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**Government
of South Australia**

**BAROSSA and DISTRICTS HEALTH
ADVISORY COUNCIL INC
2021-22 Annual Report**

BAROSSA & DISTRICTS HEALTH ADVISORY COUNCIL

C/- Angaston & District Hospital

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2021-22 ANNUAL REPORT for the Barossa and Districts Health Advisory Council

To:

Hon Chris Picton MP

Minister for Health and Wellbeing

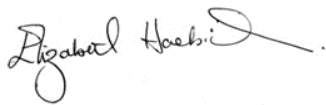
This annual report will be presented to Parliament to meet the statutory reporting requirements of *Public Sector Act 2009*, *the Public Finance and Audit Act 1987* and *the Health Care Act 2008* and the requirements of Premier and Cabinet Circular *PC013 Annual Reporting*.

This report is verified to be accurate for the purposes of annual reporting to the Parliament of South Australia.

Submitted on behalf of the Barossa and Districts Health Advisory Council Inc. by:

Elizabeth Ann Haebich

Presiding Member

A handwritten signature in black ink, appearing to read "Elizabeth Haebich", with a long horizontal flourish extending to the right.

Date: 29 July 2022

From the Presiding Member

The Barossa and Districts Health Advisory Council (BDHAC) have undertaken a number of health advocacy roles with, and on behalf of, the community during 2021-22, outlined in this Annual Report.

Priorities and Actions

Mental Health was identified as a priority for BDHAC this year and is complimentary to most community and consumer engagement actions across the period. Some activities have included:

- **Mental Health Breakfast**

In October 2021, a breakfast was initiated that was well attended by health professionals and community members where Dr Dale Bagshaw addressed “Ageism, Empowerment and the Mental Health of Older People”.

- *Enhance Barossa Mental Health Project*

The BDHAC formed part of the inaugural Steering Committee and were the auspicing body for *Enhance Barossa Mental Health* project. In partnership with multiple local agencies, this collaborative initiative was made possible by generous community donations with a final report due in November 2022.

- *SA Healthy Towns Challenge Project*

Participant members of the Barossa Council’s *SA Healthy Towns Challenge* project with the final report expected in July 2022. Please note, a number of other local complimentary projects are intersecting that will assist to form potential evidence-based local initiatives in the future.

- **Community Information**

Considerable efforts during 2021-22 have seen health information for local residents communicated through local newspaper articles, project involvement and member networks.

- **Barossa Hospital Business Case**

Substantial efforts during 2021-22 have been connected with community advocacy activities related to the new Barossa Hospital Business Case.

Of particular note has been the BDHAC collaborative efforts with the Barossa Hills Fleurieu Local Health Network (BHFLHN) Service Development team to keep community members informed about progress of the Barossa Hospital Business Case.

A small BDHAC working group were instrumental in the design and content of two on-line webinars, including wide advertising of the events via media articles, printed materials and networks. In February, 110 people attended the on-line event and in June 2022, 66 people.

The initial February 2022 webinar was the first public opportunity to inform the community about progress of the Barossa Hospital Business Case. Presentations were provided by the BHFLHN Chief Executive Officer (CEO), Capital Works, Infrastructure SA Health; BHFLHN Service Development team followed by a community Question and Answer (Q&A) session. During the Q&A, registrants heard answers from presenters to questions they posed as either part of their initial registration or posted during the session via a webinar 'chat' function. At the conclusion of the webinar, BDHAC undertook to keep the community regularly informed about progress with the Business Case.

During the June webinar, the CEO re-stated the commitment to complete a Full Business Case and for this to be tested by Infrastructure SA and presented to Cabinet for consideration. Complimenting this was progress information from Capital Projects, Infrastructure SA Health while the BHFLHN Service Development team identified the series of community and consumer engagement activities involved in the evolving business case process. These activities included the significant numbers of staff, professional user groups (PUGS) and others that gathered detailed evidence to formulate projected future local health service needs based on models of contemporary Australian care standards. BDHAC members were active contributors to the PUGS. A senior Johnstaff consultant informed webinar participants about how desirable service development themes emerged that include a health and wellbeing focus; increased self-sufficiency; education, training and research; workforce; and, networks and partnerships that link with future proposed services across care continuums. The final session of this webinar was a Q&A where community members again had the opportunity to ask questions of presenters and hear their responses first-hand.

During the webinar, local participants were advised how they can register in the next phase of the business case as members of the *New Barossa Hospital Community and Consumer Business Case Reference Group*. BDHAC will also participate in this Group.

Funding Achievements

We sincerely thanked and gratefully accepted donations from generous community members and organisations; invested and managed Gift Fund Trust monies; and supported approved funding requests received from our local health services.

During 2021-22 BDHAC contributed approximately \$60,000 towards items for the care and comfort of local community members.

The Palliative Care room refurbishment project was identified as a major funding initiative for 2021-22.

Palliative care can be a challenging time for all, as a patient, family member or a health staff member. In October 2021, BDHAC made the decision to refurbish two palliative care rooms at each hospital – Angaston and Tanunda, these rooms needed to be much more comfortable and inviting.

