artwork was created by a local Aboriginal artist to commemorate our late Aboriginal Health Worker, Vivian Moore, who lost her life to cancer in early 2022. Viv was a local leader, human rights advocate and proud Gooniyandi woman. Viv initiated NRCH's journey towards reconciliation.



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## Vision

Creating health and wellbeing together

## Values

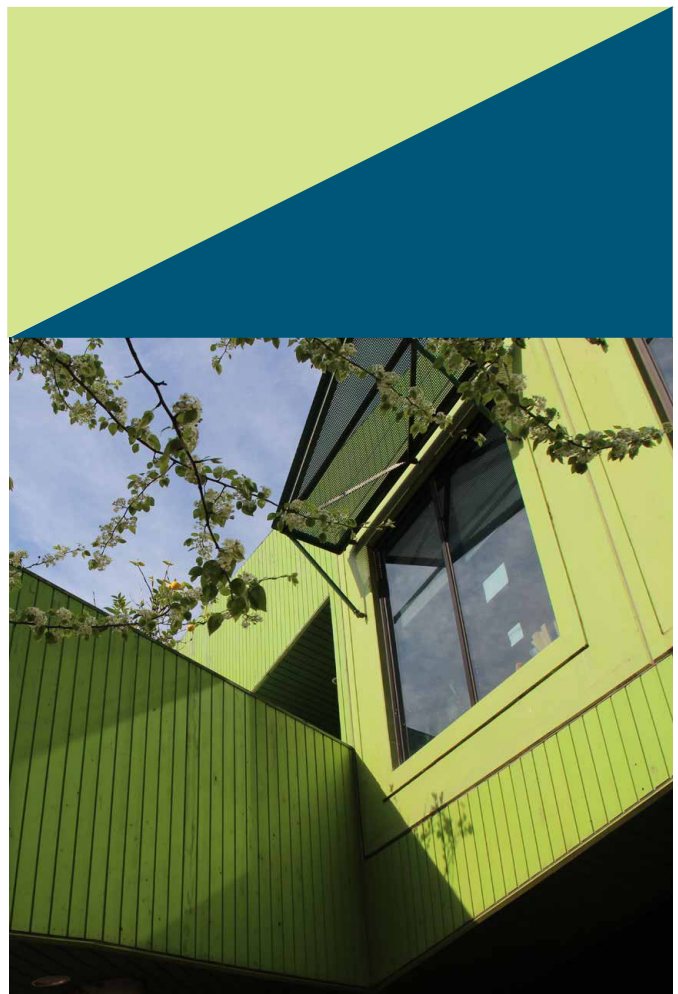
With people at the centre of what we do NRCH works together to improve the health and wellbeing of diverse communities

## Outcomes

- Highly Engaged Community
- Clinical and Service Excellence
- Positive Engaged Organisational Culture
- Sustainable Organisation


## Strategic Focus Area:

- Foundational systems, processes and infrastructure
- People and Culture
- Branding, Marketing and Reputation
- Research and Data
- Consumer and Community Engagement
- Sustainable Business Models





# A note from the Board Chair & CEO



Sally Mitchell Board Chair  
Patricia Collocott CEO



Due to the enduring impacts of Covid-19, the past year has continued to provide challenges to North Richmond Community Health.

Once again, our passionate staff have continued to provide crucial service delivery and outcomes for our community with the support of community leaders and the Board of Directors. They demonstrated true ingenuity and resilience in their commitment to ensuring seamless access to critical services using virtual and alternative models when needed.

With the assistance of our local community residents and leaders we were able to distribute key messages which were crucial to the achievement of our impressively high Covid-19 vaccination rate across all population groups.

This report documents key achievements across the organisation for the 2021/2022 year. The High Rise Accommodation Response program (HRAR) which commenced in response to Covid-19 was recognised with the Building Back Better award as part of the Victorian Health Promotion Awards 2021.

Our reconciliation journey continues with the completion of our Reconciliation Action Plan as we continue our commitment to working in partnership with the Aboriginal and Torres Strait Islander communities in North Richmond.

The Board welcomed Andrew Cresswell and Jane Herington to the board at our AGM in 2021. They have brought a wealth of experience from their respective fields to assist in vital areas of the NRCH business.

A more contemporary constitution was adopted to provide greater simplicity and flexibility in relation to our meeting

procedures and making resolutions. This was followed by the development of a Board Charter which clearly defines the respective roles, responsibilities and authorities of the board of directors and management in setting the direction, and control of the organisation.

The new Constitution enshrines the Community and Consumer Advisory Committee as a Board Committee providing an ongoing role for community and consumers in ensuring the responsiveness of our services to ongoing and emerging needs.

We are grateful to the Ministers and Staff of the Department of Health; the Department of Fairness, Families and Housing; and local representatives of City Councils. It has been a challenging time for all and their support is greatly appreciated. We look forward to further developing our strengthened professional relationship.

We are also particularly appreciative of the continued support of North Richmond Community Health and the local community from the Member for Richmond, The Hon. Richard Wynne MP.

We look forward to a renewed enthusiasm in the coming year, to continue to strive for service improvement, innovation and seeking opportunities to meet the many demands of our community and our stakeholders. We thank the entire team for their dedication to support the entire community while upholding our strategic focus and values.



# Executive Team Highlights



In review of the 2021/22 Financial Year the Executive are proud to share some of their major achievements:

- Master Plan and Capital Plan
- NDIS (Allied Health) and AGPAL (GP Clinic) Accreditation
- People Strategy and Action Plan Implementation
- Learning Management System (LMS) Review Leadership and Management Program
- Code of Conduct Review
- Communications Strategy Implementation
- Staff capability in marketing and communications development, restructure and centralisation
- Organisation wide Stakeholder and Partner Management Plan
- MSIR Client Advisory Committee restart
- NRCH Community and Consumer Advisory Committee
- Closing the Gap strategy – Reflection Reconciliation Action Plan
- Engagement and Empowerment model for the High Risk Accommodation Response (HRAR)
- Increased community engagement through many programs such as Story Telling, Art, podcast series, BBQs, Calendar of events

## Nicolas Clark

Medical Director  
MSIR AOD Executive

## Brendan Coulton

Exec Manager  
Community Services  
& Consumer

## Evan Hill

Exec Manager  
Primary Care, Quality  
& Chief Nurse

## Vicki Lahey

Exec Manager  
People & Culture

## Mark O'Donnell

Executive Manager  
Corporate Services



# Oral Health:

Prevention is always better than the cure, for great smiles and strong teeth!



North Richmond Community Health provides award-winning oral health services in Richmond, North Fitzroy and interstate.

Rather than taking a 'drill and fill' approach, we focus on preventative and holistic care to give our community the best possible value and long-lasting improvements in their health through minimal intervention dentistry, children's oral health care including Hall Technique crowns, cleaning and gum health services, managing decay, fillings, denture care, extractions, support to help stop smoking and relief of dental pain.

#### Our services are:

- non-judgmental
- culturally sensitive
- available in languages other than English

Teeth Straightening (Orthodontic treatment) continues to be provided by our volunteering specialist orthodontists, Dr Brian McGuinness and Dr Greg White. The impacts of the service they provide plays a vital role in not only allowing access and ease to cleaning teeth and gums, but a straight and beautiful smile contributes to increasing confidence and self-esteem of children as they transition to their teenage and adult years.

On site state of the art intra oral and extra oral Radiography equipment.

**"...the service they provide plays a vital role in not only allowing access and ease to cleaning teeth and gums, but a straight and beautiful smile contributes to increasing confidence and self-esteem of children..."**

Oral Health Educator roles have been developed training within the Oral Health program provided to upskill these key individuals within the public health service. Oral Health Educators support and educate clients from the community to understand and be part of on their oral health journey with home care teeth cleaning instructions and dietary advice relating to healthy eating.

The Smile Squad teams visit Government Primary and Secondary Schools across the City of Yarra catchment. The team of Oral Health Therapists, Oral Health Educators and dental assistants carry out annual dental check ups and follow up treatment within the school grounds. Smile Squad vans can facilitate dental xrays, scale and cleans and preventative fissure sealants which create a layer of protection from bacteria on the biting surface.

Chompers is a free outreach school dental program developed by NRCH. Through Chompers, we provide oral health assessments and oral health and nutrition education to our local schools and early learning centres in the City of Yarra.

Pearly Whites is an aged care dental outreach program developed in partnership with the Melbourne Primary Care network. We provide oral health check-ups and information to aged care facilities within the Inner North West Melbourne Medicare Local catchment.

#### Pearly Whites aims to:

- improve the oral health of residents of aged care facilities within our catchment
- increase oral health knowledge for both staff and residents of aged care facilities
- establish referral pathways for dental care when required
- enable aged care facilities to meet their accreditation requirements.





