



nexus
Primary Health



Annual Report

2019 - 2020

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Acknowledgements

Staff and Board Members of Nexus Primary Health acknowledge the traditional owners of this land, the Taungurung, Wurundjeri and Yorta Yorta People, and we pay our respects to their elders, past and present. We acknowledge and uphold their continuing relationship to this land.

Nexus Primary Health is committed to providing an inclusive service and work environment where individuals feel safe, accepted, affirmed and celebrated. We are committed to equity, irrespective of cultural or linguistic background, sexual orientation, gender identity, intersex status, religion or spiritual beliefs, socio-economic status, age, or abilities.



REGISTERED
NDIS
PROVIDER





Letter from the Board

It has been an eventful twelve months at Nexus Primary Health.

2020 has challenged us all and made great demands upon service delivery for the Nexus teams, due to the COVID-19 pandemic. Our services have been seriously affected, yet the dedication of our staff has allowed us to continue to ensure the needs of our community have been met.

The second half of 2019 saw us say goodbye to Suzanne Miller who had been our CEO and a member of the Nexus team for more than a decade. Suzanne was integral in the partnership development and service growth that underpins Nexus as the “go to” organisation in our region. We are grateful to Suzanne for her contribution to the Nexus family and wish her well in her future endeavors.

In the past year we have had some significant changes in our Board composition as we said goodbye to three long standing Board members:

Des Callaghan, was an original Director of Broadford and District Community Health Centre, Lower Hume Community Health Services and Mitchell Community Health Services (all precursors to Nexus Primary Health) and retired at the end of last year, having served as a Director since 1982 and playing a pivotal role in delivering the redevelopment of our Broadford offices.

Kate Elder resigned from the Board in March 2020, having joined the Board in 2017.

Gordon Hastie sadly passed in June after a short illness. Gordon joined the Board in 2012 and was Treasurer and Chair of the Audit and Risk Management Review Committee during his tenure.

In January we welcomed our new Chief Executive Amanda Mullins, at a time when our teams had just moved into the Seymour site whilst the extensive redevelopment at our Broadford office was underway. Soon after commencing her new role, the global pandemic was upon us and Amanda and her Executive team mobilised the teams to seamlessly pivot processes to work from home wherever possible.

The Nexus Board is proud of the efforts of all our Nexus team, especially grateful to our clinic staff, community support staff and all who continued to deliver care to our communities in the difficult COVID-19 environment with all of the necessary restrictions and guidelines.

Finally, I would like to say an enormous thank you to the staff and volunteers at Nexus. You have responded to the call of duty to continue services for our communities and stretched over and above in our mission to help those in our communities to live well.

A handwritten signature in dark ink, appearing to read 'Paul Scown'.

Dr Paul Scown
Board Chair

About Us

The Nexus story began over forty years ago with a small local community health service employing a physiotherapist and district nurse.

Today Nexus is a leading provider of primary and community health in the Mitchell, Murrindindi and Strathbogie Shires. We are committed to excellence in delivery of holistic, accessible, community-based health services. In line with our mission, we continually strive to provide the highest quality integrated person-centered health services, support, and advocacy.

Our Vision

Nexus Primary Health is the 'go to' Organisation. We believe that everyone deserves easily accessed and affordable personalised care.

Our Mission

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.

To be innovative in our use of technology and in the provision of sustainable and accessible services.

To provide services, information and advocacy incorporating community input.

Our Organisational Values



Integrity

We act ethically and professionally



Innovation

We lead by example using evidence and embracing new ideas



Diversity

We embrace variety and difference



Empowerment

We enable people to live well



Respect

We value the rights of others



Accountability

We are responsible for our behaviours, actions and outcomes

CEO Report

It has been an exciting time to join Nexus Primary Health!

With a heritage of more than 40 years of excellence in the delivery of GP clinic and community health services, Nexus Primary Health continues to be innovative in response to the needs of the community we serve. Financial year 2019-2020 has provided challenges like no other for Nexus, but the committed staff and volunteers have excelled at service delivery to the community ensuring that they remained focused on client support and individualised outcomes.

At the end of 2019, the renovation of the Broadford offices commenced. Many staff moved to the new Seymour base or relocated to the Wallan GP Superclinic. After the December / January break the global pandemic started and Nexus, along with our entire global community, has adapted to a new system of working and delivering services.

The 279 staff and 140 volunteers at Nexus have been resilient and resolute in their commitment to ensuring support was continued to our many clients and patients, and this has been done with vigour and positivity that has supported our community and ensured that Nexus organisational performance was maintained.

My predecessor, Suzanne Miller, did an amazing job of building the Nexus service

offerings and community partnerships that are the foundation of Nexus and I look forward to, along with a committed and passionate Leadership team, planning for the next phase for Nexus.

I will utilise my extensive healthcare experience to ensure Nexus continues to maximise health outcomes for our communities by optimising our service offerings within the business. This will allow us to deliver the continuum of prevention through to intervention activities that are sustainable into the future.

The Nexus family has welcomed me with open arms, and I am continually humbled by the work our teams do. The diversity of services we offer at Nexus and the geography covered provides some challenges, but the quality of care given and the genuine care for our community is always the priority for the Nexus staff.

I would like to thank all the Nexus clients, staff, volunteers, community partners and the Nexus Board for their support this year and their continued contribution to the Nexus family.



Amanda Mullins
Chief Executive



At a Glance

	July 19 - June 20	July 18 - June 19
Total Appointments (not including GP appointments)	25,666	23,942
Phone Appointments	2,532	
Video Appointments	465	
Total GP Appointments	72,128	44,289
Number of Volunteers	140	93
Number of Meals Delivered	13,888	11,240
Number of Staff	279	258



Our Services

Access and Support Services
Alcohol and Other Drugs
Continence Services
Counselling Services
Diabetes Education
District Nursing
Diversity and Inclusion
Exercise Physiology
Family Violence – Children, Men and Women
Feeding Clinic
Financial Counselling
Gamblers Help Financial Counselling
General Practitioners
Health Promotion
Home Maintenance
Horses Assisting You (HAY)
Mental Health Support Services
NDIS
Nutrition and Dietetics – Adult & Children
Occupational Therapy – Adult & Children
Pediatrician
Physiotherapy – Adult & Children
Podiatry
Regional Assessment Services
Respite Care
Self-Advocacy for Disability
Social Support Groups
Speech Pathology
Targeted Care Packages (TCP)
Theraplay



Our Teams

Nexus Primary Health delivers a comprehensive range of services across the shires of Mitchell, Murrindindi, Greater Shepparton and Strathbogie. We continued to maintain services in various formats during the year despite the difficult COVID-19 environment. The Nexus teams were creative and innovative in their service delivery to ensure we were able to continue to deliver services wherever possible with the health and safety of all individuals as our focus. In adhering to guidelines, some of our programs were suspended, some significantly modified, and some have continued via telehealth.



Adult Allied Health

Nutrition & Dietetics, Occupational Therapy, Physiotherapy, Exercise Physiology, Podiatry and Speech Pathology.

Our fabulous Adult Allied Health team expanded this year with an additional three new Occupational Therapists joining the team to respond to the high demand for this service.

The Podiatry team commenced a Podiatry-led Foot Wound Clinic at Wallan which has been successful in supporting our great partnership between the Nexus and Northern Health podiatrists. A strong multidisciplinary approach is used in the Clinic, benefitting client care and we are getting positive feedback from clients regarding this Clinic.

Our allied team has embraced telehealth because of the pandemic environment this year and are finding that it can be just as effective as face to face servicing for some disciplines.

We are excited about the lovely new Allied Health clinical rooms at Seymour and Broadford and now a suitable room available for Exercise Physiology Groups at both of these Nexus sites.

Physiotherapist Shea Vincent is a specialist in pelvic floor dysfunction and children's continence issues and the demand for her services is increasing.

Joanne Binns

Team Leader

Adult Allied Health Services



Alcohol and Other Drugs

The AOD team has maintained a consistent regime of support for clients during the year. COVID-19 restrictions early in 2020 meant changing the way we deliver counselling and treatment however the general acceptance by clients of this telehealth support has allowed the team to maximise engagement and continue to deliver high quality, high volume outcomes, including hospital and home-based Detox supports.

Simon Gibbs

Community Access Executive Manager

Children's Allied Health

Nutrition and Dietetics, Occupational Therapy, Physiotherapy and Speech Pathology.

The Children's Allied Health team pivoted quickly in response to COVID-19 pandemic by adapting all services to telehealth. This posed challenges as our usual service delivery therapy tools could not be used, requiring a significant change in therapy tools and development of new resources. The team have responded enthusiastically by supporting each other and developing resources to suit the new platform for therapy. Clients have received the changes well and the majority of clients have been able to continue with therapy. In addition, a group program, the School Readiness Program, was able to be shifted to an online platform which required a significant amount of background work to be successful.

Ashlee Higgins & Michelle Taylor

Team Leaders

Children's Allied Health

Continence Service

The Continence Service covers the areas of Mitchell, Murrindindi, and Strathbogie shires and over the last 12 months there has been an increase in referrals from the Strathbogie and Murrindindi areas.

Over the last 8 months the continence service has positively adjusted to many changes because of the pandemic. Telehealth assessments were introduced and were extremely well received and supported by clients. They had expressed concerns that their needs would not be met, or the service would not be available. Positive verbal feedback was received from clients, who stated they felt supported following their telephone assessment and subsequent follow up telephone reviews.

The service focused not only on a comprehensive continence assessment but also on the client's general health and wellbeing, during these isolating and challenging times.

Caroline Maher

Continence Nurse Advisor



Diabetes Education

The Diabetes Education service has seen a fun, full and fulfilling year. We have stayed busy and seen a marked rise in clients utilising Diabetes technologies, predominantly due to progressive government eligibility criteria changes. This has been of great benefit to the clients and remote access to their clinical data (due to ever improving technological advancements) has made very positive changes to our client interactions and outcomes.

In Feb 2020 both of our Credentialed Diabetes Educators (CDE's) were fully funded by Diabetes Victoria to attend extensive group facilitator training in Sydney. This provides Nexus the opportunity to offer our community valuable national evidence-based Diabetes Education programs locally. This has been a significant win for our community. As these were scheduled to start in March 2020 and needless to say, did not, we look forward to their commencement post COVID-19 restrictions.

