

A photograph of a young girl with blonde hair, smiling and looking upwards. She is holding a large, bright green apple with both hands. The background is a blurred outdoor scene with trees and foliage. The image is partially covered by a blue diagonal banner on the left and a green diagonal banner on the top right.

# 2017-18 **ANNUAL REPORT**

The Nexus story began almost 40 years ago as a small local health service employing a Physiotherapist and District Nurse.

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Our Values

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Annual Financial Statements



*A year in review*

# WELCOME TO NEXUS

In this fast changing environment for health and community services, Nexus staff have been innovative and responsive to the varying demands of our clients. We have worked hard to ensure that we continue the grass roots work that led to our establishment almost 40 years ago.

Our strong community connections are demonstrated by our diverse services and client groups, as well as our representation on committees and working parties ranging from “Early Years” to “Ageing”. All our community and client work is to ensure we hold true to our core belief that healthy people are those able to live, work and play in their community.

In the period between Christmas and New Year alone, our GPs kept some 620 people out of hospital Emergency Departments, and meant that families didn't have to travel long distances for urgent care.

We would like to take this opportunity to thank all our staff and volunteers for their work that improves the lives of people every day. Whether it be delivering a meal, responding to a phone call, or delivering a health service; all your work matters to the individuals that make up our communities.

Finally, we would like to thank the Board of Directors who continue to donate their time and skills to enable Nexus to strategically operate within our complex environment.



**DR PAUL SCOWN**

Board Chair – Nexus Primary Health



**SUZANNE MILLER**

Chief Executive – Nexus Primary Health

# ABOUT US

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As we approach our 40th Birthday, we are proud of our work to become the "go-to" organisation for primary health information and person centred services in our communities.

In line with our Mission, we continually strive to provide the highest quality integrated person centred health services, support and advocacy.

We work collaboratively with stakeholders to effectively plan for and deliver the continuum of prevention to intervention activities to maximise health outcomes for our communities.

We are a Not-for-profit organisation incorporated as a company limited by guarantee (CLG) which is registered as a charity with the Australian Charities and Not-for-profits Commission (ACNC).



**Promoting the Registered Charity Tick on Nexus Marketing Materials is a useful way for our organisation to highlight our charitable status,**



# INNOVATION

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Our new working relationship with JB HiFi Solutions for Business means we are forging ahead with innovative use of technology, for the provision of sustainable and accessible services.

## OUR SERVICES

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Our services range from prevention to treatment. They are confidential and respectful of individual needs, circumstances and culture, including:



Allied  
Health



Community  
Support



Health  
Promotion



Medical  
and Nursing



Mental  
Health

We are absolutely committed to working with our local communities to build safe, supportive and sustainable places where people live, work, learn and socialise.



**We recognise, acknowledge and respect all community members, including the culture and values of all Aboriginal and Torres Strait Islander peoples both past, present and emerging.**



"TODAY WE ARE A FULLY  
INTEGRATED PRIMARY HEALTH  
SERVICE ACROSS 4 LOCATIONS  
WITH OVER 200 EMPLOYEES".



# SECTION ONE

## STATEWIDE PLANS & STATUTORY REQUIREMENTS

**Victoria has a number of State-wide plans in place that have a bearing on the work of community health services.**

As part of our commitment to continuous quality improvement, we have worked hard to implement the priority actions in a number of statewide plans.

Nexus works within these guidelines to make sure that all members of the community receive the highest levels of care to meet their individual needs and circumstances.

**Nexus has plans in place to build an inclusive, accessible and equitable service that supports access for:**

- Aboriginal People
- LGBTI Communities
- People affected by Family Violence
- Children in out of home care
- People with a serious mental illness
- People with a disability

## SECTION ONE

### STATEWIDE PLANS & STATUTORY REQUIREMENTS



# LGBTI+ @ Nexus we are inclusive

We understand that people who identify as Lesbian, Gay, Bisexual Transgender Intersex and More (LGBTI+) can often experience discrimination either directly or indirectly. This can make it difficult to access wellbeing services leading to poorer health.

Nexus works with our local LGBTI+ community to ensure we continually improve and our services are respectful, appropriate and inclusive.

**@ Nexus we:**

- **listen to stories**
- **hosted 11 LGBTI+ Events**
- **are working toward the Rainbow Tick**
- **are a MyAgedCare LGBTI+ provider**





## SECTION ONE

### STATEWIDE PLANS & STATUTORY REQUIREMENTS

# FAMILY VIOLENCE @ Nexus

As the Key Specialist Family Violence service provider for the Mitchell and Murrindindi Shires, Nexus supports the roll out of the "Respectful Relationships" Project.

We work proudly in partnership with Victoria Police and the Victims Assistance Program. We also work closely with ChildFirst and Child Protection, providing secondary Family Violence consultations.

We provide information to local schools about referral pathways and Family Violence Supports available.

By working closely with our communities in places where people live, work, learn and socialise, we can drive positive change.

**In 2017-18 we supported:**

**998 WOMEN**



**141 CHILDREN**



**365 MEN**



# INNOVATION & FAMILY VIOLENCE @ Nexus

## SECTION ONE STATEWIDE PLANS & STATUTORY REQUIREMENTS

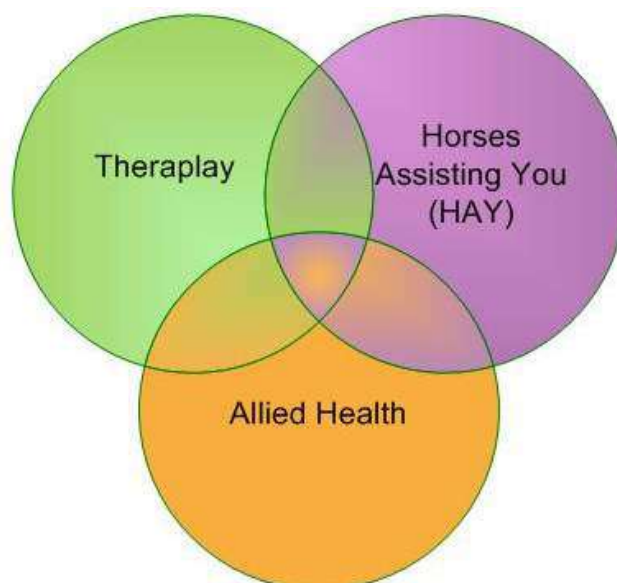
Nexus has increased capacity to respond to families experiencing family violence with 5 new positions including Specialist Women, Children and Men's Family Violence Workers.

We are represented on the Risk Assessment Management Panel (RAMP) and we are part of the Strengthening Hospital Responses to Family Violence Committees.

Nexus secured Victorian Government funding to provide intensive therapeutic support to women, children and their families experiencing family violence.

### THERAPEUTIC INTERVENTIONS PROGRAM

**We have secured an additional 12 months funding from the Therapeutic Interventions Program Funding to support children.**



# CHILD SAFETY @ Nexus

## SECTION ONE STATEWIDE PLANS & STATUTORY REQUIREMENTS

Nexus understands that supporting the health and wellbeing of children, young people and their families is vital.

The Child Safe Standards guide and monitor our progress and actions to ensure our services are appropriate and effective.

We meet the Latching onto Breastfeeding Program standards, and we have policies and processes in place to respond to and report all allegations of child abuse to ensure children are safe.

We also provide regular child safe training to staff across all teams.

