

Annual Report & Quality Account



2019-
2020

Introduction

This Annual Report & Quality Account outlines IPC Health's performance over the 2019-2020 financial year. It provides information on our performance against our Strategic Vision and against quality indicators and standards. This Annual Report & Quality Account 2019-2020 is available on IPC Health's website www.ipchealth.com.au

You can request a copy by contacting our **Client Services Team on 03 9219 7142** or **email: ipchealth@ipchealth.com.au**

Acknowledgements

IPC Health is pleased to acknowledge funding from the Victorian and Commonwealth Governments.



Australian Government
Department of Health

We acknowledge the Traditional Owners of the land on which we work, the people of the Kulin Nation and pay respect to their Elders, past, present and emerging. We value the diversity and strength of our people and communities.



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Message from the Chair and the CEO

The past year has seen IPC Health take major steps in our growth as an organisation. Together with the Board Directors, our Executive and Leadership Teams and our staff, we developed IPC Health's Strategy 2020-2025, our service delivery model and the new values for our organisation.

The Coronavirus pandemic brought many challenges but also opportunities and we emerged as a leader in the health sector through our rapid and high quality response, working together with the Department of Health and Human Services (DHHS), Western Health and other community health organisations.

We welcomed Paul Geyer as a new Board Director in November 2019 and also saw Glenn Pringle as General Manager Innovation and Community Care and Ian Holland as General Manager Financial and Corporate Services complement our Executive Team in January 2020.

We would like to acknowledge and thank our Board Director Trish Collocott who left the IPC Board in early July 2020. Her contribution to IPC Health has been greatly valued.

IPC Health's Strategy 2020-2025 focuses on deeply understanding our diverse community, providing exceptional health and wellbeing services, prevention of poor health and improving people's quality of life. We are committed to working with the rapidly growing areas of Melbourne's middle and outer West, with further expansion into the Wyndham and Melton Local Government Areas.

Our new service model highlights easy access, holistic – including non-medical – care through designated health and wellbeing coordinators, education and self-management.

IPC Health has been piloting a free Social Prescribing program since July 2019. Our model involves clients being referred to an IPC Health Wellbeing Coordinator, who works with individuals to understand their specific needs, goals and facilitates local community sources of support. During COVID-19, we adapted and scaled up our Social Prescribing service to a Community Care service, to focus on providing additional support for vulnerable people in the community. The importance of integrating health care and social supports, is now critical more so than ever and has become a sustainable whole of organisation approach.

During COVID-19 our focus has always been to keep our clients and staff safe, while continuing to provide services. We introduced telehealth across our services early in the pandemic, which were well received, including online group sessions, and health screenings. We opened Acute Respiratory Clinics (ARCs), drive through testing clinics for COVID-19 testing in partnership with DHHS, and had mobile testing teams on-site within the community and at work sites alongside Local Government and community leaders to educate our community and to keep people safe. It was amazing to see our Executive and Leadership Teams and staff step up in these difficult times and come forward with innovative solutions, resulting in IPC Health becoming a leading advisor for other health organisations regarding COVID-19 testing.

IPC Health has achieved a positive surplus of \$1.2m for 2019-2020 and we delivered all the expected service hours for our funders with the addition of COVID-19 response hours, including ARCs, pop-up drive through testing clinics, mobile testing teams and Health Status Stations. We have driven and pursued opportunities for IPC Health to secure additional funds to the value of \$2.1 million, including additional funding for our Social Prescribing and School Readiness programs, suicide prevention and a vulnerable community grant.

The Victorian Health Experience Survey showed our clients' overall satisfaction and experience with IPC Health is 96.6%, up from 2018-2019, and IPC Health again having the highest response rate in the State.

We would like to thank all Board Directors, Executive and Leadership Teams, staff and volunteers for their excellent work in very challenging times. We are looking forward to continuing our work with our partners, our new strategy and service model, maximising access to health and wellbeing services and improving the quality of life for the people and communities that we care for, and serve.

We are One Team IPC Health, we are passionate, creative and we make a difference.



George Kogios
IPC Health Board Chair



Jayne Nelson
IPC Health CEO

Our Impact



Reach

Number of arrived appointments Allied Health 2019–2020:

47,646

(12,5% growth compared to 2018–2019)



More than
59,400
client visits and
2,480

new clients for our Wyndham Vale and Deer Park GP clinics

Dental: more than
13,500
clients seen in our dental clinics



66%
growth

for Home Care Packages



Client Satisfaction

96.6%

of surveyed clients
rate us
as very good or good



Source: Victorian Health Experience Survey

79.66%

of surveyed people were
happy / very happy
with the service received



Source: IPC Health Client Feedback Survey

62.02%

of surveyed clients were extremely likely to **recommend** IPC Health to family and friends



Source: IPC Health Client Feedback Survey

100%

of surveyed people were
happy / very happy
with the **telehealth service** received



Source: IPC Health Telehealth Survey

74.07%

of surveyed people who used **telehealth** were extremely likely to **recommend** IPC Health to family and friends



Source: IPC Health Telehealth Survey

94.44%

of surveyed clients would like to see IPC Health continue telehealth as a service option in the future



Source: IPC Health Telehealth Survey

COVID-19 Response

COVID-19 tests



	Wyndham Vale Acute Respiratory Clinic	Deer Park Acute Respiratory Clinic	Offsite testing
May 2020	481	680	3588
June 2020	962	1908	4748

COVID-19 response

IPC Health worked closely with the Victorian Department of Health and Human Services (DHHS), the North West Melbourne Primary Health Network (NWMPHN), Western Health and other health organisations to respond to the outbreak of COVID-19 (Coronavirus) and IPC Health's Coronavirus Pandemic Action Plan was put in place.

In order to keep our staff and clients safe, we changed the way we delivered services during the Coronavirus pandemic.

IPC Health campuses at St Albans, Deer Park, Altona Meadows, Hoppers Crossing and Wyndham Vale remained open, including our GP clinics at Deer Park and Wyndham Vale, with staff such as Clinicians and Client Services Officers remaining on site continuing to provide essential services following all safety procedures and supporting other staff working from home.

Aligning to Dental Health Services Victoria (DHSV) and Government guidelines, Dental Services reduced to emergency care only during Stage 3 restrictions. Audiology and Optometry Services were unavailable during the pandemic.

IPC Health decided to temporarily close its Sunshine campus from 14 April 2020, initially for a period of three months. All our services that were delivered at Sunshine campus continued to be available through telehealth or face to face at one of our other campuses.

Telehealth

IPC Health staff, where possible, worked from home during the pandemic. Most services were available through telehealth (with audio only or video options) with no co-payment needed. Face to face appointments were still occurring at our campuses, for example for clients of the High Risk Foot Clinic.

Telehealth services were very well received by clients and staff.

It gave staff working from home more flexibility to provide services, for example outside of business hours if that suited them, e.g. with home schooling.

A total of 54 surveys were collected from mid May to end of June 2020 from clients who were seen through telehealth.

88.89% were very happy with the service they received

11.11% were happy with the service received

74.07% were extremely likely to recommend IPC Health to family and friends

22.22% were likely to recommend IPC Health to family and friends

94.44% would like to see IPC Health continue telehealth as a service option in the future



Online group sessions

Group sessions for clients continued during the pandemic with adjustments for the online environment.

Living Well

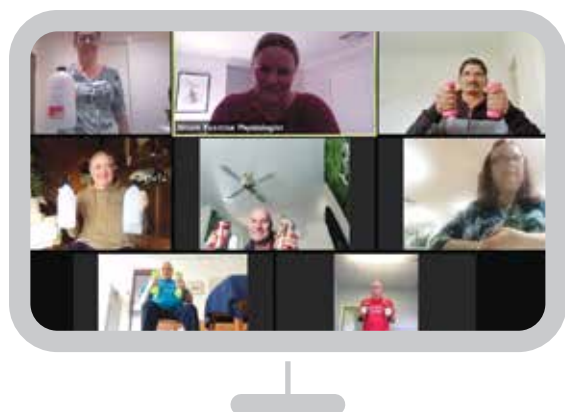
The Living Well team ran the Diabetes Victoria Life! Program via phone or video in both Wyndham and Brimbank. The Life! Program is a free lifestyle modification program designed to help people to reduce their risk of developing type 2 diabetes and cardiovascular disease. It consists of six sessions designed to support clients to improve eating habits, move more and improve their sleep and stress levels.

Virtual Cardiac Rehab

The Cardiac Rehabilitation team recommenced the Cardiac Rehab group via telehealth video conferencing platform on Zoom. Since the COVID-19 crisis forced them to cease group sessions they had been frantically trying to keep their clients' health needs met via telephone coaching and one on one video chats.

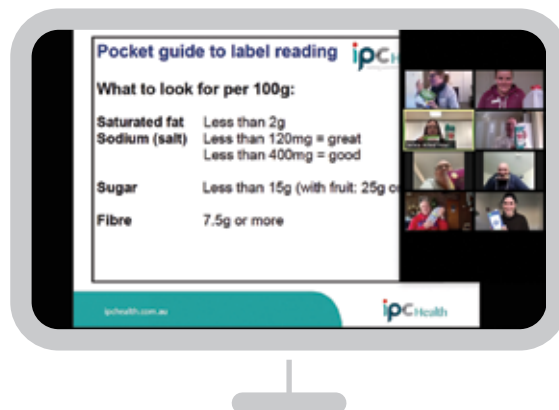
Research proves that the cardiac clients have better outcomes and reduced rehospitalisation with participation in Cardiac Rehab programs which combine exercise, education and social interaction with other clients, as well as health professionals for support.

The team worked tirelessly to ensure this launch was beneficial, safe and seamless for the clients to participate. The learning curve has been steep on both sides of the coin but has been worth it to see the program up and running effectively.



Each program runs for six weeks and the Cardiac Rehab team enlisted assistance of other Allied Health team members, such as Dietitians and Occupational Therapists to make educational presentations. The goal was to deliver the same quality product we would deliver face to face at our centre.

The Cardiac Rehab team also organised a Label Reading telehealth session.



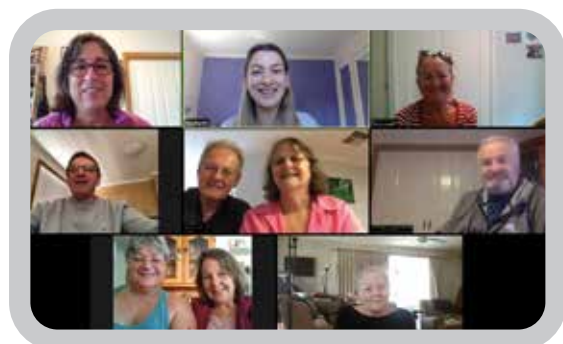
The Cardiac Rehab team:

“Cardiac Rehab loved that COVID-19 has enabled us to implement different strategies that allow flexibility for our clients and encouraged us to think outside the box. We have also been able to step up professionally and utilise our experience and skills to run a program that: maintains ACRA standards of care, keeps our clients safe, supports them through their recovery and guides them in self-management of their own health and future lifestyle changes.

However it is important to acknowledge that these programs are not ideal for all and we can never underestimate the importance of face to face consultation with our clients.”

Speech Therapy

Speech Therapy Aphasia Group



Speech Therapy Training

Adult Speech Pathologists were trained in a Speech Therapy training program called LSVT. This program is usually very time intensive with guidelines suggesting that clients need to attend four days per week for four weeks. This would've been nearly impossible pre-COVID-19, however with the move to telehealth, it was able to be achieved quite easily within the comfort of one's home.

Dietetics

The Dietetics team from Hoppers Crossing normally run a supermarket tour for the Karen population. This was changed to a 'What's in your pantry' tour.

School Readiness

The School Readiness team ran two full days of online training for Kindergarten Educators – 'Teacher Talk'. This was scheduled to be face to face but needed to be modified due to COVID-19 and was done online. Feedback was overwhelmingly positive and great to see that we could still connect with educators.



Parenting Skills

The School Readiness team also provided educational material for our Facebook posts to share with parents home schooling their kids.

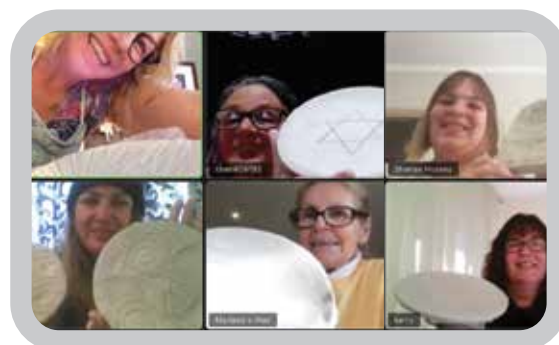
Child Speech, Developmental Psychology and Dietetics completed a series of videos for Brimbank Library Parenting Skills groups.

Hands on Art to improve wellbeing

It has been a challenging time for many of the Aboriginal and Torres Strait Islanders who would regularly attend the Elders Lounge at the Wyndham Vale site under normal circumstances. Many of them have participated in the community arts and cultural strengthening projects over the last couple of years.

To continue the sense of connection and wellbeing that the Elders Community Lounge gives, IPC Health developed a fortnightly wellbeing program via Zoom. Healthy Kinships is a social and emotional wellbeing program for Aboriginal and Torres Strait Islander people of all ages. It is comprised of two key elements: personal development (self-reflection, self-worth, emotional intelligence) and social connections to culture, community and Country.

A similar model has been utilised for two different remote based art projects that have been developed for IPC Health clients: a three session ceramics based program for clients who attend the Elders Lounge and a three session mandala painting program for Social Prescribing clients.



The first ceramics session was held with 10 people participating. Once the challenge of learning how to use 'Zoom' was overcome, it was full steam ahead. Everyone made some beautiful cups and bowls and got to say hello to their friends and meet some new people. Not to mention excellent 'Zoom' skills that they all learnt.

The project will be evaluated to see whether running remote community programs for people who are less mobile or who find it difficult to leave their homes, could improve engagement and connection to the Health and Community Services sector.



Testing quote of the day:

"Would it be okay if I put this swab into your nose and gave it a tickle? 4 year old: Yes that's okay, I've been practising with my finger!"





COVID-19 Testing

From early May, IPC Health opened Acute Respiratory Clinics (ARCs) in the car parks of our Deer Park campus and Wyndham Vale campus, offering free COVID-19 testing through a drive through service.

IPC Health also undertook mobile testing at local prisons and remand centres, schools, meat processing workplaces and set up a pop-up testing site at Keilor Community Hub.



Health Screening

Prior to an appointment at our clinics or a home visit, all clients were called to check if they (and their household members) were well and did not have any Coronavirus symptoms, hadn't returned from overseas in the past fortnight, had not had close contact with someone who had confirmed Coronavirus, had not been tested or been requested by the Department of Health & Human Service (DHHS) to be tested for COVID-19 and were still awaiting results.

At every campus, health screening stations were set up to screen all clients and other visitors upon arrival. A great number of IPC Health staff from a wide range of disciplines, including members from our Executive Leadership Team, volunteered to work at these health screening stations.



Caring for our community

During the Coronavirus pandemic, IPC Health staff integrated health care and social support.

Shirley Woods from the Family Services team delivered food in a safe way to six families with multiple young children who could not leave home. She also organised for Nurse Marie and Dr Sunny to conduct a home visit in order to vaccinate a six month old baby.

The following is an email from the Mum:

“I am in the high risk category for catching COVID-19. My daughter turns six months at the end of the month and I was worried about being out in public with her especially having to go to the Doctors to get her immunisations done. I was offered this beautiful service for a Doctor and Nurse to come out to my home to give her her immunisations. There is no stress for me to fall behind and in getting my daughter's immunisations done now. Thank you so much to the Doctors and Nurses you are providing an awesome service to those of us who need it.”

Our Refugee Health team were also linking clients to extra services such as the Salvation Army and St Kilda Mums during the Coronavirus pandemic.

See also *Adaption of Social Prescribing* on page 14.

Infrastructure Adjustments

- Hands Free Hand Sanitiser units.
- Hands free foot activated press 'n' pull door openers.
- Disinfectant spray 'n' wipe cleaning stations across all sites
- COVID screens installed at reception at all campuses.
- Keep your distance markings on floors and waiting room chairs



Counselling Support

IPC Health offered its free Counselling Services if people were anxious or generally not feeling themselves and if people needed financial help. We adapted to telehealth, offering services via phone or video.

We have found some of our clients actually prefer telehealth to face to face counselling. There is no need to travel to an IPC Health campus, services can be hard to access if people don't have transport and telehealth also saves time. They can find a comfortable space to be during the consult and don't have to deal with waiting rooms. Clients also find it easier to speak about personal issues on the phone. Furthermore, there is flexibility in meeting times, e.g. outside of business hours and it is easier to change appointments. Our Counsellors are able to be more responsive, e.g. can call back later. Our Counselling Services are also more accessible with telehealth, clients are able to speak with someone out of their Local Government Area, with no waiting times.

Comments from a client:

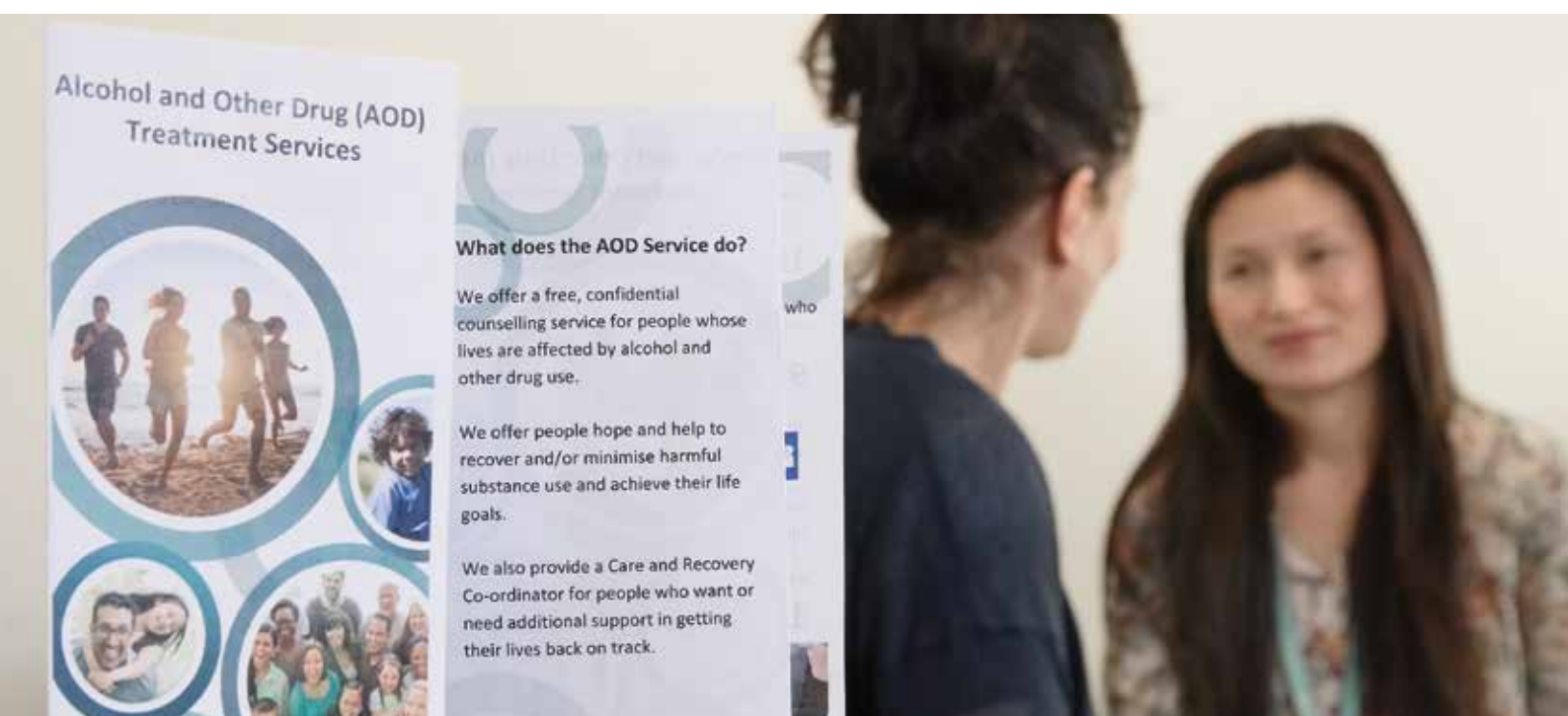
"Please continue to offer this service, it has been very good for me. I have been able to maintain contact with my Counsellor and I didn't feel like I have missed out on anything by not having face to face. I have been able to find a safe, familiar and comfortable space to be when they call me which has been an added bonus as I don't have to deal with hectic and impersonal waiting rooms. The connection I have with my Counsellor hasn't been diminished at all. The experience I have had since moving to phone sessions has been overwhelmingly positive. I am very lucky to have been able to maintain such a valuable professional relationship during these uncertain times."