# Returning to Robinvale post Covid

NRCHCs Oral Health Program has been providing the Murray Valley Aboriginal Cooperative (MVAC) oral health services since 2005. The Covid-19 pandemic made it impossible for NRCH to meet the oral health and pain relief needs of the MVAC community. The oral Health program is working with the MVAC to ensure a long-term schedule of preventative maintenance and remediated care visits are planned for 2022/2023.

Smiles 4 Miles is an initiative of Dental Health Services Victoria (DHSV) which aims to improve the oral health of children and their families in high-risk areas across Victoria. Tooth decay is Australia's most common health problems. Our Smiles 4 Miles Educators and Coordinators assist early childhood services to encourage and promote good oral health habits and healthy eating among children in their care.

The program is delivered predominantly in preschools and based on the World Health Organisation's Health Promoting Schools Framework, as an international best practice approach.

## Main achievements of the program in the 2021-2022 Financial Year.

After two years of lockdowns and extensive restrictions placed on dental care the oral health program managed to see and treat the 680 clients whose treatment was delayed due to Covid-19.

Smile Squad a relatively new initiative had a bumpy start with the impact of Covid. In the last 12 months the Smile Squad team visited 10 schools and carrying out 1276 dental visits.

<b>680</b>	<b>1276</b>
Covid-Delayed Patients	Dental Visits

## We are most proud of...

The Oral health team have exhibited the NRCH values of connectedness and innovation throughout the challenges and changes that the pandemic brought with it. Individuals within the team took the opportunity to develop their learning through training courses and new qualifications. The slow down to providing dental services required the team to be deployed to supporting the community in various other activities and when the time came there was no hesitation in returning to normal operations to ensure the dental health of the community could resume.



# Medically Supervised Injecting Room

## 2021–22

The 2021–22 year was the fourth year of the Victorian Government's trial of the Medically Supervised Injecting Room (MSIR) at North Richmond Community Health (NRCH).

While the new Program Manager settled into their role, in response to a recommendation from the Hamilton Review NRCH implemented two new internal care coordinator roles in the MSIR and formalised the assistant team leader roles.

The global Covid-19 pandemic continued to pose challenges in service operations throughout the first half of the period, with some of the controls to mitigate risk having particular impacts on relationships between staff and clients. Following on from the success of the 2021 Food for Thought II consultation, to facilitate client engagement post-Covid we trialled two activities coordinators in the MSIR to rebuild trust and rapport and reinvigorate staff and client relationships. We also released our first MSIR podcast episode and engaged a professional broadcaster to begin to tell the story of a day in the life of the MSIR from a staff and client perspective.

Finally, in 2021–22 external reviews of the MSIR were undertaken by Safer Care Victoria and Worksafe. We welcomed the valuable recommendations received for ongoing service improvements, including re-establishing the MSIR consumer advisory group, and implementing a new role for high level client advocacy and liaison.



### Visits in 2021–22

- There was a total of 69,390 visits to the Medically Supervised Injecting Room
- Medically Supervised Injecting Room staff supervised 64,528 injections

### Overdoses in 2021–22

- Medically Supervised Injecting Room staff managed 1,466 overdoses inside the facility
- Of these, 11 per cent were extremely serious, yet only 1.8 per cent required ambulance transport
- There were no overdose fatalities inside the facility

### Services and Referrals in 2021–22

- Clients received a total of 33,130 services from both Medically Supervised Injecting Room staff and co-located 'gateway' services
- Medically Supervised Injecting Room staff made 414 referrals to external services and other North Richmond Community Health program areas, and 1,354 referrals to onsite clinics and services provided in the Consulting Area

### Clients in 2021–22

- There were 599 new client registrations to access the Medically Supervised Injecting Room
- In addition, 120 new clients registered to access the Consulting Area (but not the Medically Supervised Injecting Room)





## Hep C Point-of-care (POC) Screening and Treatment in the MSIR

To help improve the treatment times of those with hepatitis C

	Jul-Sep 21	Oct-Dec 21	Jan-Mar 22	Apr-Jun 22	2021-22
Screened using POC	128	135	112	132	507
HCV PCR positive	42	25	14	25	106
Commenced HCV treatment	27	25	11	9	72

## MSIR Opioid Agonist Treatment (OAT) Clinic Treatment Initiations

Opioid Agonist Treatment (OAT) is the primary intervention for opioid addiction

	Jul-Sep 21	Oct-Dec 21	Jan-Mar 22	Apr-Jun 22	2021-22
Clients commencing OAT	59	51	88	115	313
Long-acting injectable buprenorphine	29	27	45	83	184
Methadone	21	15	21	9	66
Buprenorphine-naloxone	9	9	22	23	63

## MSIR Opioid Agonist Treatment (OAT) Clinic

	Jul-Sep 21	Oct-Dec 21	Jan-Mar 22	Apr-Jun 22	2021-22
Pharmacotherapy services provided	854	828	886	911	3,479
Unique clients seen	179	178	187	191	368
Clinics/days onsite	84	82	76	80	322

Note: The 2021-22 total for number of unique clients seen equals the number of individuals across the entire period rather than the sum each quarter.

## MSIR Care Coordination

	Jul-Sep 21	Oct-Dec 21	Jan-Mar 22	Apr-Jun 22	2021-22
Care coordination services provided	454	401	466	366	1,687
Unique clients seen	104	85	86	73	218
Clinics/days onsite	44	53	52	39	188



# Centre for Culture, Ethnicity & Health (CEH)

reaches even more people through workshops and social media

CEH is a program of NRCH. We offer expertise in cross-cultural communication, community engagement, consumer participation, cultural competence, health literacy and social marketing. We help organisations provide high quality services to clients from refugee and migrant backgrounds.

## Health Translations: Redesign and migration of the Health Translations website to a robust new platform (Drupal)

Health Translations was successfully migrated to the SDP platform on Drupal. The Drupal migration has improved the site with a range of new and more user-friendly features. Internally, hosting the website on Drupal has allowed the Health Translations team to have better control over the website's content, allowing the site to be up-to-date and quickly and easily edited.



**7**  
New Resources

**32.5k**  
Social Media Reach

## Multicultural Health and Support Service (MHSS)

Thanks to work streamlining its program planning and monitoring, MHSS received a further 3-year funding from the Victorian Department of Health, enabling it to plan its work over several years.

Seven new resources were co-designed with Culturally and Linguistically Diverse (CALD) communities in partnership with North Western Melbourne Primary Health Network (NWMPHN). These include; Covid-19 Safer Comics (a series of 8 educational comic strips) and Hepatitis and Covid-19 videos (9 videos available in Mandarin, Dinka, and English languages). The overall reach of the resources through CEH website and social media channels was more than 32,500 people.

In recognition of the reach of MHSS, the Department of Health asked us to develop a dedicated website to support Sexually Transmitted Infection Testing week and sexual health for people from refugee and migrant backgrounds. We developed the [talktesttreat.org.au](http://talktesttreat.org.au) site specifically with these audiences in mind.

## CEH newsletter tripled its opening rate

A credit to work conducted to update recipients' list and to the interest in CEH work.

Long Covid-19 campaigns reached tens and thousands of people in CALD communities, thanks to a collaboration with community members who designed their own campaign, using social media platforms popular with their community. Social media tiles, videos and audio resources were developed in over 30 languages, including a video







series developed by the Cities of Casey, Cardinia and Greater Dandenong after attending CEH's Long Covid-19 workshop. All resources can be accessed on the CEH Resource Hub

## Capacity building

CEH training continued to reach new audiences running a series of training for all staff of the Generation Victoria research project to assist them to recruit more families in their study from migrant and refugee backgrounds.

The Capacity Building team also facilitated a 3-month Health Literacy course of Alfred Health Carers services to help simplify their communication with carers.

In a cross-program collaboration at CEH, the team supported workers in the Multicultural Alcohol and Drugs Partnership (MDAP) to develop and present workforce development on working with Sudanese young people, which reached a wide range of audiences including the Richmond Police Force and Western Health.

We continued our training contract with Department of Families Fairness and Housing front line staff.

In the reporting period we conducted 44 workshops for 540 participants. In the monthly CEH webinar series (x 7) we engaged 472 people who attended or who have access to the recording of the webinar.

## What our clients say...

**"The work you all do at Health Translations is fabulous."**

**"Following a Long Covid-19 workshop: I would like to thank you for the presentation today, I received many positive feedback about your presentation. The community responds well if the presenter engages really well with them and that was a very successful session."**

## eLearning

CEH sold 6521 licenses for CEH eLearning courses on Cultural Competence, Health Literacy, Plain Language Writing and Working with Interpreters this financial year to existing clients and new customers from the NDIS and aged care sector.

## Highlight of the Program

Managing to increase the reach of our programs during lockdowns is a major achievement.

Embracing innovation in our work alongside communities, letting them guide us on the design of resources, events and campaigns.



# The Health Independence Program:

## The Inner Melbourne Post Acute Care program

Post Acute Care (PAC) provides short term supports to assist clients to recuperate at home following a stay in a public hospital.