- **Beds:** Following a staff trial at both sites, BDHAC approved the purchase of two new beds with mattresses more often seen in high dependency areas. In addition to the beds 'electronic bells and whistles' that assist staff, the mattresses have a small constant movement that alleviate pressure points resulting in care being more comfortable.
- **Furnishing and Fabrics:** Part of the refurbishment decision was to engage a local interior design contractor who worked with staff to choose furnishings and fabrics with the project completed prior to the end of the financial year. During a particularly difficult year, staff enjoyed being part of this decision-making. The refurbished rooms are now person-family centred and comfortable spaces.

Other examples of funding support include:

- Activity materials for long-term Care Pod patients.
- *Just One Reason* booklets – a self-help mental health booklet located in each hospital's Emergency area and also distributed to the three community General Practitioner clinics.
- Donation to support *Enhancing Barossa's Mental Health* project.
- Donation - toward a special 'coffee-van' thankyou event for staff and contractors for their efforts across the last year.

COVID Pandemic

The district has been impacted similarly to other regional areas of South Australia during 2021-22. The drive-through COVID testing service remained operational at Tanunda War Memorial Hospital until early 2022 before a testing facility was established at Nuriootpa. During 2021-22 Angaston and District Memorial Hospital has been utilised as a COVID-19 receiving site for symptomatic patients.

Membership

In late November 2021, the well-attended Annual General Meeting (AGM) heard a keynote address by Mr Brendan Kelly, Associate Director, Suicide Prevention and Capacity Building, Wellbeing SA whose priority focus areas are the early years; mental health and wellbeing and suicide prevention; and chronic disease, integrated care and injury prevention.

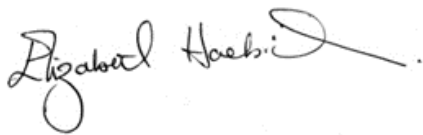
His address complimented BDHACs overall 2021-22 community engagement activities and our Mental Health priority. Key take-home messages were the renewed focus on prevention and support for the physical, mental and social wellbeing of all South Australians where a long-term vision is to create a more balanced health and wellbeing system. Further, he summarised topical issues such as the Bushfire Mental Health Project; Suicide Prevention Networks and the importance of reducing COVID-19 vaccine hesitancy in South Australia – all timely issues and well known by the audience. The free-flowing address highlighted the important role of community members in making active local decisions.

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2021-22 ANNUAL REPORT for the Barossa and Districts Health Advisory Council

At the AGM, BDHAC welcomed new resident member Mr Lee Martin with Ms Jane Evans and Ms Elizabeth Haebich returned for another term. All members bring specific, well regarded and varied skills to the group.

Virtual bi-monthly meetings were held across 2021-22 due to the pandemic. Members continue to be actively involved and report on activities within the local communities. I thank them for their continual support and interest in their role as community advocates. I would also like to particularly thank staff from the hospitals, community and allied health services who have continued to provide valuable care to local residents. Thank you all.



Elizabeth Ann Haebich
Presiding Member
Barossa and Districts Health Advisory Council Inc



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Overview: about the agency

Our strategic focus

Our Purpose	The Health Advisory Council was established by the then Minister for Health and Ageing to undertake an advocacy role on behalf of the community and to provide advice in relation to health matters, amongst other functions. The constitution is available at – www.sahealth.sa.gov.au/barossaanddistrictshac
Our Vision	Not applicable.
Our Values	Not applicable.
Our functions, objectives and deliverables	The Health Advisory Council undertakes an advocacy role on behalf of the community.

Our organisational structure

Membership of the Health Advisory Council can include:

- Up to eight community members
- Nominee of Local Government
- A local Member of Parliament or their nominee
- A medical practitioner member
- A health worker employee from the Local Health Network

A list of current members is available at:

www.sahealth.sa.gov.au/barossaanddistrictshac

Changes to the agency

During 2021-22 there were no changes to the agency's structure and objectives as a result of internal reviews or machinery of government changes.

Our Minister

Hon Chris Picton MP is the Minister for Health and Wellbeing in South Australia.

The Minister oversees health, wellbeing, mental health, ageing well, substance abuse and suicide prevention.



Our Executive team

Not applicable.

Legislation administered by the agency

Not applicable.

Other related agencies (within the Minister's area/s of responsibility)

- Barossa Hills Fleurieu Local Health Network
- Central Adelaide Local Health Network
- Commission on Excellence and Innovation in Health
- Controlled Substances Advisory Council
- Country Health Gift Fund Health Advisory Council Inc.
- Regional Health Advisory Councils (39 across South Australia)
- Eyre and Far North Local Health Network
- Flinders and Upper North Local Health Network
- Health and Community Services Complaints Commissioner
- Health Performance Council
- Health Services Charitable Gifts Board
- Limestone Coast Local Health Network
- Northern Adelaide Local Health Network
- Pharmacy Regulation Authority of South Australia
- Riverland Mallee Coorong Local Health Network
- SA Ambulance Service
- SA Ambulance Service Volunteers' Health Advisory Council
- SA Medical Education and Training Health Advisory Council
- South Australian Public Health Council
- Southern Adelaide Local Health Network
- Wellbeing SA
- Women's and Children's Health Network
- Veterans' Health Advisory Council
- Yorke and Northern Local Health Network

The agency’s performance

Performance at a glance

The Barossa and Districts Health Advisory Council undertakes an advocacy role on behalf of the community. Some achievements this year have been:

- Significant local community engagement initiatives and activities as outlined in the Annual Report.
- A range of priority Mental Health measures actioned in consultation with the community, individuals, and other agencies.
- Promoted, advocated, and worked collaboratively with the Barossa Hills Fleurieu Local Health Network (BHFLHN) to ensure the Barossa Hospital Business case was widely communicated across the district.
- Supported local hospital, community, and allied health services with requested financial support.
- Used media, other agencies and member networks to connect with our community in what we do.
- Active contributions from all BDHAC members in 2021-22.