Kylie Nadenbousch

Diabetes Educator

Counselling Services

The Counselling team had a change in leadership with Maggie Abdelmalak joining the team in early 2020. Counselling referrals increased by more than 22% during the year and the team found innovative ways to deliver their sessions during COVID-19.

Our Counselling service continues to provide support to those in the community who require help to explore more effective ways of managing the difficulties that may be experienced in life.

Maggie Abdelmalak

Counselling Team Leader



District Nursing

During 2020, the District Nursing team were remarkably resilient. We continued to provide care to our 85 community clients with a 30% increase in appointments. We protected ourselves and our clients using full PPE, maintaining client relationships with education and professionalism, supporting staff and staying current with the ever-changing guidelines.

Lisa Glover

Manager District Nursing Services

Diversity and Inclusion

The Health and Diversity team launched Nexus Primary Health's first Diversity Committee, with representatives from 10 teams, to progress Rainbow Tick Accreditation, Aboriginal cultural competency and other internal diversity initiatives educating our staff in inclusive practices and creating more inclusive processes and environments at Nexus. This aligned with our work in the community on preventive health and diversity initiatives which continued effectively throughout COVID-19 restrictions, notably our Self Advocacy groups for people with disabilities which grew to 14 members.

Genna Vlitaz

Health & Diversity Team Leader.

Family Violence

Children, Men and Women.

Nexus Primary Health continues to deliver Family Violence Therapeutic services in the Goulburn Region. In partnership with FamilyCare, Primary Care Connect and The Bridge Youth Services we support victim survivors who have experienced Family Violence.

Nexus Primary Health is a proud partner of the Safe Places Emergency Housing initiative, which provides opportunities for victim survivors to secure safe housing. Beyond Housing has been awarded \$390,000 by the Australian Government as part of the Safe Places Emergency Accommodation program.

Kathryn *for privacy reasons surname omitted

Manager

Specialist Family Violence Program

Financial Counselling

Significant and highly complex referrals have highlighted this year. The addition of a Financial Counselling Intern has added a welcome dimension to the team dynamic, and brought with it an opportunity to provide rapid triage responses, particularly relevant and important given the financial impact of COVID-19 on a high proportion of the community.

Simon Gibbs

Community Access Executive Manager.



GP Clinics

There has been more than 70,000 appointments during financial year 19/20 at our Nexus GP Clinics, a significant increase from last year. Our GPs have remained committed to their community by adapting to telehealth options quickly. Face to face consults have continued for those where it was necessary, and the practitioner and nursing teams have managed the often frustrating, restricted conditions in an exemplary manner.

Our Wallan GP SuperClinic was approached to run a commonwealth official COVID-19 GP Respiratory Clinic testing symptomatic patients. Pre-June 30 the clinic performed 3,058 tests with more than 2,500 additional tests since 1 July. Our Kinglake Ranges Medical Centre was also engaged by the Department of Health and Human Services to assist in the Murrindindi Shire with COVID-19 testing. Kinglake has performed 413 tests to date and testing at both clinics continues.

Our newly appointed GP Practice Manager Daniel Ciccossillo is working with the teams on some new innovative programs to promote best practice within our clinics and to support our communities in areas where enhanced support is required.

Marie Searle

Clinical Services Executive Project Manager

Horses Assisting You (HAY)

Nexus Horses Assisting You (HAY) is a unique program which provides opportunities for growth and healing through activities with horses.

The program needed to be suspended for some of the year due to the pandemic, but our team have persisted in a COVID-19 safe way to support the vulnerable who have required this service.

During the financial year of 2019-2020 our HAY program supported 94 clients.

Fay McCormack

Coordinator HAY (Horses Assisting You) Program
Certified Equine-assisted Psychotherapist
and Equine Specialist

Mental Health Support Services

A challenging year for the Mental Health Psychosocial Support team. A new contract, with a dramatic reduction in funding, meant divesting the team of support from their long-term Team Leader.

COVID-19 travel restrictions impacted this primarily outreach program significantly. Innovative use of telehealth and phone appointments, letters, emails and mental health support packages meant clients living with a mental illness, who are geographically and socially isolated, had continuity of service, contact and support.

One client reported that "Nexus was the only support program she has, that had maintained constant connection right through COVID-19 lockdown".

Simon Gibbs

Community Access Executive Manager.



NDIS

The 19/20 financial year has seen significant growth and change for the NDIS team. Not only have we seen growth in NDIS client numbers but also an expansion of the team. During the 19/20 financial year, 365 new referrals were made to various services at Nexus for NDIS funded clients compared with 98 referrals in the prior year.

Despite the impact of COVID-19 restrictions and how we were able to work during these conditions the NDIS team has continued to deliver exceptional service to each client, going over and above every single time. Even though our clients were facing their own challenges throughout this year they continued to turn to Nexus. The growth in support coordination alone has seen more clients link in to the services they need.

The NDIS team is a dynamic, conscientious team focused on putting our clients at the forefront and centre of every decision. We look forward to what 2020 – 2021 may bring.

Anna Babycz
NDIS Team Leader

Regional Assessment Service

The Regional Assessment Service commenced CHSP (Commonwealth Home Support Packages) and HACC (Home and Community Care) assessments in the Murrindindi area from January 2020, so this takes the geographical spread the team covers to include Mitchell, Murrindindi, Strathbogie and Shepparton local government areas. As well as developing our knowledge about services in a new area, we have needed to adjust to doing phone assessments with all clients.

Formal feedback from clients about how these phone assessments have been conducted has been extremely positive, which is a great reflection on the professionalism of the team given the difficult situation that both the team and clients have found themselves in this year due to COVID-19.

Tanya Christie
Team Leader Home Support Assessment

Social Support

The variety of activities provided through the Social Support groups program have been very popular with clients during 2019 and into 2020. Group activities are designed using client input and ensuring all venues and locations are accessible for all.

During COVID-19 these groups were suspended and instead our committed staff-maintained contact with clients by phone and many also received activity packs developed by the team to pass their time at home. These were very well received.

Bronwyn Allen
Community & Quality Executive Manager

Targeted Care Packages (TCP)

The Targeted Care Packages (TCP) teams work from a trauma informed approach to assist children to overcome the traumatic issues that led to the involvement of DHHS. Over the last year, the TCP team has seen significant growth and development with the addition of new workers and a team leader to support this evolution. The Third-Party Options (TPO) program has also seen increasing demand from external referrals.

Throughout the COVID-19 pandemic, the TCP team continued to support our most vulnerable clients, particularly with online schooling. We purchased laptops for our young people who needed them for the transition to online learning and supported this by having youth workers attend to tutor and encourage them to stay engaged with their schooling.

This year has not been without its challenges. Many of our clients have been struggling with the on-going effects of COVID-19 as they re-adjust to the "new normal life". The team has been integral in supporting not only each other but all of our families.

Emily Smolenaars
TCP Team Leader

Business Services

2019-20 has seen the establishment of the Business Services team encompassing the Enablement and Client Engagement teams. The team provides support across Nexus to all teams with the main focus of the team being Business Performance reporting, Infrastructure and IT management, TrakCare Client Management System management, oversight of software projects and reception/ centralised intake.

The following projects have been implemented and/or commenced during 19-20:

- Wallan Connectivity Project – improved connection and speeds from the Wallan site for increased staff numbers
- Roll out of Cisco Webex – allowing use of telehealth and video conferencing functionality
- Roll out of Office 365 licences and products
- Upgrade of Kinglake SQL server to enable GP Practice software upgrades
- IT upgrades for the Seymour office at Emily Street
- Roll out of new website
- AV and connectivity work at the refurbished Broadford office
- Roll out of new HR and Payroll systems – ConnX and Micropay

Barbara Moss
Business Services
Executive Manager



Volunteers Report

I joined Nexus Primary Health late in 2019 as the full time Volunteer Coordinator to further build the Nexus volunteering program. This program aims to address three main areas of quality improvement: improving the volunteering experience, expanding the volunteer base and raising awareness of volunteering within Nexus. Increasing awareness of the volunteering service within Nexus was fully achieved following meeting with all Nexus service teams to develop potential areas where volunteering might be utilised within their team. This included potential projects such as social support, transport service and administration roles.

A Volunteer feedback plan was developed alongside a volunteer project plan to improve the volunteering experience for our fabulous team, which will be implemented in 2020-2022. The increased need for more volunteers was identified and addressed by a broad recruitment strategy being implemented within Mitchell and Murrindindi Shires to allow Nexus to meet the high client need for meals and other services. In order to maintain the Meals on Wheels program, partnerships with external organisations, including GoTafe and Mitchell Council, were formed to expand and sustain the volunteer base.

Integrating Murrindindi Shire volunteers within Nexus has been a challenging but fruitful endeavour. All 52 volunteers across Yea, Alexandra and Eildon have been successfully integrated within Nexus Primary Health and we recognise and value the amazing contribution they make to our team. The new volunteers in Murrindindi Shire have given Nexus Primary Health many new opportunities to explore, namely in social support, as a lot of volunteers showed interest in this area.

Navigating the volunteering service through COVID-19 has been another great success considering the circumstances, and the high-risk COVID-19 has posed to our clients and volunteers. With clear and continuous updates to our volunteers and clients as well as implementing many risk minimisation procedures, Nexus was able to continue to provide meals to clients. It is only with the help of Nexus staff and volunteers putting in extra effort and time to maintain Meals on Wheels that we were able to navigate COVID-19 successfully.

I want to acknowledge and thank our wonderful, committed volunteer family. I look forward to working with you in future.

Kevin Twan

Volunteer Coordinator

17
Volunteers paused
due to COVID-19

140
Total Volunteers

13,888
Total Meals Delivered





Quality and Accreditation Report

With the introduction of new Standards for Aged Care and NDIS, which are both relevant for Nexus services, this year has been a busy one for the Quality team to prepare. Both required specific working groups which met over a 6 to 8 month period to complete the self-assessment to identify the requirements to meet the Standards.