## @ NEXUS:

- all staff, contractors and volunteers have Police Checks
- all relevant staff have current Working with Children Checks
- clinical spaces and waiting areas are safe for children

# SECTION TWO

## CONSUMER, CARER & COMMUNITY PARTICIPATION

**There are strong links  
between low health  
literacy, unhealthy  
behaviours and health  
outcomes.**

Navigating health services can be stressful or difficult. We understand that in rural communities, the places where people live, work and play have the potential to positively impact and influence health and wellbeing outcomes.

Working closely with our communities means that we understand local health needs. This is key to making sure we can offer services that are relevant to the people who need them the most.

**We work closely with community settings to build healthy and safe environments including:**

- Primary and Secondary Schools
- Workplaces
- Neighbourhood Houses
- Men's Sheds
- Senior & Junior Sports Clubs
- Local Councils
- Volunteer Groups



# VICTORIAN HEALTH EXPERIENCE SURVEY@ Nexus

**SECTION TWO**  
CONSUMER, CARER  
& COMMUNITY  
PARTICIPATION

The Victorian Healthcare Experience Survey has given us vital information about what is working well.

## THE SURVEY TOLD US THAT

97%

of respondents stated that they would recommend Nexus to family and/or friends.

95%

of respondents were satisfied with the amount of information provided and felt comfortable to ask questions.

85%

of respondents were aware of service costs and who they needed to contact about their care..

## SECTION TWO

### CONSUMER, CARER & COMMUNITY PARTICIPATION

We have also used the feedback to identify areas for improvement in service delivery.

### WE WILL IMPROVE NEXUS BY



Ensuring that more than 57% of people who choose Nexus are aware of the complaints process.



Increasing the frequency of available appointments for Nexus services.



Increasing the knowledge about and range of programs and services available at Nexus.

Thank you to everyone that participated.

# DRIVE YOUR HEALTH @ Nexus

## SECTION TWO CONSUMER, CARER & COMMUNITY PARTICIPATION

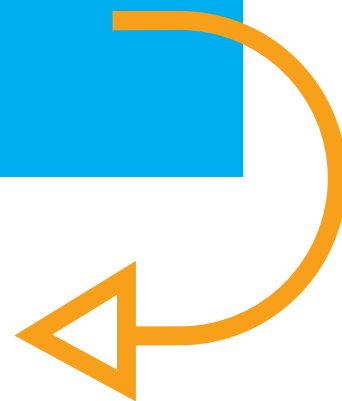
Nexus is committed to empowering everyone in our communities to develop the skills, knowledge and confidence to shape their own health care journey.

### TO ENSURE NEXUS IS AN ACTIVE PART OF YOUR COMMUNITY WE

- Provide training, education and support to local Sports Clubs, Men's Sheds, Neighbourhood Houses
- Develop community-led health information
- Participate in local community events to raise brand awareness
- Promote the use of the Victorian Interpreting and Translating Services (VITS)



8 LANGUAGES  
12 CLIENTS  
44 TIMES



# **HEALTH IS ACCESSIBLE @ Nexus**

To ensure that our services are safe and accessible for everyone we have undertaken significant work including:

## **NEW**

**Elevator installed in  
Wallan to accommodate  
stretchers, non-standard  
wheelchairs & scooters**

## **MEDIA**

**Nexus Staff completed an  
Accessible Written  
Information Session**

## **REFURB**

**The planned 2019  
renovations of Nexus  
Broadford will exceed  
Accessibility Best  
Practices Standards.**

## **NDIS**

**We are a Registered NDIS  
provider. We will offer many  
services for community  
members with disabilities.**





# COMMUNITY ENGAGEMENT @ Nexus



We are committed to improving the health literacy of our clients and communities through the **innovative use of technology**, **most current evidence** and **sustainable practices**.

Marketing and Community Engagement at Nexus consists of **clear and consistent messaging**, **strategic planning** and **evaluation of investment** in the application of the Marketing Mix.

**You can connect with us by:**

**Visiting our website**

**Booking GP Appointments Online**

**Finding us on Social Media**

**REGISTERED PROVIDER**



REGISTERED  
NDIS  
PROVIDER



myagedcare



Australian Government  
Department of Veterans' Affairs



# SECTION THREE

## QUALITY & SAFETY

**Quality Improvement & Accreditation is a continuous cycle of using feedback and evidence to make improvements .**

We actively encourage our clients and community to tell us about their experience with us. All input helps us to improve, learn and grow.

As part of our commitment to continuous quality improvement, Nexus has processes and systems in place to ensure our services are high quality, accessible and reflect the community voice.

Providing high quality services is important to us. Everything we do meets or exceeds industry accreditation standards.

### **WE ARE ACCREDITED BY:**

1. Quality Improvement Council (QIC) Standards (review May 2019)
2. Human Services Standards (HSS) (review May 2019)
3. Commonwealth Home Support Services under Australian Aged Care Quality Agency (AACQA)

## SECTION THREE QUALITY & SAFETY

**We seek feedback from our staff regularly, and staff representatives sit on the Safety & Wellbeing and the Quality & Client Safety Committees.**

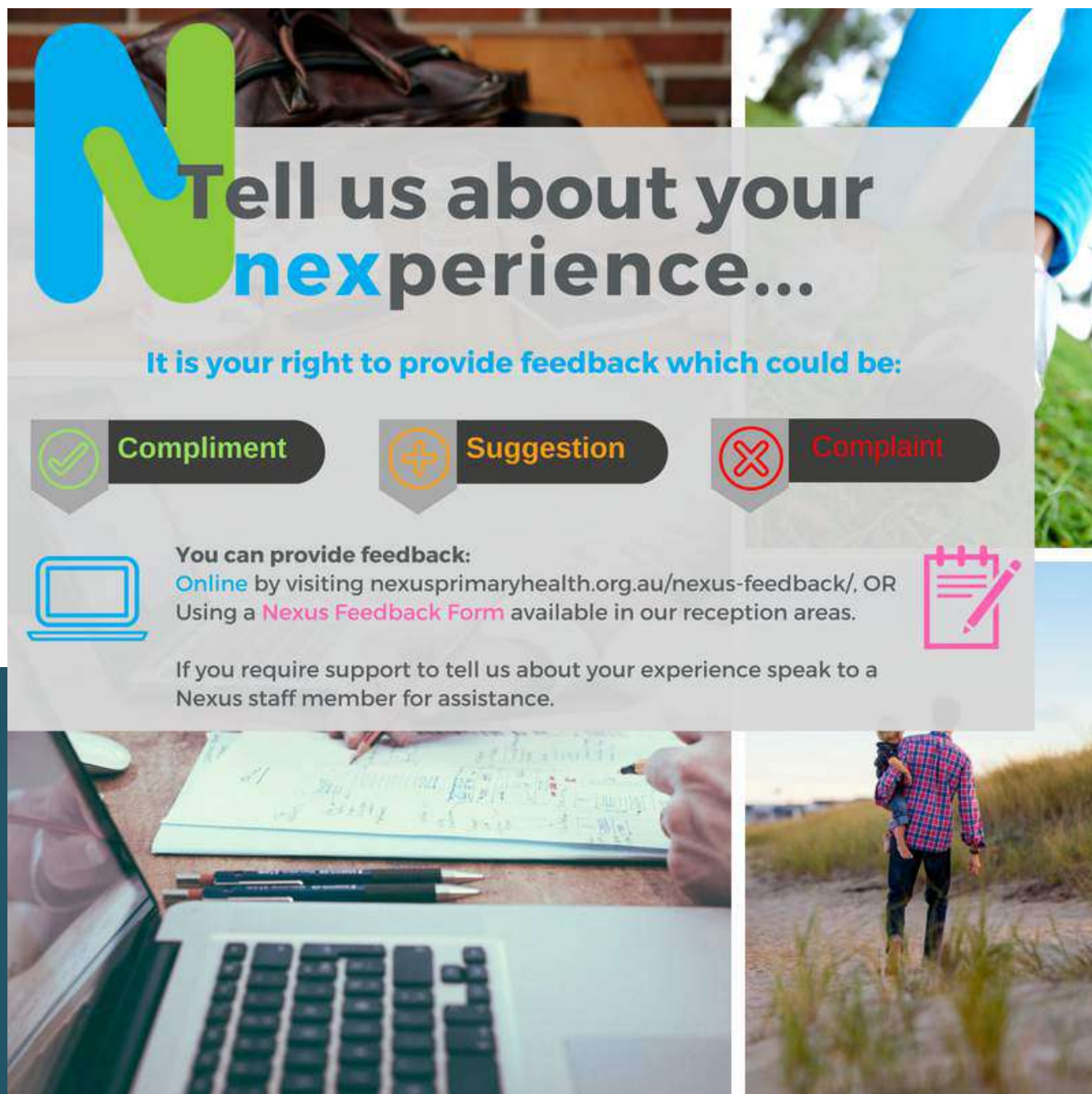
**A formal staff survey was not undertaken during 2017-2018.**