Agency response to COVID-19

All Barossa and Districts Health Advisory Council members were kept informed of current COVID-19 requirements through regular BHFLHN updates. This provided BDHAC members with opportunities to discuss and allay significant community-based concerns related to the virus.

The Tanunda War Memorial Hospital acted as a drive-through testing site until early 2022 before moving to a location at Nuriootpa while Angaston and Districts Hospital has received symptomatic COVID-19 patients variably over the 2021-22 period. Again, knowledge of this has provided BDHAC members with opportunities to allay community-based concerns.

Agency contribution to whole of Government objectives

Key objective	Agency’s contribution
Not applicable.	

Agency specific objectives and performance

The Health Advisory Council undertakes an advocacy role on behalf of the community.

Agency objectives	Indicators	Performance
Not applicable.		

Corporate performance summary

Not applicable.

Employment opportunity programs

Program name	Performance
Not applicable.	

Agency performance management and development systems

Performance management and development system	Performance
Not applicable.	

Work health, safety and return to work programs

Program name	Performance
Not applicable.	

Workplace injury claims	Current year 2021-22	Past year 2020-21	% Change (+ / -)
Total new workplace injury claims	n/a	n/a	n/a
Fatalities	n/a	n/a	n/a
Seriously injured workers*	n/a	n/a	n/a
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	n/a	n/a	n/a

**number of claimants assessed during the reporting period as having a whole person impairment of 30% or more under the Return to Work Act 2014 (Part 2 Division 5)*

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Work health and safety regulations	Current year 2021-22	Past year 2020-21	% Change (+ / -)
Number of notifiable incidents (<i>Work Health and Safety Act 2012, Part 3</i>)	n/a	n/a	n/a
Number of provisional improvement, improvement and prohibition notices (<i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i>)	n/a	n/a	n/a

Return to work costs**	Current year 2021-22	Past year 2020-21	% Change (+ / -)
Total gross workers compensation expenditure (\$)	n/a	n/a	n/a
Income support payments – gross (\$)	n/a	n/a	n/a

**before third party recovery

Executive employment in the agency

Executive classification	Number of executives
Not applicable.	

Financial performance

Financial performance at a glance

The following is a brief summary of the overall financial position of the agency. The information is unaudited. Full audited financial statements for 2021-2022 are attached to this report.

Barossa and Districts Health Advisory Council Inc

Statement of Comprehensive Income	2021-22 Budget \$000s	2021-22 Actual \$000s	Variation \$000s	Past year 2020-21 Actual \$000s
Total Income	0	17	17	388
Total Expenses	0	520	(520)	405
Net Result	0	(503)	(503)	(17)
Total Comprehensive Result	0	(503)	(503)	(17)

Statement of Financial Position	2021-22 Budget \$000s	2021-22 Actual \$000s	Variation \$000s	Past year 2020-21 Actual \$000s
Current assets	0	0	0	0
Non-current assets	0	5,282	5,282	5,785
Total assets	0	5,282	5,282	5,785
Current liabilities	0	0	0	0
Non-current liabilities	0	0	0	0
Total liabilities	0	0	0	0
Net assets	0	5,282	5,282	5,785
Equity	0	5,282	5,282	5,785

Barossa and Districts Health Advisory Council Inc Gift Fund Trust

Statement of Comprehensive Income	2021-22 Budget \$000s	2021-22 Actual \$000s	Variation \$000s	Past year 2020-21 Actual \$000s
Total Income	0	48	48	34
Total Expenses	0	54	(54)	67
Net Result	0	(6)	(6)	(33)
Total Comprehensive Result	0	(6)	(6)	(33)

Statement of Financial Position	2021-22 Budget \$000s	2021-22 Actual \$000s	Variation \$000s	Past year 2020-21 Actual \$000s
Current assets	0	1,448	1,448	1,419
Non-current assets	0	0	0	0
Total assets	0	1,448	1,448	1,419
Current liabilities	0	45	(45)	10
Non-current liabilities	0	0	0	0
Total liabilities	0	45	(45)	10
Net assets	0	1,403	1,403	1,409
Equity	0	1,403	1,403	1,409

Consultants disclosure

The following is a summary of external consultants that have been engaged by the agency, the nature of work undertaken, and the actual payments made for the work undertaken during the financial year.

Consultancies with a contract value below \$10,000 each

Consultancies	Purpose	\$ Actual payment
All consultancies below \$10,000 each - combined	Not applicable.	Not applicable.

Consultancies with a contract value above \$10,000 each

Consultancies	Purpose	\$ Actual payment
Not applicable.		

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/barossa-hills-fleurieu-local-health-network-bhflhn>

See also the [Consolidated Financial Report of the Department of Treasury and Finance](#) for total value of consultancy contracts across the South Australian Public Sector.

Contractors disclosure

The following is a summary of external contractors that have been engaged by the agency, the nature of work undertaken, and the actual payments made for work undertaken during the financial year.