Healthy Living

The Dietetics team provided healthy eating and nutrition tips and Exercise Physiologist Cassey Jones filmed herself to share exercise videos on IPC Health's Facebook page.



She was also doing a weekly virtual pilates class at lunch time for staff. Exercise GIFs from Physiotherapists, Vesna and Kanchan helped staff working from home, to get them out of their chairs and reduce tension and strains associated with prolonged computer use.



Social Prescribing

A pilot program at IPC Health

Many people present to our clinics with non-medical issues that affect their health and wellbeing.

IPC Health has been piloting a free Social Prescribing program in the Brimbank community since July 2019, in partnership with the North Western Melbourne Primary Health Network (NWMPHN) and Brimbank City Council.

Our model involves clients being referred by GPs or other health providers to an IPC Health Wellbeing Coordinator, who works with the client to understand their needs and goals and facilitates local community sources of support.

The Wellbeing Coordinator is able to assess a client's social, financial and life-management needs and support them to connect to appropriate services and groups in their community. Some common examples of Social Prescriptions include peer support groups, meditation, volunteering, art and recreational activities.

Over a relatively short period of time, on average 2.6 sessions of 45-60 minutes, the Wellbeing Coordinator develops a deep understanding of the person's health and wellbeing and other challenges they face. They become an advocate for the client; an educator; a mentor who encourages and reassures the person. Their objective is to support that person to better support themselves.

Backed by the multidisciplinary knowledge of Community Health Services, the Wellbeing Coordinator can identify and facilitate referrals into other health and wellbeing services to support the client and can prevent escalation of potential complex health risks.



Many Social Prescribing clients participated in community programs at the Westvale Community Centre.



Dr Sara (left) and Wellbeing Coordinator Catherine (right). Dr Sara refers clients to see Catherine for Social Prescribing

In the 2019-2020 financial year, IPC Health had 145 referrals to the Social Prescribing program and currently has up to 240 listings on the Community Asset Map for the Brimbank Community.

We identified the following themes with our Social Prescribing clients: anxiety and depression; diabetes; chronic pain; complex mental health; chronic health condition; arthritis.

Surveys showed the following:

- **96%** of survey participants described they were happy with service provided by the Social Prescribing Wellbeing Coordinators
- **86%** described their social prescription activity as being helpful
- **Comments included:**
 - Having somewhere to go
 - Talking to people experiencing the same problems
 - Enjoying the activities
 - Enjoying the company of people
 - Being able to get feedback on how I am progressing
 - Learning from the Physiotherapists
 - Learning more about crafts
 - Enjoying volunteering
 - Enjoying exercises

“Social Prescribing showcased what great partnerships can achieve for local community.”

Social Prescribing forum

The Royal Australian College of General Practice (RACGP) and the Consumer Health Forum of Australia (CHF), in partnership with the National Health and Medical Research Council Partnership Centre for Health System Sustainability, undertook a consumer and stakeholder consultation process and roundtable discussion to explore the application of Social Prescribing in Australia.

IPC Health's CEO, Jayne Nelson and Wellbeing Coordinator, Catherine Cotching presented at the forum adding IPC Health's direct and practical experience of social prescribing to the discussion.

In February 2020, the RACGP and CHF published a report that recommended and outlined arguments for a strategic and systematic approach to incorporating Social Prescribing into the Australian healthcare system to counter rising chronic health problems. IPC Health's experiences in our Social Prescribing program were included in the report.

Japanese visitors

We welcomed visitors from Waseda University, Japan in February 2020, who contacted us to learn more about Social Prescribing. We talked about tools, testing and measuring, reoccurring themes and the referral process. It was wonderful to share information and learnings with others internationally.

Adaption of Social Prescribing during the pandemic

During COVID-19 we adapted our Social Prescribing service to a Community Care service to focus on providing additional support for people in the community who are struggling with the isolation and increased level of anxiety many are facing at this time.

Health is sometimes not the initial need in times of crisis and the focus is rightly on basic needs, like safety, housing, and financial support. The risk here is that a person's health is both directly impacted by these factors and their experience of poor health (e.g. mismanaged chronic health conditions) can exacerbate their ability to acquire such basic need.

Hidden challenges for people during COVID-19 included:

- Keeping up with current service changes
- Health Literacy – not understanding or evaluating needs accurately e.g. avoiding the Doctor because of fear of exposure to COVID-19
- Digital Literacy – accessing telehealth services
- Social Isolation risk – people are resilient; however, COVID-19 might have changed a person's normal support networks – e.g. mistrust in in-home support services due to safety risk; or their support person is also isolating due to concerns for exposure risk.
- Financial stress
- Mental Health



We noticed that during this pandemic, people turned to their trusted healthcare providers for medical advice and treatment. IPC Health also became an important doorway for people to access essential and social services and community supports that were critical to their wellbeing.

As activities in the community closed with COVID-19 regulations, Wellbeing Coordinators concentrated on assisting community members to access supports they needed to stay safe and well. The disruption created by COVID-19 presented IPC Health with a unique opportunity to fast-track the expansion of Social Prescribing, particularly with our most vulnerable clients. It was an opportunity to bring together knowledge and expertise across various disciplines. All service providers could identify clients who might need additional support during COVID-19. This created a central register of our more vulnerable clients, making it easier for us to monitor and keep in contact with clients most in need.

The Wellbeing Coordinators liaised with the clients and formed a team with diverse health expertise and other support services to ensure individual client needs were addressed. The support services provided by IPC Health included online social catch-ups; food, medical and other supply deliveries; warm referral to community services for support; advocating on behalf of clients and supporting clients to make informed decisions for their health and wellbeing.



A client story:

An IPC Health Physiotherapist was concerned about a client's wellbeing during COVID-19 restrictions. When contacted by the Wellbeing Coordinator, it was identified that the client was suffering from carer strain. He had cancelled all services for his mother as he did not want carers coming into home. The client's mother had two falls in the past week, with no follow up from a GP as the client did not want his mother to be exposed to COVID-19 by going to the GP Clinic. The client was mentally unwell with increased levels of anxiety and depression and was suffering from insomnia, due to caring for his mother overnight, as she was often confused and agitated. Picking up medication from the Chemist was also a problem as the client didn't want to leave his mother in the car, being fearful of her absconding.

The Social Prescribing Wellbeing Coordinator at IPC Health provided the following support. She encouraged the client to take his mother to the GP to review her after her fall and to get a flu shot. She also encouraged the client to see his GP for a review of his mental health, diabetes, headaches and a flu shot. The Wellbeing Coordinator gave the client contact details for Carers Victoria for carers support, Care in Mind for Mental Health support, Dementia Carers Australia for strategies to care for his mother and provided details of the Smiling Mind app for mindfulness and relaxation strategies. She also encouraged the client to arrange home delivery of medication.

"Social Prescribing started as a pilot project at IPC Health and was scaled up during COVID-19. It is now becoming a sustainable whole organisation approach in IPC Health's Strategy for 2020-2025."

"The importance of integrating health care and social supports, as in our Social Prescribing model, is now critical and it will continue to be as we recover together from the impacts of COVID-19."

Who we are

Purpose

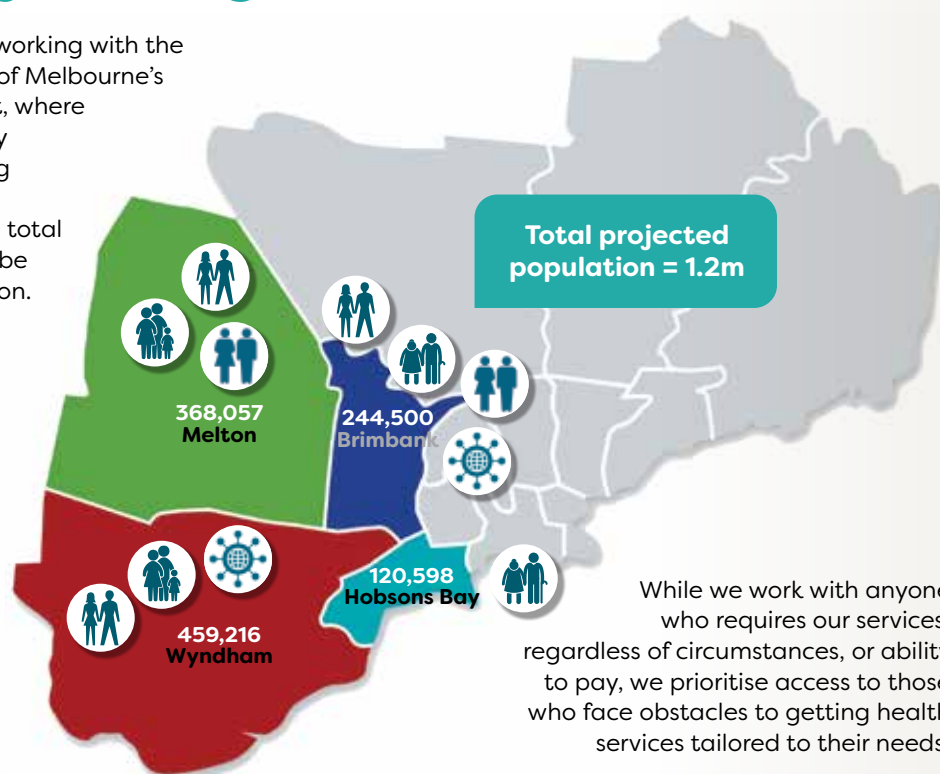
Improve quality of life for the people and communities we serve by maximising access to health and wellbeing services.

Mission

We deliver innovative high quality services that are client centred, collaborative, coordinated and demonstrate value through measured impact.

Geography and Target Audience

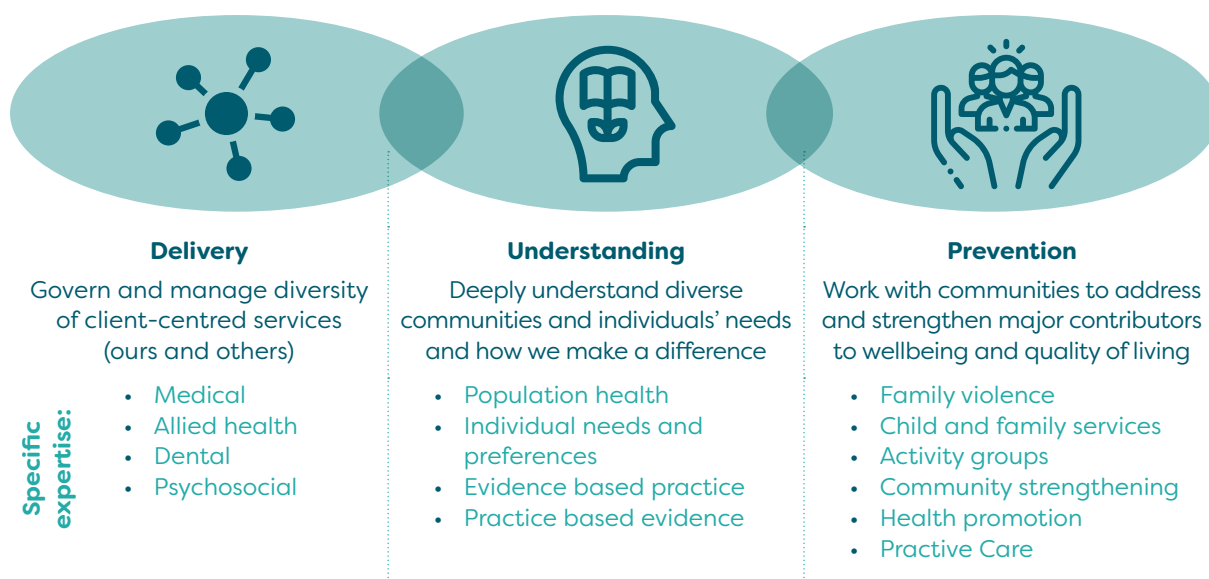
We are committed to working with the rapidly growing areas of Melbourne's middle and outer West, where population will grow by 400,000 in the coming 15 years. By year 2035, we anticipate that the total population served will be approximately 1.2 million.



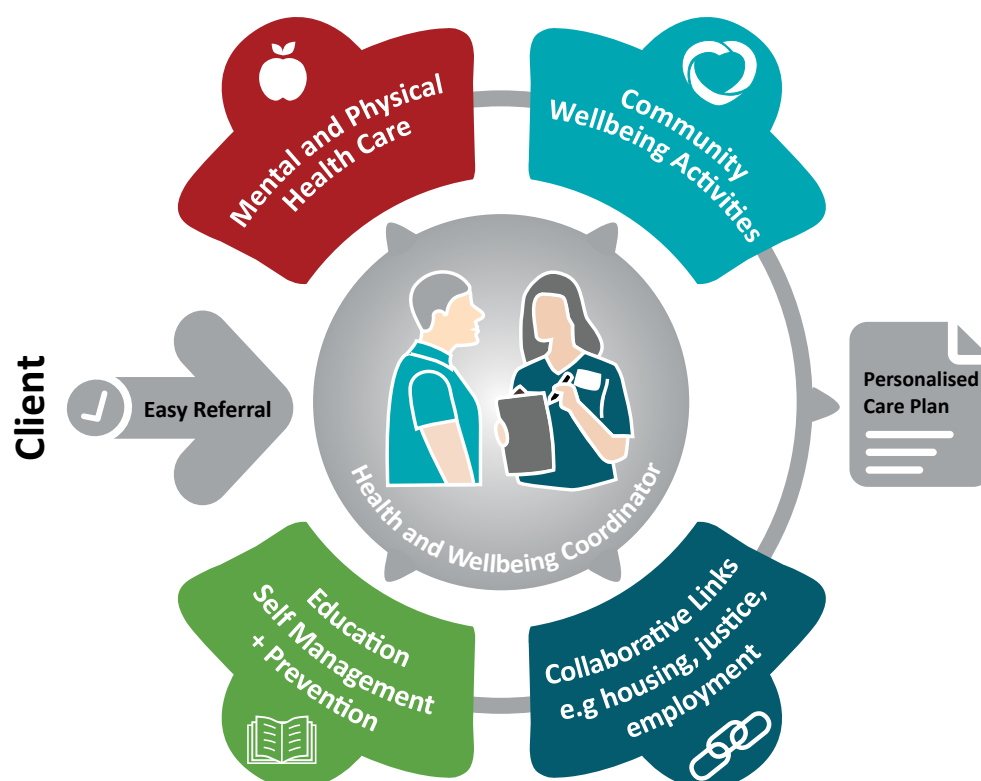
Target Audience				
Youth	Children and Families	Older People	Vulnerable People	Diverse Communities
Mental health Sexual health Safety from violence	Paediatric health Child development Parenting Safety from violence Nutrition Pre-natal	Chronic health conditions Social connection Dementia / mental health Disability Independence Support	Low income Joblessness Insecure housing Food insecurity Low educational attainment	Aboriginal and Torres Strait Islander CALD LGBTIQA+ Refugee & Asylum Seekers

Key Capabilities

Capabilities which we will develop to highly distinctive, and even unique, levels are:



Our Service Model



Result Areas

- **Positive Reputation** – A community, and sector, that recognises and supports our outstanding achievements
- **Person Centred Care that is Valued by All** – Evidence informed, seamless services meeting needs of our diverse communities
- **An Effective and Viable Business** – Increased capacity and reach at acceptable cost, delivered by valued and engaged staff capable of responsive and quality delivery

Values



Principle sites



106 Station Road, Deer Park



330 Queen Street, Altona Meadows



1 Andrea Street, St Albans



117-129 Warringa Crescent, Hoppers Crossing



122 Harvester Road, Sunshine



510 Ballan Road, Wyndham Vale

Our Services

Aged Care

Home Care Packages
Social Work

Allied Health

Nutrition and Dietetics
Occupational Therapy
Physiotherapy
Exercise Physiology
Podiatry
Speech Pathology
Audiology

Child, Youth and Family

Paediatrician
Child Occupational Therapy
Psychology for Children
Child Speech Therapy
Family Services
Healthy Mothers, Healthy Babies
Cradle to Kinder
Youth Health Nurse

Chronic Conditions

Cardiac Rehabilitation
Diabetes Education
Living Well
Needle and Syringe Program
Well @ Home

COVID-19 Testing

General Health

GP / Doctor
Nurse
Oral Health / Dental
Refugee Health
Aboriginal and Torres Strait Islander Health
Women's Health / Sexual Reproductive Health

Social Prescribing

Community Connection
Broader Wellbeing Services

Wellbeing and Counselling

General Mental Health
Family
Alcohol & Other Drug
Gambler's Help
Dual Diagnosis Counselling



Our Achievements

Statistical data

More than **59,400** client visits to our GPs, Nurses, Infectious Disease specialists and Paediatrics at our Wyndham Vale and Deer Park clinics and **2,480** new GP clients

New chronic disease care plans created for over **460** clients and an additional **300** care plan reviews

1,346 School Readiness Program sessions in Melton and Brimbank kindergartens

655 cases

in Aged Care case management and local coordination

959

Aged Care personal support / individual packages

Over 30,300 hours

supporting people in our Family Services programs

157 episodes

in our Alcohol and Other Drug program

1,630 service hours

in Therapeutic and Financial Counselling

4,233 service hours

in Gambler's Help

Allied Health

Total Clients	9,833
Total Appointments	47,646

(Based on arrived appointments)



Awards

Winner

The Prevention of Violence Together Western Region Partnership, of which IPC Health is a full implementing partner, won **the very prestigious Chief Health Officer's Award for supporting healthy populations at the 2019 Victorian Public Healthcare Awards.**



Gender inequality, men's violence against women and intimate partner violence are significant problems in our region and the prevalence is above the State average. The Preventing Violence Together 2030 partnership, led by Women's Health West, undertook the Community Champions project in 2018 to enhance community-led violence-prevention activities across Melbourne's West. In collaboration with its partners like IPC Health, the project supported community activists to plan and implement evidence-based violence prevention activities. It used different methods, including community development strategies such as an online campaign, training workshops, a forum and written booklet.