- **Safety & Wellbeing Committee**
- **Quality & Client Safety Committee**




**These committees meet 4-6 times per year, providing a valuable opportunity for staff to identify areas for improvement related to safety and quality.**


We always welcome feedback and understand that people communicate differently.  
Your Feedback helps us to improve our services




**Tell us about your nexperience...**

It is your right to provide feedback which could be:

-  **Compliment**
-  **Suggestion**
-  **Complaint**

 **You can provide feedback:**  
Online by visiting [nexusprimaryhealth.org.au/nexus-feedback/](https://nexusprimaryhealth.org.au/nexus-feedback/), OR  
Using a **Nexus Feedback Form** available in our reception areas.

 If you require support to tell us about your experience speak to a Nexus staff member for assistance.

**We report on feedback regularly to internal committees and to the Nexus Board of Directors .**

**You can choose how we respond to you, via telephone, email or by post.**

**If you request a response, we will aim to be in touch with you within 5 working days.**



# WE ARE LISTENING

YOU PROVIDED US WITH

**12** Compliments

**2** Suggestions

**21** Complaints

In response to your feedback, we have increased the number of available appointments and improved the way we tell you about our Social Support Events.

We would also like to thank you for all the kindwords about our services and staff this year.

## **ACCESSING US + ENVIRONMENT & FACILITIES @ Nexus**

Through the Victorian Healthcare Experience survey, you told us how easy it was for you to access our environment and facilities.

100% stated the facilities were clean  
100% felt physically safe at the service  
100% stated the servicee was welcoming  
100% reported that the reception staff  
were polite and helpful

93% travelled by car to the service

95% found it easy to make an  
appointment

97% were given enough privacy during the  
appointment

99% found it easy to find the location of  
the service

85% identified that it was easy to find out  
about the service

21% identified that their condition got  
worse waiting for an appointment

15% thought that the time they spent in  
the waiting room before the appointments  
was too long

76% stated always had enough privacy at  
reception

84% found the car parking and physical  
access to the service good/very good

## **ACCESSING US + ENVIRONMENT & FACILITIES @ Nexus**

**WE HAVE LISTENED TO YOU AND MADE CHANGES**

### **ACCESS**

**We have changed our models of care to be more responsive and added additional sessions where possible.**

### **DELAYS**

**If something unexpected comes up that could delay your appointment time, we will keep you informed. You can then choose to wait, or make a new appointment.**

### **SUPPORT**

**Our building redesigns will enable our Client Engagement Team to better support you when you arrive for your appointment.**

# TEAM WORK @ Nexus

## SECTION THREE QUALITY & SAFETY

The Victorian Healthcare Experience Survey told us how well we respond to the needs of consumers, their families or carers and the community across the continuum of care.

### YOU TOLD US THAT

65% had referrals to other services,  
14% would have liked referrals to other services

**ACTION by Nexus:**  
**We are refining and improving our internal referral processes**

100% identified that staff at the service worked together to help the client with their health and wellbeing  
14% identified that they received conflicting information from different health workers

**ACTION by Nexus:**  
**We are redesigning our client information packs**

25% identified that they had to repeat information that should have been in their client record

**ACTION by Nexus:**  
**We will focus on ensuring information is correctly recorded**

# SECTION FOUR

## CONTINUITY OF CARE

### Diabetes Services @ Nexus

**Diabetes care now utilises new technologies to assist clients in more accurate blood glucose stabilisation. This results in the minimum required medications or insulin and has both physical and financial benefits to clients.**

#### **Service Improvements during 2017-2018:**

- Increased use of technology to augment treatment
- Well utilised After Hours Diabetes Education Service
- Increase in Diabetes Education service hours, leading to decreased client waitlist times.
- 335 clients were seen in 2017-2018; an increase of nearly 100 clients from the previous year.
- In 2017-2018, 274 new clients came to the service, an increase of 70 from 2016-2017.
- Exercise Physiology Diabetes Groups maintain clients once initial programs are completed.

## CASE STUDY: DIABETES

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When we first met Jocelyn, in her mid 60s, she was unable to bring her Diabetes under control despite a vigilant approach to her insulin management.

It was clear we needed to work with Jocelyn to find out why it was so difficult to manage her Diabetes.

Continuous blood glucose monitoring showed overnight hypoglycemia (hypo) and the need to reduce insulin, contrary to previous pathology results.

Using a new 'Smart Meter' and insulin adjustment education - the Nexus Diabetes Educator was able to teach Jocelyn how to self-adjust her insulin to remain at target levels.

A Nexus Dietitian provided input for carbohydrate counting allowing for safe insulin dose changes, and overall Insulin doses were reduced.

## CONCLUSION

Overnight Hypoglycaemia was eliminated, resulting in Jocelyn's Quality of life being markedly improved. She experienced fewer hypos and reduced her fear of hypos.



# COMPREHENSIVE CARE @ Nexus

## SECTION FOUR

### CONTINUITY OF CARE

As part of our commitment to provide you with the best possible care for as long as possible, we provide a range of person-centered services. These services work together where necessary to improve your health outcomes.

## WE PROVIDE END OF LIFE CARE AND PLANNING SUPPORT THROUGH:

- Providing clients, their family and community members with palliative care information in a range of languages and specific to cultural preference.
- Providing staff with relevant education, training and resources to care for palliative clients who identify with LGBTI or ATSI or who are disadvantaged by disability or rural isolation.
- Additional accredited Palliative care training;
- Identified staff that have access to community wide resources, training opportunities, health legal information and quality health standards and provide to whole organisation.
- Keeping updated resources and information from the Office of the Public Advocate, Palliative Care Victoria and Palliative Care Australia for clients, staff and community members.
- Having a process to inform service providers of clients who have requested no active resuscitation measures and that their life care planning choices has been respected.

# **ANNUAL FINANCIAL STATEMENT 2017-2018**



# Nexus Primary Health

ABN: 40 685 448 071

Financial Statements

30 June 2018

# Nexus Primary Health

30 June 2018

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# Nexus Primary Health Directors' Report

For the Year Ended 30 June 2018

Your directors present their report of Nexus Primary Health for the year ended 30 June 2018.