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2021-22 ANNUAL REPORT for the Barossa and Districts Health Advisory Council

Contractors with a contract value below \$10,000

Contractors	Purpose	\$ Actual payment
All contractors below \$10,000 each - combined	Not applicable.	

Contractors with a contract value above \$10,000 each

Contractors	Purpose	\$ Actual payment
Not applicable.		

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/barossa-hills-fleurieu-local-health-network-bhflhn>

The details of South Australian Government-awarded contracts for goods, services, and works are displayed on the SA Tenders and Contracts website. [View the agency list of contracts.](#)

The website also provides details of [across government contracts.](#)

Risk management

Risk and audit at a glance

Not applicable.

Fraud detected in the agency

Category/nature of fraud	Number of instances
Not applicable.	

NB: Fraud reported includes actual and reasonably suspected incidents of fraud.

Strategies implemented to control and prevent fraud

Health Advisory Councils have specific functions and powers as defined in the *Health Care Act 2008* and the Constitution (for incorporated Health Advisory Councils or Rules (for non-incorporated Health Advisory Councils), including actions that cannot be undertaken without the approval of the Minister.

Health Advisory Councils are instrumentalities of the Crown and subject to relevant Department of Treasury and Finance Treasurers Instructions.

The Constitutions / Rules identify the actions to be undertaken in the event of a conflict of interest. All declared conflicts of interest are reported to the Minister for Health through Barossa Hills Fleurieu Local Health Network Inc.

Public interest disclosure

Number of occasions on which public interest information has been disclosed to a responsible officer of the agency under the *Public Interest Disclosure Act 2018*:

Nil.

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/barossa-hills-fleurieu-local-health-network-bhflhn>

Note: Disclosure of public interest information was previously reported under the *Whistle-blowers Protection Act 1993* and repealed by the *Public Interest Disclosure Act 2018* on 1/7/2019.

Reporting required under any other act or regulation

Act or Regulation	Requirement
Health Care Act 2008	Part 4 Health Advisory Councils, Division 2 Functions and Powers, 18 Functions

Act as an advocate to promotion the interests of the community.

- Provide advice about relevant aspect of the provision of health services, and relevant health issues, goals, priorities, plans and strategic initiatives.
- Encourage community participation in programs.
- Consult with other bodies that are interested in the provision of health services.
- Provide advice to the Minister about any matter referred to it by the Minister or CE.
- Participate in consultation or assessment process associated with the selection of senior staff.
- Act as trustee and participate in budget discussions and financial management or development processes; and to undertake fundraising activities (incorporated HAC).
- Provide advice about the management of resources for health services; and provide assistance with fundraising activities (unincorporated HAC).

Reporting required under the *Carers' Recognition Act 2005*

Not applicable.

Public complaints

Number of public complaints reported

A Regional Health Network response will be provided in the 2021-22 Barossa Hills Fleurieu Local Health Network Annual Report, which can be accessed on the [SA Health website](#).

Complaint categories	Sub-categories	Example	Number of Complaints 2021-22
Not applicable.			

Additional Metrics	Total
Not applicable.	

Service Improvements

Not applicable.

Compliance Statement

Barossa and Districts Health Advisory Council is compliant with Premier and Cabinet Circular 039 – complaint management in the South Australian public sector	Y
Barossa and Districts Health Advisory Council as communicated the content of PC 039 and the agency’s related complaints policies and procedures to employees.	Y

Appendix:

Audited financial statements 2021-22



INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE BAROSSA AND DISTRICTS HEALTH ADVISORY COUNCIL INC.

Report on the Financial Report

Audit Opinion

We have audited the accompanying financial report of Barossa and Districts Health Advisory Council Inc. (the Health Advisory Council), which comprises the statement of financial position as at 30 June 2022, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising summary of significant accounting policies and other explanatory information, and the statement by the presiding member and operational finance manager.

In our opinion, the financial report of Barossa and Districts Health Advisory Council Inc. presents fairly in accordance with Treasurer's Instructions promulgated under the provisions of the Public Finance and Audit Act 1987, Department of Health Accounting Policies, the Health Care Act 2008, applicable Accounting Standards and other mandatory professional reporting requirements in Australia, the financial position of Barossa and Districts Health Advisory Council Inc. as at 30 June 2022 and the results of its operations and its cash flows for the year then ended.

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 are independent of the Health Advisory Council in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (including Independence Standards) (the Code) that are relevant to our audit of the financial report in Australia, and we have fulfilled our other ethical responsibilities in accordance with the Code.

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

Health Advisory Council's Responsibility for the Financial Report

The Health Advisory Council is responsible for the preparation of the financial report that presents fairly in accordance with the Health Care Act 2008, Treasurer's Instructions promulgated under the provisions of the Public Finance and Audit Act 1987, Department of Health Accounting Policies, applicable Accounting Standards and other mandatory professional reporting requirements in Australia. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

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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 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 Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We 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 our 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 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 Health Advisory Council's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's 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 Health Advisory Council's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Association 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.

We 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 we identify during our audit.