The project worked directly with culturally and linguistically diverse (CALD) community groups, faith groups, women with disabilities, men's and women's groups, and the online community. It provided training and capacity building to empower community members to take evidence-based primary prevention action.

Outcomes included an increased understanding of gender inequality as the underlying driver of violence against women and increased ability to prevent violence against women. The project reached more than 500 active participants and a further 1,676 people through the dissemination of a booklet supporting community members to understand what they can do to promote gender equity and prevent violence against women.

Community-led action towards gender equity and the prevention of violence continues at IPC Health with our continued support to the Men of Brimbank, and the Building Respect and Equality project with Council Interfaith networks and Djerriwarrh Community Health Service.

You can read more about these projects on pages 53 and 54.

Finalist

North West Melbourne Primary Health Network (NWMPHN) in partnership with the Department of Health and Human Services (DHHS), Western Health, Cancer Council Victoria and IPC Health were one of the Finalists for the 2019 VicHealth Awards for the Let's Talk About Cancer pop up

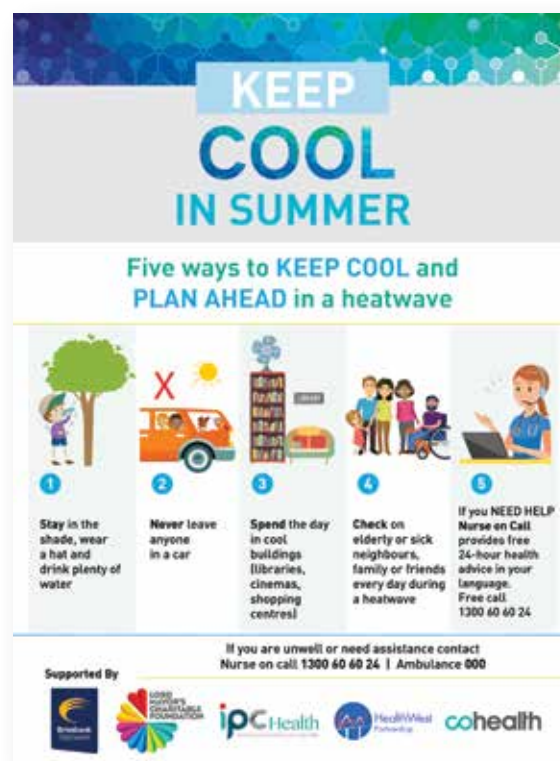
shop. This is a great achievement especially as VicHealth received an unprecedented 257 nominations. Well done to IPC Health's Living Well and Youth and Women's Health teams for their involvement in this project. A true partnership approach.

Heatwave Health

Heatwaves kill more people in Australia than all other natural hazards combined. They also have disproportional health outcomes for people of lower socio-economic status.

Increases in the frequency and intensity of heatwaves place greater demand on public health and emergency services. However with community planning, preparedness and a coordinated response, we can build our community's resilience to extreme weather events, reduce the public health burden of heatwaves and save lives.

This was the mission behind IPC Health's 'Keep Cool in Summer Campaign'. Our partners in the Brimbank Hotspots 'Keep Cool in Summer' campaign included Brimbank City Council, cohealth and Lord Mayor's Charitable Foundation, who generously funded this initiative.



Workshops and information materials

The campaign involved engaging with local service providers, culturally and linguistically diverse communities, elderly residents and families with young children to raise awareness of the effects of heatwaves on health.

We engaged with 126 organisations/community groups and 803 individuals; through conversations, information sessions and community events. Over 3500 'Keep Cool in Summer' promotional materials were distributed in multiple languages. On 23 October 2019, we held a Hotspots forum for service providers, to discuss and share knowledge for heatwave planning and building community capacity and resilience at a local level.

Journalism event and social media

IPC Health, Brimbank City Council, cohealth and Lord Majors Charitable Fund organised a walking journalism event in Sunshine on 11 December 2019, to talk about how heatwaves impact on people's health and smart ways in which people stay safe and cool through the heat.

The event was called 'CroakeyGo HeatwaveHealth' whereby health journalists walked around Sunshine, visiting a list of locations where partners and spokespeople talked about different angles of heatwave health and community members were interviewed about hot spots in the Brimbank area and how to stay cool this summer.

Both the hash tags #CroakeyGo and #HeatwaveHealth were used during the live (social) media event. It was a huge success with a reach of 16 million Twitter impressions, 1600 Tweets, and 215 participants.

Thank you to our speakers, whom each introduced us to different perspectives of heatwave experience, management and prevention: Dr Tess Ryan, proud Birip woman and Scholar for Aboriginal Women's Leadership; Fida Masri, Senior Team Manager Melton, Ambulance Victoria; Matt Cairns, Program Manager, Energy and Financial Literacy, Uniting Kildonan; Emily Duck, Corporate Social Responsibility Specialist, Jemena; Christine Bell, Volunteer Coordinator and Development Officer, Ben Bowman, Sustainability Coordinator and Adrian Gray, Manager of Urban Development Brimbank City Council.

World Diabetes Day Morning Tea at Deer Park

On 14 November 2019, IPC Health organised a free morning tea event at our Deer Park campus for World Diabetes Day to raise awareness about the different services available to help prevent or manage diabetes.

We offered people with (or at risk of) diabetes an opportunity to socialise and talk with others with similar experiences and learn more about how to manage diabetes or lower their risk.

IPC Health's Diabetes Educators, Nurses, Health Coaches and more were there on the day and besides enjoying some healthy food, visitors could participate in a Tai Chi class. A running PowerPoint presentation provided information on diabetes, management, medications and myths.

Attendees also learned about our Social Prescribing program, listened to information about our Well@Home program and spoke to IPC Health Dietitians about food choices. Our neighbour PharmaSave Graeme Wurm Pharmacy was also present with information about how they could assist diabetes clients.

It has been estimated that for every person diagnosed with diabetes, there is another person with diabetes who has not yet been diagnosed. Early intervention in diabetes and adopting healthy behaviours can drastically reduce the risk of diabetes complications later in life.

IPC Health's Living Well team invited attendees to complete a simple quiz, namely the Diabetes Australia Victoria's AUSRisk tool, which grades risk of diabetes from low to high. On the spot health coaching helped those with high scores formulate a small change they could make to reduce their risk, such as taking some time out for themselves. People were offered information on Living Well's free individual health coaching service, including smoking cessation support, plus other health and wellbeing groups available to them at IPC Health.

The morning tea was a great success with over 50 people in attendance, a large number of referrals and lots of interest being shown in our services. Attendees said they found the morning tea very enjoyable and informative. The event showed just how strong we can be as One Team IPC Health.



Infrastructure improvements

While many staff had been working from home, our Infrastructure team and new in-house Facilities Maintenance team implemented a number of infrastructure improvement projects, including:

- LED lights replacements
- COVID-19 infection screens for waiting rooms
- waiting room upgrade at Hoppers Crossing campus

Modern Workplace

In June 2020, IPC Health's Board approved our 'Modern Workplace' plan which focuses on upgrading / replacing our IT systems, software and hardware and our telephony to enable our workforce to be more mobile and flexible and to better meet our clients' needs. Due to the Coronavirus situation and the majority of staff working online, IPC Health is putting in place solutions that fully support our new ways of working.

All of our old computer devices and office software will be upgraded, and enhanced with software that better supports digital collaboration. We'll provide improved support for our staff to access their applications and files remotely so they can be productive in a more mobile work environment.

The 'Modern Workplace' project will also look to move us to a new modern telephone system that will support one general phone number across all sites and enable staff to take their phone number with them when moving between desks and campuses.

Shadow Health Minister visits Wyndham campus

It was great to have Hon Chris Bowen MP, Shadow Minister for Health and Joanne Ryan MP, Member for Lalor come out to our GP Superclinic at Wyndham Vale in February 2020 to discuss the growing population and the health and wellbeing needs of our communities in Melbourne's West.



Photo below, from left to right: IPC Health Board Chair George Kogios, Joanne Ryan, Member for Lalor, Chris Bowen, Shadow Minister for Health, IPC Health CEO Jayne Nelson.



Community Engagement

Victorian Health Experience Survey

IPC Health this year excelled again with a response rate of 48% versus a State average of 19%. IPC Health has also seen an increase year on year in our overall experience result, which is the percentage of clients stating that overall the care was very good or good. 2019 saw our best result of 96.6%. This is above the State average of 96%.

For more details about the Victorian Health Experience Survey, see page pages 36 - 38.

Social media and website

IPC Health launched a Twitter account with the start of the CroakeyGo Heatwave Health campaign as another tool to engage with our stakeholders and community, complementing our Facebook and LinkedIn social media streams.

IPC Health Facebook posts were well received during the COVID-19 pandemic. We shared the latest news with our followers and local community groups and saw record highs for post reach and a significant growth in followers. Our website and especially the dedicated webpage for Coronavirus also saw high numbers of visitors.



Client Feedback

IPC Health received a total of 516 surveys through the mobile devices located at the entrances at our campuses.

62.02%

of surveyed people were

very happy

with the service received



17.64%

of surveyed people were

happy

with the service received



62.02%

of surveyed people were

extremely likely to recommend

IPC Health to family and friends



17.44%

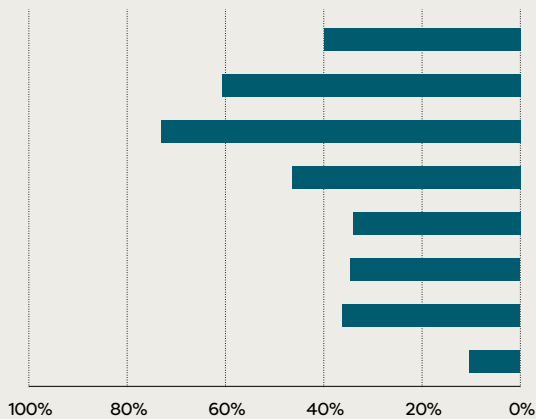
of surveyed people were

likely to recommend

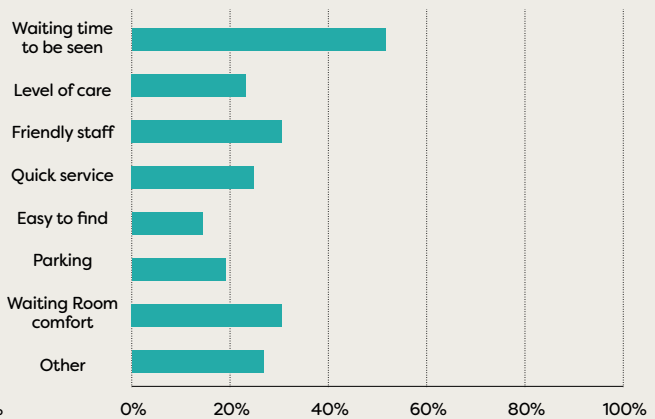
IPC Health to family and friends



What did we do well?



What could have been better?



The devices were turned off in March 2020 due to the Coronavirus infection risks and from May 2020 replaced with an online telehealth survey. For more details on our telehealth survey, see pages 6 and 12.

Compliments

A client gave this wonderful compliment to a staff member of IPC Health's Child & Family Services:

I just wanted to write to express my gratitude for our IPC Health support worker Ly. Ly has gone above and beyond in assisting us with getting help for our autistic son. She has been so kind, informative and proactive in helping us find the best outcomes for our son. I am eternally grateful for her help and warmth.

Ly is a wonderful asset to your company and I hope she is as appreciated as a worker as much as she is appreciated by the community.

Thank you very much for linking Ly in with us and I'm hoping she gets a raise or accolades of some sort because she is an incredible human being."



Our Community

IPC Health went out into the community to engage with local residents.

Run for Hope

IPC Health Youth & Women's Health Nurses were at Coulson Gardens Maribyrnong on Sunday 23 February 2020 for 'Run for Hope' - a yearly charity race to raise funds for families affected by defective BRCA 1&2 genes.

VU Orientation Day

Staff from our Living Well, Youth and Women's Health teams and our Deer Park GP Clinic were at the VU Polytechnic Orientation Day at St Albans on 20 February 2020.



Brimbank Healthy Aging Expo

IPC Health Aged Care team, Counsellors from Gambler's Help and Community Workers who can help prepare and survive heat waves were at the Brimbank Healthy Aging Expo on 24 February 2020.

Brimbank Children's and Families Expo



Western Metropolitan Mental Health Forum

In October 2019, the IPC Health Wellbeing & Counselling Program came together to collaboratively represent IPC Health, its range of Counselling Services and other services at the Western Metropolitan Mental Health Forum. This year's theme: Multicultural Communities & Mental Health.



Liquor Licensing Forum

Hobsons Bay City Council in partnership with Victoria Police held a Liquor Licensing Forum to discuss the current climate in liquor licensing, emerging issues and expectations coming into the busy summer period. Guest speakers Susan Tonks and Kim Garett from IPC Health's Alcohol and Other Drugs team gave a presentation on:

- Understanding RSA principles
- The effects of alcohol consumption on an individual over time
- Impaired thinking during intoxication

They also provided information on accessing therapeutic services including counselling, detox and rehab programs.

RU OK Day

Gambler's Help at IPC Health partnered with the Hobsons Bay Council for a RU OK Day event for Council workers. The day involved a variety of games, some of which were new to their staff. The aim was to introduce ways of relaxing and taking time out to improve one's mental health.



IPC Health's Ian Ferretter is demonstrating and playing a traditional Canadian game called Crokinole.

Community mural launched at Wyndham Vale campus

The Community Mural was launched in December 2019 at our Wyndham Vale campus. The project showcases the unique artistic outcome of more than 170 people from 14 Wyndham community groups creating this artwork together.

This mural is the third component of our 'Hands on Art Wyndham Vale' project; a three-pronged project completed over 18 months, inspired by the theme "Sense of Belonging" – about the importance of community and the strength of individuality and diversity in the community.

With 'Hands on Art', we wanted to increase our engagement and connection with the Wyndham community through participation in discrete, co-designed, culturally appropriate and creative art projects.

The first project was working with children attending the Iramoo Primary School After School Care program. This culminated in an art exhibition at Wyndham Vale at the end of 2018. The second project was completed with participants from the Elders Lounge at our Wyndham Vale campus, their Mosaics are installed at the entrance to the Elders Lounge.

Thanks to Wyndham City Council for the Community Strengthening Grant of \$20,000 that made this project possible.

Special thanks to community artist Samantha Bonham, art facilitator and curator for this project; for implementing the consultation



workshops, and for working with the community to develop the concept and paint the final mural pieces. Her absolute commitment to sharing the voices and ideas of the community members she met along the way, has been spectacular.

Partnering with HALT

IPC Health partnered with HALT (Hope Assistance Local Tradies) in February 2020.

HALT aims to remind tradies they are valued by their community, and direct them to support services. They do this by holding talks and early breakfasts at local blue collar businesses, where mental health is the main topic of discussion. Men are 75% more likely to take their own life and are less inclined to get help for their mental health.

After attending a few talks to help link in locals with the services at IPC Health, IPC Health is now a HALT friendly clinic – a place that men and other blue collar workers can recognise as being a safe space to get help.

HALT are also working and actively planning with IPC Health to deliver innovative messages and resources to men. One of which was a Zoom interview as a resource for men about how to get help during a pandemic.

Community support

A huge thank you to the wonderful people from the Sikh Temple in Plumpton who have been delivering free delicious lunches to the staff at IPC Health campuses multiple times during the pandemic.



Our Team

New Executive Leadership Team

To complement our CEO, Jayne Nelson and General Manager Operations and Clinical Care, Jason Hodge, we welcomed two new General Managers in January 2020.

IPC Health's Executive Leadership Team now consists of the following people:

Jayne Nelson . Chief Executive Officer



Jayne is a highly collaborative and innovative leader who has taken advantage of the COVID environment to fundamentally improve community health with a goal of providing unprecedented levels of care and service to the IPC Health community.

Jayne excels in developing strategies and leading complex teams to deliver a service-oriented, high performance work culture. She is a diverse and innovative thinker as well as a rational leader who can quickly assess risks, opportunities to be decisive and proactive.

With a diverse industry background, having worked in higher education and advertising, Jayne often draws on her experience in these industries to find creative solutions to problems that arise. This has resulted in the development of strategies that translate well into operations, while ensuring business success and sustainability.

Jason Hodge . General Manager Operations and Clinical Care



Jason has a track record of delivering successful operational and business performance objectives across multi-site environments.

With executive leadership positions in a range of health and health related service environments, Jason places a high value on developing effective working relationships through open and honest two-way communication. He values stakeholder engagement and participation throughout an organisation.

Glenn Pringle . General Manager Innovation and Community Care



Glenn has worked in senior leadership roles in Health since 2005 and has led numerous organisational change and transformation initiatives in that time.

He is passionate about inspiring and empowering people to make a difference, particularly where there is disadvantage or inequity, and is a strong believer in social innovation and social enterprise as a means of creating sustainable, impactful change.

Ian Holland . General Manager Financial and Corporate Services



Ian is a member of the Chartered Accountants Australia and New Zealand (CA ANZ). He is responsible to the Chief Executive Officer for the entity's overall financial management and compliance, facilities management, contracts and procurement.

Prior to joining IPC Health, Ian was the Executive Director of Finance at Forensicare from 2017, Director of Finance for Peter MacCallum Cancer Centre from 2014, and the Business Manager for Royal Melbourne Hospital from 2007.

Our Staff

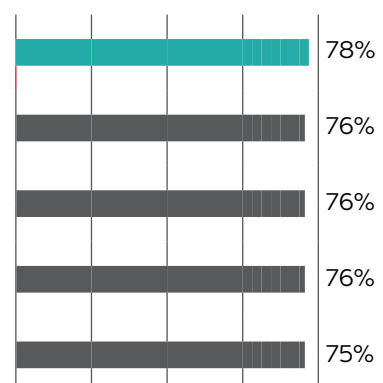
Item	Data Q4 2019-2020
Female	351
Male	54
Ongoing	318
Fixed Term	96
Full Time	168
Part Time	237
Volunteer	10
Contractor	5
Aboriginal and Torres Strait Islander	3
CALD	6
Head count	405
EFT	318.5
Days absent per FTE	10
Onboarding rate (combined fixed/ongoing)	10.96%
Offboarding rate (combined fixed/ongoing)	-12.68%

(This means that over the year, the organisation has not replaced as many people as it has departed with by about 2%)

Employee Experience Survey

		June 2018	August 2019
Energise	Long term direction	36%	57%
	Senior leadership	29%	53%
Execute	Team leadership	56%	67%
	Team effectiveness	55%	59%
	Performance focus	39%	56%
	Investment in people	29%	46%
	Investment in systems	28%	43%
	Alignment	40%	55%
Engage	Engagement	50%	67%

- 5.12 IPC Health contributes positively to the wider community (performance focus)
- 3.1 The person I report to is trustworthy (team leadership)
- 4.6 My work group has a strong customer service culture
- 3.4 The person I report to supports IPC Health's chosen long term aims (team leadership)
- 3.11 I have never been encouraged to "bend the rules" to get a result (team leadership)



Staff Awards



Staff Achievements

Staff Awards

Excellence in Client Care

- Danielle Siler, Practice Manager Deer Park GP Clinic
- Wyndham Vale GP Clinic
- Child Health Team

Innovation and Quality

- Stephanie Milasinovic and Karen Steenbergen – Young Leaders of the West project
- Podiatry Team

World Changer

- Pam Donaldson, Cardiac Rehab volunteer
- Uncle Gary Davidson, Elders Lounge

WOW! Factor

- Social Prescribing team
- Yasna Matijas, Client Service Officer
- Ellie Hutcheon, Developmental Psychologist



The Social Prescribing Team

Executive Choice

- Sofi Milenkovski, Senior Manager Clinical Operations
- Josephine Pizzinga, Dietitian

Behaviours in Action

The Social Prescribing Team

- Glenda Guzman, Family Services Practitioner
- Community Health Nurses

Milestone Work Anniversary - 45 years

At the 2019 Annual General Meeting (AGM), IPC Health gave out a special service award - our longest yet!