In January we were assessed by the Aged Care Quality & Safety Commission against the Aged Care Standards. Of the eight (8) Standards Nexus met seven (7) with further work needed in relation to Standard 2 – Assessment and Care Planning. This additional work involved reviewing the information gathered across all Commonwealth Home Support Program

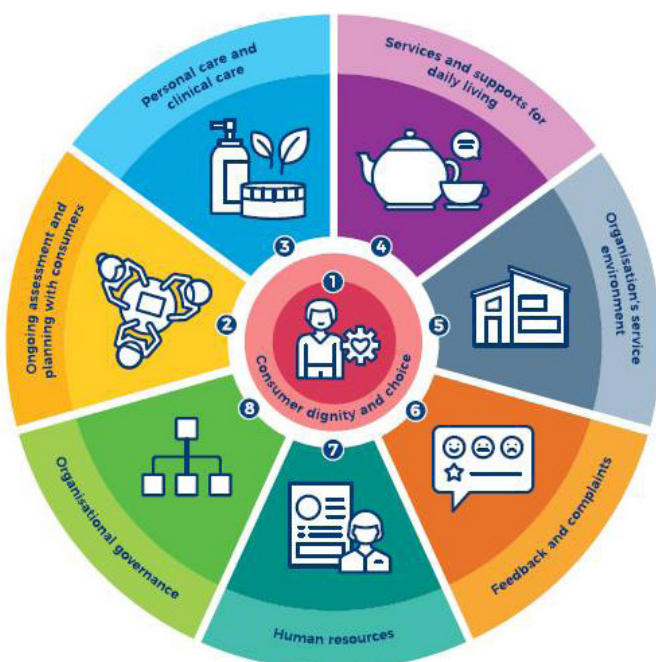
(CHSP) services as part of the assessment process and development of care plans for all clients commencing CHSP services. This work has now been completed and we will undergo a followup review in February 2021 to ensure these processes are embedded in practice.

This was followed up in April with the NDIS quality audit undertaken by HDAA on behalf of the NDIS Quality and Safeguards Commission. Due to COVID-19 restrictions this review was undertaken using remote technology and covered four core standards and two supplementary standards for High intensity daily personal activities and Early Childhood supports. As with the Aged Care Standards our documentation for assessment and care planning to meet these standards was also an area identified for improvement. This work has since been undertaken to the satisfaction of the review body and we are awaiting notification from the NDIS Quality and Safeguards Commission of our certification.

Maintenance reviews for our organisation-wide ISO9001:2015 Standards, Human Services Standards and National Standards for Mental Health Services will be undertaken in August 2020 after being postponed from March due to COVID-19 restrictions.

Bronwyn Allen

Community & Quality Executive Manager.



Compliments/ Complaints/ Feedback

In 2020 we have enhanced the ability to provide feedback and encouraged our staff to capture feedback from clients. We always welcome feedback and understand that people communicate differently. Your feedback helps us to improve our services.

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.

11 Compliments

18 Complaints

3 Feedback

Consumer, Carer and Community Participation

Consumers, carers and community members are all part of our diverse communities. As part of our commitment to provide the best possible services and outcomes for our communities, we participate in the Victorian Healthcare Experiences survey so that you can tell us about your experiences with Nexus.

We use these results to drive innovation and improvement in our service delivery. We can see exactly which areas our clients would like us to focus on and improve, and also those areas where they have been pleased with their experience at Nexus. The Victorian Healthcare Experience Survey is an annual survey of people's public healthcare experiences.

What we were told:

100%

100% were happy with the care they received.

100%

100% were happy that your health worker took your concerns seriously.

95%

95% felt they were listened to and understood by their health workers.

95%

95% have trust and confidence in their health workers.

What we have done:

In last years' survey 38% didn't know how to make a complaint, this has dropped to 18% this year. We have made it easier to give feedback through social media and our website. Our staff are happy to help fill in feedback forms for our clients to ensure we hear about all experiences with Nexus. From last years' survey 39% didn't find it easy to make an appointment, dropping to 19%. Changes have been made to Client Engagement intake processes to make it easier to make an appointment.

What we were told:

95%

95% would recommend the service to family or friends.

19%

19% didn't find it easy to make an appointment.

18%

18% did not know how to make a complaint about the service.

Broadford Redevelopment

The Nexus Broadford office is a DHHS owned, purpose-built facility that opened in 1997. When it was planned, the then rural Broadford township and surrounds had approximately 1,600 residents. The population has since trebled and is growing rapidly. In 2017/18 Nexus Primary Health was successful in attracting funds via the State Governments Rural Health Infrastructure grant to redevelop the Broadford Community Health Centre to meet the current and growing service demand. The redevelopment began in November 2019 and is due to be completed in August 2020. Nexus will then be open to the community from the 1st September 2020.

The extensive redevelopment has increased consulting spaces from 7 to 20, to enable equitable access to services for the residents of Broadford and surrounds. We have dedicated consulting spaces for children's services with state-of-the-art technology for clinicians and their clients to

utilise in order to achieve the best results in delivering their services. Also included in this redevelopment are 3 dedicated GP rooms, pathology, treatment space, Allied Health including podiatry, hand therapy and physiotherapy. We have also incorporated 2 large spaces to allow for group exercise including our strength-based exercise programs with our Exercise Physiologists, social support activities and men's change behaviour programs.

The redevelopment has also allowed for the building to be compliant with disability access standards and create a contemporary, ergonomically compliant office environment to accommodate increasing staff numbers. Nexus will continue to provide services to our growing community through service models that use all available funding sources to augment existing state government funding and support our organisation along with our partners to transition to consumer driven services and ensure ongoing viability.





Seymour Redevelopment

For over 20 years Nexus Primary Health had been located on Seymour Hospital grounds in Callen Street Seymour. As Nexus has grown, as has the population of Seymour, the portable building which had 5 consulting spaces had become too small to accommodate all our services and meet the needs of the community.

In early 2019 the board endorsed the move to a more prominent location at 22 Emily Street Seymour which would accommodate all our services and create workspaces for our workforce – which was not previously available at Callen Street.

Our Emily Street Seymour offices were opened in February 2020 and include 10 consulting rooms, two of which are dedicated to Children's services, one large multipurpose space used as gym for exercise physiology groups and 2 rooms dedicated to Allied Health which include Podiatry and Physiotherapy. Offices upstairs enable our mobile workforce to base themselves onsite and be able to efficiently serve our community.





nexus
Primary Health

Annual Financial Statement

2019 - 2020

Nexus Primary Health

ABN: 40 685 448 071

Financial Report

For the year ended 30 June 2020

Nexus Primary Health

30 June 2020

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Nexus Primary Health Directors' Report

Your directors present their report of Nexus Primary Health for the year ended 30 June 2020.

Directors

The names of the directors in office at any time during, or since the end of the year are:

Dr Paul Scown

Robert Eagle

Marie Gerrard

Sarah Treloar (resigned October 2020)

Desmond Callaghan (resigned April 2020)

Katherine Elder (resigned March 2020)

Gordon Hastie passed away in June 2020. Gordon was a valued Director of the Nexus Primary Health Board. Gordon joined the Board in March 2012, bringing over 40 years' experience in business management. He was Treasurer and Chair of the Audit and Risk Management Review Committee during this time. Gordon will be dearly missed by all staff at Nexus Primary Health.

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:

- 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.
- 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

The surplus/(deficit) of the entity for the financial year was:

Year ended 30 June 2020	Year ended 30 June 2019
\$	\$
2,795,735	(523,347)

Nexus Primary Health

Directors' Report

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.

Significant Changes

A state of emergency was declared in Victoria on 16 March 2020 due to the global coronavirus pandemic, known as COVID-19. A state of disaster was subsequently declared on 2 August 2020.

To contain the spread of the virus and to prioritise the health and safety of our communities various restrictions have been announced and implemented by the state government, which in turn has impacted the manner in which businesses operate, including Nexus Primary Health.

In response, Nexus Primary Health introduced telehealth services for medical appointments and Allied Health services where possible; with limited face to face services remaining open for emergency and essential services throughout the period of restrictions. Nexus Primary Health has purchased additional protective personal equipment, performed COVID-19 testing on behalf of government and purchased additional hardware to implement working from home arrangements.

No further significant changes in the company's state of affairs occurred during the financial year.

New Accounting Standards Implemented

The company has implemented three new Accounting Standards that are applicable for the current reporting period and have come into effect, which are included in the results. AASB 15: *Revenue from Contracts with Customers*, AASB 16: *Leases* and AASB 1058: *Income of Not-for-Profit Entities* have been applied using the modified retrospective method; that is, by recognising the cumulative effect of initially applying AASB 15, AASB 16 and AASB 1058 as an adjustment to the opening balance of equity at 1 July 2019.

Therefore, the comparative information has not been restated and continues to be reported under AASB 118: *Revenue*, AASB 117: *Leases* and AASB 1004: *Contributions*. Also to note in relation to AASB 16 is that the company applied the temporary relief for peppercorn leases under AASB 2018-8 to measure right of use assets at cost on initial recognition.

Nexus Primary Health

Directors' Report

After Balance Date Events

The COVID-19 pandemic has created unprecedented economic uncertainty. Actual economic events and conditions in the future may be materially different from those estimated by Nexus Primary Health at the reporting date. As responses by government continue to evolve, management recognises that it is difficult to reliably estimate with any degree of certainty the potential impact of the pandemic after the reporting date on Nexus Primary Health, its operations, its future results and financial position. The state of emergency in Victoria was extended on 8 November 2020 until 6 December 2020 and the state of disaster ended on 8 November 2020.

No other matters or circumstances have arisen since the end of the financial year which significantly affected or may affect the operations of the Nexus Primary Health, the results of the operations or the state of affairs of Nexus Primary Health in the future financial 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 except as disclosed in Note 18 to the financial statements. 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 the Chief Executive Officer in respect of liabilities to other persons (other than the company or related body corporate) that may arise from their position as directors or Chief Executive Officer of the company except where the liability arises out of conduct involving a lack of good faith.

Disclosure of the nature of the liability and the amount of the premium is prohibited by the confidentiality clause of the contract of insurance. 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.

Nexus Primary Health Directors' Report

Information on Directors

Dr Paul Scown

Qualifications: MBBS, BHA (NSW), FRACMA, AFACHSM, MAICD

Experience: Dr. Paul Scown has 40 years experience in medicine, medical administration, chief executive and board director and chair roles, in QLD, NSW, SA and VIC. He consults to the health, education and research sectors, is a volunteer firefighter and was awarded the Sidney Sax Medal in 2018 for his outstanding contribution to the Australian health system. Councillor and Director of the Australian Council on Healthcare Standards (ACHS).