GALPINS ACCOUNTANTS, AUDITORS & BUSINESS CONSULTANTS



Jessica Kellaway CA, CPA, Registered Company Auditor
Director

21/09/2022

BAROSSA AND DISTRICTS HEALTH ADVISORY COUNCIL INC

CERTIFICATION OF THE FINANCIAL STATEMENTS

We certify that the:

- financial statements of the Barossa and Districts Health Advisory Council Inc:
 - are in accordance with the accounts and records of the Advisory Council;
 - comply with relevant Treasurer's Instructions;
 - comply with relevant accounting standards; and
 - present a true and fair view of the financial position of the Advisory Council at the end of the financial year and the result of its operation and cash flows for the financial year.

- Internal controls employed by Barossa and Districts Health Advisory Council Inc for the financial year over its financial reporting and its preparation of financial statements have been effective.



Elizabeth Haebich
Presiding Member of the Barossa and Districts Health Advisory
Council Inc

8 / 9 / 2022



Rose Dickinson
Executive Director, Finance Services

12 / 09 / 2022

BAROSSA AND DISTRICTS HEALTH ADVISORY COUNCIL INC
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2022

	Note	2022 \$'000	2021 \$'000
Income			
Resources received free of charge	2	17	388
Total income		17	388
Expenses			
Depreciation	4	471	402
Audit fees		3	3
Total expenses		474	405
Net result		(457)	(17)
Total comprehensive result		(457)	(17)

The accompanying notes form part of these financial statements.

BAROSSA AND DISTRICTS HEALTH ADVISORY COUNCIL INC
STATEMENT OF FINANCIAL POSITION
As at 30 June 2022

	Note	2022 \$ '000	2021 \$ '000
Non-current assets			
Property, plant and equipment	4	5,328	5,785
Total non-current assets		5,328	5,785
Total assets		5,328	5,785
Net assets		5,328	5,785
Equity			
Asset revaluation surplus		3,815	3,815
Retained earnings		1,513	1,970
Total equity		5,328	5,785

The accompanying notes form part of these financial statements.

BAROSSA AND DISTRICTS HEALTH ADVISORY COUNCIL INC
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2022

	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2020	3,815	1,987	5,802
Net result for 2020-21	-	(17)	(17)
Total comprehensive result for 2020-21	-	(17)	(17)
Balance at 30 June 2021	3,815	1,970	5,785
Net result for 2021-22	-	(457)	(457)
Total comprehensive result for 2021-22	-	(457)	(457)
Balance at 30 June 2022	3,815	1,513	5,328

The accompanying notes form part of these financial statements.

BAROSSA AND DISTRICTS HEALTH ADVISORY COUNCIL INC
STATEMENT OF CASH FLOWS
For the year ended 30 June 2022

	2022	2021
	\$ '000	\$ '000
Net cash provided by/(used in) operating activities	<u>-</u>	<u>-</u>
Net cash provided by/(used in) investing activities	<u>-</u>	<u>-</u>
Net cash provided by/(used in) financing activities	<u>-</u>	<u>-</u>
Net increase/(decrease) in cash and cash equivalents	-	-
Cash and cash equivalents at the beginning of the period	-	-
Cash and cash equivalents at the end of the period	<u>-</u>	<u>-</u>

The accompanying notes form part of these financial statements.

1 About Barossa and Districts Health Advisory Council Inc (the Advisory Council)

The Advisory Council is a not-for-profit entity and was established as an incorporated advisory council under the *Health Care Act 2008* (the Act).

The financial statements include all controlled activities of the Advisory Council.

The Advisory Council does not control any other entity and has no interests in unconsolidated structured entities.

The Advisory Council is controlled by Barossa Hills Fleurieu Local Health Network Inc.

1.1 Objectives and activities

The Advisory Council is established to undertake an advocacy role on behalf of the community, to provide advice, and to perform other functions as determined under the Act.

The Advisory Council is established to:

- advise on the health service needs, priorities and issues within the Local Area with particular emphasis upon those issues in the context of consumers of health services, carers and volunteers
- ascertain the health needs of the Community and the attitude of the Community to the development of health services within the Community
- advocate on behalf of the Community to support the planning and provision of health services as part of an integrated statewide health system for the benefit of the Community
- hold assets for the benefit, purposes and use of, the Health Unit(s) on terms and conditions determined as approved by the Minister
- undertake such other activities as the Advisory Council may determine for the benefit or support of health services in the Local Area

The functions of the Advisory Council are to contribute significantly to the improved overall health status of all people by acting as an advocate and providing advice about the provision of health services, health issues, goals, priorities, plans and other strategic initiatives both inside and outside the Local Area.

1.2 Basis of preparation

These financial statements are general purpose financial statements prepared in compliance with:

- section 23 of the *Public Finance and Audit Act 1987*;
- Treasurer's Instructions and accounting policy statements issued by the Treasurer under the *Public Finance and Audit Act 1987*; and
- relevant Australian Accounting Standards applying simplified disclosures

These are the first financial statements prepared in accordance with Australian Accounting Standards - Simplified Disclosures. In the prior year, the financial statements were prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements.

There has been no impact on the recognition and measurement of amounts recognised in the statements of financial position, profit and loss and other comprehensive income and cash flows of the Advisory Council as a result of the change in the basis of preparation.

The financial statements have been prepared based on a 12 month period and presented in Australian currency. All amounts in the financial statements and accompanying notes have been rounded to the nearest thousand dollars (\$'000). The historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured.