Jacqui has been a staff member at Deer Park since 1974. In her time she has seen many changes and even shared a story with us all about how the times have changed and thanked Jayne on her leadership.

When Jacqui began working at Deer Park Community Health she was just 16 years old. Thank you for your committed service to IPC Health Jacqui!



30 years of service

Heather Camilleri retired after 30 years with IPC Health and her colleagues brought many plates of excellent food to share at her farewell.

25 years of service

August 1994 - A young Occupational Therapist walked through the doors at the then Westgate Health Service (now known as IPC Health Altona Meadows) and commenced work. Surinder Dhar continues to work as an Occupational Therapist at Altona Meadows. One can only imagine the number of clients that Surinder has helped through his 25 years. This is a true testament to loyalty and community spirit. Congratulations Surinder on an amazing 25 years of service.

Invitation to NWMPHN General Practice Advisory Group

Danielle Siler, Practice Manager Deer Park GP Clinic, was invited to join the North Western Melbourne Primary Health Network (NWMPHN) General Practice Advisory Group.

University of Melbourne Clinical Educator Award for Child Speech Clinician

Congratulations to Maria Vella, Senior Clinician Child Speech Pathology and the whole Child Health Team. Maria was the recipient of the University of Melbourne Clinical Educator Award for 2019. Well done to Maria and the team for helping educate the next generation of speech pathologists.



Presentations to peers

Dietitians Association Australia (DAA) Conference

The DAA Conference was held on the Gold Coast in August 2019. Josephine Pizzinga, Dietitian, presented a workshop in front of more than 50 people on 'Enriching Client Outcomes in Mental Health: Looking Beyond our Current Practice'.

The workshop aimed to improve dietitians' confidence in working with mental health clients.



National Australian Cardiac Rehab Association (ACRA) Conference

In August 2019, Nicole Sutcliffe and Lisa Sammartino from the Cardiac Rehabilitation team in Hoppers Crossing attended The National Australian Cardiac Rehab Association (ACRA) Conference in Sydney. They presented a poster on IPC Health's data collection tool they have implemented into their program. This tool has been invaluable in evaluating their program.



The conference was a great opportunity to hear from both international and Australian speakers on emerging practices in Cardiac Rehab and new research on heart disease.

New roles for staff during the pandemic

Dental staff

With Dental Services being reduced to emergency services, most Dental staff worked in different roles in the COVID-19 response. They participated in the health screening stations and testing clinics and also manned the phones for the flu-shot bookings and the COVID-19 testing bookings and enquiries.

Vera Kotopoulos

When the COVID-19 pandemic hit in Victoria in March 2020, Vera Kotopoulos, Senior Payroll and Salary Packaging Officer at IPC Health, started to work from home. When the call out came for staff to volunteer their work time in the health stations to screen clients before entering the buildings, she put up her hand.



"I thought: if I can do it, why not?" said Vera. "With support of my colleagues, I was able to do my normal job and also assist in the COVID response. It is good to be able to go out. I like to talk to people."

Vera initially worked in the health screenings team and was eager to learn more. She felt she was in an episode of Grey's Anatomy and admired the skills of the nurses she worked with.

"It is great to see the nurses in action. I was picking their brains, asking questions, they know so much. I was learning more and more on the health conditions of people. I could never be a nurse, I am in awe of what they do and how they do it. I admire their professionalism and their care with clients. They calm everyone. We have the best nurses!"

Vera soon picked up more responsibility and volunteered as a nursing assistant in the testing clinics.

"I work when and where they need me, one day during the week and on weekends."

"We see many people who are very frightened, for the test itself and scared that they have the Coronavirus. Little kids and older people. Sometimes a 7-seater car with a whole family. Or a father with a son with severe autism. I try to comfort them and when they are sad, I try to make them laugh. I try to support them in the few minutes they are at the testing site."

Jayde Finnegan

Jayde Finnegan has been a Podiatrist at IPC Health for 2.5 years, working from our Hoppers Crossing and Sunshine campuses on Podiatry in the community within the High Risk Foot Clinic.



She had annual leave planned to volunteer overseas as per usual when travel was restricted. Instead she joined IPC Health's Incident Response Team in March 2020 to provide a Clinician's input. She then took on the rostering of all the health screening stations at IPC Health campuses and also became the Project Manager to get the Acute Respiratory Clinics (ARCs) for COVID-19 testing at Deer Park and Wyndham Vale up and running, while seeing Podiatry clients as well.

As the pandemic evolved, Jayde continued to play an important role in the Incident Response Team, which included rostering of pre-entry health screening stations, rostering of the Acute Respiratory Clinics at IPC Health's Deer Park and Wyndham Vale campuses and pop up testing sites. She was also responsible for the logistics for new site set-ups and organising stock for all sites and keeping all staff on the ground up to date with testing and infection control requirements. She had an operation lead role which included working with the clinical lead to develop and continuously improve the process of IPC Health's testing sites. Jayde also consulted with other Community Health services on the development of their testing sites.

Her biggest challenge was finding time to work with timelines. *"Sometimes things happen quickly, other times we patiently wait for a change to occur. But that's the nature of how things work. I enjoy the challenge, the complexity of the role and how things rapidly change."*

When asked what she liked about her work in the COVID-19 response, she answered: *"Literally everything. It's been an amazing opportunity to meet people from all different areas of IPC Health. IPC Health's pre entry screening and ARCs have given our agency staff an opportunity to connect, smile and laugh in a time when the world is in lockdown and forced to communicate via social streams. What stands out most for me is the opportunity to work alongside other IPC Health staff that I never would have crossed paths with without COVID-19. In addition to this, I was humbled to be able to provide agency staff from different walks of life a chance to work alongside us in our COVID-19 testing clinics, because their industry has been shut down."*

Our Volunteers

The Dietetic team is constantly striving to improve the quality of services provided to members of the community. Working together with volunteers on a couple of quality improvement projects has provided the opportunity to receive feedback and access to skills to undertake work that ultimately benefits our clients. We are very grateful and appreciative of volunteers who are willing to contribute their time, skill and experience!

The first project involved recruiting volunteers into focus groups to test the health literacy of 27 client nutrition resources developed by the Dietetic team. Lucy Tartaro liaised with the Health Promotion team and involved four other Dietitians to help facilitate nine focus groups run over five months. The volunteers provided valuable feedback that contributed to creating health literate client nutrition resources that are easily understood by all clients and tailored to fit the needs of people from diverse backgrounds.

The second project involved updating existing resources on Emergency Food Relief and meal delivery services within Brimbank, Hobsons Bay and Wyndham. We were fortunate that Dietetic student Anthea Talliopoulos was interested in doing some volunteer work for IPC Health.

Anthea: *"I was offered the exciting opportunity of assisting the Dietetic team in updating an emergency food relief and meal delivery services resource. The work increased my awareness of the number of organisations and businesses out there who help people in need within the community. I gained a better understanding of the value of these resources for Dietitians who are working with people who may be food insecure or need support to meet their nutritional needs. I was impressed by the number of businesses which provide 'heat and eat' meals to anyone struggling to find time or who may be physically unable to shop for food or prepare a healthy meal. Overall, I have thoroughly enjoyed my time at IPC Health and look forward to helping people in the future live healthy lives through further community involvement."*



Quality Account

1. Consumer, Carer and Community Participation

1.1 Report on actions arising from VHES results

IPC Health participates annually in the Victorian Health Experience Survey (VHES), along with all public health services. Annual surveys are completed in Community Health and the results are reported in March/April based on data collected in October–December.

IPC Health has been recognised as having an excellent client response rate to the survey in the past two years. In 2017, we had a response rate of 37% we followed up with a 40% response rate in 2018. This is significantly higher compared with the State average of 19% in 2019.

In August 2019, IPC Health was approached by the Department of Health and Human Services (DHHS) to participate in the Community Health Patient Experience Forum. The forum gave IPC Health an opportunity to showcase to the sector our response rate and outcomes, what our drivers were in gaining such an excellent response rate and how we use the data to improve our clients' experience.

IPC Health this year excelled again with an even higher response rate of 48%. This result would not be possible without the support of our VHES champions, the Client Services team and Allied Health teams who promote and ask clients to complete the survey at appointments and home visits. Through persistence, healthy campus competition and client participation prizes we have achieved our goal of increasing the response rate year on year.

To establish which experience survey questions have the largest impact on how clients answer the overall experience question for Community Health, the survey conducts a key driver analysis. The questions that resulted from this analysis are called 'key aspects of care'.

The five key aspects of care questions for Community Health clients are:

- Q 25. Were there times when you had to repeat information that should be in your record at this health service?
- Q 5. Was it easy to make an appointment?
- Q 18. Were the health workers compassionate?
- Q 29. Did health workers consider all of your needs (such as health, culture, living and family situation, age)?
- Q 37. Did you feel comfortable raising any issues and asking any questions that were important to you?

Improved Overall Rating

IPC Health has seen an increase year on year in our overall experience result, which is the percentage of clients stating that overall the care was very good or good. In 2017 our clients rated their overall experience as 95.7%, in 2018 96% and in 2019 our best result of 96.6%. This is above the State average of 96%.

Comparable Ratings in Most Key Aspects of Care with some improvements and one focus area for improvement

Three out of five key aspects of care for Community Health that measured IPC Health against the State were between 0.5 – 1.7 % below the State average but mostly positive over time, with one 5.3% below State average (highlighted below)

	IPC Health		Victoria
	2019	2018	2019
48. Overall, the care was very good or good	96.6%	95.7%	96.0%
25. Never had to repeat information that should have been recorded	64.1%	62.7%	68.8%
5. Always easy to make an appointment	71.1%	68.6%	72.8%
18. Health workers always compassionate	86.5%	85.7%	87.7%
29. Health workers always considered client needs	73.7%	75.8%	74.2%
37. Always felt comfortable raising issues or asking questions	80.1%	82.9%	81.4%

One quality improvement initiative in 2019, in response to clients' feedback having to repeat information, was to place signage at reception and waiting rooms to communicate to clients that the reason why we ask them to repeat important safety information is to correctly identify clients. This rating has improved but we are still below State average. More work is required to engage our clients to find out what this question actually means to them so that we can continue to address this issue in 2020.

Three Areas of Significant Improvement from 2018

IPC Health reported six aspects of care that had statistically significantly increased. Significance testing is only conducted on questions which were answered by at least 10 people. All results are weighted by age and gender at campus level and by campus size at health service, peer group and State level.

For this report the improvements with three greatest increases will be reported:

1. Clients felt they were given enough information in their language; this was an increase of 15.8% from the 2018 result of 37.6% to 53.4% in 2019. This was a result of IPC Health sourcing pamphlets and other information in languages other than English.
2. The next significant improvement was clients were given enough privacy at reception, an increase of 9.7% from 75.8% in 2018 to 85.5% in 2019. This follows a directive from the Client Services Manager to Client Services Officers to protect and maintain the privacy of clients presenting to reception.

3. An improvement in health workers always reviewing and discussing care plans saw an increase of 7.2% from 80.1% in 2018 to 87.3% in 2019. Client file audits last year also highlighted this as an area of improvement. The results of client file audits were disseminated to staff to ensure that the care plans were updated regularly and clients had a copy.

Three Areas where the State Benchmark was Significantly Out-performed

In comparison with Victoria, clients from IPC Health reported eight aspects of care that performed statistically significantly higher and seven aspects statistically significantly lower when compared to the State average.

In this report we are reporting three aspects of care with the greatest increase:

1. Transportation facilities very good or good - 90.1 % compared to Victoria 73.9%, a difference of 16.1%.
2. Healthcare workers reviewing and discussing plan - IPC Health compared favorably against Victoria with 87.3% to 78.7%, a difference of 8.5% despite a decrease in our performance overtime as reported previously.
3. Our health service definitely easy to find it exists - 85.8% compared to Victoria 79.5%.

Our Communication and Engagement team have done a lot of work in promoting IPC Health to our local community via IPC Health website, social media and other forms of promotion. Our facilities have good public transportation connections close to our campuses.

Three Focus Areas for Improvement

Two aspects of care have significantly decreased when compared to our results for 2018. These areas related to clients not being referred to other services to improve health and wellbeing; a difference of -7.2% from 89.5% in 2018 to 82.4% in 2019, and clients not receiving the right amount of information about condition and treatment, a difference of -4% from 88.5% in 2018 to 84.6% in 2019.

In this report we are reporting the three areas with the most significantly lower scores when compared to the State:

1. Time spent in waiting area: IPC Health 69% compared to Victoria 79.5%, a -10.5% difference. This was an area of concern from the 2018 VHES also and IPC Health committed to improving this aspect of client experience by booking the most appropriate appointment for the client, improving the waiting rooms with new flooring, Tonic TV with health promotion messages, painting and new seating to make the wait more comfortable but we are yet to see an improvement in this area. The waiting room project is yet to be completed at all campuses.

There are other aspects IPC Health can explore here to improve client waiting times, such as calling the client to advise if a clinician is running late. We could provide more amenities to make clients feel more comfortable such as a self-service coffee machine, improved WiFi. Some of these changes will result from the recently approved Modern Workplace program which will see the implementation of a new phone system with text messaging capabilities.

2. The issue of clients not being referred to other services to improve health and wellbeing: 82.4% compared to Victoria 88.2%, a difference of -5.8%.

With the Social Prescribing model having been introduced at IPC Health, we have seen more cross-discipline referrals being made and we hope to see more improvement in this area along with the new innovation challenges which are aimed at accelerating our Social Prescribing program, e.g. improving the outcomes of clients with chronic pain.

3. Clients reported their condition got worse while waiting for an appointment: 66.8% compared to Victoria 71.9%, a difference of -5.1%. Although we can't drill down to the type of clients reporting this, we assume it is the Dental waiting list. Waitlist management has been reviewed as part of 2019-2020 and 2020-2021 service planning. A waitlist project has been developed with an aim to look at ways of managing the waitlist through either:

- Conservative management (placing client on a dental service waitlist and providing them with annual /bi-annual contact for oral health education, conservative management measures and regular assessment to determine the priority of access)
- Direct Access (managing clients who do not need or want to be placed on a waitlist through a direct access model - care/treatment within 72 hours of contact when the client meets the associated access criteria)

Waitlist reporting is currently being refined to develop automated reporting combining all sites delineating all waitlist types. This can be included as part of regular/monthly performance reporting.

Unfortunately, due to the COVID-19 pandemic planning, further analysis and quality improvement from the data are yet to be discussed and implemented.

Overall, the results of the 2019 VHES Survey are very positive:

- Our overall client rating continues to improve and sits just above the State benchmark.
- Year on year improvements on our own performance continue to be demonstrated in many areas.
- We also significantly out-perform the State benchmark in a number of areas.
- There are no areas of significant concern but certainly some focus areas for improvements, and a number of measures are already in place that should result in improved outcomes in the 2020 survey, including:
 - continued scale-up of Social Prescribing
 - improvements to reception and waiting areas
 - improvements to how we structure and report on our waitlists

The Client / Community Engagement Framework which is yet to be finalised should take the feedback from the VHES survey into account in an effort to continually improve the client experience.





1.2 Capacity building of consumers, carers and community members

Practice Pharmacist

IPC Health Deer Park now has a General Practice Pharmacist, Pene Wood, onsite assisting the GPs with medication management issues. Pene, who has a special interest in pain management, has been seeing clients to discuss and review their medications.

This included seeing clients that:

- had been started on a new medication
- were unsure what their medications were for
- had recently been in hospital
- were experiencing an adverse effect from their medication
- were unsure how to take or use their medications
- were taking complementary or other medications they had bought from the pharmacy, supermarket or health food shop

Tuning into Kids

In 2019 IPC Health partnered with Hobsons Bay to deliver 'Tuning into Kids' an evidenced based, free six session parenting program for parents of children aged 3 to 12 years of age. The program was being facilitated by IPC Health Counsellors and there was a great response from parents

wanting to attend. At completion, the feedback from parents was hugely positive. Parents stated that the most helpful aspects of the course were:

- "Increased my ability to de-escalate when tensions rising"
- "Having a forum to discuss and share experiences with other parents"
- "Understanding my children's emotions more"
- "How to communicate in a difficult situation to reach a better outcome"

IPC Health is looking forward to providing this course again in 2020.

Gambling Harm in our Communities

The Young Leaders of the West and Gambler's Help at IPC Health collaborated to promote social connectedness and encourage conversation. Together they developed a youth engagement tool – using 'Cards to Connect Humanity' (a 'Cards against Humanity' spin-off) – to help our young communities **TALK, SHARE** and **SUPPORT**.

The event came to life during Gambling Harm Awareness Week on 10 October 2019 at Victoria University Footscray Park. Everyone came together – including the Victorian Responsible Gambling Foundation (VRGF) – to encourage conversations that reduce stigma associated with gambling harm and mental health, and to inspire community wellbeing in Melbourne's Western suburbs with our motto: **'The best support you can give someone is to listen.'**



Bringing young people together fostered connectedness, a sense of community, inclusivity and belonging. Using 'Cards to Connect Humanity', more than 80 students and staff from Victoria University were encouraged to share their experiences and support each other, exploring ways to reduce gambling harm in their own community.

Stroke Week

During the first week of October 2019, IPC Health participated in Stroke Week for the third year. With the help of student Nurses from Victoria University and Gordan University, we conducted mini health checks on community members.

Our first year in 2017 was held at the Saltwater Community centre, we saw 30 people that day. 2018 was even bigger, we went to three community centres: Saltwater, Werribee Civic Centre and Wyndham Community Centre and screened about 70 people. 2019 was a boomer. We went to Saltwater, Werribee Civic Centre and Arndell Park Community Centre and screened 130 people.

Stroke week is all about identification and prevention. With the help of our wonderful Nursing students, we were able to inform people about the risks and make recommendations on regular doctor checks to ensure a happy, healthy life.

No doubt next year will be even bigger as the community members know who we are and what we represent.



1.3 Provision of Accredited Interpreters

	Instances
In house	12482
Arabic	3156
Burmese/Karen	6762
Chin Languages	193
Farsi	149
Karenni	761
Vietnamese	1461
External	3468

First audio-visual interpreting session

In August 2019, pre COVID-19, we had our first audio visual interpreting session with Juliet at Hoppers Crossing and Dr Sara at Deer Park.



1.4 Improving the quality of care of people with a disability

Silent Morning Tea at Westvale Community Centre

Speech Pathologists strive to raise awareness of and provide access to many communicative methods for individuals with little or no speech. The North-West Regional Communication Service (NWRCS) partnered with Westvale Community Centre (WCC) who also shares this passion. Throughout the course of the year, WCC has continued to implement communication access strategies to assist its members with communication difficulties.

To continue this practice, a “Silent Morning Tea”, aimed at raising awareness of the challenges faced by people who have communication difficulties, was held at WCC and facilitated by the NWRCS. Various staff of WCC as well as members of their Men’s Shed program, participated. During a game of ‘Silent Bingo’, participants were encouraged to use provided communication boards, pens and paper, and gesture to convey their messages.