## Directors

The names of each person who has been a director during the year and to the date of this report are:

Dr Paul Scown	Robert Eagle
Gordon Hastie	Katherine Elder
Marie Gerrard	Desmond Callaghan
Sarah Treloar	

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

## Principal Activities

The principal activities of the company during the course of the financial year were in providing health and community services.

## Business Objectives

The company's objectives are:

- To provide the highest quality integrated person centred health services, support and advocacy based on best available evidence.
- To work collaboratively with all stakeholders to effectively plan for and deliver the continuum of prevention to intervention activities that will maximise the health outcomes for our communities.

The strategies to achieve these objectives are:

- To become a financially stable independent organisation that is the provider of choice for the services it offers.
- To establish partnerships that will increase access to services for our communities.
- Create dynamic and meaningful membership and volunteer programs and increase community awareness of Nexus Primary Health and value add to services available.

## Operating Result

Operations have continued to perform in line with expectations. The profit of the entity for the financial year was:

Year ended 30 June 2018	Year ended 30 June 2017 Restated
\$ 395,769	\$ 1,157,544

## Performance Measurement

The company measures its own performance through the use of quantitative and qualitative objectives. The achievement of objectives are used by the directors to assess the financial and service provision performance of the company and whether the company's objectives are being achieved.

# Nexus Primary Health Directors' Report

For the Year Ended 30 June 2018

## Significant Changes

In the opinion of the directors, there were no significant changes in the state of affairs of the company that occurred during the financial year under review not otherwise disclosed in this report or the financial statements.

## After Balance Date Events

No other matters or circumstances have arisen since the end of the financial year which affected or may significantly affect the operations of the company, the results of those operations or the state of affairs of the company, in future years.

## Environmental Issues

The company is not subject to any significant environmental regulation.

## Directors' Benefits

No director has received or become entitled to receive, during or since the financial year, a benefit because of a contract made by the company, controlled entity or related body corporate with a director, a firm which a director is a member or an entity in which a director has a substantial financial interest. This statement excludes a benefit included in the aggregate amount of emoluments received or due and receivable by directors shown in the company's accounts, or the fixed salary of a full-time employee of the company, controlled entity or related body corporate.

## Indemnification and Insurance of Directors and Officers

The company has indemnified all directors and officers in respect of liabilities to other persons (other than the company or related body corporate) that may arise from their position as directors or officers of the company except where the liability arises out of conduct involving the lack of good faith.

The company has not provided any insurance for an auditor of the company or a related body corporate.

## Proceedings on Behalf of the Entity

No person has applied for leave of Court to bring proceedings on behalf of the entity or intervene in any proceedings to which the entity is a party for the purpose of taking responsibility on behalf of the entity for all or any part of those proceedings.

The entity was not a party to any such proceedings during the year.

## Information on Directors

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### Dr Paul Scown

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Qualifications:	MBBS, BHA (NSW), FRACMA, AFACHSM, MAICD
Experience:	Dr. Paul Scown has 38 years experience in clinical practice, medical administration, senior and chief executive and board director and chair roles, in QLD, NSW, SA and VIC. He is a consultant to the health, education and research sectors and is a volunteer firefighter.
Special Responsibilities:	Chair, member of Finance and Audit Committee



# Nexus Primary Health Directors' Report

For the Year Ended 30 June 2018

## Information on Directors *(continued)*

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### Robert Eagle

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**Qualifications:** Bachelor of Law

**Experience:** Robert Eagle has been a lawyer since 1969 and has practiced in a variety of city, suburban and outer-suburban locations in Victoria, as well as Broome, Western Australia, where he was a Director of a State Corporation. He is also involved with a number of community and social organisations.

**Special Responsibilities:** N/A

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### Gordon Hastie

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**Experience:** Gordon Hastie has over 40 years experience within the technology industry, HR, finance, operations and governance.

**Special Responsibilities:** Chair of Finance and Audit Committee

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### Katherine Elder

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**Qualifications:** BSc, BSW

**Experience:** Katherine Elder has 11 years of experience as a Disability Respite Carer and Respite Foster Carer. Katherine has a broad range of experience having worked and volunteered in a number of government and not for profit organisations.

**Special Responsibilities:** Member of Clinical Governance and Workforce Committee

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### Marie Gerrard

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**Qualifications:** Bachelor of Science Medical Laboratory Science, Diploma Immunology, M. Arts Development Studies

**Experience:** Marie Gerrard has 24 years experience with the Victorian Infectious Diseases Reference Laboratories (High Security Scientist / Deputy Safety Officer) and as Chair of WHO West Pacific Centre, committee member of the Australian Society for Microbiology, past President of the Rotary Club of Southern Mitchell, President of the International Society for Human Rights Australia and committee member of BEAM Mitchell Environment Group.

**Special Responsibilities:** Chair of Clinical Governance and Workforce Committee

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### Desmond Callaghan

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**Experience:** Desmond Callaghan has over 33 years experience in Community Health governance and four years experience within Local Government.

**Special Responsibilities:** N/A

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### Sarah Treloar

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**Qualifications:** Bachelor of Business (Accounting and Management), ICA Member

**Experience:** Sarah Treloar has held the position of Financial Controller at Sacred Heart Mission, was an External Auditor for Ernst & Young and is the Treasurer of the Agricultural Society. She also volunteers at the Royal Children's Hospital and CFA.

**Special Responsibilities:** Member of Finance and Audit Committee

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# Nexus Primary Health Directors' Report

For the Year Ended 30 June 2018

## Meeting of Directors

During the financial year, 7 meetings of directors were held. Attendances by each director were as follows:

	Board of Directors		Finance and Audit Committee	
	<i>Eligible</i>	<i>Attended</i>	<i>Eligible</i>	<i>Attended</i>
Dr Paul Scown	7	7	5	1
Robert Eagle	7	5	-	2*
Gordon Hastie	7	6	5	4
Katherine Elder	7	7	-	1*
Marie Gerrard	7	7	-	2*
Desmond Callaghan	7	3	-	1*
Sarah Treloar	7	6	5	5

\*Board members may attend the Finance and Audit Committee meetings as observers

## Company Secretary

The position of Company Secretary was held by Suzanne Miller for the duration of the financial year. Ms Miller is the Company's Chief Executive Officer.

## Members Guarantee

The entity is incorporated under the *Australian Charities and Not-for-profits Commission Act 2012* and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the entity. At 30 June 2018 the number of members was 82 (2017: 89).

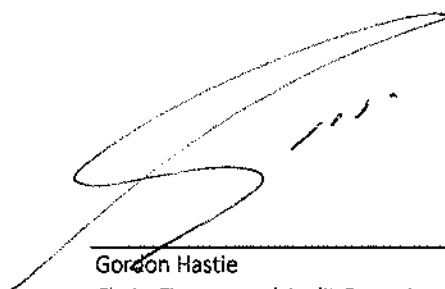
## Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2018 has been received and can be found on page five of the Financial Report.

Signed in accordance with a resolution of the Board of Directors.



Paul Scown  
Chair



Gordon Hastie  
Chair, Finance and Audit Committee

Dated this 26th day of October 2018

**Auditor's Independence Declaration under section 60.40 of the *Australian Charities and Not for Profits Commission Act 2012* to the Directors of Nexus Primary Health**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2018 there has been:

- i. no contraventions of the auditor's independence requirements as set out in the *Australian Charities and Not for Profits Commission Act 2012* in relation to the audit
- ii. no contraventions of any applicable code of professional conduct in relation to the audit.