### The program aims to

- support a client's return to independence
- Provide a gap service until other community services can start
- Support those clients considered vulnerable due to age and frailty, disability and social disadvantage, such as homelessness
- Reduce the risk of readmission to hospital

PAC provides short term care coordination and purchases a wide range of in-home support service that are tailored to meet each client's individual needs.

The program covers the inner city council areas of Boroondara, Yarra, Melbourne (north of the Yarra River) and the southern suburbs of Darebin (Fairfield, Northcote and Thornbury).

## Our team

The program is staffed by 5 care coordinators – nurses, psychologist and physiotherapist, a Discharge support worker, 2 staff covering reception and finance/administration, and a manager.

## Delivering care in partnership

The program has a longstanding partnership with St Vincent's Hospital and collaborates to improve care across the continuum. St Vincent's Hospital have a team of 10 Complex Care clinicians based at NRCH with the PAC team enabling an integrated approach to support clients with complex health and psychosocial issues, as well as linking clients to the hospital's services and the range of community services at NRCH.

The PAC program also provides in-home supports for admitted patients on a fee for service basis for St Vincent's Hospital in the Home, GEM@home program and the new Rehab@home program.





# Achievements and challenges in the last 12 months

## Covid-19

The Covid-19 pandemic continued to impact both the hospitals and community services over the last 12 months and the Post Acute Care (PAC) program continues to support clients who have had Covid-19 who have often been in hospital for an extended time. Although there was a decrease in the number of referrals to the program over the year, care coordination activity remained at pre-pandemic level reflecting client complexity.

## Community workforce

The Covid-19 pandemic has exacerbated the shortage of support workers in the inner-city areas. This has impacted on the PAC program's ability to purchase care from our service providers. The shortage of support workers is affecting all services such as My Aged Care and Disability Services which means clients aren't able to access longer term supports after their PAC episode of care.

## Program snapshot 2020–21 year

- Supported 1818 clients – 1554 PAC clients and 264 clients for St Vincent's programs
- 35 new referrals received each week
- 2.9% of PAC clients were homeless
- Where IMPAC clients live: Yarra 28%, Melbourne 27%, Boroondara 24%, Darebin 16%, Other LGA 5%
- 9,313 reportable client services were provided. This was 77.6% of DH target with activity this year again impacted by the Covid-19 pandemic. Client services were provided by PAC staff or purchased via our service providers. This included
  - Care coordinators: 3,362 telephone calls or home visits
  - PAC discharge support worker: 253 visits
  - Nursing: 804 home visits
  - Allied health/physiotherapy: 1039 home visits
  - Personal care: 1646 home visits
  - Home care: 1096 home visits
  - Delivered meals: 932 meals
  - Emergency accommodation: 88 nights
- Average Length of service 22.9 days
- 76% of PAC clients were over the age of 60, with 34% being 80 years +
- After English top languages spoken by PAC clients were Greek 8%, Chinese (Cantonese & Mandarin) 3.6%, Italian 3.5%, Vietnamese 3%, Arabic 1%

### What our clients say...

"My dad has been in and out of hospital over the last month, I've never seen dad like this before, he had always been so independent. The hospital staff told me he would get supports at home from post acute care – someone to help with showering and also physiotherapy. Care coordinator Fiona has been amazing, she is so caring and supportive. She has been in regular contact with me and the care was all arranged so seamlessly and quickly. Physiotherapist Anthony has extensive knowledge about Dad's medications that I didn't expect from a physio, getting that level of information and support has been really helpful. The care we have received has been amazing particularly as I know things have been hard with the Covid-19 pandemic."

"You were my physiotherapist following my discharge from Austin Hospital in February. I lost the use of my muscles following a fall. I wish to express my thanks and appreciation for getting me to walk again. I exercise daily as prescribed by you. You showed me how to walk in a relaxed manner. I have not fallen since. You are friendly and encouraging. I used to look forward to my session with you. I am very fortunate to have you as my physiotherapist. You are a credit to your department."



# Healthy Communities

Our Healthy Communities team works to create healthy environments for our clients, community members, volunteers and staff by creating programs together with those who will benefit from them.

## Mental Health First Aid (MHFA) in the workplace:

In 2021, NRCH became a Gold Standard MHFA Skilled Workplace. To achieve this recognition, NRCH took actions towards making NRCH a mentally healthier workplace, including:

- Developing a MHFA Officer program, which offers peer support for staff across the organization who may be experiencing a mental health problem
- 50% of staff underwent some type of training in mental health, including MHFA
- 10 staff were enrolled to become MHFA Instructors to provide in-house MHFA training
- A Health & Wellbeing Working Group was developed to seek input from staff and to support the development of staff-led initiatives to improve workplace wellbeing.

## Yarra Public Housing Mental Health Project:

A team of 4 local public housing residents were recruited to represent and support their communities to increase resident-led wellbeing activities across the City of Yarra and improve the cultural safety and accessibility of local mental health services. Key outcomes included:

- Co-designed and developed 7 new social engagement activities for public housing residents
- Engaging 5 local mental health services to strengthen referral pathways and build their capacity to improve access for CALD community members
- Developed and shared over 100 mental health service information booklets in the top 8 languages spoken in the City of Yarra
- Enrolled 5 community leaders in MHFA training

## Volunteering Services

Volunteers are integral to our work and our community. This year, the volunteering services program came back to life following repeated Covid lockdowns. NRCH now has 35 volunteers engaged in various programs across the organisation, supporting our clients and staff through the delivery of services to the community. This includes social engagement activities, homework program, specialist health services, event support, exercise programs, visitor information and support, administration, communications and project management.

Additionally, we also offer skill development and employment pathways for our volunteers, with 3 volunteers gaining employment as a result of their volunteer work with us.

### What our clients say...

**"After being stuck inside from Covid, we are happy that we can come out and have a space to spend time with other families and see my kids play with other kids."**

**"The yoga has been helping me with my sleep and helped me gain strength in my arm that I hurt in the past"**







## The Meeting Place Café

Our social enterprise café launched with a new name, Meeting Place Café, chosen by our community, and staffed by our community, for our community. In 2021, we recruited 4 new local community members into jobs in our café, where we offer affordable, culturally diverse foods and drinks. The menu is also approved by the Health Eating Advisory Service and we begun offering catering to local businesses and community groups in collaboration with Belgium Avenue Neighbourhood House.

## Program highlights

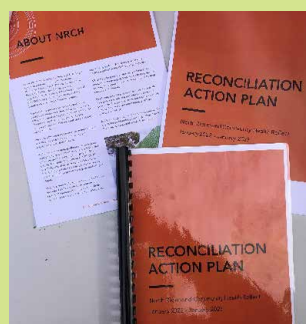
- Linking people to the services that they need, when they need them
- Empowering members to have greater control over their health and wellbeing by co-designing and co-delivering the services that they need and want
- Supporting community members into jobs at NRCH and other local organisations

## Aboriginal Health and Reconciliation

North Richmond is home to one of the largest gatherings of Aboriginal people in Melbourne, which provides great opportunities for engagement and reconciliation.

This year, NRCH received endorsement for our first Reconciliation Action Plan (RAP), the Reflect RAP. This was led by the Health Promotion team and our Aboriginal Health Worker, with the support of our Executive Management and Board of Directors. A RAP working group will now continue this work as we progress to an Innovate RAP over the coming year, which involves developing and strengthening relationships with Aboriginal and Torres Strait Islander peoples, engaging staff and stakeholders in reconciliation, and developing and piloting innovative strategies to empower Aboriginal and Torres Strait Islander peoples.

To commence this work, NRCH delivered community-led events to celebrate and commemorate days of significance, including National Sorry Day, Reconciliation Week, NAIDOC week and Closing the Gap Day.



# High Risk Accommodation Responses

## HRAR



The High Risk Accommodation Response (HRAR) worked with local, identified Covid-19 vulnerable communities to help them prevent and prepare for Covid-19 outbreaks.

We employed over 25 community staff from diverse cultures, directly from local public housing, to work closely with community to develop trusting relationships and support them to understand how to best protect themselves and their communities from the impacts of Covid-19.

### The main achievements of the program in the 2021-2022 Financial Year

- Employment of over 25 community residents from diverse cultures with lived experience.
- Covid-19 double vaccination rates of almost 100% in all five high rise towers on the Richmond Housing Estate. This was celebrated via various media stories including The Project: [www.facebook.com/TheProjectTV/videos/297366445700879/?extid=NS-UNK-UNK-UNK-UNK\\_GK0T-GK1C&ref=sharing](https://www.facebook.com/TheProjectTV/videos/297366445700879/?extid=NS-UNK-UNK-UNK-UNK_GK0T-GK1C&ref=sharing)
- Winner of the Vic Health Promotion Award for Building Back Better category.