All participants persevered to convey their messages in ways other than speech and although challenging, laughter and a sense of achievement in communicative successes were shared. The “Silent Morning Tea” was a great success.

Aphasia Group

IPC Health’s Adult Speech Pathologists facilitated the Aphasia Group Christmas break up lunch, which was well attended. The group is run monthly and helps people living with aphasia to make friends and practise communicating in a supportive setting.

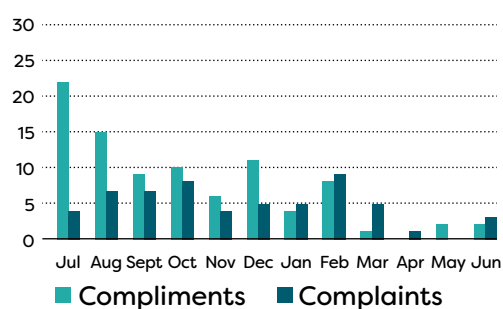
2. Quality & Safety

2.1 Feedback and Complaints Mechanisms

IPC Health seeks feedback from our clients through hard copy feedback forms located in our waiting rooms, our electronic feedback system tablets in our waiting rooms and through our involvement in the VHES. But due to COVID-19 we have not been delivering as many services face to face to clients and we removed our feedback tablets from the waiting rooms and replaced them with an online telehealth survey in response to preventing spread of infection. The reduced number of feedback reflects this from early March onward.

Performance Data

2019/20 Compliments and Complaints



IPC Health received more compliments than complaints, with a total of 90 compliments and 58 complaints. Most of our compliments are for great service provision and treatment from our Clinical service providers. Our interval feedback system ensures all Managers pass on all compliments to staff to recognise the great work they do to improve the client's experience. Complaints are generally related to the following areas: service provision and appointments. Formal complaints are responded to in a timely manner by the Manager. IPC Health appreciates feedback both positive and negative to improve our services.

2.2 Action taken to improve physical and psychological safety for staff

Learning to Relax

IPC Health offered Learning to Relax sessions to its staff at various campuses in September 2019. The sessions focussed on mindfulness, meditation and healthy sleeping habits and were delivered by IPC Health's Living Well team.



COVID-19 response

Since March 2020, most of our actions to keep staff safe have been as a direct result of the Coronavirus pandemic. COVID-19 has impacted significantly in the way IPC Health has delivered services to our clients. See pages 6 and 12 for more details on our service delivery during the pandemic.

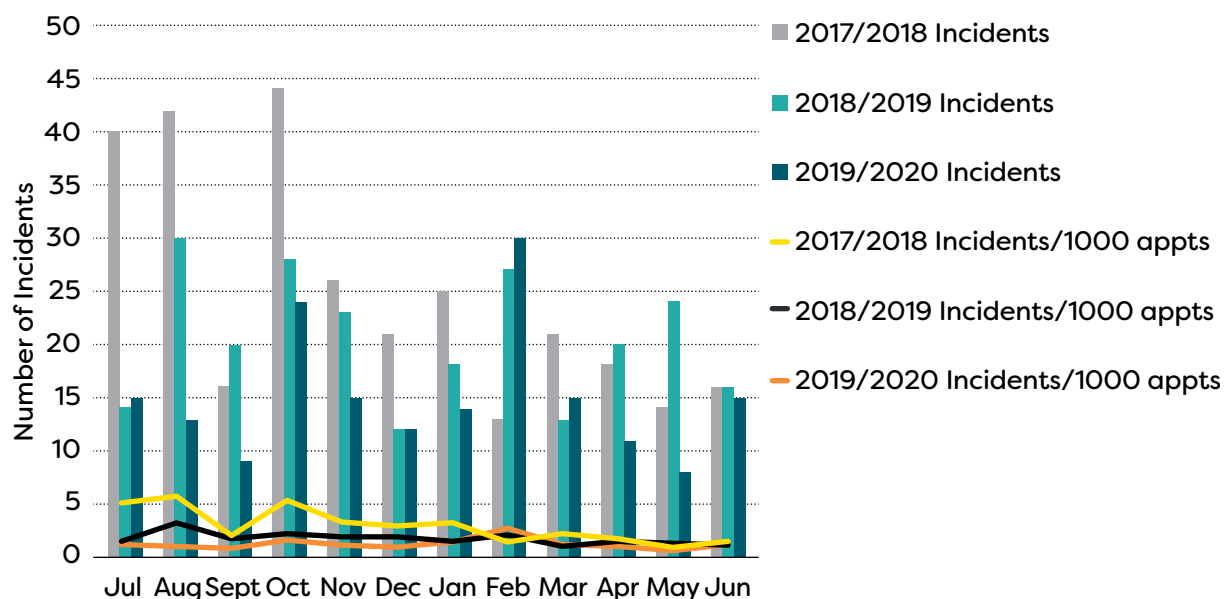
Staff have been trained in COVID-19 infection control practices and undertook competency based training in hand hygiene, donning and doffing personal protection equipment (PPE) and Acute Respiratory Clinic (ARC) training. We modified our Emergency Codes to fit the ARC model as it was an external service.

For all staff working from home, the challenge was to ensure they had the correct equipment to set up work stations at home. This logistical challenge was exceptionally managed by our IT team.

Our staff completed online learning modules – establishing a safe and hygienic remote working environment and working from a remote office.

2.3 Adverse Events

Number of report incidents over 2018 - 2020 period/per 1000 appointments



The graph above indicates the number of incidents per 1000 appointment year on year. The number of reported incidents continues to trend down compared to previous years. IPC Health has not recorded any sentinel events in 2019 - 2020. Two in-depth case reviews were conducted in response to adverse events.

Clinical incidents are the most reported incidents (77) followed by Occupational Health and Safety (OH & S) (71) and Hazards (38). All incidents are investigated within 5 days and reported quarterly to the Quality Improvement Group (QIG), OH & S Committee and Board Clinical Governance and Risk Committee. Incident themes are analysed to identify improvement opportunities and to prevent or minimise the risk of the incident happening again. The quality improvements are reported back to the governing committees.

The most frequently reported clinical incidents are client code blues (medical emergencies) often resulting in ambulance transfers to hospital. Our first aid staff managed these incidents very well, with all clients making good recoveries in hospital and returning to thank our staff for their wonderful care and treatment.

Occupational Violence and Aggression (OVA) is the most reported OH & S incident along with minor staff injuries. COVID-19 restrictions have impacted on our clients, causing angst and confusion and sometimes leading to verbal aggression towards our staff. Our staff are well trained to de-escalate and manage occupational violence and aggression. Hazards reported related to environment, equipment and security.

IPC Health has investigated and addressed two incidents through in-depth case reviews and has driven process change and improved quality and safety for our clients.

An unwell client presented to one of our GP Clinics in a wheelchair accompanied by her husband. The husband placed the client at the rear of the waiting room, facing the back wall, then presented to the front desk where the Client Services Officer (CSO) arrived the client on the computer, but did not visually see the client. The client waited in the waiting room to be seen and was very unwell when reviewed by the Nurse and GP. An ambulance was called and the client required admission to hospital and made a good recovery.

- As a result of this incident, Client Services staff undertook a refresher in triage training, designed specifically for non-clinical staff. The aim of the training is to support non-clinical staff to identify urgency of client care requirements either during a phone call or in person. In addition, the triage flowchart to support decision making was revised.

Code black – verbal threats by phone to staff by a tenant's client over the course of a day.

- A review of the management of the code black showed it was very well managed by all staff involved. It also provided the opportunity to further enhance the emergency procedure and change the emergency officer role and roster system. The role of the emergency officer is to coordinate and communicate the actions during the emergency response. This is a very important role.

2.4 Accreditation

IPC Health underwent accreditation late October 2019 against the following standards:

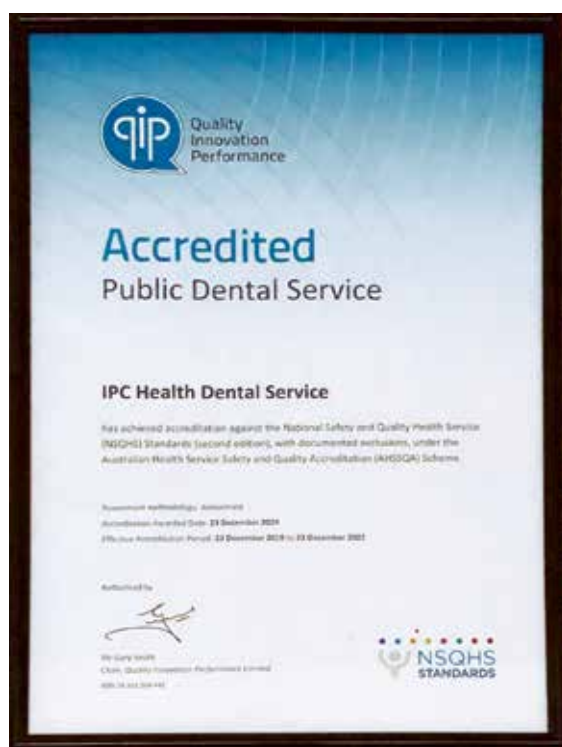
- National Safety & Quality Healthcare standards (NSQHS) 2nd Ed for Dental Services
- Quality Improvement Council (QIC) Health and Community Services Standards 7th Ed
- Human Service standards

A team of surveyors visited our organisation over five days and were very impressed with our well maintained facilities. They felt a positive vibe around our organisation and that our staff are proud, passionate and an engaged workforce. Team work, collegial support and collaboration were evident across the board and there was evidence of very effective goal setting with clients. IPC Health was commended on its transparent communication and innovative programs.

In all, IPC Health was audited against a total of 16 standards and 206 criteria. There were two criteria not met:

- Compliance to mandatory training policy
- Legislative compliance register updates

IPC Health took action to address the non-compliances within the specified timeframe and was granted full accreditation for these Standards until December 2022.



2.5 Quality improvement

Staff Safety

A review of IPC Health staff safety identified an opportunity to improve access to duress alarms. The duress alarms are to alert other staff if a staff member feels threatened or unsafe and needs assistance. A group of multidisciplinary staff met to identify the key requirements, depending upon where staff worked, for example in a consultation room or in the client's home or at a community venue. The needs of staff were identified as variable and hence a solution is now being sought to meet all of these requirements through a tender process.

The Victorian Government is introducing new Workplace Manslaughter Laws as part of the Occupational Health and Safety Act 2004 (OHS Act) from 1 July 2020. The OHS Act seeks to protect the health, safety and welfare of employees and other people at work. It also aims to ensure that the health and safety of the public is not put at risk by work activities. IPC Health is compliant under the current OHS law and will be with the new manslaughter legislation but it saw an opportunity to review and revise our current risks, policy and procedures and processes. A work plan was completed in June 2020 to further strengthen IPC Health's response to the new legislation and to make sure the Board, staff, contractors and volunteers are aware of the change to the law and their responsibilities in ensuring a safe workplace.

Infection Prevention during COVID-19

In response to the COVID-19 pandemic in our State in mid-March 2020, IPC Health immediately developed a pandemic working plan and established an Incident Response Team (IRT) to oversee the development, implementation and associated operations of initiatives to minimise risk of transmission of COVID-19 as per Australian Government, Victoria Government and Department of Health and Human Services guidelines.

Multiple strategies have been and continue to be implemented with a risk management approach and within IPC Health's Clinical Governance framework principles. IPC Health's policy and procedures have been modified and developed in response to COVID-19, ensuring both client and staff safety in all areas of our organisation.

Innovation Challenges

Passion and Creativity are two of IPC Health's new refreshed values and Innovation will play an integral part in achieving IPC Health's 2020 - 2025 Strategy.

The Innovation and Community Care team are experimenting with ways in which staff can become involved in innovation work in areas they're passionate about, as IPC Health explores new ways to make a difference.

Staff were invited to submit an Expression of Interest for the first IPC Health Innovation Challenge in June 2020. Creativity is one of our core values and embedding learning, experimentation and innovation across IPC Health is something staff can all do. From small improvements to transformative services, innovation is about applying a deep understanding of our clients and communities to find new ways to increase our impact.

The first 8-week Innovation Challenge is partnering with Western Health in designing a holistic service (clinical and non-clinical) for people managing chronic pain. The goal is to design, test and deliver a solution that improves outcomes for people living with persistent pain and reduce the burden of pain management on Western Health's emergency department via a reduction in re-admissions. IPC Health believes that Social Prescribing can enhance the quality of life and improve the wellbeing of clients with persistent pain and brought together a multi-disciplinary team to validate this thinking and design a solution.

This challenge will also test how we're planning to run future organisational idea and innovation challenges in other areas where we want to make a difference.

"The innovation challenge has really pushed us out of our comfort zones and challenged us to consider in greater detail all of our assumptions about the problem we are trying to solve."
Nuredin



3. Comprehensive Care

3.1 Continuity

Report on actions arising from VHES results: Your experience with health workers

Q 15 - Did the health workers you saw introduce themselves and their role?

Result: 82% (which is lower than our result of 83% in 2018 and lower than the State average of 85%)

Response to the VHES survey tells us that IPC Health staff don't always introduce themselves.

Action: IPC Health introduced name badges to clearly identify staff in October/November 2019 at the time of the 2019 VHES survey, so IPC Health is hoping to see an improvement in the next VHES survey. Additionally IPC Health is considering further customer service training to all our staff.

Planning your care

(VHES - community health questions 27-35) - we achieved great results over time with these questions and were above the State average for all of them but one dropped by 0.2%.

Q30 - Did health worker help you set goals for your health and wellbeing?

Result: 69% (which is lower than our result of 69.2% in 2018 but higher than the State average of 68%)

Action: Our new model of care (Social Prescribing) will further assist with goal setting and health and wellbeing outcomes.

3.2 Action taken to improve service experience for a particular community health priority population

Paisley Park Family Fun Day



The Health Promotion and Community Strengthening team, as part of the Paisley Park Estate project, supporting the health and wellbeing needs of residents living in this public housing property, hosted a Family Fun Day for residents and local neighbours in October 2019. The warm weather encouraged 70 - 80 people to venture out to Paisley Park, located in Altona North.

A fantastic day was had by all, families enjoyed a range of activities including a jumping castle, face painter (everyone's favourite!), cupcake decorating, slime making, free BBQ lunch, and free coffee cart. An information display gave families information about local health and wellbeing services, activities, programs and events happening in their neighbourhood.

The day also provided an opportunity for people to engage with IPC Health and our project partners including DHHS, Hobsons Bay City Council, cohealth, Bolton Clarke, West Justice Community Legal Service, The Salvation Army - Tenancy Plus, Laverton Community and Integrated Services and Wintringham Specialist Aged Care and talk to them about their housing, health and wellbeing, legal and tenancy issues.

Flu shots for the most vulnerable

In partnership with First Peoples' Health and Wellbeing, IPC Health's Aboriginal Health Team organised a flu vaccination clinic at Wyndham Vale car park (during very wet weather) for Aboriginal and Torres Strait Islander people in the community.

In partnership with Wyndham City Council, IPC Health's Clinical Services team organised home visit flu vaccinations for people in the City of Wyndham who were 65 years or over.



4. Statewide Plans and Statutory Requirements

Aboriginal and Torres Strait Islander Health

Integrated Team Care

IPC Health continues to provide positive health outcomes for Aboriginal and Torres Strait Islander communities in Melbourne's Western suburbs. Many challenges have been faced with the global pandemic of COVID-19 but IPC Health's Integrated Team Care (ITC) program and staff members have responded in many different ways to maintain continuity of care, support and assist clients, be innovative in working methods and respond to emergency situations. Through all this, IPC Health has also taken measures to keep our clients, communities and staff safe while minimising and preventing risk of transmissibility, morbidity and mortality in our Aboriginal and Torres Strait Islander community.

IPC Health undertook and coordinated many activities through the successful connection of IPC Health's Elders Lounge, Aboriginal and Torres Strait Islander clients, IPC Health staff, community members, service providers and other stakeholders. The "Lounge" has promoted a culturally safe place for all.

Prior to the COVID-19 pandemic, IPC Health coordinated health clinics, health and wellbeing activities, health education sessions and events.

Some of the activities have included:

- **Indigenous Diabetes Eyes and Screening (IDEAS) Van** – This mobile eye clinic van visited IPC Health's Wyndham Vale campus every three months and has the facility to screen, treat and prevent blindness in Aboriginal and Torres Strait Islander people with diabetes. It saw many of our clients who suffer from conditions such as macular degeneration, glaucoma and diabetic retinopathy.

Challenges – Due to the COVID-19 situation and border restrictions, the IDEAS Van had not been able to travel from Queensland to Victoria to provide the services for our clients at our Wyndham Vale campus.

Outcomes – IPC Health collaborated with the Rural Workforce Agency Victoria (RWAV) and with the Ophthalmologists who worked in the IDEAS Van. The medical specialists agreed to see those clients that accessed the van in their private rooms (St Albans and Sunbury) and bulk bill them for their ongoing treatment

and consultations thus maintaining continuity of care. IPC Health supported those clients with transport to and from their medical appointment. If clients needed to have surgery or procedures they were referred to the Royal Melbourne Eye and Ear Hospital or Goonawarra Day Hospital in Sunbury.

- **Diabetic Educator and Podiatry Clinics** – With funding from the Rural Workforce Agency Victoria (RWAV) IPC Health ran Podiatry and Diabetes clinics at IPC Health Wyndham Vale campus with many clients attending.

Challenges – Due to COVID-19, IPC Health had to close the Elders Lounge to keep our clients, staff and community safe, so many of the face to face clinics have had to be replaced by phone call consultations. There was a high demand for clients needing support to manage their diabetes, with a noticeable change in clients' eating habits and lack of physical activity during COVID-19, which resulted in diabetes related health complications. Some clients have had hospital emergency presentations.

Outcomes – Urgent consultations with IPC Health's Diabetic Educator who prioritised to consult with these Aboriginal and Torres Strait Islander clients, to help them manage their diabetes, liaise with their health professionals and adjust or change medications. The Podiatry clinic has seen clients in urgent foot care needs.

- **The Australian College of Optometry clinics** – There were monthly clinics at IPC Health's Wyndham Vale campus, with close to 100% attendance by Aboriginal and Torres Strait Islander community members. The Lounge staff ensured that all community members that access the Lounge had their vision and eyes checked and had access to subsidised spectacles. Also, eye conditions were detected and follow up appointments were organised with an Ophthalmologist in the local area or in the IDEAS Van, resulting in closing the gap for vision in the Aboriginal and Torres Strait Islander community.

Challenges – Again due to COVID-19 these optometry clinics have been postponed.

Outcome – IPC Health staff encouraged clients to inform them when in need of optometry services and then supported them to access mainstream services (e.g. funding for transport and/or spectacles).

- **Pharmacy Education Session - Medication Safety and Management** – Many clients are confused about their medications and many on the ITC program take up to or more than 10 medications a day. On Tuesday 3 March 2020, IPC Health held an education session at the Elders Lounge for 14 of IPC Health's Aboriginal and Torres Strait Islander clients.



- **Cultural Connection Trip Royal Botanical Garden** – This cultural trip occurred in 2019 and 10 Aboriginal and Torres Strait Islander community members and three IPC Health staff attended. IPC Health encourages cultural trips for clients as it strengthens connection to culture, builds resilience and confidence and promotes health and wellbeing. This also contributes to clients becoming leaders in their personal life, families and communities thus encouraging taking responsibility for their own health.