Special Responsibilities: Chair of the Board. Ex-officio member of all Board Committees.

Robert Eagle

Experience: Bachelor of Law

Qualifications: 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

Marie Gerrard

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

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, Member of the Australian Society for Microbiology Committee on biosafety, 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

Sarah Treloar (resigned October 2020)

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

Experience: Sarah Treloar is a Chartered Accountant, with experience in external financial audit, senior financial roles in not-for-profit organisations, and delivery of tertiary level education. Sarah holds a number of volunteer positions in her community.

Special Responsibilities: Chair of Infrastructure Committee

Desmond Callaghan (resigned April 2020)

Experience: Desmond Callaghan has over 33 years experience in Community Health governance and four years experience within Local Government and is Vice President of RSL Victoria.

Special Responsibilities: N/A

Nexus Primary Health Directors' Report

Information on Directors (continued)

Katherine Elder (resigned March 2020)

Qualifications:	BSc, BSW
Experience:	Katherine Elder is a social worker who has worked extensively with inpatients of the Royal Melbourne Hospital and at the Dandenong Community Health Centre. She also has many 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:	N/A

Meetings 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	4	4
Robert Eagle	7	6	4	3
Marie Gerrard	7	7	4	4
Sarah Treloar (resigned October 2020)	7	5	4	4
Gordon Hastie (passed away June 2020)	7	5	4	4
Desmond Callaghan (resigned April 2020)	3	2	3	1
Katherine Elder (resigned March 2020)	5	4	3	2

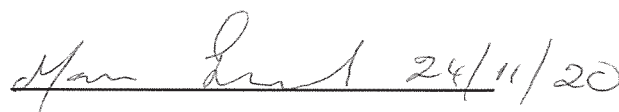
Auditors' Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2020 has been received and can be found on page 6 of the financial report.

The directors' report is signed in accordance with a resolution of the board of directors.



Paul Scown
Chair



Marie Gerrard
Director

Dated this 24th day of November 2020

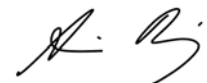
Lead auditor's independence declaration *under* section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* to the directors of Nexus Primary Health

As lead auditor for the audit of Nexus Primary Health for the year ended 30 June 2020, I declare that, to the best of my knowledge and belief, there have been:

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



Andrew Frewin Stewart
61 Bull Street, Bendigo Vic 3550
Dated this 24th day of November 2020



Adrian Downing
Lead Auditor

Nexus Primary Health

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2020

	Notes	2020 \$	2019 \$
Revenue	2	15,940,297	15,790,485
Other income	2	7,033,080	1,380,144
Employee benefits expenses		(15,339,939)	(13,519,617)
Client expenses		(1,818,225)	(1,365,883)
Office expenses		(1,765,037)	(1,495,458)
Finance expenses	3	(73,743)	(64,078)
Depreciation expenses	3	(392,888)	(283,495)
Occupancy expenses		(186,075)	(253,040)
Other expenses		(601,735)	(712,405)
Surplus/(deficit) for the year		2,795,735	(523,347)
Other comprehensive income			
Other comprehensive income for the year		-	-
Total other comprehensive income		-	-
Total comprehensive income for the year		2,795,735	(523,347)

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 2020

	Notes	2020 \$	2019 \$
Current assets			
Cash and cash equivalents	4	5,485,005	7,855,738
Trade and other receivables	5	1,372,471	891,826
Other assets	6	1,071,030	240,142
Total current assets		7,928,506	8,987,706
Non-current assets			
Property, plant and equipment	7	12,781,802	9,274,768
Intangible assets	8	401,515	46,242
Right-of-use assets	9	901,777	-
Total non-current assets		14,085,094	9,321,010
Total assets		22,013,600	18,308,716
Current liabilities			
Trade and other payables	10	1,355,775	1,640,559
Other liabilities	11	1,778,981	2,742,925
Lease liabilities	12	60,584	-
Provisions	13	2,268,866	1,808,468
Total current liabilities		5,464,206	6,191,952
Non-current liabilities			
Lease liabilities	12	773,861	-
Provisions	13	562,051	373,912
Total non-current liabilities		1,335,912	373,912
Total liabilities		6,800,118	6,565,864
Net assets		15,213,482	11,742,852
Equity			
Retained earnings		15,213,482	11,742,852
Total equity		15,213,482	11,742,852

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 2020

	Retained Earnings \$	Total \$
Balance at 1 July 2018	12,266,199	12,266,199
Comprehensive income		
Deficit for the year	(523,347)	(523,347)
Total other comprehensive income for the year	-	-
Balance at 30 June 2019	11,742,852	11,742,852
Balance at 1 July 2019	11,742,852	11,742,852
Impact of adopting AASB 15 and AASB 1058	688,071	688,071
Impact of adopting AASB 16	(13,176)	(13,176)
Balance at 1 July 2019 (Restated)	12,417,747	12,417,747
Comprehensive income		
Surplus for the year	2,795,735	2,795,735
Total other comprehensive income for the year	-	-
Balance at 30 June 2020	15,213,482	15,213,482

The above Statement of Changes in Equity should be read in conjunction with the accompanying notes.

Nexus Primary Health

Statement of Cash Flows

For the Year Ended 30 June 2020

	Notes	2020 \$	2019 \$
Cash flows from operating activities			
Receipts from grants and customers		24,332,388	20,144,178
Interest received		96,506	129,255
Payments to suppliers and employees		(22,390,181)	(18,704,852)
Interest paid		(73,743)	(64,078)
Net cash provided by operating activities	14	1,964,970	1,504,503
Cash flows from investing activities			
Payments for property, plant and equipment		(3,773,416)	(882,959)
Payments for intangible assets		(408,372)	-
Net cash used in investing activities		(4,181,788)	(882,959)
Cash flows from financing activities			
Repayment of lease liabilities		(153,915)	-
Net cash used in financing activities		(153,915)	-
Net increase / (decrease) in cash held		(2,370,733)	621,544
Cash and cash equivalents at the beginning of the financial year		7,855,738	7,234,194
Cash and cash equivalents at the end of the financial year	4	5,485,005	7,855,738

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 2020

Note 1. Summary of Significant Accounting Policies

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

Basis of preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and 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 are prepared on a going concern basis.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Apart from the changes in accounting policies, standards and interpretations as noted below, material accounting policies adopted in the preparation of these financial statements are the same as those adopted in the previous period.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

The financial statements were authorised for issue on 24 November 2020 by the directors of the company.

Impact of global COVID-19 pandemic

A state of emergency was declared in Victoria on 16 March 2020 due to the global coronavirus pandemic, known as COVID-19. A state of disaster was subsequently declared on 2 August 2020.

To contain the spread of the virus and to prioritise the health and safety of our communities various restrictions have been announced and implemented by the state government, which in turn has impacted the manner in which businesses operate, including Nexus Primary Health.

In response, Nexus Primary Health introduced telehealth services for medical appointments and Allied Health services where possible; with limited face to face services remaining open for emergency and essential services throughout the period of restrictions. Nexus Primary Health has purchased additional protective personal equipment, performed COVID-19 testing on behalf of government and purchased additional hardware to implement work from home arrangements.

For further details refer to Note 1(b) Revenue and Note 17 Events After the Reporting Period.

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(a) New and amended accounting policies adopted during the reporting period

Initial application of AASB 16: *Leases*

The company has adopted AASB 16 retrospectively without restatement of comparatives by recognising the cumulative effect of initially applying AASB 16 as an adjustment to the opening balance of equity at 1 July 2019. Therefore the comparative information has not been restated and continues to be reported under AASB 117: *Leases*.

Prior to 1 July 2019, leases of property, plant and equipment were classified as either finance leases or operating leases. From 1 July 2019, leases are recognised as a right-of-use asset and a corresponding liability at the date at which the leased asset is available for use by the company.

The company has recognised a lease liability and right-of-use asset for all leases (with the exception of short-term and low-value leases) recognised as operating leases under AASB 117: *Leases* where the company is the lessee.

The lease liabilities are measured at the present value of the lease payments. The company's incremental borrowing rate as at 1 July 2019 was used to discount the lease payments.

The right-of-use assets were measured and recognised in the Statement of Financial Position as at 1 July 2019 by taking into account the lease liability and prepaid and accrued lease payments previously recognised at 1 July (that are related to the lease).

Practical expedients applied

The following practical expedients have been used by the company in applying AASB 16 for the first time:

- for a portfolio of leases that have reasonably similar characteristics, a single discount rate has been applied
- leases that have a remaining lease term of less than 12 months as at 1 July 2019 have been accounted for in the same way as short-term leases
- the use of hindsight to determine lease terms on contracts that have options to extend or terminate
- applying AASB 16 to leases previously identified as leases under AASB 117 and Interpretation 4: *Determining whether an arrangement contains a lease* without reassessing whether they are, or contain, a lease at the date of initial application
- not applying AASB 16 to leases not previously identified as containing a lease under AASB 117 and Interpretation 4.

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(a) New and amended accounting policies adopted during the reporting period (continued)

Measurement of lease liabilities at 1 July 2019

The company measured lease liabilities at 1 July 2019 as follows:

Description	2019 \$
Operating lease commitments disclosed as at 30 June 2019	248,919
Discounted using the lessee's incremental borrowing rate at the date of initial application	(103,818)
Add:	
- remeasurements of lease liabilities	114,273
- extension options included within measurement of lease liabilities	621,366
Lease liability recognised as at 1 July 2019	<u>880,740</u>

The difference between the lease liability (\$880,740) and the discounted operating lease commitments as at 30 June 2019 (\$145,101) was \$735,639, which comprised remeasurements of lease contracts (\$114,273) and the inclusion of additional options on leases (\$621,366).

The company's weighted average incremental borrowing rate on 1 July 2019 applied to the lease liabilities was 3% for property leases and 5% for motor vehicle leases. The difference between the undiscounted amount of operating lease commitments as at 30 June 2019 of \$248,919 and the discounted operating lease commitments as at 1 July 2019 was \$103,818. This is due to discounting the operating lease commitments at the company's incremental borrowing rate as at 1 July 2019.