**Andrew Frewin Stewart**  
61 Bull Street, Bendigo, 3550  
Dated this 26<sup>th</sup> day of October 2018



**Adrian Downing**  
Lead Auditor

# Nexus Primary Health

## Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2018

		2018	Restated 2017
	Notes	\$	\$
<b>Income</b>			
Revenue	2	13,382,389	12,585,898
<b>Total Income</b>		<b>13,382,389</b>	<b>12,585,898</b>
<b>Expenditure</b>			
Employee benefits expense		9,810,476	8,467,075
Client expenses		1,060,982	1,069,137
Office expenses		940,057	941,104
Depreciation expenses	3i	311,971	279,782
Finance expenses		50,328	41,939
Occupancy expenses		189,229	179,004
Other expenses		623,577	450,313
<b>Total Expenditure</b>		<b>12,986,620</b>	<b>11,428,354</b>
<b>Profit before income tax</b>		<b>395,769</b>	<b>1,157,544</b>
Income tax expense	1b	-	-
<b>Profit for the year</b>		<b>395,769</b>	<b>1,157,544</b>
<b>Other Comprehensive Income for the Year</b>		<b>-</b>	<b>-</b>
<b>Total Comprehensive Income for the Year</b>		<b>395,769</b>	<b>1,157,544</b>

The above Statement of Profit or Loss and Other Comprehensive Income should be read in conjunction with the accompanying notes.

# Nexus Primary Health

## Statement of Financial Position

As at 30 June 2018

		2018	Restated 2017
	Notes	\$	\$
<b>Current Assets</b>			
Cash and cash equivalents	4	7,234,194	5,618,484
Trade and other receivables	5	313,742	411,719
Other assets	6	183,284	58,756
<b>Total Current Assets</b>		<b>7,731,220</b>	<b>6,088,959</b>
<b>Non-Current Assets</b>			
Intangible assets	7	68,756	29,379
Property, plant and equipment	8	8,652,790	8,632,645
<b>Total Non-Current Assets</b>		<b>8,721,546</b>	<b>8,662,024</b>
<b>Total Assets</b>		<b>16,452,766</b>	<b>14,750,983</b>
<b>Current Liabilities</b>			
Trade and other payables	9	2,533,885	1,501,580
Employee entitlements	10	1,316,273	1,122,806
<b>Total Current Liabilities</b>		<b>3,850,158</b>	<b>2,624,386</b>
<b>Non-Current Liabilities</b>			
Employee entitlements	10	336,409	256,167
<b>Total Non-Current Liabilities</b>		<b>336,409</b>	<b>256,167</b>
<b>Total Liabilities</b>		<b>4,186,567</b>	<b>2,880,553</b>
<b>Net Assets</b>		<b>12,266,199</b>	<b>11,870,430</b>
<b>Equity</b>			
Retained earnings		12,266,199	11,870,430
<b>Total Equity</b>		<b>12,266,199</b>	<b>11,870,430</b>

The above Statement of Financial Position should be read in conjunction with the accompanying notes.

Nexus Primary Health  
Statement of Changes in Equity  
For the Year Ended 30 June 2018

	Retained Earnings \$	Total Equity \$
Balance at 1 July 2016 (restated)	10,712,886	10,712,886
Profit for the year (restated)	1,157,544	1,157,544
Total other comprehensive income for the year	-	-
Balance at 30 June 2017 (restated)	11,870,430	11,870,430
Balance at 1 July 2017 (restated)	11,870,430	11,870,430
Profit for the year	395,769	395,769
Total other comprehensive income for the year	-	-
Balance at 30 June 2018	12,266,199	12,266,199



# Nexus Primary Health

## Statement of Cash Flows

For the Year Ended 30 June 2018

		2018	Restated 2017
	Notes	\$	\$
<b>Cash Flows from Operating Activities</b>			
Receipts from grants and customers		14,733,645	12,414,042
Payments to employees and suppliers		(12,867,585)	(10,728,351)
Interest received		121,143	124,986
<b>Net Cash Provided by Operating Activities</b>	11	<b>1,987,203</b>	<b>1,810,677</b>
<b>Cash Flows from Investing Activities</b>			
Payments for plant and equipment		(315,993)	(100,036)
Payments for intangible assets		(55,500)	(10,589)
<b>Net Cash Used in Investing Activities</b>		<b>(371,493)</b>	<b>(110,625)</b>
Net increase in cash held		1,615,710	1,700,052
Cash and cash equivalents at the beginning of the financial year		5,618,484	3,918,432
<b>Cash and Cash Equivalents at the End of the Financial Year</b>	4	<b>7,234,194</b>	<b>5,618,484</b>

The above Statement of Cash Flows should be read in conjunction with the accompanying notes.

# Nexus Primary Health

## Notes to the Financial Statements

For the Year Ended 30 June 2018

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### Note 1. Summary of Significant Accounting Policies

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The financial statements are for Nexus Primary Health as an individual entity, incorporated and domiciled in Australia. Nexus Primary Health is a company limited by guarantee.

#### Financial reporting framework

The directors have prepared the financial statements on the basis that the company is a non-reporting entity because there are no users dependent on general purpose financial statements. These financial statements are therefore special purpose financial statements that have been prepared in order to meet the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

The financial statements have been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the *Australian Charities and Not-for-profits Commission Act 2012* and the significant accounting policies disclosed below, which the directors have determined are appropriate to meet the needs of members. Such accounting policies are consistent with those of previous periods unless stated otherwise.

#### Statement of Compliance

The financial statements have been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the *Australian Charities and Not-for-profits Commission Act 2012*, the basis of accounting specified by all Australian Accounting Standards and Interpretations, and the disclosure requirements of Accounting Standards AASB 101: Presentation of Financial Statements, AASB 107: Cash Flow Statements, AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors, AASB 1031: Materiality and AASB 1054: Australian Additional Disclosures.

#### Basis of preparation

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs unless otherwise stated in the notes. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise. The amounts presented in the financial statements have been rounded to the nearest dollar.

The financial statements were authorised for issue on 26 October 2018 by the directors of the company.

#### Accounting Policies

##### (a) Revenue

Grant revenue is recognised in the statement of comprehensive income when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

Where a grant is received for a specific purpose, any amounts remaining unexpended in relation to that grant as at the end of a financial year is recognised as a liability on the balance sheet.

# Nexus Primary Health

## Notes to the Financial Statements

For the Year Ended 30 June 2018

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**Note 1. Summary of Significant Accounting Policies (continued)**

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**(a) Revenue (continued)**

When grant revenue is received whereby the company incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Nexus Primary Health receives non-reciprocal contributions of assets from the government and other parties for a zero or nominal value. These assets are recognised at fair value on the date of acquisition in the Statement of Financial Position with a corresponding amount of income recognised in the Statement of Profit or Loss and Other Comprehensive Income.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised on an accrual basis taking into account the interest rates applicable to the financial assets.

Revenue from the rendering of a service is recognised upon the delivery of service to clients.

All revenue is stated net of the amount of goods and services tax. (GST)

**(b) Income tax**

No provision for income tax has been raised as the company is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

**(c) Cash and cash equivalents**

Cash and cash equivalents include cash on hand, deposits held at-call with banks and other short-term highly liquid investments with original maturities of twelve months or less.