Challenges – Because Aboriginal and Torres Strait Islander people are at higher risk during pandemic, cultural trips have been postponed to decrease risk of transmission.

- **Social check-ins (telephone calls)** – IPC Health's staff did weekly phone check-ins during the COVID-19 pandemic with all Aboriginal and Torres Strait Islander clients and carers that frequented the Elders Lounge. Through these telephone conversations, if a client was in need or hardship was identified, early measures were taken to support them. Self-care, good nutrition, regular exercise and sleeping well was promoted and the importance to continue to look after themselves, attend their medical appointments whether via video calls or telephone and to take their regular medication. IPC Health staff collaborated with key partners and stakeholders to do a risk prioritisation approach to identify vulnerable people in the community. Through these collaborations food parcels, financial help and other resources were delivered to those most in need.

“It was the best one day outing I have ever had, it was arranged and put together so well that everyone had the best time” - Uncle Gary Davidson



A client story:

- 25 year old Aboriginal female
- Diagnosed at the age of 12 with Type 2 diabetes
- Mother passed away from diabetes related complications
- Born with developmental delay
- Also suffers from epilepsy and anxiety
- Obese – GP and specialist very concerned for her weight and overall health
- Epilepsy is well managed
- Has always struggled to manage her diabetes and weight

Client was referred to IPC Health's Integrated Care Program in April 2018 by her GP. When the client was referred she was very unwell with uncontrolled diabetes, not regularly checking her sugars and very overweight. She needed assistance with travel to the Royal Melbourne Hospital for treatment of an ongoing infected abscess.

Since on the program, referrals were organised for her to see a Diabetic Educator, Podiatrist, Dietitian and Exercise Physiologist. Transport support was provided for her to get to and from medical appointments including the Royal Melbourne Hospital. Appointments were made for her to attend the Australian College of Optometry and the IDEAS Van for regular eye screen and checks.

She was accompanied by IPC Health's Care Coordinator or Aboriginal Outreach Worker to all her specialist consultations due to her low health literacy. She was encouraged and empowered to ask questions when there was something said to her that she didn't understand.

The Care Coordinator also assisted the client with the application process for the National Disability Insurance Scheme (NDIS), advocating for a reassessment to include ready-made healthy meals.

Client was encouraged to participate in various activities and education sessions held at the Elders Lounge where she was made to feel safe and connected to her Aboriginal culture.



Comments from the client: *"The programs help me get to all my appointments. It has also helped me with specialist appointments and I like having Alex and Mandi go with me. It's easier to talk with the specialists and easier to understand things when I don't understand them. I feel supported and less alone. I feel I can trust Alex and Mandi and I like them coming with me."*

"The program has helped me get more involved in the local Aboriginal community, I didn't know many Aboriginal people and I wanted to know about Aboriginal things."

"The program has helped me with funding a new glucose machine and sensors, the sensors helped and made it easier so I don't have to prick my finger as much. It's less painful. Alex encourages me to eat healthy and exercise to help make sure I stay healthy and I don't end up like my mum."

"Alex has helped me connect to Sandie, Diabetic Educator and Danielle who looks after my feet. And they helped me get my eyes checked to make sure my vision and the diabetes hasn't affected my eyes. It's also helped me to see a dentist at IPC Health."

"Alex also helped me get the NDIS which is going to help me with a few things. I am getting the support that I have needed for my health."

"I like that I'm meeting new people in the Aboriginal community and I like going to see Alex, Mandi and Sandie. Everyone is really nice to me including the Elders. Now because of the coronavirus I like all the recent activities online that I have done. Mandi's program and the art classes making things out of pottery, it's helped me because I can't go to work and I am getting bored at home."

A client story:

Optometry care

The third round of IDEAS Van clinics occurred at IPC Health in Wyndham Vale on 23 October 2019. One of the success stories from the day was client Kath Murray.

Kath has worn glasses since she was a teenager, and her vision has become so bad over the last few years that she is no longer able to drive, has trouble using a computer and needs to read large print books. Kath used to see private Optometrists but found the ongoing visits expensive, and instead started to attend appointments with the Visiting Optometrist Scheme at IPC Health. During one of these visits, the Optometrist referred Kath to the IDEAS Van for a review of cataracts.

This was Kath's first visit to the IDEAS Van, and she was able to access it with her walking frame on the built-in platform lift. Kath was initially reviewed by the Optometrist Joseph Waterman and Orthoptist Rachele Stin, before a consult with Dr. Malvika Gupta, the Ophthalmologist. Kath has now been referred locally for cataract surgery, and can't wait to get back in the driver's seat of her new car once this has occurred and improved her vision.



Partnerships

IPC Health has successfully established strong and innovative partnerships with Aboriginal and Torres Strait Islander community representatives, key workers in identified positions and organisations. These ongoing relationships support the Aboriginal and Torres Strait Islander community in the West. We collaborate to provide services and programs that strengthen sense of community and provide a culturally safe environment when accessing services.

The new community Wunggurrwil Dhurrung Centre, Koling wada-ngal Hub in Wyndham is a key stakeholder that engages with IPC Health and the Aboriginal and Torres Strait Islander community in the West. The partnership has developed into a positive and productive relationship the community is benefiting from. The partnerships have successfully increased the number of Aboriginal and Torres Strait Islander people accessing the Lounge and IPC Health services.

Community Feedback

Staff having the understanding of connecting and working in cultural ways meant clients felt safe expressing their feelings and difficulties.

A community member stated that she wanted to do what is needed for her health rather than fight against it and that she felt like doing something to improve her health since attending an IPC Health Diabetic Educator.

An Aboriginal Elder stated that he can't believe how much he is cared for as he is always contacted by IPC Health and supported as he has chronic health issues.

An IPC Health worker is described as an Angel by an Aboriginal Elder. Not only are his health needs met, but his overall wellbeing is always considered.

A young Aboriginal male attended the COVID-19 IPC Health testing site. He stated that everyone was very nice and considerate. They not only did the test, but asked other questions which allowed his results to be received quicker, due to his work.

Smoking ceremony

IPC Health participated in the smoking ceremony for the Multi-Disciplinary Centre (MDC) in the West, where IPC Health is providing community health nurses to help victims of family violence.



Aboriginal Health Podcast

IPC Health's Project Manager Allied Health Danielle Millar has been interviewed for the RWAV Talking Country Podcast and spoke about the health needs of our community, IPC Health and our culturally safe services.

Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ+) Communities

Many Shades of the Rainbow Art Exhibition

IPC Health, in partnership with LGBTIQ+ young people, organised and delivered the Many Shades of the Western Rainbow Art Exhibitions at Louis Joel Arts and Community Centre and Trocadero Art Gallery. IPC Health supported LGBTIQ+ young people to build networks with local community leaders, develop skills in project management, event planning and increase their capacity to share their experiences with the broader community. Young people provided their views on which community leaders inspired them and supported the appointment of respected queer artist Matto Lucas as the facilitator of the art workshops and curator of the exhibition.



A total of 200 people attended the art exhibitions, with a total of 118 responses to a queer art evaluation piece received.

IPC Health, Queer Youth Alliance Network (QYAN), QWest and participating young people promoted the art exhibitions in a variety of ways, including through Council networks, real estate boards and social media posts. These posts were also shared by Matto Lucas and Transgender Victoria, both of which have a large reach to the rainbow community and the arts community. Estimated total reach: 21,034.

This exhibition was highly successful and built on extensive work documenting queer histories in the West.

Midsumma

IPC Health continued its strong partnership with QYAN and Qwest and collaboratively delivered the 2020 Mad Hatter's Tea Party. This highly anticipated Midsumma Youth event was very well attended, with 80 LGBTIQ+ young people gathering to proudly celebrate their community and their identities in all their diversity. IPC Health actively consulted with the community to inform the Positive Affirmations Project and provided key information on IPC Health's services.



Signage

IPC Health supported the Welcome Here Project, which supports businesses and services throughout Australia to create and promote environments that are visibly welcoming and inclusive of lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) communities. Welcome Here stickers are visible on entry and waiting room doors across all campuses, as a concrete indicator that the rainbow community is safe and affirmed at all IPC Health sites.

IPC Health has installed flag poles and flags, inclusive of the Pride flag, at all three local government areas where it operates: Wyndham (Wyndham site), Hobsons Bay (Altona Meadows site), and Brimbank (Deer Park site). This is another affirming symbol of inclusion that was actioned from the Waiting Room Working Group recommendations.



Workforce

Three forms of LGBTIQ+ training have been offered to staff within the organisation: i) face-to-face LGBTIQ inclusive practice training (Facilitator: Daniel Witthaus), ii) LGBTIQ Aged Care Training (Facilitators from Transgender Victoria), iii) online LGBTIQ training via the learning management system, with a total of 92 staff attending.

An LGBTIQ+ Hub was created in the staff intranet iHub and launched as part of IDAHOBIT 2020. This includes up-to-date information for clients and service providers, with content organised in four key sections: i) Useful websites, ii) Client resources, iii) Guidelines for Health Professionals, and iv) Strategies and Frameworks.

Articles were published on i-Hub for staff for the following key rainbow events:

- Wear it Purple Day
- Transgender Day of Visibility
- Intersex Awareness Day
- IDAHOBIT

These articles allow staff to understand the importance of the events and encourage staff to celebrate in a variety of ways.

Prevention and Response to Family Violence

Preventing Violence Together Partnership

Women's Health West is the lead agency of the Preventing Violence Together (PVT) Partnership, where IPC Health is a full implementing partner alongside 25 other local partner organisations.

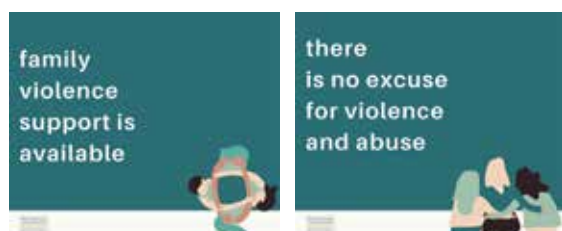
As part of its partnership commitment; IPC Health co-leads the Building Equality and Respect project sharing secretariat support duties with Djerriwarrh Health Services. IPC Health also supports and auspices the Working Together with Men community organisation.

As full implementing partner to the PVT Partnership 2030 Regional Strategy, IPC Health is committed to the primary prevention of violence against women. IPC Health has contributed to the development of the strategy through participation in all working groups, consultation sessions and committee meetings, where we provided input as it relates to community health expertise.

IPC Health's Manager of Health Promotion and Community Strengthening has been nominated and successfully appointed as Chair of the PVT Executive Governance Group, further demonstrating how the partnership values IPC Health's contribution.

Prevention of family violence during COVID-19

IPC Health has continued to support regional partners to identify emerging needs as they relate to the prevention of violence against women during COVID-19 restrictions. IPC Health has worked alongside partners to develop a social media campaign aimed at addressing concerns for women and children's safety while staying for extended periods indoors with a perpetrator. The working group was able to design a series of social media tiles that encourage accessing services, communicating that services are open and that using violence is never okay.



16 Days Activist Challenge

The IPC Health White Ribbon Working Group launched a successful 16 Days Activist Challenge campaign encouraging all staff at IPC Health to take up the challenge and commit to actions to learn about, reflect on, and to educate others on men's violence against women.

An all staff BBQ was held on 20 November 2019 at the Deer Park and Hoppers Crossing campuses with keynote speeches delivered by members of the working group to highlight the key drivers of violence against women and to encourage participation in the 16 Days Activist challenge. Morning tea and afternoon tea gatherings were also organised at Sunshine Campus, Altona Meadows campus, Wyndham Vale Campus and St Albans Campus. Up to 114 staff attended with positive feedback received.

A total of 204 people registered for the 2019 PVT 16 Days Activist Challenge. Of this number, 163 individuals identified as women, 27 identified as men and 14 people did not nominate a gender identity. The 204 registered activists came from a variety of organisations and sectors. The majority of surveyed participants felt confident to challenge gender inequality, felt that they had a better understanding of the problems that gender inequality causes, felt more aware of examples of gender inequality in community, felt more aware of examples of stereotypes in community and felt that they had a better understanding of the problems these stereotypes cause.



Building Equality and Respect Project

IPC Health and Djerriwarrh Health (co-leads) in collaboration with Melton City Council, Brimbank City Council, Hobsons Bay City Council, Wyndham City Council, Brimbank & Maribyrnong Interfaith Network, Wyndham Interfaith Network, Hobsons Bay Interfaith Network and Melton Interfaith Network have established the Building Equality and Respect Project to promote gender equity and challenge gender stereotypes in faith communities in the Western Region.

A key deliverable was the development and delivery of an engagement activity, titled Meet & Greet, which aimed to establish and strengthen relationships with Interfaith group members and other faith groups within the area who were interested in addressing drivers of violence. In total three meet and greet sessions were held, engaging up to 40 individuals.

The interfaith networks who lead them reported that they found the events worthwhile and created opportunities for further engaging. One interfaith leader stated: "Good to do the meet and greet events, got it on the agenda of interfaith networks, raised the profile in our own networks."

The sessions provided project partners with insights to engagement opportunities and what faith communities find challenging relating to the prevention of violence against women. Such insights informed the 2019 16 Days Activist challenge campaign led by interfaith partners. As a result, the campaign sought to address and unpack the following key issues:

- What is unconscious gender bias and why is it a problem
- Who does most of the chores at home
- Sexism and the promotion of harmful gender stereotypes in the media
- Sexist jokes, comments and attitudes
- A resource for each topic was developed and shared with faith communities alongside registration details for the campaign.

Social media was the preferred method of engagement with members of the community. One interfaith leader reported "over 300 shares" of the campaign through their social media account. Other faith leaders reported similar positive engagement.

Men of Brimbank

IPC Health provides auspice and project implementation support to the Men of Brimbank group. The group seeks to engage men to get involved in the prevention of violence against women and children. The Men of Brimbank is managed by a seven member committee of management. IPC Health has been able to achieve a 100% engagement rate for the committee across all activities delivered since auspice arrangements started.

In a recent series of workshops delivered to the Men of Brimbank committee, arranged by IPC Health staff, the following outcomes have been achieved, as self-reported in post workshop evaluations:

100% engagement by all committee members in all workshop activities delivered

60% or higher on average satisfaction rate for all workshops delivered

60% or higher on average self-reported increase in knowledge, awareness and understanding, as a result of the training delivered, of the importance of co-developing ideas with women when creating men's projects, how to plan a project that can create gender equity, and the aim and purpose of the Men of Brimbank and the role each individual plays.





Send us your feedback

Do you have feedback on this report?

You can send an email to ipchealth@ipchealth.com.au or fill in the form below and send it to PO Box 171 Deer Park, VIC, 3023 or hand it to a Customer Services Officer at one of our campuses.

Quality Account 2019/2020 Feedback Form

Age

☐ Under 25 ☐ 25 – 45 ☐ 45 – 65 ☐ Over 65

Gender

☐ Male ☐ Female ☐ X / other

Was the report interesting?

☐ All ☐ Most ☐ Some ☐ None

Was the report easy to read?

☐ All ☐ Most ☐ Some ☐ None

Comments:

Financial Statements

AND

Director's Report



IPC Health Ltd

ACN: 136 685 151

Financial Report

For the year ended 30 June 2020

IPC Health Ltd

30 June 2020

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IPC Health Ltd

Directors' Report

Your directors present their report of IPC Health Ltd 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:

George Kogios	Board Member/Chairperson
Daryl Whitfort	Board Member/Deputy Chairperson/Chair Finance Committee
Rennis Witham	Board Member/Chair Governance, Nominations and Remuneration Committee
Jenny McMahon	Board Member
John Hedditch	Board Member
Peter Gluskie	Board Member/Chair Strategy and Planning Committee
Sanela Osmic	Board Member/Chair Clinical Governance and Risk Committee
Patricia Collocott	Board Member
Paul Geyer	Board Member (Appointed 6 November 2019)
Trish McCluskey	Board Member (Resigned 6 November 2019)

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

Principal Activities

IPC Health aims to improve the quality of life for the people we serve by maximising access to health and wellbeing services. We deliver innovative, high quality services that are client centred, collaborative, coordinated and demonstrate value through measured impact.

IPC Health delivers services primarily, but not limited to, the cities of Brimbank, Wyndham and Hobsons Bay with a total population of over 500,000 across the west. We exist so that communities are healthy and well, and individuals, through a single point of contact, can connect to a full spectrum of care and support using consistent approaches including those of our partners.

Our role spans primary prevention, quality of life support, service navigation, secondary prevention and harm reduction and primary health treatment.

Our care addresses a full range of health conditions including those most prominently contributing to the health burden in Melbourne's West, namely: heart disease, diabetes, hepatitis, mental health, dental health, chronic obstructive pulmonary disease and stroke.

Our services are provided in a range of settings including care at home and via telehealth. Our six campuses are located across Western Melbourne at: St Albans, Sunshine, Deer Park, Hoppers Crossing, Wyndham Vale and Altona Meadows.

We collaborate with our partners including local government authorities in support of their Health and Wellbeing Plans that focus attention on the determinants of health and associated risk factors and behaviours such as physical inactivity, mental health, and alcohol and drug consumption.

IPC Health Ltd

Directors' Report

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 IPC Health.

In response, IPC 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. IPC 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. In addition to working from home, staff have been redeployed where able, to assist with COVID-19 testing and provide front entrance screening to limit the risk of COVID-19 entering our sites.

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* 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 and AASB 1058 as an adjustment to the opening balance of equity at 1 July 2019. AASB 16: *Leases* has been applied without restatement of comparatives. The company has elected to measure the right-of-use assets at an amount equal to the lease liability adjusted for any prepaid or accrued lease payments that existed at the date of transition as allowed under the transition provisions.

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.

Short Term Objectives

The company's short term objectives are set out in the IPC Health Strategy 2020-2025: Phase One: Embedding Innovation as IPC Health becomes known as Design Innovators by introducing and testing business innovations that have potential to enhance access to services.

The Company's medium term objectives are set out in the IPC Health Strategy 2020-2025. These can be described as Phase Two: Scaling for Demand (to commence in 2022) and Phase Three: Evidence of Impact (to commence in 2024).

Long Term Objectives

IPC Health's long term objectives are to deliver innovative, high quality services that are client centred, collaborative, coordinated and demonstrate value through measured impact.

IPC Health Ltd

Directors' Report

How Principal Activities Assist in Achieving the Objectives

The company has recently adopted a service delivery model of holistic care which focuses on the individual needs of clients where a health and wellbeing plan is co-designed with the client to address not just the health aspect but psychosocial needs and linking many clients to their local community. Through strong partnerships and alliances with funding bodies, research bodies, the acute health sector and other community health organisations, IPC Health will achieve the 12 objectives set out in the IPC Health Strategy 2020 – 2025.

Performance Measures

We judge our success by three factors:

- We have a positive reputation;
- We provide person centred care that is valued by all; and
- We are an effective viable business.

Our governance structures are currently being reviewed in alignment with the adoption of our new Strategy. The 12 Strategic Objectives as outlined in this Strategy are the KPIs on which the organisation measures its performance.

Members Guarantee

IPC Health Ltd is a company limited by guarantee. In the event of, and for the purpose of winding up of the company, the amount capable of being called up from each members and any person or association who ceased to be a member in the year prior to the winding up, is limited to \$10 for all members, subject to the provisions of the company's constitution.

At 30 June 2020 the collective liability of members was \$90 (2019: \$170).