Assets and liabilities that are to be sold, consumed or realised as part of the normal operating cycle have been classified as current assets or current liabilities. All other assets and liabilities are classified as non-current.

1.3 Equity

The Advisory Council uses the asset revaluation surplus to record increments and decrements in the fair value of land and buildings to the extent that they offset one another. Relevant amounts are transferred to retained earnings when an asset is derecognised.

1.4 Changes in accounting policy

The Advisory Council did not change any of its accounting policies during the year.

1.5 Impact of COVID-19 pandemic

The COVID-19 pandemic has not had a material impact on the operations of the Advisory Council and is not expected to do so in the future.

BAROSSA AND DISTRICTS HEALTH ADVISORY COUNCIL INC
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2022

2 Resources received free of charge

	2022	2021
	\$'000	\$'000
Land and buildings	14	385
Services	3	3
Total resources received free of charge	17	388

During 2021-22 completed capital works at the Angaston Health Service were transferred to the Advisory Council from Barossa Hills Fleurieu Local Health Network Inc for nil consideration.

Contribution of services are recognised only when a fair value can be determined reliably and the services would be purchased if they had not been donated.

The contribution of services recognised are for audit fees paid or payable by Barossa Hills Fleurieu Local Health Network Inc for the audit of financial statements of the Advisory Council performed by Galpins Accountants Auditors and Business Consultants.

Although not recognised, the Advisory Council also receives various administrative services from Barossa Hills Fleurieu Local Health Network Inc for nil consideration.

3 Property, plant and equipment

3.1 Acquisition and recognition

Non-current assets are initially recorded on a cost basis, and subsequently measured at fair value. Where assets are acquired at no value, or minimal value, they are recorded at their fair value in the Statement of Financial Position. Where assets are acquired at no or nominal value as part of a restructure of administrative arrangements, the assets are recorded at the value held by the transferor public authority prior to the restructure.

The Advisory Council capitalises all non-current tangible assets that it controls valued at or greater than \$10,000.

3.2 Depreciation

All non-current assets, that have a limited useful life, are systematically depreciated over their useful lives in a manner that reflects the consumption of their service potential.

The useful lives and depreciation methods of all major assets held by the Advisory Council are reviewed and adjusted as appropriate on an annual basis. Changes in expected useful life or the expected pattern of consumption of future economic benefits embodied in the asset are accounted for prospectively by changing the time period or method, as appropriate.

Land and non-current assets held for sale are not depreciated.

Depreciation is calculated on a straight line basis over the estimated or revised remaining useful life of the following classes of assets as follows:

<u>Class of asset</u>	<u>Useful life (years)</u>
Buildings and improvements	40 - 80
Site improvements	40 - 80

3.3 Revaluation

All non-current tangible assets are valued at fair value after allowing for accumulated depreciation (written down current cost).

The Advisory Council revalues all land, buildings and site improvements on a regular cycle via a Certified Practising Valuer.

If at any time, management considers that the carrying amount of an asset greater than \$1 million materially differs from its fair value, then the asset will be revalued regardless of when the last valuation took place.

Non-current tangible assets that are acquired between revaluations are held at cost, until the next valuation, when they are revalued to fair value.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amounts of the assets and the net amounts are restated to the revalued amounts of the asset.

Upon disposal or derecognition, any asset revaluation surplus relating to that asset is transferred to retained earnings.

BAROSSA AND DISTRICTS HEALTH ADVISORY COUNCIL INC
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2022

3.4 Impairment

The Advisory Council holds its property assets for their service potential (value in use). Specialised assets would rarely be sold and typically any costs of disposal would be negligible, accordingly the recoverable amount will be closer to or greater than fair value. Where there is an indication of impairment, the recoverable amount is estimated. For revalued assets, fair value is assessed each year.

There were no indications of impairment of property and infrastructure as at 30 June 2022.

3.5 Valuation of land and buildings

An independent valuation of land and buildings, including site improvements, was performed in March 2018 by a Certified Practising Valuer from AssetVal (JLT) Pty Ltd, as at 1 June 2018.

Fair value of unrestricted land was determined using the market approach. The valuation was based on recent market transactions for similar land and buildings (non-specialised) in the area and includes adjustment for factors specific to the land and buildings being valued such as size, location and current use.

Fair value of specific land and buildings was determined using depreciated replacement cost, due to there not being an active market for such land and buildings. The depreciated replacement cost considered the need for ongoing provision of government services; specialised nature of the assets, including the restricted use of the assets; the size, condition, location. The valuation was based on a combination of internal records, specialised knowledge and acquisition/transfer costs.

4 Reconciliation of property, plant and equipment

The following table shows the movement:

2021-22	Land	Buildings	Total
	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	1,040	4,745	5,785
Assets received free of charge	-	14	14
Depreciation	-	(471)	(471)
Carrying amount at the end of the period	1,040	4,288	5,328
Gross carrying amount			
Gross carrying amount	1,040	6,012	7,052
Accumulated depreciation	-	(1,724)	(1,724)
Carrying amount at the end of the period	1,040	4,288	5,328

5 Contingent assets and liabilities

Contingent assets and contingent liabilities are not recognised in the Statement of Financial Position, but are disclosed within this note and, if quantifiable are measured at nominal value. The Advisory Council is not aware of any contingent assets and liabilities. In addition, the Advisory Council has made no guarantees.