Measurement of right-of-use assets at 1 July 2019

The company measured right-of-use assets at 1 July 2019 as follows:

Description	2019 \$
Right-of use assets	964,466
Lease liabilities	(880,740)
Provisions	(96,902)
Net adjustment recorded to retained earnings on 1 July 2019	<u>(13,176)</u>

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(a) New and amended accounting policies adopted during the reporting period (continued)

Impact on the Statement of Financial Position as at 30 June 2020

Right-of use assets:

Initial recognition on adoption	964,466
Add:	
- additional right-of-use assets recognised	10,718
Less:	
- depreciation expense	(73,407)
Right-of-use assets as at 30 June 2020	<u>901,777</u>

Lease liabilities:

Initial recognition on adoption	880,740
Add:	
- additional lease liabilities	10,718
- borrowing costs	25,916
Less	
- lease repayments	(82,929)
Lease liabilities as at 30 June 2020	<u>834,445</u>

Impact on the Statement of Profit or Loss and Other Comprehensive Income for the year ended 30 June 2020

Revenue and expenditure:

Decrease in operating lease expense	(82,929)
Increase in borrowing costs on lease liabilities	25,916
Increase in right-of-use asset depreciation expense	73,407
Surplus/(deficit):	
Decrease in surplus	<u>16,394</u>

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(a) New and amended accounting policies adopted during the reporting period (continued)

Initial application of AASB 15 and AASB 1058

Initial application

The company has applied AASB 15: *Revenue from Contracts with Customers* and AASB 1058: *Income of Not-for-Profit Entities* using the modified retrospective method of initially applying AASB 15 and AASB 1058 as an adjustment to the opening balance of equity at 1 July 2019. Therefore, the comparative information has not been restated and continues to be presented under AASB 118: *Revenue* and AASB 1004: *Contributions*.

The company has elected to apply AASB 1058 retrospectively only to contracts that are not completed contracts at the date of initial application. The adjustment to opening retained surplus on 1 July 2019 was an increase of \$688,071 with a corresponding decrease in contract liabilities.

Practical expedients applied

The company has elected to apply AASB 15 only to contracts that are not complete contracts at the date of initial application, being 1 July 2019. Not complete contracts are those:

- where all goods/services have not been transferred; or
- where revenue has not previously all been recognised.

Impact of adoption at 1 July 2019

The table below provides details of the significant changes and quantitative impact of these changes on the initial date of application, being 1 July 2019:

	Presented on 30 June 2019 \$	Application impact \$	Recorded as at 1 July 2019 \$
Statement of financial position			
Liabilities			
<i>CURRENT</i>			
Other liabilities	2,742,925	(688,071)	2,054,854
Equity			
Retained surplus	11,742,852	688,071	12,430,923

The impact of transition was deemed material to the financial statements. This is because a large portion of the company's deferred income did not contain sufficiently specific and enforceable performance obligations under AASB 15 and were therefore required to be adjusted for against retained earnings regardless as to whether or not project funds had been spent in their entirety.

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(a) New and amended accounting policies adopted during the reporting period (continued)

Impact of adoption for the year ended 30 June 2020

The table below provides details of the significant changes and quantitative impact of the changes as discussed above for the year ended 30 June 2020:

	Presented under previous Accounting Standards \$	Application impact \$	Presented under current Accounting Standards \$
Statement of profit or loss and other comprehensive income			
Revenue	16,179,281	238,984	15,940,297
Statement of financial position			
Other liabilities	1,539,997	238,984	1,778,981

(b) Revenue

In the current reporting period

The company has adopted AASB 15: *Revenue from Contracts with Customers* and AASB 1058: *Income of Not-for-profit Entities* which came into effect from 1 July 2019. The application of AASB 15 and AASB 1058 has not had a significant impact on the financial position and/or financial performance of the company.

Government grants

When the company receives revenue it assesses whether there is a contract that is enforceable and has sufficiently specific performance obligations in accordance with AASB 15.

When both these conditions are satisfied, the company:

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

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(b) Revenue (continued)

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the company:

- recognises the asset received in accordance with the recognition requirements of other applicable Accounting Standards (for example AASB 9, AASB 16, AASB 116 and AASB 138);
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising 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.

During the year ended 30 June 2020, COVID-19 has impacted revenue recognition. The Department of Health and Human Services (DHHS) provided a waiver of the outstanding performance obligations related to the year ended 30 June 2020. This resulted in \$1.4 million of DHHS funding being recognised as revenue, that would otherwise have been recognised as a contract liability until subsequent years as the performance obligations were fulfilled.

Performance obligations

The types of government grants recognised under AASB 15: *Revenue from Contracts with Customers* includes:

- Department of Health - Community and Home Support - Allied Health and Therapy Services
- Department of Health - Community and Home Support - Domestic Assistance
- Department of Health - Community and Home Support - Personal Care
- Department of Health and Human Services - HACC Domestic Assistance
- Department of Health and Human Services - Out of Home Care - Target Care Packages
- Department of Health and Human Services - Small Rural - HACC Health Care and Support
- Department of Health and Human Services - Small Rural - Drugs Services
- Department of Health and Human Services - Small Rural - Primary Health Flexible Services
- Department of Health and Human Services - Client Support Family Violence - HA
- Department of Health and Human Services - Therapeutic Interventions Family Violence

The performance obligations for each of these government grants are:

- Community and Home Support - Allied Health and Therapy Services This program provides services that restore, improve or maintain older people's health, wellbeing and independence. Nexus Primary Health are required to provide a set number of hours of service delivery. Revenue is recognised over time, as and when the services are provided.
- Community & Home Support - Domestic Assistance This program provides older people with assistance with domestic chores to maintain their capacity to manage everyday activities in a safe, secure and healthy home environment. Nexus Primary Health are required to provide a set number of hours of service delivery. Revenue is recognised over time, as and when the services are provided.

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(b) Revenue (continued)

- Community & Home Support - Personal Care
This program provides older people with support in activities of daily living that help them maintain appropriate standards of hygiene and grooming. Nexus Primary Health are required to provide a set number of hours of service delivery. Revenue is recognised over time, as and when the services are provided.
- HACC Domestic Assistance
These services are usually provided in the client's home and include domestic assistance such as cleaning, shopping and meal preparation or assistance to attend medical appointments and community activities. Nexus Primary Health are required to provide a set number of hours of service delivery. Revenue is recognised over time, as and when the services are provided.
- Out of Home Care - Target Care Packages
Targeted care packages provide an opportunity to ensure more children and young people receive innovative, flexible and client centred care. Targeted care packages are used to support children and young people to transition from residential care into an alternative living arrangement that better meets their needs, as well as to prevent entry into residential care. Nexus Primary Health are required to provide services to a number of new clients. Revenue is recognised over time, as and when the services are provided.
- Small Rural - HACC Health Care and Support
This program aims to provide an integrate range of basic maintenance and support services to eligible clients. Nexus Primary Health are required to provide a set number of hours of service delivery. Revenue is recognised over time, as and when the services are provided.
- Small Rural - Drugs Services
This program provides an integrate range of drug support services to eligible clients. Nexus Primary Health are required to provide a set number of hours of service delivery. Revenue is recognised over time, as and when the services are provided.
- Small Rural - Primary Health Flexible Services
This program provides general counselling, allied health, nursing and health promotion services. Nexus Primary Health are required to provide a set number of hours of service delivery. Revenue is recognised over time, as and when the services are provided.
- Client Support Family Violence - HA
This program provides case management to victim survivors experiencing family violence to access a range of services so they can live free from violence and rebuild their lives. Nexus Primary Health are required to deliver a set number of new support periods. Revenue is recognised over time, as and when the services are provided.
- Therapeutic Interventions Family Violence
This program provides counselling and therapeutic interventions to victim survivors. Nexus Primary Health are required to deliver services to a set number of new cases. Revenue is recognised over time, as and when the services are provided.

Interest income

Interest income is recognised using the effective interest method.

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(b) Revenue (continued)

Donations

Donations are recognised when the payment is received.

Contributed assets

The company may receive assets from the government and other parties for nil or nominal consideration in order to further its objectives. These assets are recognised in accordance with the recognition requirements of other applicable Accounting Standards (for example AASB 9, AASB 16, AASB 116 and AASB 138).

On initial recognition of an asset, the company recognises related amounts being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer.

The company recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amounts.

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

In the comparative reporting period

Non-reciprocal grant revenue is recognised in profit or loss 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.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity 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 zero or a 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 using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument.

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

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(c) Expenses

Expenses are recognised as they are incurred and reported in the financial year to which they relate.

Employee expenses include:

- Salaries and wages (including fringe benefits tax, leave entitlements, termination payments)
- On-costs
- WorkCover premium

Client expenses

Client expenses include items utilised in the provision of direct patient care, including expenditure for aged care home support packages, interpreters and other items.

Office expenses

Office expenses represent the day to day running costs incurred in normal operations and include things such as:

- Information technology expenses
- Recruitment expenses
- Telephone expenses

Other expenses

Other expenses include things such as:

- Legal fees
- Motor vehicle expenses
- Repairs and maintenance expenses

(d) Income tax

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

(e) Cash and Cash Equivalents

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

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(f) Trade and Other Receivables

Trade and other receivables includes amounts due from customers for services performed in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Trade and other receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment.

(g) Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost less, where applicable, any accumulated depreciation and impairment losses.

Property

Land and buildings are measured at cost less accumulated depreciation and impairment losses.

Freehold land and buildings that have been contributed at no cost, or for nominal cost are valued and recognised at the fair value of the asset at the date it is acquired (deemed cost).

Plant and Equipment

Plant and equipment are 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(j) for details of impairment).

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

Depreciation

The depreciable amount of all fixed assets, excluding freehold land, is depreciated on a straight line basis over the asset's useful life to the company commencing from the time the asset is held ready for use.

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(g) Property, Plant and Equipment (continued)

The depreciation rates are consistent with the prior period. For each class of depreciable assets the depreciation rates are:

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

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the Statement of Profit or Loss and Other Comprehensive Income.

(h) Intangible Assets

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

(i) Financial Instruments

Initial Recognition and Measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is the date that the entity commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs. Trade receivables are initially measured at the transaction price if the trade receivables do not contain a significant financing component.