**(d) Trade and other receivables**

Debtors are brought to account at their nominal amounts. A provision for doubtful debts is raised when some doubt as to collection exists.

**(e) Intangible assets*****Computer software***

Computer software is initially recognised at cost. It has a finite life and is carried at cost less any accumulated amortisation and impairment losses. Software has an estimated useful life of between three and five years. It is assessed annually for impairment.

# Nexus Primary Health

## Notes to the Financial Statements

For the Year Ended 30 June 2018

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### Note 1. Summary of Significant Accounting Policies (continued)

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#### (f) Property, Plant and Equipment

Property, plant and equipment is measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses are recognised in profit or loss. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(h) for details of impairment).

##### *Depreciation*

The depreciable amount of all fixed assets is depreciated over the asset's useful life to the entity commencing from the time the asset is held ready for use. Structural improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period. An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount. Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the statement of comprehensive income.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Land	-
Buildings	2% - 10%
Computer Equipment	25% - 33%
Communications Equipment	33%
Medical Equipment	10% - 20%
Office Equipment	2% - 15%
Furniture and Fittings	5% - 27%
Motor Vehicles	22.5%

#### (g) Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset (but not the legal ownership) that are transferred to entities in the economic entity, are classified as finance leases.

Finance leases are capitalised by recording an asset and a liability at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Leased assets are depreciated on a straight-line basis over the shorter of their estimated useful lives or the lease term.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the lease term.

# Nexus Primary Health

## Notes to the Financial Statements

For the Year Ended 30 June 2018

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**Note 1. Summary of Significant Accounting Policies (continued)**

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**(h) Impairment of assets**

At the end of each reporting period, the company assesses whether there is any indication that an asset may be impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss.

Where it is not possible to estimate the recoverable amount of an individual asset, the company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

**(i) Trade and other payables**

These amounts represent liabilities for goods and services provided to the Company prior to the end of the financial year and which remain unpaid. The amounts are unsecured and are usually paid within 30 days of recognition.

**(j) Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. Receivables and payables in the statement of financial position are stated inclusive of GST.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

**(k) Provisions**

Provisions are recognised when the company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at reporting date.

**(l) Employee benefits**

*Short-term employee benefits*

Provision is made for the company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The company's obligations for short-term employee benefits such as wages and salaries are recognised as a part of current trade and other payables in the statement of financial position.

# Nexus Primary Health

## Notes to the Financial Statements

For the Year Ended 30 June 2018

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### Note 1. Summary of Significant Accounting Policies (continued)

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#### (l) Employee benefits (continued)

##### *Other long-term employee benefits*

The company classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the company's obligation for other long-term employee benefits, which are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Upon the remeasurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in profit or loss classified under employee benefits expense.

The company's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the company does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

#### (m) Comparative figures

Where required by Accounting Standards, comparative figures have been adjusted to conform with changes in presentation for the current financial year.

#### (n) Critical Accounting Estimates and Judgments

The directors evaluate estimates and judgments incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

##### (i) *Impairment*

The company assesses impairment at the end of each reporting period by evaluating conditions and events specific to the company that may be indicative of impairment triggers. No indication of impairment was noted as at 30 June 2018.

#### (o) Economic dependence

The company is dependent on the Department of Health and Human Services (DHHS) for a material amount of its revenue used to operate the business. At the date of this report, the Board of Directors has no reason to believe DHHS will not continue to support the company.

# Nexus Primary Health

## Notes to the Financial Statements

For the Year Ended 30 June 2018

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### Note 1. Summary of Significant Accounting Policies (continued)

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#### (p) Financial instruments

##### *Initial recognition and measurement*

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions of the instrument. For financial assets, this is equivalent to the date that the company commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted). Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are expensed to profit or loss immediately.

##### *Classification and subsequent measurement*

Finance instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method or cost. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as:

- (i) the amount at which the financial asset or financial liability is measured at initial recognition
- (ii) less principal repayments
- (iii) plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the effective interest method; and
- (iv) less any reduction for impairment.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss.

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

##### *(i) Financial assets at fair value through profit or loss*

Financial assets are classified at 'fair value through profit or loss' when they are either held for trading for the purpose of short term profit taking, derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss.

##### *(ii) Loans and receivables*

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

# Nexus Primary Health

## Notes to the Financial Statements

For the Year Ended 30 June 2018

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**Note 1. Summary of Significant Accounting Policies (continued)**

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**(p) Financial Instruments (continued)**

**(iii) Held-to-maturity investments**

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the entity's intention to hold these investments to maturity. They are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

**(iv) Finance liabilities**

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

**Impairment**

At the end of each reporting period, the company assesses whether there is objective evidence that a financial asset has been impaired. A financial asset (or a group of financial assets) is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a "loss event") having occurred, which has an impact on the estimated future cash flows of the financial asset(s).

In the case of financial assets carried at amortised cost, loss events may include: indications that the debtors (or a group of debtors) are experiencing significant financial difficulty, default or delinquency in interest or principal payments; indications that they will enter bankruptcy or other financial reorganisation; and changes in arrears or economic conditions that correlate with defaults.

For financial assets carried at amortised cost (including loans and receivables), a separate allowance account is used to reduce the carrying amount of financial assets impaired by credit losses. After having taken all possible measures of recovery, if management establishes that the carrying amount cannot be recovered by any means, at that point the written-off amounts are charged to the allowance account, or the carrying amount of impaired financial assets is reduced directly if no impairment amount was previously recognised in the allowance account.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the company recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

**Derecognition**

Financial assets are derecognised where the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expire. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.



# Nexus Primary Health

## Notes to the Financial Statements

For the Year Ended 30 June 2018

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### Note 1. Summary of Significant Accounting Policies (continued)

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#### (q) Fair value of assets and liabilities

The company measures some of its assets and liabilities at fair value either on a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standards.

"Fair value" is the price the company would sell an asset or would have to pay to transfer a liability in an orderly (i.e. unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from the principal market for the asset or liability (i.e. market with the greatest volume and level of activity for the asset or liability). In the absence of such a market, market information is extracted from the most advantageous market available to the entity at the end of the reporting period (i.e. the market that maximises the receipts from the sale of the asset and minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities and the entity's own equity instrument (if any) may be valued, where there is no observable market price in relation to the transfer of such financial instrument, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and where significant, are detailed in the respective note to the financial statements.

#### (r) New accounting standards for application in future periods

Standard/Interpretation	Effective for annual reporting periods beginning on or after	Expected to be initially applied in the financial year ending
AASB 15: Revenue from Contracts with Customers	1/01/2019	30/06/2020
AASB 16: Leases	1/01/2019	30/06/2020
AASB 1058: Income for Not for Profit Entities	1/01/2019	30/06/2020

The impact of these Standards has not been assessed at 30 June 2018.

# Nexus Primary Health

## Notes to the Financial Statements

For the Year Ended 30 June 2018

### Note 1. Summary of Significant Accounting Policies (continued)

#### (s) Prior period error

In the prior period, the company recognised \$2,820,259 of revenue from the Department of Health for the Commonwealth Home Support Programme. The company has since identified that the annual service provision targets were not met during the year ended 30 June 2017. The amount of funding related to the under provision of services totalled \$441,187.

This balance should have therefore been recognised as grants held in advance and not revenue, as the Department of Health maintains the right to clawback those funds.

Further to this, during the year ended 30 June 2017, the financial statements were presented with the revenue and expenditure relating to the Lower Hume Primary Care Partnership included in the results of Nexus Primary Health Limited. As an auspicing relationship exists, revenue and expenditure was not under the control of Nexus Primary Health Limited and should not have been included in the financial statements.