Review of Operations

In 2019 IPC Health appointed a new CEO and as a result, a restructure of the Executive Management team occurred. The costs saved from a reduced Executive Management team have been redirected into areas of the organisation areas with little to no support previously such as innovation and development, data analysis and informatics, and procurement. A review of expenditure on external consultants led to some contracts being replaced with an in-house model for cost effectiveness such as infrastructure, facilities and maintenance services.

Operations have been impacted by the COVID-19 pandemic. While many services for clients continued to be delivered using innovative technological solutions, some of our services such as group sessions and dental procedures, can only be performed face-to-face. During the early stages of the pandemic, DHHS approached IPC Health to assist with COVID-19 testing. In early March IPC Health established two drive through Acute Respiratory Clinics at our Deer Park and Wyndham Vale campuses. We also undertook mobile testing in local prisons, schools, meat processing factories and established two further permanent pop-up testing sites at Tarneit and the Keilor Park Community Hub.

The accounting surplus for the company for the 2019/20 financial year amounted to \$1.2 million, compared to \$270K for 2018/19. This increase was largely driven by the COVID-19 pandemic, with delayed recruitment and unfilled staff vacancies; employee benefit expenses were less than anticipated; the additional funding of \$265k to support IPC Health throughout the pandemic; the Government's COVID-19 restrictions imposed and the Department of Health and Human Services (DHHS) provision of a waiver to IPC Health for unfulfilled performance obligations relating to contracted service provision. This resulted in \$1.3 million being recognised as revenue, that would otherwise have been subject to an acquittal process during 2020/21. IPC Health have redirected underutilised resources to assist with the organisation's COVID-19 response.

Compared to 2018/19 ongoing operating costs increased by 9.3%, while revenue rose by 11.6%.

IPC Health Ltd

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 IPC 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 IPC Health, its operations, its future results and financial position. The state of emergency in Victoria was extended on 16 August 2020 until 13 September 2020 and the state of disaster is still in place.

No other matters or circumstances have arisen since the end of the financial year which significantly affected or may affect the operations of the IPC Health, the results of the operations or the state of affairs of IPC 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 21 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 Company

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

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

Information on Directors

George Kogios

Qualifications:	BBus (Accounting); MAICD; Post Graduate Diploma (Taxation); Diploma of Superannuation Management; Fellow - Association of Superannuation Funds of Australia (FASFA); Regulatory Guidelines (RG146 Accredited).
Special Responsibilities:	Chairperson

IPC Health Ltd

Directors' Report

Information on Directors (continued)

Daryl Whitfort

Qualifications: MBA; BBus (Accounting); FCPA; GAICD.
Special Responsibilities: Deputy Chairperson, Chair Finance Committee

Rennis Witham

Qualifications: BA Soc.Sc; Cert IV Training Assessment.
Special Responsibilities: Board Member, Chair Governance Nominations and Risk Committee

Jenny McMahon

Qualifications: Bachelor of Business, GAICD, IECL Accredited Coach.
Special Responsibilities: Board Member

John Hedditch

Qualifications: Grad Dip Health Service Management.
Special Responsibilities: Board Member

Peter Gluskie

Qualifications: BEng; MBA; CPPD; GAICD, FAIPM.
Special Responsibilities: Board Member, Chair Strategy and Planning Committee

Sanela Osmic

Qualifications: Masters of International Business; Bbus (Economics, International Trade), GAICD, John Maxwell Certified Coach, Speaker & Trainer.
Special Responsibilities: Board Member, Chair Clinical Governance and Risk Committee

Patricia Collocott

Qualifications: Bachelor Applied Science (Speech Pathology), Graduate Diploma Public Sector Management, AFACHSM, GAICD
Special Responsibilities: Board Member

Paul Geyer

Qualifications: FAICD, FGIA, MBA, Bachelor of Science
Special Responsibilities: Board Member (Appointed 6 November 2019)

Trish McCluskey

Qualifications: BA (Education); Master of Education (M.Ed); Grad Cert in Educational Leadership; Grad Cert in Health Science; Registered Div 1 Nurse.
Special Responsibilities: Board Member (Resigned 6 November 2019)

IPC Health Ltd

Directors' Report

Meetings of Directors

During the financial year, 13 meetings of directors were held (11 standard meetings and 2 extra-ordinary meetings to discuss COVID-19).

Attendances by each director were as follows:

	Board of Directors		Finance Committee		Clinical Governance, Quality and Risk Committee		Strategy and Planning Committee		Governance, Nominations & Remunerations Committee	
	Eligible	Attended	Eligible	Attended	Eligible	Attended	Eligible	Attended	Eligible	Attended
George Kogios	13	12	10	9	-	-	-	-	4	3
Daryl Whitfort	13	12	10	9	-	-	-	-	-	-
Rennis Witham	13	12	-	-	4	4	-	-	4	4
Jenny McMahon	13	12	1	1	-	-	4	2	-	-
John Hedditch	13	10	-	-	-	-	4	4	-	-
Peter Gluskie	13	13	-	-	-	-	4	4	-	-
Sanela Osmic	13	11	-	-	4	4	-	-	4	4
Patricia Collocott	13	12	10	9	4	2	-	-	-	-
Paul Geyer	8	7	-	-	3	3	-	-	-	-
Trish McCluskey	5	5	4	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 7 of the financial reports.

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



George Kogios, Chairperson



Daryl Whitfort, Deputy Chairperson

Dated this 9th day of September 2020

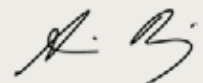
Lead auditor's independence declaration under *section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012* to the directors of IPC Health Ltd

As lead auditor for the audit of IPC Health Ltd 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 9th day of September 2020



Adrian Downing
Lead Auditor

IPC Health Ltd

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2020

	Notes	2020 \$	2019 \$
Revenue	2	40,788,257	38,323,784
Other income	2	3,419,269	1,290,456
Employee benefits expense		(32,018,653)	(28,569,949)
Depreciation and amortisation expense		(2,084,065)	(1,639,290)
Lease expense		(153,931)	(705,763)
Client services expenses		(2,839,262)	(2,627,457)
Medical and paramedical expenses		(688,398)	(587,055)
Repairs and maintenance expenses		(1,250,965)	(1,507,623)
Motor vehicle expenses		(148,690)	(360,751)
Utility expenses		(700,531)	(819,279)
Information technology expenses		(834,034)	(730,112)
Consulting and staff training		(1,162,401)	(851,608)
Other expenses		(1,111,964)	(944,978)
Surplus for the year		1,214,632	270,375
Other comprehensive income			
Items that will not be reclassified subsequently to profit or loss:			
Gain on revaluation of land		2,870,000	-
Total other comprehensive income		2,870,000	-
Total comprehensive income for the year		4,084,632	270,375

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

IPC Health Ltd

Statement of Financial Position

As at 30 June 2020

	Notes	2020 \$	2019 \$
Current assets			
Cash and cash equivalents	3	20,533,226	16,379,102
Trade and other receivables	4	1,919,343	1,638,011
Other assets	5	317,108	104,283
Total current assets		22,769,677	18,121,396
Non-current assets			
Property, plant and equipment	6	30,849,330	28,696,827
Intangible assets	7	-	26,680
Right of use assets	8	1,788,748	-
Total non-current assets		32,638,078	28,723,507
Total assets		55,407,755	46,844,903
Current liabilities			
Trade and other payables	9	2,464,135	2,561,264
Other liabilities	10	6,776,548	5,063,166
Lease liabilities	11	1,486,133	-
Employee benefits	13	6,490,725	5,513,998
Total current liabilities		17,217,541	13,138,428
Non-current liabilities			
Lease liabilities	11	151,902	-
Provisions	12	76,671	-
Employee benefits	13	1,139,456	968,922
Total non-current liabilities		1,368,029	968,922
Total liabilities		18,585,570	14,107,350
Net assets		36,822,185	32,737,553
Equity			
Retained earnings		33,952,185	32,737,553
Asset revaluation reserve	14	2,870,000	-
Total equity		36,822,185	32,737,553

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

IPC Health Ltd

Statement of Changes in Equity

For the Year Ended 30 June 2020

	Asset Revaluation Reserve \$	Retained Earnings \$	Total \$
Balance at 1 July 2018	-	32,467,178	32,467,178
Comprehensive income			
Surplus for the year	-	270,375	270,375
Total other comprehensive income for the year	-	-	-
Balance at 30 June 2019	-	32,737,553	32,737,553
Balance at 1 July 2019	-	32,737,553	32,737,553
Comprehensive income			
Surplus for the year	-	1,214,632	1,214,632
Total other comprehensive income for the year	2,870,000	-	2,870,000
Balance at 30 June 2020	2,870,000	33,952,185	36,822,185

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

IPC Health Ltd

Statement of Cash Flows

For the Year Ended 30 June 2020

	Notes	2020 \$	2019 \$
Cash flows from operating activities			
Receipts from clients and government grants		45,325,050	47,085,410
Payments to suppliers and employees		(39,922,504)	(43,660,488)
Donations		9,882	14,194
Interest received		273,381	345,243
Interest paid on lease liabilities		(63,573)	-
Short term and low-value lease payments		(12,791)	-
Net cash provided by operating activities	16	5,609,445	3,784,359
Cash flows from investing activities			
Proceeds from sale of property, plant and equipment		61,363	51,000
Payments for property, plant and equipment		(883,310)	(1,426,402)
Net cash used in investing activities		(821,947)	(1,375,402)
Cash flows from financing activities			
Repayment of lease commitments		(633,374)	-
Net cash provided by / (used in) financing activities		(633,374)	-
Net increase in cash held		4,154,124	2,408,957
Cash and cash equivalents at the beginning of the financial year		16,379,102	13,970,145
Cash and cash equivalents at the end of the financial year	3	20,533,226	16,379,102

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

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies

The financial statements cover IPC Health Ltd as an individual entity, incorporated and domiciled in Australia. IPC Health Ltd 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.

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 9 September 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 IPC Health.

In response, IPC 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. IPC 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. In addition to working from home, staff have been redeployed where able to assist with COVID-19 testing and provide front entrance screening to limit the risk of COVID-19 entering our sites.

For further details refer to Note 1(c) Revenue and Note 20 Events After the Reporting Period.

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

Initial application of AASB 16

The company has applied AASB 16: *Leases* retrospectively without restatement of comparatives. The company has elected to measure the right-of-use asset at an amount equal to the lease liability adjusted for any prepared or accrued lease payments that existed at the date of transition as allowed under the transition provisions. As a result, there was no impact on retained earnings. The comparative information has not been restated and continues to be reported under AASB 117: *Leases*.

IPC Health Ltd

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)

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.

Measurement of lease liabilities at 1 July 2019

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

	2019 \$
Description	
Operating lease commitments disclosed as at 30 June 2019	974,946
Discounted using the lessee's incremental borrowing rate at the date of initial application	(29,222)
Add:	
- contracts reassessed as lease contracts	1,264,243
- peppercorn leases recognised at cost	2,265
Less:	
- remeasurement of lease liabilities	(2,440)
- short-term leases not recognised as a liability	(12,791)
Lease liability recognised as at 1 July 2019	<u>2,197,001</u>

The difference between the lease liability (\$2,197,001) and the discounted operating lease commitments as at 30 June 2019 (\$945,724) was \$1,251,277, which comprised additional contracts reassessed as lease contracts (\$1,264,243) and peppercorn leases recognised at cost (\$2,265) less a remeasurement of lease liabilities (\$2,440) and short-term leases (\$12,791).

IPC Health Ltd

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)

The company's weighted average incremental borrowing rate on 1 July 2019 applied to the lease liabilities was 3% for property leases and 5.5% for motor vehicle leases. The difference between the undiscounted amount of operating lease commitments as at 30 June 2019 of \$974,946 and the discounted operating lease commitments as at 1 July 2019 was \$29,222. 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	2,271,409
Provisions	(74,408)
Lease liabilities	(2,197,001)
Net adjustment recorded to retained earnings on 1 July 2019	-

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

Right-of-use assets:

Initial recognition on adoption	2,271,409
Less:	
- depreciation expense	(482,661)
Right-of-use assets as at 30 June 2020	1,788,748

Lease liabilities:

Initial recognition on adoption	(2,197,001)
Add:	
- borrowing costs	(61,309)
Less:	
- lease repayments	620,275
Lease liabilities as at 30 June 2020	(1,638,035)

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	620,275
Increase in borrowing costs on lease liabilities	(61,309)
Increase in right-of-use asset depreciation expense	(482,661)

Surplus/(deficit):

Increase in surplus	76,305
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IPC Health Ltd

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

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.

(b) Change in accounting policy

Effective 30 June 2020, the company changed its measurement model (accounting policy) for a class of assets, being freehold land, from a cost basis to a revaluation model in accordance with AASB 116: *Property, Plant and Equipment*.

The freehold land is comprised of one property located at 330 Queen Street, Altona Meadows. The property was purchased in 1997 for \$260,000 and has been revalued effective 30 June 2020 to \$3,130,000.

The change in accounting policy has been made because this will result in more reliable and relevant information being provided in the financial statements.

(c) 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.

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 \$1.3 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.

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(c) Revenue (continued)

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 and Human Services Community Health
- Department of Health and Human Services Individual, Child and Family Support
- Department of Health and Human Services HACC Allied Health
- Department of Health and Human Services Refugee and Asylum Seekers Health Services
- Department of Health and Human Services Healthy Mothers and Healthy Babies
- Department of Health and Human Services Integrated Chronic Disease Management

The performance obligations for each of these government grants are:

- | | |
|---|--|
| - Community and Home Support Allied Health and Therapy Services | This program funds a comprehensive range of services, including podiatry, occupational therapy, physiotherapy, social work, dietitians and speech pathology. IPC 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 Health | This program funds general counselling, allied health and nursing services and IPC 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. |
| - Individual, Child and Family Support | This program funds a comprehensive range of services for vulnerable children (from pre-birth up to 17 years old) and their families to promote children's safety, stability and healthy development. IPC 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 Allied Health | This program funds the provision of allied health services, including clinical assessment, treatment, therapy or professional advice, which may be provided in the client's home or at a centre. IPC 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. |
| - Refugee and Asylum Seekers Health Services | This program responds to the poor health and complex health issues of arriving refugees in Victoria. IPC Health are required to provide a set number of hours of service delivery. Revenue is recognised over time, as and when the services are delivered. |
| - Healthy Mothers and Health Babies | This program funds the provision of support, health educations and referrals for pregnant women. IPC Health are required to provide a set number of hours of service delivery. Revenue is recognised over time, as and when the services are delivered. |
| - Integrated Chronic Disease Management | This program supports chronic disease management services. IPC Health is required to provide a set number of hours of service delivery. Revenue is recognised over time, as and when the services are delivered. |

For other grants with performance obligations, IPC Health exercises judgement over whether the performance obligations have been met, on a grant by grant basis.

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(c) Revenue (continued)

Interest income

Interest income is recognised using the effective interest method.

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 company obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the company 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 company incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the Statement of Financial Position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

IPC Health Ltd 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.

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

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(d) Expenses

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

Employee benefits expense

Employee expenses include:

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

Client services expense

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

Medical and paramedical expenses

Medical and paramedical expenses include general consumables used in dental health services, allied health and general medical services.

Other operating expenses

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

- Motor vehicle expenses
- Utility expenses
- Information technology expenses
- Consulting and staff training
- Other administrative expenses

(e) Income tax

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

(f) 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.

(g) 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.

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(h) Property, Plant and Equipment

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

Freehold Land

Freehold land is carried at their fair value (being the amount for which an asset could be exchanged between knowledgeable, willing parties in an arm's length transaction), based on periodic, but at least triennial, valuations by external independent valuers, less accumulated impairment losses.

Increases in the carrying amount arising on revaluation of freehold land is credited to a revaluation surplus in equity. Decreases that offset previous increases of the same asset are recognised against the revaluation surplus directly in equity; all other decreases are recognised in profit or loss.

Buildings

Buildings are measured at cost less accumulated depreciation and impairment losses.

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 is measured on the cost basis and are therefore is 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 either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. 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.

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	2.5-5%
Motor Vehicles	20%
Office Equipment	10%
Computer Equipment	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. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(i) Financial Instruments

Initial Recognition and Measurement

Financial assets and financial liabilities are recognised when the company becomes a party to the contractual provisions to the instrument. For financial assets, this is the date that the company 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, except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are expensed to profit or loss immediately. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain significant financing component or if the practical expedient was applied as specified in AASB 15: *Revenue from Contracts with Customers*.

Classification and Subsequent Measurement

Financial liabilities

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

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.

Financial assets

Financial assets are measured at amortised costs if both of the following criteria are met and the net assets are not designated at fair value through profit and loss:

- 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.

IPC Health recognises 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.

IPC Health Ltd

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 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.

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 company 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.

The company 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 company 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.).

Recognition of expected credit losses in financial statements

At each reporting date, the company 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.

Assets measured at fair value through other comprehensive income are recognised at fair value with changes in fair value recognised in other comprehensive income. The amount in relation to change in credit risk is transferred from other comprehensive income to profit or loss at every reporting period.

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.

IPC Health Ltd

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 company 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 company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

(k) Employee Benefits

Short term employee benefits

Provision is made for the company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including salaries, wages, ADOs, annual leave, sick leave and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required years of service. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled. The company's obligations for short-term employee benefits such as salaries and wages are recognised as part of current trade and other payables in the Statement of Financial Position.

Long-term employee benefits

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

IPC Health Ltd

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 company 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) 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.

(o) 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.

(p) 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.

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(p) Critical Accounting Estimates and Judgements (continued)

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.

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.

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

(p) Critical Accounting Estimates and Judgements (continued)

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.

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 company 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.

(q) Economic Dependence

IPC Health Ltd 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 IPC Health Ltd.

(r) 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.

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1. Summary of Significant Accounting Policies (continued)

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

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 company at the end of the reporting period (i.e. the market that maximises the receipts from the sale of the asset and minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

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

The fair value of liabilities and the company'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.

(s) New Standards Applicable to Future Periods

An assessment of accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to IPC Health and their potential impact on IPC 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.

Note 2. Revenue and Other Income	Note	2020	2019
		\$	\$
Revenue from contracts with customers	2(a)	40,788,257	-
Funding and fee revenue	2(b)	-	38,323,784
Other sources of revenue	2(c)	3,419,269	1,290,456
Total Revenue and Other Income		44,207,526	39,614,240

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

	2020	2019
Note 2. Revenue and Other Income (continued)	\$	\$
(a) Disaggregated revenue		
The Company has disaggregated revenue by the nature of revenue and timing of revenue recognition.		
Categories of disaggregation		
Commonwealth government recurrent funding	13,903,755	-
Victorian government recurrent funding ⁱ	22,123,458	-
Medicare billing	2,965,868	-
Fees for service	711,246	-
Non-recurrent grants	1,083,930	-
Total disaggregated revenue from contracts with customers under AASB 15	40,788,257	-
Timing of revenue recognition		
Services transferred to customers:		
- at a point in time	3,677,114	-
- over time	37,111,143	-
	40,788,257	-
ⁱ As a result of COVID-19 on service provision, DHHS have waived the 2019/20 outstanding contractual service obligations imposed on IPC Health. This resulted in \$1.3million of DHHS funding being recognised as revenue during 2019/20 that would have otherwise been recognised as a contractual liability and recognised as revenue when the performance obligations were met.		
(b) Funding and fee revenue		
Operating grants	-	34,650,732
Provision of services	-	38,240
Other fees	-	3,541,227
Capital and non-recurrent grants	-	93,585
Total funding and fee for service revenue	-	38,323,784
(c) Other sources of revenue		
Government funding recognised under AASB 1058	1,813,996	-
Other income	826,838	534,035
Rental income	427,892	383,815
Interest received	273,381	345,243
Donations	9,882	14,194
Capital Funding	32,000	-
Gain/(Loss) from sale of property, plant and equipment	35,280	13,169
Total other sources of revenue	3,419,269	1,290,456

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 3. Cash and Cash Equivalents	Notes	2020 \$	2019 \$
Cash on hand		5,813	14,958
Cash at bank		2,484,595	1,789,618
Short term bank deposits		18,042,818	14,574,526
Total Cash and Cash Equivalents	17	20,533,226	16,379,102

Short term bank deposits are highly liquid investments with a maturity of three months or less.