Classification and Subsequent Measurement

Financial liabilities

Financial liabilities are subsequently measured at amortised cost using the effective interest method.

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(i) Financial Instruments (continued)

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in profit or loss over the relevant period. The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

A financial liability cannot be reclassified.

Nexus Primary Health recognise trade and other payables and lease liabilities in this category.

Financial assets

Financial assets are subsequently measured at amortised cost if both of the following criteria are met:

- the financial asset is managed solely to collect contractual cash flows; and
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment.

Nexus Primary Health recognise cash and cash equivalents and trade and other receivables in this category.

Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the Statement of Financial Position.

Derecognition of financial liabilities

A liability is derecognised when it is extinguished (i.e. when the obligation in the contract is discharged, cancelled or expires). An exchange of an existing financial liability for a new one with substantially modified terms, or a substantial modification to the terms of a financial liability, is treated as an extinguishment of the existing liability and recognition of a new financial liability.

The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(i) Financial Instruments (continued)

Derecognition of financial assets

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All the following criteria need to be satisfied for the derecognition of a financial asset:

- the right to receive cash flows from the asset has expired or been transferred;
- all risk and rewards of ownership of the asset have been substantially transferred; and
- the entity no longer controls the asset (i.e. has no practical ability to make unilateral decision to sell the asset to a third party).

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

Recognition of expected credit losses in financial statements

The entity recognises a loss allowance for expected credit losses on financial assets that are measured at amortised cost.

Expected credit losses are the probability-weighted estimate of credit losses over the expected life of a financial instrument. A credit loss is the difference between all contractual cash flows that are due and all cash flows expected to be received, all discounted at the original effective interest rate of the financial instrument.

The entity uses the simplified approach, as applicable under AASB 9. The simplified approach does not require tracking of changes in credit risk at every reporting period, but instead requires the recognition of lifetime expected credit loss at all times. The approach is applicable to trade receivables.

In measuring the expected credit loss, a provision matrix for trade receivables is used, taking into consideration various data to get to an expected credit loss (i.e. diversity of its customer base, appropriate groupings of its historical loss experience etc.).

At each reporting date, the entity recognises the movement in the loss allowance as an impairment gain or loss in the Statement of Profit or Loss and Other Comprehensive Income.

The carrying amount of financial assets measured at amortised cost includes the loss allowance relating to that asset.

For financial assets that are unrecognised (e.g. loan commitments yet to be drawn, financial guarantees), a provision for loss allowance is created in the Statement of Financial Position to recognise the loss allowance.

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(j) Impairment of Assets

At the end of each reporting period, the entity reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where the assets are not held primarily for their ability to generate net cash inflows – that is, they are specialised assets held for continuing use of their service capacity – the recoverable amounts are expected to be materially the same as fair value.

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

(k) Employee Benefits

Short term employee benefits

Provision is made for the entity'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 salaries, wages and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled. The entity's obligations for short-term employee benefits such as salaries and wages are recognised as part of current trade and other payables in the Statement of Financial Position.

Long-term employee benefits

The entity classifies employees' long service leave and annual leave entitlements as long term employee benefits where employees have not completed the required years of service and 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 entity's obligation for 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 high quality corporate bonds that have maturity dates that approximate the terms of the obligations. Any remeasurements for changes in assumptions of obligations for long-term employee benefits are recognised in profit or loss in the periods in which the changes occur.

The entity's obligations for long-term employee benefits are presented as non-current liabilities in its Statement of Financial Position, except where the entity 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.

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(l) Trade and Other Payables

Trade and other payables represent the liabilities for goods and services received by the entity that remain unpaid at the end of the reporting period. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(m) 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 are measured using the best estimate of the amounts required to settle the obligation at the end of the reporting period.

(n) Leases

Lease recognition

The company has applied AASB 16 Leases using the modified retrospective method of initially applying AASB 16 at 1 July 2019. Therefore, the comparative information has not been restated and continues to be presented under AASB 117 Leases. The details of accounting policies under AASB 117 are disclosed separately since they are different from those under AASB 16. Further information regarding the initial impact of adopting AASB 16 is disclosed at Note 1(a) of the financial report.

In the current reporting period

The company as lessee

The Company's lease portfolio includes land, buildings and motor vehicles. The lease terms for each type of lease arrangement are:

Class of lease	Lease term
Land	10 years
Buildings	15-20 years
Motor Vehicles	3 years

At inception of a contract, the company assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the company where the company is a lessee. However, all contracts that are classified as short-term leases (i.e. a lease with a remaining lease term of 12 months or less) and leases of low-value assets (i.e. fair value less than \$10,000) are recognised as an operating expense on a straight-line basis over the term of the lease.

Initially, the lease liability is measured at the present value of the lease payments still to be paid at lease commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the company uses the incremental borrowing rate.

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(n) Leases (continued)

Lease payments included in the measurement of the lease liability, where applicable, are as follows:

- fixed lease payments less any lease incentives
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date
- lease payments under extension options, if the lessee is reasonably certain to exercise the options
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date, as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset, whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the company anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

For leases that have significantly below-market terms and conditions principally to enable the company to further its objectives (commonly known as peppercorn/concessionary leases), the company has adopted the temporary relief under AASB 2018-8: *Amendments to Australian Accounting Standards - Right-of-Use Assets of Not-for-Profit Entities* and measures the right-of-use assets at cost on initial recognition.

The company holds a 20-year concessionary lease with the Department of Health and Human Services, formerly referred to as the Department of Health, which represents the Victorian Government, for the use of land and buildings located at 72 Ferguson Street, Broadford, which are used to conduct services in accordance with the company's Service Agreement with the Department of Health and Human Services. The company may not use this space for any other purpose during the lease term without prior consent of the Department of Health and Human Services. The lease payments are \$104 (ex-GST) per annum, payable yearly in advance.

Each of the company's lease arrangements are for use in the production of supply of goods or services, or for administrative purposes.

The company as lessor

The company has no lease arrangements under a sub-lease arrangement where it is a lessor.

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(n) Leases (continued)

In the previous reporting period

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, were transferred to the Company were classified as finance leases.

Finance leases were capitalised, recorded as an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values.

Leased assets were depreciated on a straight-line basis over their estimated useful lives where it was likely that the Company were to obtain ownership of the asset. Lease payments were allocated between the reduction of the lease liability and the lease interest expense for the period.

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

Lease incentives under operating leases were recognised as a liability and amortised on a straight-line basis over the life of the lease term.

(o) 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 Tax Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

Cash flows are presented in the cash flow statement on a gross basis. The GST component of cash flows arising from investing and 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.

(p) Comparative Figures

Comparative figures have been adjusted to conform to changes in presentation for the current financial year where required by accounting standards or as a result of changes in accounting policy.

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(q) Critical Accounting Estimates and Judgements

The director's evaluate estimates and judgements 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.

Key Estimates

Impairment of assets

The company assesses impairment at each reporting period by evaluating the conditions and events specific to the company that may be indicative of impairment triggers. Recoverable amount of the relevant assets are reassessed using the value-in-use calculation which incorporates various key assumptions.

Useful lives of property, plant and equipment

The company reviews the estimated useful lives of property, plant and equipment at the end of each annual reporting period.

Key Judgements

Identifying performance obligations under AASB 15

To identify a performance obligation under AASB 15, the promise must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the promise is sufficiently specific by taking into account any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature/-type, cost/-value, quantity and the period of transfer related to the goods or services promised.

Determination and timing of revenue recognition under AASB 15

For each revenue stream, the company applies significant judgement to determine when a performance obligation has been satisfied and the transaction price that is to be allocated to each performance obligation.

Lease term and option to extend under AASB 16

The lease term is defined as the non-cancellable period of a lease together with periods covered by an option to extend the lease if the lessee is reasonably certain to exercise that option; and also periods covered by an option to terminate the lease if the lessee is reasonably certain not to exercise that option. The options that are reasonably going to be exercised is a key management judgement that the company will make.

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(q) Critical Accounting Estimates and Judgements (continued)

The company determines the likelihood to exercise the options on a lease-by-lease basis, looking at various factors such as which assets are strategic and which are key to future strategy of the company, in addition to the following:

If there are significant penalties to terminate (or not to extend), the company is typically reasonably certain to extend (or not terminate).

If any leasehold improvements are expected to have a significant remaining value, the company is typically reasonably certain to extend (or not terminate).

Otherwise, the company considers other factors including historical lease durations and the costs and business disruption required to replace the leased asset.

All leases have been calculated including all renewal options, as it is reasonably certain that the leases will be extended (or not terminated). The lease term is reassessed if an option is not exercised or the company becomes obliged to not exercise it. The assessment of reasonable certainty is only revised if a significant event or a significant change in circumstances occurs, which affects this assessment, and that is within the control of the lessee.

Borrowing rate under AASB 16

The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, which is generally the case for the company's leases, the company's incremental borrowing rate is used, being the rate that the company would have to pay to borrow the funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions.

To determine the incremental borrowing rate, the company:

- where possible, uses recent third-party financing received by the individual lessee as a starting point, adjusted to reflect changes in financing conditions since third party financing was received
- makes adjustments specific to the lease, eg term, country, currency and security.

Make-good provision

A provision has been made for the present value of anticipated costs of future restoration of leased properties. The provision includes future cost estimates associated with dismantling furniture and fittings. The calculation of this provision requires assumptions which may result in future actual expenditure differing from the amounts currently provided for. The provision recognised for each property lease is periodically reviewed and updated based on the facts and circumstances available at the time. Changes to the estimated future costs for properties is recognised in the Statement of Financial Position by adjusting both the expense or asset (if applicable) and provision.

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(q) Critical Accounting Estimates and Judgements (continued)

Annual leave

For the purpose of measurement, AASB 119: *Employee Benefits* defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. The entity expects most employees will take their annual leave entitlements within 24 months of the reporting period in which they were earned, but this will not have a material impact on the amounts recognised in respect of obligations for employees' leave entitlements.

Long service leave calculation

The company assesses the long service leave liability in accordance with the requirements of AASB 119: *Employee Benefits* and applies probability factors reducing the balance of the liability on employees' balances that have not reached their vesting period i.e. not entitled to be paid out as at 30 June 2020. The probability factors are increased as the respective employees' years of service increase and are provided for at 100% probability at vesting period (in accordance with employment conditions). The probability rates have been determined based historical employee attrition data.