Given the material nature of both errors, the financial statements for the year ended 30 June 2017 have been restated retrospectively in accordance with AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors. The financial statements have been amended and certain comparative figures have been restated as follows:

	Previous 2017 disclosure	Restatement	Current 2017 disclosure
<b>Statement of comprehensive Income</b>			
Revenue	13,356,465	(770,567)	12,585,898
Employee benefits	8,743,806	(276,731)	8,467,075
Office expenses	960,932	(19,828)	941,104
Finance expenses	64,172	(22,233)	41,939
Other expenses	482,292	(31,979)	450,313
Client expenses	1,082,205	(13,068)	1,069,137
Profit before income tax	1,564,273	(406,729)	1,157,544
Total comprehensive income for the year	1,564,273	(406,729)	1,157,544
<b>Statement of Financial Position</b>			
Cash and cash equivalents	5,846,727	(228,243)	5,618,484
Prepaid expenses	71,902	(5,110)	66,792
Total assets	14,992,372	(233,353)	14,759,019
Trade and other payables	1,076,625	432,991	1,509,616
Employee entitlements	1,408,505	(29,532)	1,378,973
Funds held in trust	195,625	(195,625)	-
Total liabilities	2,680,754	(674,540)	2,006,214
Net assets	12,311,617	(441,187)	11,870,430
Retained earnings	12,311,617	(441,187)	11,870,430
Total equity	12,311,617	(441,187)	11,870,430

# Nexus Primary Health

## Notes to the Financial Statements

For the Year Ended 30 June 2018

Note 2.	Revenue	2018 \$	2017 \$
<i>Revenue from government grants and other grants</i>			
	DHHS government grants	5,701,041	4,627,765
	Commonwealth government grants	2,945,901	2,542,636
	Capital grants	-	568,465
	Other grants	1,598,737	2,091,695
<i>Other revenue</i>			
	Client fees	1,617,438	1,250,192
	GP revenue	1,042,863	814,640
	Other revenue	355,266	567,300
	Interest	121,143	123,205
	Total revenue	13,382,389	12,585,898

Note 3.	Profit/(Loss)		
<i>Profit/(Loss) for the year has been determined after:</i>			
<i>(i) Depreciation, amortisation and impairment expenses</i>			
	Buildings	150,605	183,636
	Computer Equipment	46,714	33,590
	Communications Equipment	12,420	8,931
	Medical Equipment	1,200	862
	Office Equipment	14,453	10,393
	Furniture and Fittings	35,236	25,337
	Motor Vehicles	35,220	10,769
	Computer Software	16,123	6,264
	Total depreciation, amortisation and impairment	311,971	279,782
<i>(ii) Auditor remuneration due or paid to the auditors</i>			
	Remuneration of the auditors, Andrew Frewin Stewart for:		
	- auditing or reviewing the financial report	14,000	13,200
	- other services	940	-
	Total auditor remuneration	14,940	13,200

# Nexus Primary Health

## Notes to the Financial Statements

For the Year Ended 30 June 2018

	2018	2017
Note 4. Cash and Cash Equivalents	\$	\$
Cash at bank	4,732,544	1,116,934
Term deposits	2,500,000	4,500,000
Petty cash	1,650	1,550
Total cash and cash equivalents	<u>7,234,194</u>	<u>5,618,484</u>

Note 5. Trade and Other Receivables		
Trade receivables	373,742	436,719
Provision for impairment	(60,000)	(25,000)
Total trade and other receivables	<u>313,742</u>	<u>411,719</u>

Note 6. Other Assets		
Accrued income	96,635	50,695
Prepaid expenses	50,961	16,097
GP payments due	35,688	(8,036)
Total other assets	<u>183,284</u>	<u>58,756</u>

Note 7. Intangible assets		
Computer software	109,224	53,724
Less amortisation expense	(40,468)	(24,345)
Total intangible assets	<u>68,756</u>	<u>29,379</u>

# Nexus Primary Health

## Notes to the Financial Statements

For the Year Ended 30 June 2018

Note 8.	Property, Plant and Equipment	2018 \$	2017 \$
Land		1,653,670	1,653,670
		<u>1,653,670</u>	<u>1,653,670</u>
Buildings		7,442,827	7,331,489
Less accumulated depreciation		(860,325)	(709,720)
		<u>6,582,502</u>	<u>6,621,769</u>
Computer equipment		291,356	276,318
Less accumulated depreciation		(257,993)	(211,279)
		<u>33,363</u>	<u>65,039</u>
Communications equipment		141,448	141,448
Less accumulated depreciation		(130,034)	(117,614)
		<u>11,414</u>	<u>23,834</u>
Medical equipment		28,478	16,092
Less accumulated depreciation		(17,292)	(16,092)
		<u>11,186</u>	<u>-</u>
Office equipment		136,604	136,604
Less accumulated depreciation		(126,878)	(112,425)
		<u>9,726</u>	<u>24,179</u>
Furniture and fittings		289,798	289,798
Less accumulated depreciation		(153,734)	(118,498)
		<u>136,064</u>	<u>171,300</u>
Motor vehicles		175,858	169,494
Less accumulated depreciation		(131,860)	(96,640)
		<u>43,998</u>	<u>72,854</u>
Work in progress		170,867	-
		<u>170,867</u>	<u>-</u>
Total property, plant and equipment		<u>8,652,790</u>	<u>8,632,645</u>

# Nexus Primary Health

## Notes to the Financial Statements

For the Year Ended 30 June 2018

	2018	2017
<b>Note 9. Trade and Other Payables</b>	<b>\$</b>	<b>\$</b>
Trade payables	405,592	385,355
GST payable	284,501	234,453
PAYG payable	102,963	86,505
Accrued expenses	339,320	173,922
Grants in advance	1,387,360	621,345
Other payables	14,149	-
<b>Total trade and other payables</b>	<b>2,533,885</b>	<b>1,501,580</b>

<b>Note 10. Employee Entitlements</b>		
<i>Current</i>		
Provision for annual leave	570,445	505,930
Provision for long service leave	745,828	616,876
<b>Total current employee entitlements</b>	<b>1,316,273</b>	<b>1,122,806</b>
<i>Non-current</i>		
Provision for long service leave	336,409	256,167
<b>Total non-current employee entitlements</b>	<b>336,409</b>	<b>256,167</b>
<b>Total employee entitlements</b>	<b>1,652,682</b>	<b>1,378,973</b>

<b>Note 11. Cashflow information</b>		
Reconciliation of profit to net cash provided by operating activities		
Profit	395,769	1,157,544
Non cash items:		
- Depreciation, amortisation and impairment expenses	311,971	279,781
- Provision for doubtful debts	35,000	25,000
Changes in assets and liabilities		
- (Increase)/decrease in trade and other receivables	62,977	(96,870)
- (Increase)/decrease in other assets	(124,528)	19,419
- Increase in trade and other payables	1,032,305	259,817
- Increase in employee entitlements	273,709	165,986
<b>Net cashflows provided by operating activities</b>	<b>1,987,203</b>	<b>1,810,677</b>

# Nexus Primary Health

## Notes to the Financial Statements

For the Year Ended 30 June 2018

### Note 12. Contingent assets and contingent liabilities

The company's directors are not aware of any contingent liabilities or assets as at the date of signing this financial report.