6 Key Management Personnel

Key management personnel of the Advisory Council include the Minister, the Chief Executive of the Department for Health and Wellbeing, board members and the Chief Executive Officer of Barossa Hills Fleurieu Local Health Network Inc and the members of the Advisory Council.

The Advisory Council did not enter into any transactions with key management personnel or their close family during the reporting period that were not consistent with normal procurement arrangements.

7 Remuneration of Council members

The total remuneration received or receivable by members was nil. In accordance with the Premier and Cabinet Circular No 016, government employees did not receive any remuneration for council member duties during the financial year. Unless otherwise disclosed, transactions between members are on conditions no more favourable than those that it is reasonable to expect the entity would have adopted if dealing with the related party at arm's length in the same circumstances.



INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF THE BAROSSA AND DISTRICTS HEALTH ADVISORY COUNCIL INC. GIFT FUND TRUST

Report on the Financial Report

We have audited the accompanying financial report of Barossa and Districts Health Advisory Council Inc. Gift Fund Trust (the Gift Fund Trust), which comprises the statement of financial position as at 30 June 2022, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising summary of significant accounting policies and other explanatory information, and the statement by the presiding member and operational finance manager.

In our opinion, the financial report of Barossa and Districts Health Advisory Council Inc. Gift Fund Trust presents fairly in accordance with Treasurer's Instructions promulgated under the provisions of the Public Finance and Audit Act 1987, Department of Health Accounting Policies, the Health Care Act 2008, applicable Accounting Standards and other mandatory professional reporting requirements in Australia, the financial position of Barossa and Districts Health Advisory Council Inc. Gift Fund Trust as at 30 June 2022 and the results of its operations and its cash flows for the year then ended.

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 are independent of the Health Advisory Council in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (including Independence Standards) (the Code) that are relevant to our audit of the financial report in Australia, and we have fulfilled our other ethical responsibilities in accordance with the Code.

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

Health Advisory Council's Responsibility for the Financial Report

The Gift Fund Trust is responsible for the preparation of the financial report that gives a true and fair view in accordance with the Health Care Act 2008, Treasurer's Instructions promulgated under the provisions of the Public Finance and Audit Act 1987, Department of Health Accounting Policies, applicable Accounting Standards and other mandatory professional reporting requirements in Australia. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

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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 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 Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We 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 our 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 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 Health Advisory Council's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's 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 Health Advisory Council's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Association 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.

We 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 we identify during our audit.

GALPINS ACCOUNTANTS, AUDITORS & BUSINESS CONSULTANTS



Jessica Kellaway CA, CPA, Registered Company Auditor
Director

21/09/2022

BAROSSA AND DISTRICTS HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST

CERTIFICATION OF THE FINANCIAL STATEMENTS

We certify that the:

- financial statements of the Barossa and Districts Health Advisory Council Inc Gift Fund Trust:
 - are in accordance with the accounts and records of the Trust;
 - comply with relevant Treasurer's Instructions;
 - comply with relevant accounting standards; and
 - present a true and fair view of the financial position of the Trust at the end of the financial year and the result of its operation and cash flows for the financial year.

- Internal controls employed by Barossa and Districts Health Advisory Council Inc Gift Fund Trust for the financial year over its financial reporting and its preparation of financial statements have been effective.



Elizabeth Haebich
Presiding Member of Barossa and Districts Health Advisory
Council Inc (the Trustee)

8 / 9 / 2022



Rose Dickinson
Executive Director, Finance Services

12 / 09 / 2022

BAROSSA AND DISTRICTS HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2022

	Note	2022 \$'000	2021 \$'000
Income			
Interest		6	31
Resources received free of charge	2	2	2
Donations		40	1
Total income		48	34
Expenses			
Grants		52	65
Audit fees		2	2
Total expenses		54	67
Net result		(6)	(33)
Total comprehensive result		(6)	(33)

The accompanying notes form part of these financial statements.

BAROSSA AND DISTRICTS HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST
STATEMENT OF FINANCIAL POSITION
As at 30 June 2022

	2022	2021
	\$ '000	\$ '000
Current assets		
Cash and cash equivalents	247	218
Interest receivable	1	1
Term Deposits	1,200	1,200
Total current assets	1,448	1,419
Total assets	1,448	1,419
Current liabilities		
Payables and accrued expenses	45	10
Total current liabilities	45	10
Total liabilities	45	10
Net assets	1,403	1,409
Equity		
Retained earnings	1,403	1,409
Total equity	1,403	1,409

The accompanying notes form part of these financial statements.

BAROSSA AND DISTRICTS HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2022

	Retained earnings	Total equity
	\$ '000	\$ '000
Balance at 30 June 2020	1,442	1,442
Net result for 2020-21	(33)	(33)
Total comprehensive result for 2020-21	(33)	(33)
Balance at 30 June 2021	1,409	1,409
Net result for 2021-22	(6)	(6)
Total comprehensive result for 2021-22	(6)	(6)
Balance at 30 June 2022	1,403	1,403

The accompanying notes form part of these financial statements.