Our Team were thrilled to receive the Vic Health Promotion Award for Building Back Better. This award recognised our employment and empowerment of local residents to build trust, positivity and collaboration with local community during the pandemic.

We are incredibly proud of the rich trust we have built with our local community throughout the HRAR Program. Our team have worked diligently, and tirelessly, alongside our internal and external partners, and always kept community and the human story at the centre of everything we set out to achieve. We all feel incredibly privileged to have been a part of such a wonderful community led public health response.

### What our clients say...

"Happy because Government care us, HRAR cares us."

"Thank you HRAR team busy and caring us"

"Thank you for the wonderful support from your team. I feel safe from Covid-19 and am excited to participate in many local activities."





# Communications

## Communications and Community Engagement Program – Communicating for Social Change

In March 2021, the communications team transitioned from corporate services to community services and consumer empowerment as a new program area to encompass communications and community engagement.

The team reports to a newly appointed Manager of Communications and Community Engagement, reporting to the Executive Manager of community services and consumer empowerment and to the CEO.

The way in which NRCH does communications as part of this organisational change, has shifted from more corporate type communications to the application of the principles of communications for social change in the way NRCH communicates with its audiences - stakeholders, partners, community groups and individuals, including those who access our services.

Communications for Social Change relates to the capacity of NRCH to understand and apply the different ways in which communication can be leveraged to bring about change in attitudes, behaviours and knowledge in individuals, communities, and organisations.

Currently NRCH employs a mix of communication channels to communicate with our audiences daily:

- Content on our intranet and website ([www.nrch.com.au](http://www.nrch.com.au)).
- Social media presence on LinkedIn, Facebook, Twitter, and on YouTube.
- Podcasts ([www.nrch.com.au/news/nrch-podcasts/](http://www.nrch.com.au/news/nrch-podcasts/)).
- Community noticeboards at NRCH and in community.

- Community chatgroups on WhatsApp, WeChat, Messenger, and Telegram for direct communication and engagement with different groups in our community.
- Staff and community newsletters monthly.
- High impact campaigns ([www.nrch.com.au/our-campaigns/](http://www.nrch.com.au/our-campaigns/)) and community engagement activities and events.

We also work across NRCH and its programs supporting the delivery of strategic communications and community engagement events and activities such as the Food and Culture Festival, Carers Day, and Occupational Therapy week.

We deliver the monthly Community Meal, on the first Thursday of the month, which provides a opportunity for our community and staff to share space and enjoy a delicious meal prepared by our community cooks. It is growing in popularity with over 200 meals shared on average monthly.

The way we design our resources has also shifted to being more engaging by including more diverse representations of our community in all our flyers, posters, social media tiles and all our other publications.

We are also working on a history project through a partnership with the Australian Catholic University (ACU), looking at our archives and documenting key milestones ahead of an exhibition and other events to mark NRCH 50th anniversary in 2024.

**"Over the past twelve months, the team has strengthened internal and external communications and improved communication channels and approaches to better engage our audiences."**





# Allied Health

## Healthy Ageing Hub

It was a year of evolution for the Healthy Ageing Hub, with the addition of two OTs, an Allied Health Assistant and a change in our dietitian. Despite the hurdles of Covid-19 the team provided much needed occupational therapy (OT), physiotherapy, podiatry and dietetics services throughout the City of Yarra utilising grants from the State and Commonwealth Governments.

To the frustration of all, Covid lockdowns meant that the service was limited for significant portions of this financial year. There was a steady improvement in service hours delivered as Melbourne emerged from the dark winter of 2021 when lockdowns meant that services were available in emergency cases only. It was fantastic to see the team return to usual outputs by Quarter 4.

A particular highlight has been the evolution of the occupational therapy service. With the position of a new team leader filled towards the end of Quarter 1, we were ready to engage with the community as lockdowns eased. Responding to significant demand, the addition of a second OT was prioritised and completed by the end of Quarter 3. Along with the addition of NRCH's first Allied Health Assistant, the team have been able to significantly increase the provision of OT services to those over the age of 65 ensuring that many in the community are as safe and independent as possible in their environments.

## Child Health and Development Team

The year of 2021-2022 was a year of significant growth for the Child Health and Development (CHAD) team. From being able to survive the ever-changing challenges that came with the Covid-19 pandemic in 2021, to almost doubling the size of the team by May 2022 – it's been a big year. The CHAD team provides Speech Pathology, Occupational Therapy, and Dietetics services to children living in the City of Yarra. The program offers services through the government funded Community Health service, and also through the National Disability Insurance Scheme (NDIS).

### What our clients say...

**"For the AHA – You can be very proud of your session today; I don't think anyone could have done it better."**

**"For OT – Thank you for your persistence searching for a suitable bath seat option for our shared client. The client has just had their first shower for 5 months. Great Result"**

**"The Physio is very responsive, professional and great service. She has an excellent attitude towards clients/patients. When a clients/patients encounters difficulties, she proactively helps them. Management should acknowledge and praise the clinician."**



# Main Achievements:

## Growth of the NDIS service and subsequently growth of the team

Addition of .08 speech pathology in August 2021, .08 OT and 1.0 speech pathologist in May 2022. The addition of these experienced therapists has contributed to significant growth of NDIS services over the year. The year also saw 3 senior therapists go on maternity leave. Recruitment for maternity leave backfill was successful for these positions and the transition was seamless.

## Team cohesiveness and flexibility when having to work from home during the lockdown of 2021

Therapists were adaptable and creative when developing and delivering telehealth content for children and families. It was a quick and steep learning curve for therapists to be able to build on knowledge and the skill set to work through online platforms with children to support their therapeutic goals. The team did a fantastic job in being able to continue to provide high quality care despite the challenges. Throughout this time, there was much emphasis on collaborating with other relevant people or professionals to support the child such as kindergarten teachers, child protection workers, family services caseworker, school teachers. These requests for support from relevant others was more than ever before, so workshops and resources were developed for this specific need. Some group programs were able to be continued via telehealth, with fully re-designed content to suit the online platform. This included language and communication groups (chat and play, early language) which focus on supporting language, communication and social skill development. In addition, the school readiness groups were also delivered online which support children who are transitioning from kindergarten to the foundation prep year at primary school.

- By March 2022, the easing of health precautions meant we were able to resume delivery of face to face group activities - the first time since 2019! The addition of the Allied Health Assistant and growth of the team brought with it the opportunity to implement both old and new offerings for clients. The Fussy eating group, chat and play and early language groups returned; whilst the newly developed Lego group (with focus on fine motor and social skills) and the emotional regulation group facilitated at Richmond West Primary school were developed and implemented. Both of these new groups received positive feedback and will become part of our group 'repertoire' in years to come.
- In September 2021, our team was approached by the local Boroondara Kindergarten to request support with the government funded 'School Readiness Funding' program. This specific funding encourages kindergartens to link in with speech pathologists and

occupational therapists to provide timely support for students to build on their ability to transition to school. Our proposal was accepted by the funding body and we have been able to since provide termly support by attending group sessions with students at the kindergarten and delivering information workshops with the educators.

- With the local community getting back into post lockdown life in 2022, new collaborative opportunities have come about with some of our networks. In February 2022, our occupational therapy and dietitian services have been involved in monthly webinars and face to face group sessions to deliver 'Introduction to Solids' and 'Tummy Time' information sessions for new parents living in the Yarra City Council. This is in collaboration with the City of Yarra Maternal and Child Health Service. Our speech pathology and occupational therapy services have also collaborated with the Yarra Family Services team to attend bimonthly Playgroup sessions within the City of Yarra. This aims to support community awareness of our service and build capacity of families around the referral processes. In conjunction with the NRCH marketing team, our speech pathologists and OT's have been part of the NRCH podcast. Relatable topics within the community have been discussed on the podcast such as bilingualism, developing literacy, story reading and what is occupational therapy.
- Another whole team achievement was hosting four ACU OT students in June for four weeks. This was an innovative student placement set by the university, in that it was classed as a 'hybrid' placement. This meant that students spent half of the week face to face with our team, and the other half via international telehealth with a community health clinic in Timor Leste.

### What our clients say...

**"It is full of activities that are inspiring for me to do at home with my child"**

**"This is a wonderful service, my son responds very well to all the team"**



# Counselling and Casework



The Counselling & Casework Program offers individuals and their families on low income and living in the City of Yarra with short to medium term generalist counselling and casework support. The program also offers weekly single session appointments to help with more urgent support needs, group work programs, events and activities to address community need such as a group for women recovering from family violence, Mental Health Self Help, Self-Care, etc. Counselling and casework support can be reviewed and extended dependent on individual's needs:

- Short and medium-term counselling
  - casework support
  - weekly duty social appointments (e.g. single session)
  - support for young adults
  - children's counselling at Richmond West Primary School (RWPS)
  - LGBTQIA+ support.
- Support for people recovering from family violence.
- Delivery of group work programs on topics related to wellness, wellbeing and women's health

## Achievements

- A long standing counselling and casework support service provided in the client's first language.
- Participated in organising a well-attended event for the 16 Days of Activism campaign to raise awareness about gender inequality and gender-based violence including, A walk Against family violence which was attended by over 100 staff and community members in the City of Yarra.