	2018	2017
<b>Note 13. Capital and Leasing Commitments</b>	<b>\$</b>	<b>\$</b>

#### (a) Operating lease commitments

Operating lease commitments payable

- not later than 12 months	170,645	124,355
- later than 12 months but not later than 5 years	181,167	54,472
- greater than 5 years	-	-

Total minimum lease payments	351,812	178,827
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#### (b) Finance lease commitments

The company has no finance lease commitments contracted for.

#### (c) Capital commitments

Capital expenditure commitments contracted for capital projects:

	2018	2017
Payable	\$	\$
- no later than 12 months	325,000	-
- between 12 months and 5 years	-	-
- greater than 5 years	-	-
	325,000	-

### Note 14. Events after the reporting period

There has been no matter or circumstance that has arisen since the end of the financial year that has significantly affected or may significantly affect the operations of the company.

### Note 15. Members guarantee

The entity is incorporated under the *Australian Charities and Not-for-profits Commission Act 2012* and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the entity. At 30 June 2018 the number of members was 82 (2017: 89).

### Note 16. Registered Office/Principal Place of Business

The registered office of the association is:  
72 Ferguson Street  
Broadford Vic 3658

The principal place of business is:  
72 Ferguson Street  
Broadford Vic 3658

# Nexus Primary Health

## Notes to the Financial Statements

For the Year Ended 30 June 2018

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### Note 17. Lower Hume Primary Care Partnership

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On 1 July 2006, Nexus Primary Health became the auspicing agency of the Lower Hume Primary Care Partnership. For the year ended 30 June 2018 we have the following financial information to report for the Lower Hume Primary Care Partnership:

#### Lower Hume Primary Care Partnership Income Statement for the Year Ended 30 June 2018

	2018	2017
	\$	\$
<b>Revenue</b>		
<i>Operating revenue</i>		
Operating grant	343,382	327,599
Interest received	2,292	1,781
Other revenue	6,950	-
Total revenue	<u>352,624</u>	<u>329,380</u>
<b>Expenses</b>		
Employee benefits	248,317	276,731
Client expenses	18,602	13,068
Office expenses	23,501	19,828
Finance expenses	11,362	22,233
Other expenses	33,363	31,979
Total expenses	<u>335,145</u>	<u>363,839</u>
<b>Net current year surplus/(deficit)</b>	<u><u>17,479</u></u>	<u><u>(34,459)</u></u>



# Nexus Primary Health

## Notes to the Financial Statements

For the Year Ended 30 June 2018

### Note 17. Lower Hume Primary Care Partnership (continued)

#### Lower Hume Primary Care Partnership Statement of Financial Position as at 30 June 2018

	Note	2018 \$	2017 \$
<b>Assets</b>			
<i>Current assets</i>			
Held in trust by Nexus Primary Health	17a	250,342	233,353
<b>Total current assets</b>		<b>250,342</b>	<b>233,353</b>
<b>Total assets</b>		<b>250,342</b>	<b>233,353</b>
<b>Liabilities</b>			
<i>Current liabilities</i>			
Accounts payable and other payables	17b	37,238	37,728
<b>Total current liabilities</b>		<b>37,238</b>	<b>37,728</b>
<b>Total liabilities</b>		<b>37,238</b>	<b>37,728</b>
<b>Net assets</b>		<b>213,104</b>	<b>195,625</b>

#### (a) Assets held in trust by Nexus Primary Health

Cash at bank	250,342	228,243
Prepaid expenses	-	5,110
	<b>250,342</b>	<b>233,353</b>

#### (b) Accounts payable and other payables

Creditors	10,719	8,196
Employee provisions	26,519	29,532
	<b>37,238</b>	<b>37,728</b>

No revenue, expenses, assets, or liabilities of Lower Hume Primary Care Partnership are included in that of Nexus Primary Health as this program is auspiced.

# Nexus Primary Health Directors' Declaration

For the Year Ended 30 June 2018

The directors of the company declare that the financial statements on pages 1 to 25 are in accordance with the *Australian Charities and Not-for-profit Commission Act 2012* and:

- (a) comply with Australian Accounting Standards; and
- (b) give a true and fair view of the financial position as at 30 June 2018 and the financial performance for the year ended on that date.

In the directors' opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

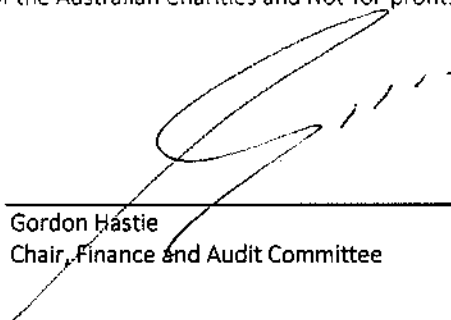
This declaration is signed in accordance with subs 60.15(2) of the Australian Charities and Not-for-profits Commission Regulation 2013.



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Paul Scown  
Chair

Dated this 26th day of October 2018



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Gordon Hastie  
Chair, Finance and Audit Committee

## Independent auditor's report to the members of Nexus Primary Health

### Report on the audit of the financial statements

#### Our opinion

In our opinion, the financial report of Nexus Primary Health being a special purpose financial report, is in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- i. giving a true and fair view of the company's financial position as at 30 June 2018 and of its performance for the year ended on that date; and
- ii. complying with the accounting policies described in Note 1 of the financial report and the *Australian Charities and Not-for-profits Commission Regulations 2013*.

#### What we have audited

Nexus Primary Health's (the company) financial report comprises the:

- ✓ Statement of financial position as at 30 June 2018
- ✓ Statement of profit or loss and other comprehensive income for the year then ended
- ✓ Statement of changes in equity for the year then ended
- ✓ Statement of cash flows for the year then ended
- ✓ Notes comprising a summary of significant accounting policies and other explanatory notes
- ✓ The directors' declaration of the entity.

#### Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report.

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

#### Basis of accounting and restriction on distribution

Without modifying our opinion, we draw attention to Note 1 to the financial statements, which describes the basis of accounting. The financial report has been prepared to assist Nexus Primary Health to meet the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*. As a result, the financial report may not be suitable for another purpose.

#### Other information

The company may prepare an annual report that may include the financial statements, director's report and declaration and our audit report (the financial report). The annual report may also include "other information" on the entity's operations and financial results and financial position as set out in the financial report, typically in a Chairman's report and reports covering governance and other matters.

The directors are responsible for the other information. An annual report has not been made available to us as of the date of this auditor's report.

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

Our responsibility is to read the other information identified above when it becomes available and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

If we identify that a material inconsistency appears to exist when we read the annual report (or become aware that the other information appears to be materially misstated), we will discuss the matter with the directors and where we believe that a material misstatement of the other information exists, we will request management to correct the other information.

### **Independence**

In conducting our audit, we have complied with the independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

### **Directors' responsibility for the financial report**

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with the accounting policies described in Note 1 of the financial report and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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 the directors either intend to liquidate the company or cease operations, or have no realistic alternative but to do so.

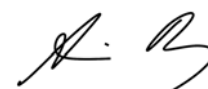
### **Auditor's responsibility for the audit of the financial report**

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

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: <http://www.auasb.gov.au/home.aspx>. This description forms part of our auditor's report.



**Andrew Frewin Stewart**  
61 Bull Street, Bendigo, 3550  
Dated this 26<sup>th</sup> day of October 2018



**Adrian Downing**  
Lead Auditor

Taxation

Business Services

Community Banking

Audit

Share Registry

Your partners  
**in success**



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