BAROSSA AND DISTRICTS HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST
STATEMENT OF CASH FLOWS
For the year ended 30 June 2022

	2022	2021
	\$ '000	\$ '000
Cash flows from operating activities		
Cash inflows		
Interest received	6	36
Donations received	40	1
Cash generated from operations	<u>46</u>	<u>37</u>
Cash outflows		
Payments of grants	(17)	(55)
Cash used in operations	<u>(17)</u>	<u>(55)</u>
Net cash provided by/(used in) operating activities	<u>29</u>	<u>(18)</u>
Net increase/(decrease) in cash and cash equivalents	29	(18)
Cash and cash equivalents at the beginning of the period	218	236
Cash and cash equivalents at the end of the period	<u>247</u>	<u>218</u>

The accompanying notes form part of these financial statements.

BAROSSA AND DISTRICTS HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2022

1 About Barossa and Districts Health Advisory Council Inc Gift Fund Trust (the Trust)

The Trust is a not-for-profit entity and was established by virtue of a deed executed between the Department for Health and Wellbeing and Barossa and Districts Health Advisory Council Inc (the Trustee).

The financial statements include all controlled activities of the Trust.

The Trust does not control any other entity and has no interests in unconsolidated structured entities.

The Trust is controlled by Barossa Hills Fleurieu Local Health Network Inc.

1.1 Objectives and activities

The Trust is a public ancillary fund and has been endorsed by the Australian Taxation Office as a Deductible Gift Recipient (DGR).

The Trust is established to:

- seek, collect and administer donations and bequests, to be used for the benefit of the local area health services that are DGRs
- undertake fundraising activities, the proceeds from which are to be used for the benefit of the local area health services that are DGRs

1.2 Basis of preparation

These financial statements are general purpose financial statements prepared in compliance with:

- section 23 of the *Public Finance and Audit Act 1987*;
- Treasurer's Instructions and accounting policy statements issued by the Treasurer under the *Public Finance and Audit Act 1987*; and
- relevant Australian Accounting Standards applying simplified disclosures

These are the first financial statements prepared in accordance with Australian Accounting Standards - Simplified Disclosures. In the prior year, the financial statements were prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements.

There has been no impact on the recognition and measurement of amounts recognised in the statements of financial position, profit and loss and other comprehensive income and cash flows of the Trust as a result of the change in the basis of preparation.

The financial statements have been prepared based on a 12 month period and presented in Australian currency. All amounts in the financial statements and accompanying notes have been rounded to the nearest thousand dollars (\$'000). The historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured.

Income, expenses and assets are recognised net of the amount of GST except:

- when the GST incurred on a purchase of goods or services is not recoverable from the Australian Taxation Office (ATO), in which case the GST is recognised as part of the cost of acquisition of the asset or as part of the expense item applicable; and
- receivables and payables, which are stated with the amount of GST included.

Cash flows include GST in the Statement of Cash Flows.

Assets and liabilities that are to be sold, consumed or realised as part of the normal operating cycle have been classified as current assets or current liabilities. All other assets and liabilities are classified as non-current.

1.3 Changes in accounting policy

The Trust did not change any of its accounting policies during the year.

1.4 Impact of COVID-19 pandemic

The COVID-19 pandemic has not had a material impact on the operations of the Trust and is not expected to do so in the future.

BAROSSA AND DISTRICTS HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2022

2 Resources received free of charge

Contribution of services are recognised only when a fair value can be determined reliably and the services would be purchased if they had not been donated.

The contribution of services recognised are for audit fees paid or payable \$2,000 (\$2,000) by Barossa Hills Fleurieu Local Health Network Inc for the audit of financial statements and compliance with the *Taxation Administration (Public Ancillary Fund) Guidelines 2022* of the Trust performed by Galpins Accountants Auditors and Business Consultants.

Although not recognised, the Trust also receives various administrative services from Barossa Hills Fleurieu Local Health Network Inc for nil consideration.

3 Contingent assets and liabilities

Contingent assets and contingent liabilities are not recognised in the Statement of Financial Position, but are disclosed within this note and, if quantifiable are measured at nominal value. The Trust is not aware of any contingent assets and liabilities. In addition, the Trust has made no guarantees.

4 Financial instruments / financial risk management

4.1 Financial risk management

The Trust's exposure to financial risk (liquidity risk, credit risk and market risk) is low due to the nature of the financial instruments held and the current assessment of risk.

4.2 Categorisation of financial instruments

All financial instruments are measured at amortised costs. Total financial assets of \$1,448,000 (\$1,419,000) consist of cash and cash equivalents \$247,000 (\$218,000), receivables \$1,000 (\$1,000) and term deposits \$1,200,000 (\$1,200,000).

Financial liabilities consist of accrued expenses \$45,000 (\$10,000).

The contractual maturities of all financial instruments are expected to be within one year.

5 Key Management Personnel

Key management personnel of the Trust include the Minister, the Chief Executive of the Department for Health and Wellbeing, board members and the Chief Executive Officer of Barossa Hills Fleurieu Local Health Network Inc and the members of Barossa and Districts Health Advisory Council Inc.

The Trust did not enter into any transactions with key management personnel or their close family during the reporting period that were not consistent with normal procurement arrangements.

6 Remuneration of Council members

The total remuneration received or receivable by members was nil. In accordance with the Premier and Cabinet Circular No 016, government employees did not receive any remuneration for council member duties during the financial year. Unless otherwise disclosed, transactions between members are on conditions no more favourable than those that it is reasonable to expect the entity would have adopted if dealing with the related party at arm's length in the same circumstances.