- Increased program's capacity to address children's counselling needs and their families at Richmond West Primary School.
- Participation in a community podcast radio about the impacts of Family Violence during the Week Without Violence. A worldwide yearly campaign on the third week of October to raise awareness and end family violence.
- Partnership with Carringbush Adult Education Centre to deliver a 10-week therapeutic group work program for women recovering from family violence.

### Children's Counselling Service Feedback at RWPS.

"Thank you for all of the work that you have done with our child thus far this year. They've really enjoyed the sessions with you, and always looked forward to seeing you every second Tuesday - They would wake up in the morning and ask me "Do you know what special thing I have today?" They showed us and talked about some of the activities they did with you, which provided good opportunities for chats and reflection. I also appreciate the time that you took to call me and discuss your insights and advice a few months ago"

**Group for women** "I learned a lot from being in a supportive environment, validation of feeling and sharing similar experiences with others."







# Medical & Nursing Services

The Medical Services Program provides primary health care to the Richmond community and the wider City of Yarra communities.

## Services provided include:

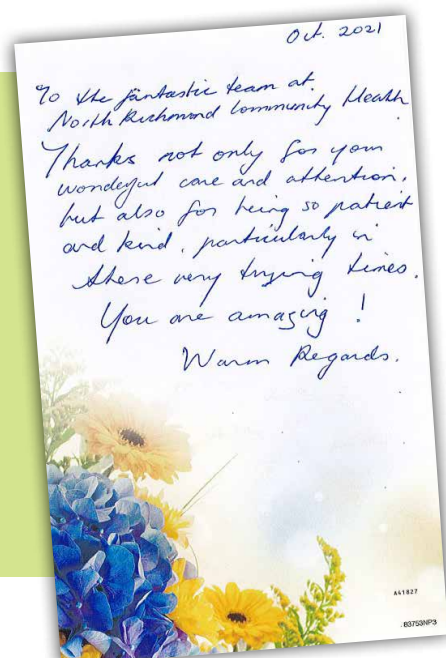
- General Practitioner Services
- Paediatric Services
- Community Health Nursing
- Diabetes Education.

The dedication by the medical and admin staff in delivering high quality care to the Richmond community is evident through conversation with patients attending the Clinic. Some have moved away from the City of Yarra area but still travel to North Richmond to receive medical services.

The main highlight of this year was The Royal Australian College of General Practitioners (RACGP) successful re-accreditation.

## What our clients say...

**"The Doctor I saw was very effective and accurate with treating clients and the service provided. They were very compassionate and caring when it comes to providing care for clients. Great attitude and compassion."**



# Accreditation at NRCH

Accreditation Standards	Agency	Frequency	Program
<b>NSQHS</b> – National Safety and Quality Health Service Standards	Quality Innovation Performance (QIP)	3-year assessment cycle	MSIR NRCH overall
<b>RACGP</b> - Royal Australian College of General Practitioners	AGPAL – Aust General Practice Accreditation Limited	3-year assessment cycle	Medical Services
<b>QIC</b> – Quality Improvement Council	Quality Innovation Performance (QIP)	3-year assessment cycle	Allied health, IMPAC, CEH, Counselling and Casework, Community Nursing
<b>NDIS</b> standards	NDIS Quality and Safe Guards Commission	3-year assessment cycle	Allied Health - Child Health and Development (CHAD)
Aged Care Standards	Ageing and Aged care - Aust Govt Dept Health	3-year assessment cycle	Allied Health

## ICT highlights of 2021–2022



### Helpdesk Jobs

Completed 3274 Jobs logged to our ICT helpdesk software



### Staff Mobilisation

Moved from Desktop computers to Laptops for in scope staff



### Network hardware refresh undertaken



### Security Upgrade

Implemented a range of hardware and software solutions to increase network security.



### Audio Visual Refresh

Completed 2nd phase of NRCH Audio Visual facilities technology refresh



### Project Works

My Health Record Project, Single Sign on Project, E-faxing,



### Risk and Compliance

Undertook a range of evaluations, benchmarking and assessment. Participated in Audits of a range of implementations with external parties.





north richmond  
community health

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Wulempuri - Kertheba

North Richmond Community Health Limited

ABN 21 820 901 634

Annual Report - 30 June 2022





**NORTH RICHMOND COMMUNITY HEALTH LIMITED**  
**ACN 135 411 504**

**Contents**  
**30 June 2022**

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**General Information**

The financial statements cover North Richmond Community Health Limited as an individual entity. The financial statements are presented in Australian dollars, which is North Richmond Community Health Limited's functional and presentation currency

North Richmond Community Health Limited is a not-for-profit unlisted public company limited by guarantee.

The financial statements were authorised for issue, in accordance with a resolution of directors, on 31 October 2022. The directors have the power to amend and reissue the financial statements.

## Directors' Report Year Ending 30 June 2022

The directors present their report, together with the financial statements, on the company for the year ended 30 June 2022.

The following persons were directors of the company during the whole of the financial year and up to the date of this report, unless otherwise stated:

Sally Mitchell (Chair)  
Tim O'Leary (Deputy Chair)  
Terri Jackson (Immediate Past Chair)  
Natalie Savin  
Richard Wong  
Hatice Yilmaz  
Tim Woodruff  
Jane Herington (Joined October 2021)  
Andrew Cresswell (Joined October 2021)

## Objectives

The objectives of the company are:

- a) to deliver culturally appropriate, high quality health and social services:
  - I. using a social model of health that recognises the needs of individuals and families who
  - II. cannot readily access the health and welfare system;
  - III. focussing on individuals and families who are from socially, culturally and linguistically diverse communities so as to reduce the social and health inequalities experienced by those individuals and families; and
  - IV. giving priority to individuals and families who, aside from illness, are experiencing distress, misfortune, helplessness or poverty;
- b) to develop and deliver culturally appropriate programs to improve the health and welfare, and
- c) the access to services, of the community; and to undertake research relevant to these objectives.

In pursuing its objectives, the company must not discriminate except on the basis of need.

## Strategy for achieving the objectives

- a) ensuring NRCHL has efficient and effective governance structures and processes to allow it to pursue its strategic objectives and fulfil its purpose
- b) approving significant organisational policies to ensure that the Organisation operates within the legal, regulatory and social requirements of its environment

- c) establishing and monitoring control and accountability systems within the Organisation's operations to conform to the legal and regulatory requirements of the environment in which it operates and to meet the needs and expectations of all its stakeholders
- d) monitoring organisational culture, and identifying and capturing improvement opportunities and ensuring that they are acted on
- e) ensuring Succession Planning for the Board's Composition including nominations and appointments to the Board, Board-committees, Chair and Deputy Chair
- f) appointing Officers as per the Constitution:
  - I. Chief Executive
  - II. Company Secretary
  - III. Auditor
- g) setting the CEO's performance objectives Strategic plans and objectives
- h) approving the strategic plan and objectives
- i) monitoring performance against strategy
- j) regularly reviewing the strategic plan
- k) ensuring risks are properly identified and managed in line with strategic and operational objectives
- l) reviewing strategic risks

## Principal Activities

NRCHL's principal activities continue to be the delivery of community health and related wellbeing services for our community.

These include a comprehensive suite of medical, nursing, allied health, dental, harm reduction, counselling, diabetes education, language services including interpreters and translation, health promotion, and community programs.

State-wide training and resources for the sector are provided by the Centre for Culture, Ethnicity and Health (CEH). During the 2021-2022 period, the Medically Supervised Injection Room (MSIR) celebrated their fourth year of trial service in harm reduction.

## Performance measures

Performance goals of NRCHL are determined by the executive management team in accordance with the NRCHL Strategic Plan for 2018 - 2022. These are supported by relevant business and operational plans within NRCHL. NRCHL has proudly achieved continued successful external accreditation against Quality Improvement Council (QIC), National Safety and Quality Health Service Standards (NSQHSS), Home and Community Care (HACC), and Australian General Practice Accreditation Limited (AGPAL). NRCHL is also a registered National Disability Insurance Scheme (NDIS) provider.



## Information on Directors

Name: **Sally Mitchell**  
 Title: **Chair**  
 Experience and Expertise: Sally has worked with community health services across inner Melbourne in a range of positions. An experienced executive manager and board member, she has supported organisations through periods of growth and change. Sally has been a resident of Richmond for many years.  
 Special Responsibilities: **Chair Governance, Remuneration and Nomination Committee (GRAN)**

Name: **Tim O'Leary**  
 Title: **Deputy Chair**  
 Experience and Expertise: Tim has experience as a CEO, board director and policy consultant in community and public health, acute hospitals, psychiatric services and local government.  
 Special Responsibilities: **Chair Community & Consumer Advisory Committee (CCAC)**

Name: **Hatice Yilmaz**  
 Experience and Expertise: Qualified electrician, Office of Housing Community Liaison Committee, volunteer for numerous community groups.