(r) Economic Dependence

Nexus Primary Health is dependent upon the State of Victoria, via the Department of Health & Human Services, for the funding of a significant proportion of its operations. At the date of this report the Board of Directors has no reason to believe the Department will not continue to support Nexus Primary Health.

(s) 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 information.

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).

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(s) Fair Value of Assets and Liabilities (continued)

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.

(t) New Accounting Standards Applicable to Future Periods

An assessment of accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to Nexus Primary Health and their potential impact on Nexus Primary Health when adopted in future periods is discussed below:

- AASB 1060: General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-profit Tier 2 Entities and associated amending Standards (applicable for annual reporting periods commencing on or after 1 January 2021). Early adoption is permitted.

When effective, this Standard, which is a stand alone disclosure standard, will replace the current Reduced Disclosure Requirements (RDR) Framework. Adoption is expected to result in more simplified disclosures compared to the current RDR Framework.

There are no other accounting standards and interpretations issued by the AASB that are not yet mandatory to the company in future periods.

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 2.	Revenue and Other Income	Note	2020 \$	2019 \$
	Revenue from contracts with customers	2(a)	15,940,297	-
	Funding and fee revenue	2(b)	-	15,790,485
	Other sources of income	2(c)	7,033,080	1,380,144
	Total Revenue and Other Income		<u>22,973,377</u>	<u>17,170,629</u>
(a) Disaggregated revenue				
The Company has disaggregated revenue by the nature of revenue and timing of revenue recognition.				
Categories of disaggregation				
	Commonwealth government funding		3,872,716	-
	Victorian government funding		7,671,656	-
	Fees for service		4,088,774	-
	Other revenue		307,151	-
	Total disaggregated revenue from contracts with customers under AASB 15		<u>15,940,297</u>	<u>-</u>
Timing of revenue recognition				
Services transferred to customers:				
	- at a point in time		4,088,774	-
	- over time		11,851,523	-
			<u>15,940,297</u>	<u>-</u>
(b) Funding and fee revenue				
	Operating grants		-	12,588,923
	GP revenue		-	980,178
	Provision of services		-	1,995,491
	Capital and non-recurrent grants		-	225,893
	Total funding and fee for service revenue		<u>-</u>	<u>15,790,485</u>
(c) Other sources of income				
	Commonwealth government funding		998,610	-
	Victorian government funding		3,186,783	-
	Interest revenue		96,506	129,255
	Other income		1,063,454	1,250,889
	JobKeeper income		1,637,727	-
	ATO cashboost income		50,000	-
	Total other sources of income		<u>7,033,080</u>	<u>1,380,144</u>

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

	2020	2019
Note 3. Surplus/(deficit)	\$	\$
The surplus/(deficit) for the year has been determined after:		
(i) Depreciation and amortisation		
Buildings	164,883	158,699
Motor Vehicles	9,510	23,569
Furniture and Fittings	29,508	31,041
Office Equipment	18	9,708
Communications Equipment	-	11,414
Medical Equipment	2,477	2,477
Computer Equipment	59,986	24,073
Computer software	53,099	22,514
Right of use assets	73,407	-
Total depreciation and amortisation	392,888	283,495
(ii) Finance Costs		
Other finance costs	47,827	64,078
Lease liability	25,916	-
Total finance costs	73,743	64,078
(ii) Auditor remuneration due or paid to the auditors		
Remuneration of the auditors Andrew Frewin Stewart for:		
Auditing the financial report	17,750	14,750
Other services	1,075	985
Total auditor remuneration	18,825	15,735
Note 4. Cash and Cash Equivalents		
Cash at bank	2,982,130	5,354,088
Short term bank deposits	2,501,225	2,500,000
Cash on hand	1,650	1,650
Total Cash and Cash Equivalents	5,485,005	7,855,738

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 5.	Trade and Other Receivables	Note	2020 \$	2019 \$
	Trade receivables		681,066	951,826
	Allowance for credit loss		(60,000)	(60,000)
	Contract assets		751,405	-
	Total Trade and Other Receivables		<u>1,372,471</u>	<u>891,826</u>
(a) Financial assets at amortised cost classified as trade and other receivables (note 19)				
	Total trade and other receivables		1,372,471	891,826
	Allowance for credit loss		60,000	60,000
	Total financial assets at amortised cost	19	<u>1,432,471</u>	<u>951,826</u>

The following table shows the movement in lifetime expected credit loss that has been recognised for accounts receivable and other debtors in accordance with the simplified approach set out in AASB 9.

(a) Expected credit loss

	Opening balance 1 July 2018	Change in loss allowance	Specific provision raised	Amounts written off	Closing balance 30 June 2019
Trade receivables	60,000	-	-	-	60,000
	<u>60,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>60,000</u>
	Opening balance 1 July 2019	Change in loss allowance	Specific provision raised	Amounts written off	Closing balance 30 June 2020
Trade receivables	60,000	-	-	-	60,000
	<u>60,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>60,000</u>

(b) Credit risk

The company has no significant concentration of credit risk with respect to any single counterparty or entity of counterparties other than those receivables specifically provided for and mentioned within this note. The main source of credit risk to the company is considered to relate to the class of assets described as trade and other receivables.

The company always measures the loss allowance for accounts receivables at an amount equal to lifetime expected credit loss. The expected credit losses on accounts receivable are estimated using a provision matrix by reference to past default experience of the debtor and an analysis of the debtor's current financial position, adjusted for factors that are specific to the debtors, general economic conditions of the industry in which the debtors operate and an assessment of both the current as well as the forecast direction of conditions at the reporting date.

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 5. Trade and Other Receivables (continued)

There has been no change in the estimation techniques used or significant assumptions made during the current reporting period.

The company writes off a receivable when there is information indicating that the debtor is in severe financial difficulty and there is no realistic prospect of recovery (eg when the debtor has been placed under liquidation or has entered into bankruptcy proceedings) or when the trade receivables are over two years past due, whichever occurs earlier. None of the accounts receivable that have been written off are subject to enforcement activities.

Note 6. Other Assets	Note	2020 \$	2019 \$
Accrued income		560,434	-
Prepaid expenses		368,946	162,571
GP payments due		141,650	77,571
Total Other Assets		<u>1,071,030</u>	<u>240,142</u>
(a) Financial assets classified as Other Assets (note 19)			
Total Other Assets		1,071,030	240,142
Prepaid expenses		(368,946)	(162,571)
Total Other Assets classified as financial assets	19	<u>702,084</u>	<u>77,571</u>

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 7. Property, Plant and Equipment	2020 \$	2019 \$
Freehold land		
At cost	1,653,670	1,653,670
Capital works in progress		
At cost	3,510,664	525,101
Buildings		
At cost	8,002,029	7,442,827
Less accumulated depreciation	(1,183,906)	(1,019,024)
	6,818,123	6,423,803
Total Land and Buildings	11,982,457	8,602,574
Motor Vehicles		
At cost	175,858	175,858
Less accumulated depreciation	(164,939)	(155,429)
	10,919	20,429
Furniture and fittings		
At cost	830,564	816,304
Less accumulated depreciation	(214,281)	(184,774)
	616,283	631,530
Office Equipment		
At cost	136,604	136,604
Less accumulated depreciation	(136,604)	(136,586)
	-	18
Communications Equipment		
At cost	141,448	141,448
Less accumulated depreciation	(141,448)	(141,448)
	-	-
Medical Equipment		
At cost	28,478	28,478
Less accumulated depreciation	(22,246)	(19,769)
	6,232	8,709
Computer Equipment		
At cost	507,962	293,574
Less accumulated depreciation	(342,051)	(282,066)
	165,911	11,508
Total Plant and Equipment	799,345	672,194
Total Property, Plant and Equipment	12,781,802	9,274,768

Nexus Primary Health

Notes to the Financial Statements

For the year ended 30 June 2020

Note 7: Property, Plant and Equipment (continued)

Movements in carrying amounts

	Freehold Land	Capital WIP	Buildings	Motor Vehicles	Furniture & Fittings	Office Equipment	Communications Equipment	Medical Equipment	Computer Equipment	Total
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
1 July 2018	1,653,670	170,867	6,582,502	43,998	136,064	9,726	11,414	11,186	33,363	8,652,790
Additions	-	979,432	-	-	-	-	-	-	-	-
Transfers	-	(625,198)	-	-	526,507	-	-	-	2,218	981,650
Disposals	-	-	-	-	-	-	-	-	-	(98,691)
Depreciation	-	-	(158,699)	(23,569)	(31,041)	(9,708)	(11,414)	(2,477)	(24,073)	(260,981)
1 July 2019	1,653,670	525,101	6,423,803	20,429	631,530	18	-	8,709	11,508	9,274,768
Additions	-	3,706,680	9,200	-	2,834	-	-	-	54,702	3,773,416
Transfers	-	(721,117)	550,003	-	11,427	-	-	-	159,687	-
Disposals	-	-	-	-	-	-	-	-	-	-
Depreciation	-	-	(164,883)	(9,510)	(29,508)	(18)	-	(2,477)	(59,986)	(266,382)
30 June 2020	1,653,670	3,510,664	6,818,123	10,919	616,283	-	-	6,232	165,911	12,781,802

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

	2020	2019
Note 8. Intangible Assets	\$	\$
Computer Software		
At cost	517,596	109,224
Less accumulated amortisation and impairment	(116,081)	(62,982)
Total Intangible Assets	401,515	46,242
Balance at beginning of the year	46,242	68,756
Additions	408,372	-
Amortisation expense	(53,099)	(22,514)
Balance at end of financial year	401,515	46,242
Note 9. Right-of-use assets		

The Company's lease portfolio includes land, buildings and motor vehicles. The lease terms for each type of lease arrangement are:

Class of lease	Lease term
Land	10 years
Buildings	15-20 years
Motor Vehicles	3 years

Options to extend or terminate

The options to extend or terminate are contained in several of the Company's property leases. There were no extension options for motor vehicle leases. These clauses provide the Company opportunities to manage leases in order to align with its strategies. All of the extension or termination options are only exercisable by the Company. The extension options or termination options which were probable to be exercised have been included in the calculation of the right-of-use asset.