Note 4. Trade and Other Receivables		2020 \$	2019 \$
Trade receivables		1,233,786	927,418
Allowance for credit loss		-	(10,000)
Other receivables		685,557	720,593
Total Trade and Other Receivables		1,919,343	1,638,011
(i) Financial assets at amortised cost classified as trade and other receivables (note 17)			
Total trade and other receivables		1,919,343	1,638,011
Allowance for credit loss		-	10,000
Total financial assets at amortised cost	17	1,919,343	1,648,011

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 losses

	Opening balance 1 July 2018	Change in loss allowance	Specific provision raised	Amounts written off	Closing balance 30 June 2019
Trade receivables	10,000	-	-	-	10,000
	10,000	-	-	-	10,000
	Opening balance 1 July 2019	Change in loss allowance	Specific provision raised	Amounts written off	Closing balance 30 June 2020
Trade receivables	10,000	(10,000)	-	-	-
	10,000	(10,000)	-	-	-

(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.

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 4. Trade and Other Receivables (continued)

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.

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.

	2020	2019
	\$	\$
Note 5. Other Assets		
Prepaid expenses	317,108	104,283
Total Other Assets	317,108	104,283

Note 6. Property, Plant and Equipment

Land and Buildings

Freehold land		
At valuation	3,130,000	-
At cost	-	260,000
	3,130,000	260,000
Capital works in progress		
At cost	623,660	1,726,121
Buildings		
At cost	36,255,744	35,705,919
Less accumulated depreciation	(11,446,140)	(10,442,453)
	24,809,604	25,263,466
Total Land and Buildings	28,563,264	27,249,587

Plant and Equipment

Motor Vehicle		
At cost	496,271	510,236
Less accumulated depreciation	(121,738)	(211,537)
	374,533	298,699
Office Equipment		
At cost	2,191,284	2,016,103
Less accumulated depreciation	(1,385,117)	(1,222,383)
	806,167	793,720

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

	2020	2019
Note 6. Property, Plant and Equipment (continued)	\$	\$
Computer Equipment		
At cost	2,579,976	1,524,743
Less accumulated depreciation	(1,474,610)	(1,169,922)
	<u>1,105,366</u>	<u>354,821</u>
Total Plant and Equipment	<u>2,286,066</u>	<u>1,447,240</u>
Total Property, Plant and Equipment	<u>30,849,330</u>	<u>28,696,827</u>

Movements in carrying amounts:

	Freehold Land	Capital WIP	Buildings	Motor Vehicles	Office Equipment	Computer Equipment	Total
	\$	\$	\$	\$	\$	\$	\$
1 July 2018	260,000	1,603,811	25,276,319	131,258	1,020,711	628,778	28,920,877
Additions	-	1,131,102	-	290,740	4,414	146	1,426,402
Transfers	-	(1,008,792)	963,005	-	45,787	-	-
Disposals	-	-	-	(37,831)	-	-	(37,831)
Depreciation	-	-	(975,858)	(85,468)	(277,192)	(274,103)	(1,612,621)
1 July 2019	260,000	1,726,121	25,263,466	298,699	793,720	354,821	28,696,827
Additions	-	677,777	-	205,533	-	-	883,310
Transfers	-	(1,780,238)	549,825	-	175,181	1,055,232	-
Revaluation	2,870,000	-	-	-	-	-	2,870,000
Disposals	-	-	-	(31,263)	-	-	(31,263)
Depreciation	-	-	(1,003,687)	(98,436)	(162,734)	(304,687)	(1,569,544)
30 June 2020	<u>3,130,000</u>	<u>623,660</u>	<u>24,809,604</u>	<u>374,533</u>	<u>806,167</u>	<u>1,105,366</u>	30,849,330

As at 30 June 2020 the freehold land held by the company was valued by the independent valuer, Property Dynamics Independent Property Advisers Pty Ltd. The fair value of the freehold land based on their fair value less cost to sell, based on an active market, was determined to be \$3,130,000. This valuation provides the fair value at 30 June 2020 however there is material estimation uncertainty that exists within the market, due to the COVID-19 pandemic, which may result in a material adjustment to the freehold land in the future. Refer to Note 1(b) for further information pertaining to the change in accounting policy for freehold land.

	2020	2019
Note 7. Intangible Assets	\$	\$
Customer Database		
At cost	80,018	80,018
Less accumulated amortisation and impairment	(80,018)	(53,338)
Total Intangible Assets	<u>-</u>	<u>26,680</u>
Balance at beginning of the year	26,680	53,349
Additions	-	-
Amortisation expense	(26,680)	(26,669)
Balance at end of financial year	<u>-</u>	<u>26,680</u>

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 8. Right of Use Assets

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

Class of lease	Lease term
Land	2 years
Buildings	2 - 12 years
Motor Vehicles	1 - 2 years
Equipment	5 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 equipment or 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 leases

The company holds three concessionary leases:

- Deer park The company holds a 20 year concessionary lease with the Department of Health (DOH) for the exclusive use of the property located at 106 Station Road, Deer Park, from which IPC Health conduct services in accordance with the company's Service Agreement with the DOH. The company may not use this space for any other purpose during the lease term without prior consent of the DOH. The lease payments are \$104 (ex GST) per annum, payable yearly in advance.
- St Albans The company holds a 20 year concessionary lease with the Department of Human Services (DHS) for the exclusive use of the property located at 1 Andrea Street, St Albans, from which IPC Health conduct services in accordance with the company's Service Agreement with the DHS. The company may not use this space for any other purpose during the lease term without prior consent of the DHS. The lease payments are \$12 (ex GST) per annum, payable yearly in advance.
- Hoppers Crossing The company holds a 20 year concessionary lease with the Department of Health for the exclusive use of the property located at 117-129 Warringa Crescent, Hoppers Crossing, from which IPC Health conduct services in accordance with the company's Service Agreement with the Department of Health. The company may not use this space for any other purpose during the lease term without prior consent of the DOH. The lease payments are \$104 (ex GST) per annum, payable yearly in advance.

The company is dependent on these leases to further its objectives. Without these concessionary leases, the company's service delivery to the community would be impacted.

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

	2020	2019
Note 8. Right of Use Assets (continued)	\$	\$
(a) AASB 16 related amounts recognised in the Statement of Financial Position		
Right-of-use assets		
Leased land	1,243,016	-
Accumulated depreciation	-	-
	1,243,016	-
Leased buildings	838,283	-
Accumulated depreciation	(346,122)	-
	492,161	-
Leased motor vehicles	173,095	-
Accumulated depreciation	(133,987)	-
	39,108	-
Leased equipment	17,015	-
Accumulated depreciation	(2,552)	-
	14,463	-
	1,788,748	-

Movements in carrying amounts

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	Leased equipment	Total
	\$	\$	\$	\$	\$
Initial application of AASB 16	1,243,016	838,283	173,095	17,015	2,271,409
Addition to right-of-use asset	-	-	-	-	-
Depreciation expense	-	(346,122)	(133,987)	(2,552)	(482,661)
Carrying amount at the end of the year	1,243,016	492,161	39,108	14,463	1,788,748

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

		2020	2019
		\$	\$
Note 8. Right of Use Assets (continued)			
(b) AASB 16 related amounts recognised in the statement of profit or loss			
Depreciation charge related to right-of-use assets		482,661	-
Interest expense on lease liabilities		45,052	-
Short-term leases expense		12,791	-
		<u>540,504</u>	<u>-</u>
Note 9. Trade and Other Payables			
Trade payables		682,872	1,303
GST payable		96,695	91,487
Other payables		1,684,568	2,468,474
Total Trade and Other Payables		<u>2,464,135</u>	<u>2,561,264</u>
(i) <i>Financial liabilities at amortised cost classified as trade and other payables (note 17)</i>			
Total trade and other payables		2,464,135	2,561,264
GST payable		(96,695)	(91,487)
Total financial liabilities at amortised cost	17	<u>2,367,440</u>	<u>2,469,777</u>
Note 10. Other Liabilities			
Department of Health and Human Services contract liabilities		3,139,358	3,165,437
Department of Health contract liabilities		2,324,208	1,640,207
Other contract liabilities		1,312,982	257,522
Total Other Liabilities		<u>6,776,548</u>	<u>5,063,166</u>
Note 11. Lease Liabilities			
<i>CURRENT</i>			
Lease liability		1,528,712	-
Unexpired interest		(42,579)	-
Total current lease liabilities		<u>1,486,133</u>	<u>-</u>
<i>NON-CURRENT</i>			
Lease liability		154,375	-
Unexpired interest		(2,473)	-
Total non-current lease liabilities		<u>151,902</u>	<u>-</u>
Total lease liability		1,683,087	-
Total unexpired interest		(45,052)	-
Total present value of lease liability	17	<u>1,638,035</u>	<u>-</u>
Note 12. Provisions			
Provision for make good		76,671	-
Total provisions		<u>76,671</u>	<u>-</u>

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

	2020	2019
	\$	\$
Note 13. Employee benefits		
<i>Current</i>		
Provision for ADO	180,312	143,379
Provision for annual leave	2,714,679	2,285,631
Provision for long service leave	3,595,734	3,084,988
	<u>6,490,725</u>	<u>5,513,998</u>
<i>Non-Current</i>		
Provision for long service leave	<u>1,139,456</u>	<u>968,922</u>
Total employee benefits	<u>7,630,181</u>	<u>6,482,920</u>

Provision for Employee Benefits

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

The current portion for this provision includes the total amount accrued for ADO and 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 rates have been determined based on historical employee attrition data. The measurement and recognition criteria for employee benefits have been discussed in Note 1(k).

	2020	2019
	\$	\$
Note 14. Asset Revaluation Reserve		
The asset revaluation reserve records revaluations of freehold land.		
Gain on revaluation of freehold land	2,870,000	-
Movement in asset revaluation reserve	<u>2,870,000</u>	<u>-</u>

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 11.

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.

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

	2020	2019
Note 15. Capital and Leasing Commitments (continued)	\$	\$
(a) Operating lease commitments		
Non-cancellable operating leases contracted for but not capitalised in the financial statements:		
Payable - minimum lease payment		
- not later than 12 months	-	460,153
- between 12 months and 5 years	-	514,793
- greater than 5 years	-	-
	-	974,946
(b) Short-term lease commitments		
The Company's lease commitments which relate to lease arrangements which meet the short-term lease exemption criteria of AASB 16 include:		
- not later than 12 months	12,791	-
- between 12 months and 5 years	-	-
- greater than 5 years	-	-
	12,791	-
The Company's short-term lease commitments relate to the lease of five motor vehicles with lease expiry dates throughout the year ended 30 June 2021.		
(c) Capital expenditure commitments		
<i>Capital Expenditure Commitments</i>		
Capital expenditure commitments for capital projects:		
Payable		
- not later than 12 months	-	2,321,000
- between 12 months and 5 years	-	-
- greater than 5 years	-	-
	-	2,321,000

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

	2020	2019
	\$	\$
Note 16. Cash Flow Information		
Reconciliation of surplus to net cash provided by operating activities		
Surplus	1,214,632	270,375
Non cash items:		
- depreciation	2,084,065	1,639,290
- gain on disposal of assets	(35,280)	(13,169)
Changes in assets and liabilities:		
- (Increase)/decrease in trade and other receivables	(281,332)	(14,760)
- (Increase)/decrease in other assets	(212,825)	3,792
- Increase/(decrease) in trade and other payables	(97,129)	(1,896,539)
- Increase/(decrease) in grants in advance	1,713,382	3,584,507
- Increase/(decrease) in employee benefits	1,147,261	210,863
- Increase/(decrease) in provisions	76,671	-
Net cash flows provided by operating activities	<u>5,609,445</u>	<u>3,784,359</u>

Note 17. 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.

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			
Cash and cash equivalents	3	20,533,226	16,379,102
Trade and other receivables	4(i)	1,919,343	1,648,011
Total financial assets		<u>22,452,569</u>	<u>18,027,113</u>
Financial liabilities			
Trade and other payables	9(i)	2,367,440	2,469,777
Lease liabilities	11	1,638,035	-
Total financial liabilities		<u>4,005,475</u>	<u>2,469,777</u>

Note 18. Fair Value Measurement

The company measures and recognises freehold land at fair value on a recurring basis after initial recognition.

The company does not subsequently measure any liabilities at fair value on a recurring basis, or any assets or liabilities at fair value on a non-recurring basis.

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 18. Fair Value Measurement (continued)

(a) Fair Value Hierarchy

AASB 13: Fair Value Measurement requires the disclosure of fair value information by level of the fair value hierarchy, which categorises fair value measurements into one of three possible levels based on the lowest level that an input that is significant to the measurement can be categorised into as follows:

Level 1	Level 2	Level 3
Measurements based on quoted prices (unadjusted) in active markets for identical assets or liabilities that the company can access at the measurement date.	Measurements based on inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly.	Measurements based on unobservable inputs for the asset or liability.

The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data. If all significant inputs required to measure fair value are observable, the asset or liability is included in Level 2. If one or more significant inputs are not based on observable market data, the asset or liability is included in Level 3.

Valuation Techniques

The company selects a valuation technique that is appropriate in the circumstances and for which sufficient data is available to measure fair value. The availability of sufficient and relevant data primarily depends on the specific characteristics of the asset or liability being measured. The valuation techniques selected by the company are consistent with one or more of the following valuation approaches:

- *Market approach* uses prices and other relevant information generated by market transactions for identical or similar assets or liabilities.
- *Income approach* converts estimated future cash flows or income and expenses into a single discounted present value.
- *Cost approach* reflects the current replacement cost of an asset at its current service capacity.

Each valuation technique requires inputs that reflect the assumptions that buyers and sellers would use when pricing the asset or liability, including assumptions about risks. When selecting a valuation technique, the company gives priority to those techniques that maximise the use of observable inputs and minimise the use of unobservable inputs. Inputs that are developed using market data (such as publicly available information on actual transactions) and reflect the assumptions that buyers and sellers would generally use when pricing the asset or liability are considered observable, whereas inputs for which market data is not available and therefore are developed using the best information available about such assumptions are considered unobservable.

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 18. Fair Value Measurement (continued)

The following tables provide the fair values of the company's assets and liabilities measured and recognised on a recurring basis after initial recognition and their categorisation within the fair value hierarchy:

	30 June 2020			
	Level 1	Level 2	Level 3	Total
	\$	\$	\$	\$
Recurring fair value measurements				
Non-financial assets				
Freehold Land	-	3,130,000	-	3,130,000
Total non-financial assets recognised at fair value on a recurring basis	-	3,130,000	-	3,130,000

(b) Valuation Techniques and Inputs Used to Measure Level 2 Fair Values

Description	Fair Value 30 June 2020	Fair Value 30 June 2019	Valuation Technique(s)	Inputs Used
<i>Non-financial assets</i>				
Freehold land (i)	3,130,000	N/A	Market/direct comparison approach	Sales evidence, Unit of value by comparative basis (\$ per m2).
(i)	The fair value of freehold land is determined at least every five years based on valuations by an independent valuer. At the end of each intervening period, the directors review the independent valuation and, when appropriate, update the fair value measurement to reflect current market conditions using a range of valuation techniques, including recent observable market data and discounted cash flow methodologies.			

Note 19. Contingent Liabilities and Contingent Assets

There are no known contingent assets or contingent liabilities for IPC Health Ltd as at 30 June 2020.

Note 20. 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 IPC 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 IPC Health, its operations, its future results and financial position. The state of emergency in Victoria was extended on 16 August 2020 until 13 September 2020 and was then further extended for six months on 2 September 2020. The state of disaster is still in place.

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

IPC Health Ltd

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 21. 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 IPC Health, directly or indirectly.

The KMP of IPC Health are deemed to be the:

- Board of Directors
- Chief Executive Officer
- General Manager Operations and Clinical Care
- General Manager Innovation and Community Care
- General Manager Financial and Corporate Services

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

	2020	2019
	\$	\$
Salary and fees	1,203,371	1,422,182
Superannuation	88,319	115,054
Non cash benefits	173,404	180,880
Total Remuneration of KMP	1,465,094	1,718,116

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.

	2020	2019
	\$	\$
Note 22. Auditor's Remuneration		
Remuneration of the Auditors, Andrew Frewin Stewart for:		
- auditing or reviewing the financial report	38,450	31,500
- preparation of the financial statements	2,275	900
- assistance with the adoption of AASB 16: <i>Leases</i>	4,775	-
Total Remuneration	45,500	32,400

Note 23. Registered Office/Principal Place of Business

The registered office is:

IPC Health Ltd
106 Station Rd
Deer Park VICTORIA 3023

The principal place of business is:

IPC Health Ltd
106 Station Rd
Deer Park VICTORIA 3023

IPC Health Ltd

Directors' Declaration

In accordance with a resolution of the directors of IPC Health Ltd, the directors of the entity declare that:

- 1 The financial statements and notes, as set out on pages 8 to 39, 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 Regulation 2013*.

George Kogios, Chairperson



Daryl Whitfort, Deputy Chairperson



Dated this 9th day of September 2020

Independent auditor's report to the members of IPC Health Ltd

Report on the audit of the financial statements

Our opinion

In our opinion, the financial report of IPC Health Ltd, 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

IPC Health Ltd'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.

Significant estimation uncertainty

Without modifying our opinion, we draw attention to Note 6 and Note 20 in the financial report, which indicates there is significant estimation uncertainty due to the COVID-19 pandemic that was declared in March 2020. Actual economic events and conditions in the future may be materially different from those estimated by IPC Health Ltd at the reporting date.

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 9th day of September 2020



Adrian Downing
Lead Auditor

Independent Auditor's Report

To the Directors of IPC Health Ltd

Opinion	<p>I have audited the financial report of IPC Health Ltd (the company) which comprises the:</p> <ul style="list-style-type: none">• 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 to the financial statements, including significant accounting policies• directors' declaration. <p>In my opinion the financial report is in accordance with Division 60 of the <i>Australian Charities and Not-for-profits Commission Act 2012</i>, including:</p> <ul style="list-style-type: none">• giving a true and fair view of the financial position of the company as at 30 June 2020 and of its financial performance and its cash flows for the year then ended• complying with Australian Accounting Standards and Division 60 of the <i>Australian Charities and Not-for-profits Commission Regulations 2013</i>.
Basis for Opinion	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 <i>Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Australia. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
Directors' responsibilities for the financial report	<p>The Directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the <i>Australian Charities and Not-for-profits Commission Act 2012</i>, and for such internal control as the Directors determine is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.</p> <p>In preparing the financial report, the Directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless it is inappropriate to do so.</p>

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

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

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

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

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

MELBOURNE
6 October 2020



Travis Derricott
as delegate for the Auditor-General of Victoria



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