Name: **Terri Jackson**  
 Experience and Expertise: Terri is an adjunct associate professor at the Melbourne Institute for Applied Economic and Social Research, and in the School of Population and Global Health, at the University of Melbourne. Prior to her academic work, Terri was a community health manager and activist. She served as inaugural chief executive of the Fitzroy Community Health Centre

Name: **Natalie Savin**  
 Experience and Expertise: Natalie is an experienced executive manager and has worked in both local and state government as well as in the not for profit sector. She is currently a director and company secretary of Alola Australia Ltd. Natalie is also a member of the Australian Institute of Company Directors and the Public Health Association of Australia.

Name: **Tim Woodruff**  
 Experience and Expertise:

Special Responsibilities: Dr. Tim Woodruff is a long-term resident of Richmond, a practicing medical specialist in private practice, and a long-term advocate for health reform with a particular emphasis on equity of access and tackling social determinants.

**Chair Clinical Governance & Quality Committee (CG&Q)**

Name: **Richard Wong**  
Experience and Expertise: Mr. Wong is an expert in language services and a NAATI Accredited Professional Translator and Interpreter. Mr. Wong is a member of several Chinese community organisations across Victoria.

Name: **Jane Herington**  
Experience and Expertise: Jane has experience in both the Victorian and Tasmanian public services and local government, Housing, Children and Family Services and Ageing & Aged Care. Jane has been awarded a Public Service Medal for her contribution to public administration. She is a long time resident of the City of Yarra.

Name: **Andrew Cresswell**  
Experience and Expertise: Andrew is a Senior Finance Professional with a unique blend of Finance, IT & Operational skills moulded through a diverse career within multiple industries & Victorian Public Service. He is a Fellow of The Institute of Chartered Secretaries & Administrators and Governance Institute of Australia and a retired Fellow of CPA Australia.

Special Responsibilities: **Chair Finance, Audit & Risk Management Committee (FARM)**

## Company Secretary

As per NRCHL Constitution requirements, the Chief Executive Officer of NRCHL holds the position of Company Secretary for the reporting period. This role has been in effect since 16 February 2009 and held by the current CEO since 6 July 2020.

**Patricia Collocott** (Appointed 6 July 2020)

## Meeting of Directors

The Board convened eleven (11) times during this financial year. Directors also sit on a number of Board Committees. The table below provides a list of Directors during the 2021 - 2022 financial year, including dates of appointment and/or resignation together and Director attendance at Board and Board Committee meetings.

Name of Director & Office Held	Appointed / Resigned	Board Meetings Eligible to attend	Meetings Attended	Leave of absence granted	Committee Meetings Attended
Sally Mitchell Board Chair	April 2020 October 2021 to Current	11	11	0	CG&Q-7 GC-11 CCAC-4 (Chair)
Tim O'Leary Deputy Chair	November 2016 October 2021 to Current	11	11	0	FARM-11 (Chair) CCAC- 3
Terri Jackson Past Board Chair	August 2019 June 2021 to October 2021	11	11	0	CG&Q-7 GC-11
Natalie Savin	August 2019	11	11	0	FARM - 11 GC - 11 CCAC - 4
Richard Wong	December 2019	11	10	1	CG&Q - 6 CCAC- 4
Hatice Yilmaz	December 2012	11	10	1	CCAC- 3
Tim Woodruff	September 2020	11	11	0	CG&Q - 6 (Chair) CCAC- 4
Jane Herington	October 2021	8	8	0	CG&Q - 4
Andrew Cresswell	October 2021	8	8	0	FARM - 8

**Key to Board Committee Meetings:**

Finance, Audit & Risk Management – FARM

Clinical Governance & Quality – CG&Q

Community & Consumer Advisory Committee – CCAC

Governance Committee – GC

## Contributions of winding up

As a Company Limited by Guarantee, the liability of membership is limited. Every member undertakes to contribute \$1.00 to the assets of the Company if it is wound up while he, she or they are a member, or within one year afterwards of the time of current membership.

Current membership numbers as 30 June 2022 totalled 9, therefore, the total amount that members of the company were liable to contribute at that date was \$9.




## 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 2022.

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

DocuSigned by:  
  
604257791B394E0...  
Sally Mitchell  
Chair

DocuSigned by:  
  
C92CF55424E6432...  
Patricia Collocott  
Company Secretary

Dated at Richmond this 31<sup>st</sup> October, 2022

## Statement by the Board of Directors

In accordance with a resolution made by the Directors of North Richmond Community Health Limited on 31<sup>st</sup> October 2022, 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) Act 2012*, including:
- i) Giving a true and fair view of the company's financial position as at 30 June 2022 and of its performance and cash flows for the year ended on that date; and
  - ii) Complying with Accounting Standards – Simplified Disclosures Requirements, the Corporations Act 2001, the Australian Charities and Not-for-profits Commission (ACNC) Regulation 2012 and Victorian legislation and Fundraising Act 1998 and associated regulations, the Corporations regulations 2001 and other mandatory professional reporting requirements.
- 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:

DocuSigned by:  
  
604257791B394E0...  
Sally Mitchell  
Chair

DocuSigned by:  
  
C02CF55424E6432...  
Patricia Collocott  
Company Secretary

## Auditor-General's Independence Declaration

### To the Board of Directors, North Richmond Community Health Limited

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General, an independent officer of parliament, is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised.

Under the *Audit Act 1994*, the Auditor-General is the auditor of each public body and for the purposes of conducting an audit has access to all documents and property, and may report to parliament matters which the Auditor-General considers appropriate.

### *Independence Declaration*

As auditor for North Richmond Community Health Limited for the year ended 30 June 2022, I declare that, to the best of my knowledge and belief, there have been:

- no contraventions of auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit.
- no contraventions of any applicable code of professional conduct in relation to the audit.

MELBOURNE  
21 November 2022



Sanchu Chummar

*as delegate for the Auditor-General of Victoria*



**NORTH RICHMOND COMMUNITY HEALTH LIMITED**  
**ACN 135 411 504**

**STATEMENT OF PROFIT OR LOSS  
AND OTHER COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2022**

	Note	2022 \$	2021 \$
<b>REVENUE AND INCOME</b>			
Revenue and Income	[3]	27,677,003	29,155,700
Interest revenue		33,341	49,319
<b>Total Revenue and Income</b>		<b>27,710,344</b>	<b>29,205,019</b>
<b>EXPENSES</b>			
Employee benefits expenses		(20,488,464)	(17,646,635)
Agency staff and consultants		(1,819,740)	(2,159,233)
Depreciation		(169,324)	(173,918)
Domestic charges		(1,666,364)	(1,089,996)
IT and Telecommunication charges		(673,201)	(993,142)
Facilities management costs		(419,689)	(688,473)
Other Program Specific costs		(589,489)	(501,556)
Other expenses		(407,966)	(371,865)
<b>Total Expenses</b>		<b>(26,234,237)</b>	<b>(23,624,818)</b>
<b>Surplus/(Deficit) for the year</b>		<b>1,476,107</b>	<b>5,580,201</b>

**NORTH RICHMOND COMMUNITY HEALTH LIMITED**  
**ACN 135 411 504**

**STATEMENT OF FINANCIAL POSITION**  
**AS AT 30 JUNE 2022**

	Note	2022 \$	2021 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	[5]	15,510,878	5,334,933
Trade and other receivables	[6]	267,664	130,043
Other assets	[7]	168,524	100,401
Other financial assets		-	7,968,380
<b>Total current assets</b>		<b>15,947,066</b>	<b>13,533,757</b>
<b>NON-CURRENT ASSETS</b>			
Right of use asset	[11a]	25,384	53,079
Property, plant and equipment	[8]	415,849	319,967
<b>Total non-current assets</b>		<b>441,233</b>	<b>373,046</b>
<b>TOTAL ASSETS</b>		<b>16,388,299</b>	<b>13,906,803</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	[9a]	1,986,789	2,215,432
Contract liabilities	[9b]	1,163,434	91,818
Employee benefits	[10]	2,269,071	2,091,028
Lease Liability	[11b]	26,572	28,167
<b>Total current liabilities</b>		<b>5,445,866</b>	<b>4,426,445</b>
<b>NON-CURRENT LIABILITIES</b>			
Lease Liability	[11b]	-	26,212
Employee benefits	[10]	425,002	412,822
<b>Total non-current liabilities</b>		<b>425,002</b>	<b>439,034</b>
<b>TOTAL LIABILITIES</b>		<b>5,870,868</b>	<b>4,865,479</b>
<b>NET ASSETS</b>		<b>10,517,431</b>	<b>9,041,324</b>
<b>EQUITY</b>			
Accumulated Surplus		10,287,431	8,811,324
Capital reserves		230,000	230,000
<b>TOTAL EQUITY</b>	[12]	<b>10,517,431</b>	<b>9,041,324</b>