Concessionary/peppercorn lease

The company holds a 20-year concessionary lease with the Department of Health and Human Services, formerly referred to as the Department of Health, which represents the Victorian Government, for the use of land and buildings located at 72 Ferguson Street, Broadford, which are used to conduct services in accordance with the company's Service Agreement with the Department of Health and Human Services. The company may not use this space for any other purpose during the lease term without prior consent of the Department of Health and Human Services. The lease payments are \$104 (ex-GST) per annum, payable yearly in advance. Refer to Note 1(n).

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 9. Right-of-use assets (continued)

(a) AASB 16 related amounts recognised in the Statement of Financial Position

	2020 \$	2019 \$
Right-of-use assets		
Leased land	72,406	-
Accumulated depreciation	(54,304)	-
	<u>18,102</u>	<u>-</u>
Leased buildings	966,092	-
Accumulated depreciation	(91,348)	-
	<u>874,744</u>	<u>-</u>
Leased motor vehicles	10,717	-
Accumulated depreciation	(1,786)	-
	<u>8,931</u>	<u>-</u>
	<u>901,777</u>	<u>-</u>

Movements in carrying amounts for each class of right of use asset between the beginning and the end of the current financial year.

	Leased land \$	Leased buildings \$	Leased motor vehicles \$	Total \$
Initial application of AASB16	25,342	939,124	-	964,466
Addition to right-of-use asset	-	-	10,718	10,718
Depreciation expense	(7,240)	(64,380)	(1,787)	(73,407)
Carrying amount at the end of the year	<u>18,102</u>	<u>874,744</u>	<u>8,931</u>	<u>901,777</u>

(b) AASB 16 related amounts recognised in the statement of profit or loss

	2020 \$	2019 \$
Depreciation charge related to right-of-use assets	73,407	-
Interest expense on lease liabilities	25,916	-
Short-term leases expense	-	-
	<u>99,323</u>	<u>-</u>

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

		2020	2019
Note 10. Trade and Other Payables	Note	\$	\$
Trade payables		526,281	220,527
GST payable		419,197	394,044
PAYG payable		-	240,302
Accrued expenses		410,297	777,456
Other payables		-	8,230
Total Trade and Other Payables		<u>1,355,775</u>	<u>1,640,559</u>
(a) Financial liabilities classified as trade and other payables (note 19)			
Total trade and other payables		1,355,775	1,640,559
GST payable		(419,197)	(394,044)
Total financial liabilities classified as trade and other payables	19	<u>936,578</u>	<u>1,246,515</u>
Note 11. Other Liabilities			
Contract liabilities		1,778,981	-
Prepaid revenue		-	2,742,925
Total Other Liabilities		<u>1,778,981</u>	<u>2,742,925</u>

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

		2020	2019
Note 12.	Lease Liabilities	Note	
		\$	\$
<i>CURRENT</i>			
	Lease liability	84,938	-
	Unexpired interest	(24,354)	-
	Total current lease liabilities	60,584	-
<i>NON-CURRENT</i>			
	Lease liability	926,888	-
	Unexpired interest	(153,027)	-
	Total non-current lease liabilities	773,861	-
	Total lease liability	1,011,826	-
	Total unexpired interest	(177,381)	-
	Total present value of lease liability	19	834,445
Note 13. Provisions			
	Provision for annual leave	1,047,562	718,611
	Provision for long service leave	1,121,454	1,089,857
	Provision for make good	99,850	-
		2,268,866	1,808,468
	<i>Non-Current</i>		
	Provision for long service leave	562,051	373,912
	Total Provisions	2,830,917	2,182,380

Provision for Employee Benefits

Provision for employee benefits represents amounts accrued for annual leave and long service leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the company does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the company does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based upon historical data. The measurement and recognition criteria for employee benefits have been discussed in Note 1 (k).

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

	2020	2019
Note 14. Cash flow Information	\$	\$
Reconciliation of surplus/(deficit) to net cash provided by operating activities		
Surplus/(deficit)	2,795,735	(523,347)
Non cash items:		
- depreciation and amortisation expenses	392,888	283,495
- cumulative impact upon adoption of AASB 15	688,071	-
Changes in assets and liabilities:		
- (Increase)/decrease in trade and other receivables	(480,645)	(578,084)
- (Increase)/decrease in other assets	(830,888)	(56,858)
- Increase/(decrease) in trade and other payables	(284,784)	494,034
- Increase/(decrease) in prepaid revenue	(963,944)	1,355,565
- Increase/(decrease) in provisions	648,537	529,698
Net cash flows provided by operating activities	1,964,970	1,504,503

Note 15. Capital and Leasing Commitments

Following the Company's adoption of AASB 16: *Leases* on 1 July 2019, the Company no longer distinguishes its lease arrangements between operating and finance leases.

The Company's lease commitments, which are captured under AASB 16, are disclosed at Note 12.

Lease commitments measured under either previous Accounting Standards or those commitments which may meet an exemption under AASB 16, including their relevant commitments, are disclosed as follows.

(a) Operating Lease Commitments

Non-cancellable operating leases contracted for but not capitalised in the financial statements:

	2020	2019
	\$	\$
Payable - minimum lease payments		
- no later than 12 months	-	113,912
- between 12 months and 5 years	-	135,007
- greater than 5 years	-	-
	-	248,919

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

	2020	2019
Note 15. Capital and Leasing Commitments (continued)	\$	\$
<i>(b) Capital Expenditure Commitments</i>		
Capital expenditure commitments for capital projects:		
Payable		
- no later than 12 months	298,574	3,485,356
- between 12 months and 5 years	-	-
- greater than 5 years	-	-
	<u>298,574</u>	<u>3,485,356</u>

Nexus Primary Health were successful in an application to the Victorian Health and Human Services Building Authority for \$3.7million of funding to redevelop the Broadford Centre. At 30 June 2020 the first six milestone payments had been received with the balance due during the 2020/21 year. The redevelopment was completed in September 2020.

Note 16. Contingent Liabilities and Contingent Assets

There are no known contingent assets or contingent liabilities for Nexus Primary Health as at 30 June 2020 (Nil: 2018/19).

Note 17. Events after the Reporting Period

The COVID-19 pandemic has created unprecedented economic uncertainty. Actual economic events and conditions in the future may be materially different from those estimated by Nexus Primary Health at the reporting date. As responses by government continue to evolve, management recognises that it is difficult to reliably estimate with any degree of certainty the potential impact of the pandemic after the reporting date on Nexus Primary Health, its operations, its future results and financial position. The state of emergency in Victoria was extended on 8 November 2020 until 6 December 2020 and the state of disaster ended on 8 November 2020.

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

Note 18. Key Management Personnel and Related Party Disclosures

Key Management Personnel (KMP) are those people with the authority and responsibility for planning, directing and controlling the activities of Nexus Primary Health, directly or indirectly.

The KMP of Nexus Primary Health are deemed to be the:

- Board of Directors
- Chief Executive Officer
- Finance Executive Manager
- Business Services Executive Manager
- Community Access Executive Manager
- Community and Quality Services Executive Manager

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 18. Key Management Personnel and Related Party Disclosures (continued)

The totals of remuneration paid to the key management personnel (including Board Directors) of Nexus Primary Health during the year are as follows:

	2020	2019
	\$	\$
Salary and fees	503,725	474,493
Superannuation	51,075	45,077
Total Remuneration of Key Management Personnel (KMP)	554,800	519,570

Outside of normal citizen type transactions with the company, there were no related party transactions that involved key management personnel, their close family members and their personal business interests.

Note 19. Financial Risk Management

The company's financial instruments consist mainly of deposits with banks, local money market instruments, short-term investments and accounts receivable and payable and lease liabilities.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 9: *Financial Instruments* as detailed in the accounting policies to these financial statements, are as follows:

	Note	2020	2019
		\$	\$
Financial assets at amortised cost			
Cash and cash equivalents	4	5,485,005	7,855,738
Trade and other receivables	5(a)	1,372,471	891,826
Other Assets	6(a)	702,084	77,571
Total financial assets		7,559,560	8,825,135
Financial liabilities at amortised cost			
Trade and other payables	10(a)	936,578	1,246,515
Lease liabilities	12	834,445	-
Total financial liabilities		1,771,023	1,246,515

Note 20. Registered Office/Principal Place of Business

The registered office is:
Nexus Primary Health
72 Ferguson Street
Broadford VICTORIA 3658

The principal place of business is:
Nexus Primary Health
72 Ferguson Street
Broadford VICTORIA 3658

Nexus Primary Health

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 21. Lower Hume Primary Care Partnership

On 1 July 2006, Nexus Primary Health became the auspicing agency of the Lower Hume Primary Care Partnership.

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

Nexus Primary Health Directors' Declaration

In accordance with a resolution of the directors of Nexus Primary Health, the directors of the entity declare that:

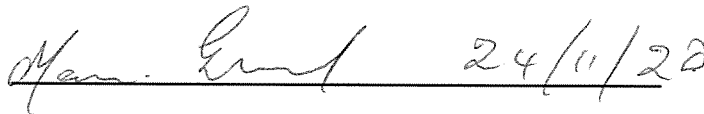
- 1 The financial statements and notes, as set out on pages 7 to 46, are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:
 - a. comply with Australian Accounting Standards - Reduced Disclosure Requirements; and
 - b. give a true and fair view of the company's financial position as at 30 June 2020 and of its performance for the year ended on that date.
- 2 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 Regulations 2013*.

Paul Scown



Marie Gerrard



Dated this 24th day of November 2020

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, 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 2020 and of its performance for the year ended on that date; and
- ii. complying with Australian Accounting Standards - Reduced Disclosure Requirements 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 2020
- ✓ 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.

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 Chairperson'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 Australian Accounting Standards - Reduced Disclosure Requirements 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 24th day of November 2020



Adrian Downing
Lead Auditor



nexus

Primary Health



Designed by:

sandra
edwards *design*



I am a Graphic Designer and Artist located in Broadford, Victoria. I enjoy creating beautiful and unique designs for my clients. I use my unique blend of art and design to bring my customers ideas to life, whether it be an professional document, invitation or business promotions.

Please feel free to check out my website or social media accounts and consider me for your next creative endeavour.

www.sandraedwardsdesign.com.au