**NORTH RICHMOND COMMUNITY HEALTH LIMITED**  
**ACN 135 411 504**

**STATEMENT OF CHANGES IN EQUITY**  
**FOR THE YEAR ENDED 30 JUNE 2022**

	<b>Accumulated Surplus \$</b>	<b>Capital Reserves \$</b>	<b>Total Equity \$</b>
<b>Balance at 1 July 2020</b>	<b>3,231,123</b>	<b>230,000</b>	<b>3,461,123</b>
Surplus/(Deficit) for the year	5,580,201	-	5,580,201
Other comprehensive income for the year	-	-	-
<b>Balance at 30 June 2021</b>	<b>8,811,324</b>	<b>230,000</b>	<b>9,041,324</b>
<b>Balance at 1 July 2021</b>	<b>8,811,324</b>	<b>230,000</b>	<b>9,041,324</b>
Surplus/(Deficit) for the year	1,476,107	-	1,476,107
Other comprehensive income for the year	-	-	-
<b>Balance at 30 June 2022</b>	<b>10,287,431</b>	<b>230,000</b>	<b>10,517,431</b>



**NORTH RICHMOND COMMUNITY HEALTH LIMITED**  
**ACN 135 411 504**

**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

	Note	2022 \$	2021 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from customer (Inclusive of GST)		28,542,873	31,688,203
Payments to suppliers and employees (Inclusive of GST)		(26,075,635)	(25,442,498)
Interest received		33,341	49,319
<b>Net cash from operating activities</b>		<b>2,500,579</b>	<b>6,295,024</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments from investments		7,968,380	(3,036,602)
Payments for property, plant and equipment		(265,207)	(54,245)
Proceeds from sale of property, plant and equipment		-	-
<b>Net cash from/ (used in) investing activities</b>		<b>7,703,173</b>	<b>(3,090,847)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Repayments of lease liabilities		(27,807)	(29,424)
<b>Net cash used in financing activities</b>		<b>(27,807)</b>	<b>(29,424)</b>
<b>Net increase(decrease) in cash and cash equivalents</b>		<b>10,175,945</b>	<b>3,174,753</b>
Cash and cash equivalents at the beginning of the financial year		5,334,933	2,160,180
<b>Cash and cash equivalents at the end of the financial year</b>		<b>15,510,878</b>	<b>5,334,933</b>

**NORTH RICHMOND COMMUNITY HEALTH LIMITED**  
**ACN 135 411 504**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

**NOTE [1] - STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES**

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

**New or amended Accounting Standards and Interpretations adopted**

The company has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

**Basis of preparation**

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures Requirements and Interpretations issued by the Australian Accounting Standards Board ('AASB'), the Australian Charities and Not-for-profits Commission Act 2012 and Victorian legislation the Fundraising Act 1998 and associated regulations and the Corporations Act 2001, as appropriate for not-for-profit oriented entities.

*Historical cost convention*

The financial statements have been prepared under the historical cost convention.

*Critical accounting estimates*

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgment in the process of applying the company's accounting policies. The areas involving a higher degree of judgement or complexity or areas where assumptions and estimates are significant to the financial statements are disclosed in note 2.

The financial statements have been prepared on a going concern basis.

The financial report has been prepared on an accrual basis in accordance with the historical cost convention, unless a different measurement basis is specifically disclosed in the note associated with the item measured on a different basis.

The accrual basis of accounting has been applied in preparing these financial statements, except for the statement of cash flows. Whereby under the accrual basis assets, liabilities, equity, income and expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

**(a) Currency and rounding**

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

**(b) Revenue recognition**

The company recognises revenue as follows:

**Revenue from contracts with customers**

To recognise revenue, North Richmond Community Health Limited assesses whether there is a contract that is enforceable and has sufficiently specific performance obligations in accordance with AASB 15:

**NORTH RICHMOND COMMUNITY HEALTH LIMITED**  
**ACN 135 411 504**  
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**NOTE [1] - STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)**

*Revenue from Contracts with Customers.*

When both these conditions are satisfied, the health service:

- identifies each performance obligation relating to the revenue;
- recognises a contract liability for its obligations under the agreement; and
- recognises revenue as it satisfies its performance obligations, at the time or over time when services are rendered.

Where the contract is not enforceable and/or does not have sufficiently specific performance obligations, the community health service:

- recognises the asset received in accordance with the recognition requirements of other applicable Accounting Standards (for example, AASB 16 or AASB 116);
- recognises related amounts (lease liabilities, provisions, revenue or contract liabilities from a contract with a customer); and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount in accordance with AASB 1058.

In contracts with customers, the 'customer' is typically a funding body, who is the party that promises funding in exchange for North Richmond Community Health Limited's goods or services. North Richmond Community Health Limited's funding bodies often direct that goods or services are to be provided to third party beneficiaries, including individuals or the community at large. In such instances, the customer remains the funding body that has funded the program or activity, however the delivery of goods or services to third party beneficiaries is a characteristic of the promised good or service being transferred to the funding body.

**Revenue and income 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.

**Donations** are recognised at the time the pledge is made.

**Service fees** being fees charged to service deliverers for provision of facilities, 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 as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

**(c) 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 statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the taxation authority, are presented as operating cash flow.



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

**(d) Cash and cash equivalents**

Cash and cash equivalents include cash on hand, cash held in bank and as well as on-call bank deposits, with original maturities of three months or more. For financial year 21/22 other financial assets have moved to cash and cash equivalents based on their maturity periods.

**(e) Trade & other receivables**

Receivables consist predominantly of debtors in relation to grants and services, advances, accrued investment income and GST input tax credits recoverable. Other receivables are recognised at amortised cost, less any allowance for expected credit losses.

**(f) 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.

**(g) 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.

**(h) Property, plant & equipment**

Property, plant & equipment is measured at cost less depreciation. Assets useful lives are consistent with prior years. The assets' useful lives, residual values and depreciation methods are reviewed and adjusted, if appropriate, at each financial year end. 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 equipment	3 to 20 years
Motor vehicles	6 to 10 years
Other equipment	5 to 25 years

**(i) Impairment of non-financial assets**

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

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

**(j) Trade & other payables**

Payables represent liabilities for goods and services provided to the Company prior to the end of the financial year and which are unpaid and. Payables also includes income in advance as well for which the company is yet to deliver the services. 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.

**NORTH RICHMOND COMMUNITY HEALTH LIMITED**  
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**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2022**

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

**(k) Contract liabilities**

Contract liabilities represents the company's obligations to transfer goods or services to a customer and are recognised when a customer pays consideration or when the company recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) before the company has transferred the goods or services to the customers.

**(l) Employee benefits**

*Short-term employee benefits*

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

*Other long-term employee benefits*

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by the employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wages and salary levels, experience of employee departure and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

**(m) Income tax**

As the company is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

**Note 2. CRITICAL ACCOUNTING ESTIMATES AND JUDGEMENTS**

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

**(i) Estimation of useful lives of assets**

The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event.

The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

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**FOR THE YEAR ENDED 30 JUNE 2022**

**NOTE [2] - STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)**

**(ii) Impairment of non-financial assets other than goodwill and other indefinite life intangible assets**

The company assesses impairment of non-financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the company and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value in-use calculations, which incorporates a number of key estimates and assumptions.

**(iii) Employee benefits provision**

As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

**(iv) Contract liabilities**

Depending on the nature of the agreement, some grant payments will be required to be recognised as contract liabilities until grant conditions are satisfied. There is some element of judgement in determining partial completion of some grant conditions.

	Note	2022 \$	2021 \$
<b>NOTE [3] – REVENUE AND INCOME</b>			
<b>Grant income</b>			
Operating grants		673,023	-
<b>Revenue from Operating Activities</b>			
Government grants		24,989,143	26,174,446
Client's Fees		642,504	560,338
Consultancy Contracts		304,145	349,743
Service Fees		457,353	334,705
Rental		172,083	148,852
<b>Other income</b>			
Donations		-	3,352
Government stimulus package income		-	1,365,700
Other sources		438,752	218,564
<b>Revenue</b>		<b>27,677,003</b>	<b>29,155,700</b>
<b>Disaggregation of revenue</b>			
Recognised at a point in time		25,662,166	27,540,146
Recognised over in time		2,014,837	1,615,554
		<b>27,677,003</b>	<b>29,155,700</b>
<b>NOTE [4] – EXPENSES</b>			
Superannuation expense			
Defined contribution superannuation expense		12,195	15,232
		<b>12,195</b>	<b>15,232</b>
<b>NOTE [5] - CASH AND CASH EQUIVALENTS</b>			
Cash on hand		7,700	5,700
Cash at bank		7,504,692	5,329,233
Cash on deposits		7,998,486	0
		<b>15,510,878</b>	<b>5,334,933</b>

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	Note	2022 \$	2021 \$
<b>NOTE [6] – TRADE AND OTHER RECEIVABLES</b>			
Trade debtors		244,710	123,960
Accrued income		22,954	6,083
		<b>267,664</b>	<b>130,043</b>
<b>NOTE [7] – OTHER ASSETS</b>			
Prepayments		90,231	17,920
Inventories		78,293	82,481
		<b>168,524</b>	<b>100,401</b>
<b>NOTE [8] - PROPERTY, PLANT &amp; EQUIPMENT</b>			
Office & computer equipment at cost		1,519,809	1,413,394
Less accumulated depreciation		(1,386,012)	(1,318,102)
		<b>133,797</b>	<b>95,292</b>
Dental & medical equipment at cost		425,863	389,191
Less accumulated depreciation		(323,263)	(280,655)
		<b>102,600</b>	<b>108,536</b>
Furniture at cost		455,001	454,516
Less accumulated depreciation		(439,901)	(418,860)
		<b>15,100</b>	<b>35,656</b>
Motor vehicles at cost		689,759	689,759
Less accumulated depreciation		(658,773)	(640,795)
		<b>30,986</b>	<b>48,964</b>
Other equipment at cost		241,303	119,669
Less accumulated depreciation		(107,937)	(88,150)
		<b>133,366</b>	<b>31,519</b>
		<b>415,849</b>	<b>319,967</b>

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 2021	Additions	Disposals	Depreciation	Balance 30 June 2022
Office equipment	95,292	106,415	-	(67,910)	133,797
Dental & medical	108,536	36,672	-	(42,608)	102,600
Furniture	35,656	485	-	(21,041)	15,100
Motor vehicles	48,964	0	-	(17,978)	30,986
Other equipment	31,519	121,634	-	(19,787)	133,366
Total	<b>319,967</b>	<b>265,206</b>	-	<b>(169,324)</b>	<b>415,849</b>



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	Note	2022 \$	2021 \$
<b>NOTE [9A] – TRADE AND OTHER PAYABLES</b>			
Trade and general creditors		483,023	1,102,566
ATO Payables		909,148	786,872
Accrued expenses		594,618	325,994
		<b>1,986,789</b>	<b>2,215,432</b>
<b>NOTE [9B] – CONTRACT LIABILITIES</b>			
Unearned income (including grants received in advance)		1,163,434	91,818
		<b>1,163,434</b>	<b>91,818</b>
<b>NOTE [10] – PROVISIONS</b>			
<i>Current</i>			
Annual leave		1,331,905	1,151,955
Long service leave		937,166	939,073
<b>Total current provisions</b>		<b>2,269,071</b>	<b>2,091,028</b>
<i>Non-current</i>			
Long service leave		425,002	412,822
<b>Total non-current provisions</b>		<b>425,002</b>	<b>412,822</b>
<b>Total provisions</b>		<b>2,694,073</b>	<b>2,503,850</b>
<b>NOTE [11] - LEASES</b>			
<b>a) Right of use Asset</b>			
At Cost		53,079	80,774
Accumulated depreciation		(27,695)	(27,695)
		<b>25,384</b>	<b>53,079</b>
<b>b) Lease Liability</b>			
Current lease liability		26,572	28,167
Non-Current lease liability		-	26,212
		<b>26,572</b>	<b>54,379</b>

The weighted average interest rate implicit in the lease is 3% (2021: 3%)

The company has a lease agreement with the Victorian Department of Health to occupy the premises located at Lennox Street, North Richmond. The lease is a peppercorn arrangement whereby nominal annual payments of \$1 are made to the Victorian Department of Health. The lease expires on 5 April 2050. The Board have elected to value the peppercorn arrangement at cost as permitted under Australian Accounting Standards AASB 16 Leases and AASB 1058 Income of Not-for-Profit Entities.

	Note	2022 \$	2021 \$
<b>NOTE [12] – EQUITY- RETAINED SURPLUS</b>			
Retained surplus at the beginning of the financial year		9,041,324	3,461,123
Surplus after income tax expenses of the year		1,476,107	5,580,201
<b>Retained Surplus at the end of the financial year</b>		<b>10,517,431</b>	<b>9,041,324</b>
<b>NOTE [13] - KEY MANAGEMENT PERSONNEL COMPENSATION</b>			
The aggregate compensation paid to key management personnel during the year was:			
<b>Aggregate compensation</b>		<b>282,583</b>	<b>274,677</b>

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**NOTE [14] - RELATED PARTY TRANSACTIONS**

*Key management personnel*

Disclosures relating to key management personnel are set out in note 13.

*Transition with related parties*

There were no transactions with related parties during the current and previous financial year

*Receivable from and payable to related parties*

There were no trade receivables from or trade payables to related parties at the current or previous reporting date.

*Loans to/from related parties*

There were no loans to or from related parties at the current and previous reporting date.

**NOTE [15] – Remuneration of Auditors**

During the financial year the following fees were paid or payable for services provided by VAGO, the auditor of the company:

Note	2022 \$	2021 \$
Audit Services- VAGO	33,600	31,750
<b>Audit of the financial statements</b>	<b>33,600</b>	<b>31,750</b>

**NOTE [16] - EVENTS AFTER THE REPORTING PERIOD**

The impact of the Coronavirus (COVID-19) pandemic is ongoing and while it has not had an adverse impact on the company up to 30 June 2022, it is also not practicable to estimate the potential impact after the reporting date. The situation is rapidly developing and is dependent on measures imposed by the Australian and Victorian Government, such as locking down the substantial parts of the economy, maintaining social distancing requirements, quarantine, travel restrictions and any economic stimulus that may be provided.

No other matter or circumstance has arisen since 30 June 2022 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

**Note [17] - CONTINGENT ASSETS AND LIABILITIES**

There were no material contingent assets or liabilities as at 30 June 2022 and company had nil material assets and nil liabilities as at 30 June 2021.

**Note [18] – COMMITMENTS**

The company had no commitments for expenditure as at 30 June 2022 and 30 June 2021.

**NOTE [19] - ECONOMIC DEPENDENCY**

The organisation receives significant proportions of its income as Government grants from the Victorian Department of Health, formerly the Department of Health and Human Services. Without that funding or finding alternative sources of income, the program and services offered would be substantially curtailed. At the date of this report Board of Director's believes the department will continue the organisation, these statements are prepared applying the judgement that the company's activities will continue at levels currently planned by management.

# Independent Auditor's Report

## To the Directors of North Richmond Community Health Limited

<b>Opinion</b>	<p>I have audited the financial report of North Richmond Community Health Limited (the company) which comprises the:</p> <ul style="list-style-type: none"> <li>• statement of financial position as at 30 June 2022</li> <li>• statement of profit or loss and other comprehensive income for the year then ended</li> <li>• statement of changes in equity for the year then ended</li> <li>• statement of cash flows for the year then ended</li> <li>• notes to the financial statements, including significant accounting policies</li> <li>• statement by the board of directors.</li> </ul> <p>In my opinion the financial report is in accordance with Division 60 of the <i>Australian Charities and Not-for-profits Commission Act 2012</i>, including:</p> <ul style="list-style-type: none"> <li>• giving a true and fair view of the financial position of the company as at 30 June 2022 and of its financial performance and its cash flows for the year then ended</li> <li>• complying with Australian Accounting Standards – Simplified Disclosures and Division 60 of the <i>Australian Charities and Not-for-profits Commission Regulations 2013</i>.</li> </ul>
<b>Basis for Opinion</b>	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the company in accordance with the auditor independence requirements of the <i>Australian Charities and Not-for-profits Commission Act 2012</i> and the ethical requirements of the Accounting Professional and Ethical Standards Board's <i>APES 110 Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Australia. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
<b>Directors' responsibilities for the financial report</b>	<p>The Directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Simplified Disclosures and the <i>Australian Charities and Not-for-profits Commission Act 2012</i>, and for such internal control as the Directors determine is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>

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**Auditor's responsibilities for the audit of the financial report**

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

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


- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors
- conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the company to cease to continue as a going concern.
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

I also provide the Directors with a statement that I have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on my independence, and where applicable, related safeguards.

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MELBOURNE  
21 November 2022



Sanchu Chummar

as delegate for the Auditor-General of Victoria







north richmond  
community health  
Wulempuri - Kertheba



#### Location

23 Lennox Street,  
Richmond  
Victoria 3121

#### Contact

Phone: 9418 9800  
Fax: 9428 2269

#### Opening hours

Monday, Wednesday, Friday:  
9.00am to 5.00pm  
Tuesday and Thursday:  
9.00am to 7.00pm

North Richmond Community Health (Wulempuri-Kertheba) stands on the traditional lands of the Wurundjeri people. We pay our respects to their elders, past and present.



Annual Report  
2021-22