



**Government  
of South Australia**

**LOWER EYRE HEALTH ADVISORY COUNCIL  
INC  
2018-19 Annual Report**

Lower Eyre Health Advisory Council Inc  
21 Tumby Bay Road, Cummins SA 5631  
[www.sahealth.sa.gov.au/Lower Eyre](http://www.sahealth.sa.gov.au/Lower_Eyre)

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To:

Hon Stephen Wade MLC

Minister for Health and Wellbeing

This annual report is presented to Parliament to meet the statutory reporting requirements of the *Public Sector Act 2009*, the *Public Finance and Audit Act 1987* and the *Health Care Act 2008* and meets 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.

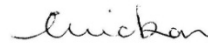
Submitted on behalf of the Lower Eyre Health Advisory Council Inc by:

Elizabeth Mickan

Presiding Member

Date 9 September 2019

Signature



## From the Presiding Members

Lower Eyre Health Advisory Council (Lower Eyre HAC) meetings were scheduled on the third Wednesday bi-monthly.

Lower Eyre HAC members also attended the combined Health Advisory Council meeting in Adelaide.

Community consultation has been ongoing with community newsletter information about members of the HAC. Members are J Piip, R Heath, W Holman, P Darling, A Hall, A Liddicoat, M Sulda, H Kroemer, M Dickinson, J Carr, S Lee and Presiding Member E Mickan.

Navigating Aged Care & Disability Services Expo was held in November 2018 at Coffin Bay and Cummins with 17 service providers and 46 people attending. It showcased services available and who supplies these services. It explained Advanced Care Directives and gave an overview of Aged Care accommodation, navigating the National Disability Insurance Scheme (NDIS) and where to get assistance. It assisted community members to navigate aged care and NDIS.

The Lower Eyre Health Advisory Council hold assets on behalf of the Crown listed below:

- Allotment 149 Hundred of Cummins Volume 5782 Folio 311 Cummins & District Memorial Hospital, Cummins Medical Clinic, Miroma Aged Care Hostel and staff accommodation. The land and original buildings were a donation from the community to Health Care Services in Cummins.
- Allotment 150 Hundred of Cummins Volume 5782 Folio 321 Health Care Professionals accommodation. The land and original buildings were a donation from the community and must remain a donation for Health Care Services in Cummins.
- Allotment 200 of Hutchinson Volume 5215 Folio 257 Tumby Bay Hospital, Uringa Aged care facility, Bay View Medical Clinic and Community Health Centre. The land and original buildings were a donation from the community to Health Care Services in Tumby Bay.

Lower Eyre HAC strongly supports consultation regarding rental lease agreements as these assets were originally donated and built by the community and are held by Lower Eyre HAC.

**Tumby Bay Dental Lease:** The Maven Dental Group Pty Ltd operates the dental clinic at the Tumby Bay Hospital. They exercised their option for a lease extension from 2016 to 2021, and wish to have the lease registered on the Certificate of Title for the hospital. "Client Authorisation form was signed and Common Seal applied by the Presiding Member, Elizabeth Mary Mickan, with Milos Alex Marian Sulda and Pamela Ruth Darling as witnesses". Lower Eyre HAC seal was used.

Morialta Drive, Tumby Bay Doctors House is held by the District Council of Tumby Bay, managed by the Tumby Bay Hospital Auxiliary through instruction from Lower Eyre HAC.

Health Advisory Councils are required to lodge Special Purpose Funding (SPF) requests to expend the donated funds held in Gift Fund Trusts. Cummins and Tumby Bay SPF 2018-19 requests were lodged in August 2018 with notification of authorisation to proceed received in November 2018.

**Tumby Bay Lower Eyre HAC SPF expenditure:**

- Tumby Bay Hospital Laundry: Remove asbestos throughout the external walls, internal walls, ceiling and roof, and then re clad the building. \$100,000 with the opening in November 2018. The works were diligently overseen by R Heath and Lower Eyre HAC with the new laundry opened by Jill Loudoun, retired Tumby Bay Hospital Services Supervisor and Val Lockwood, also a former Tumby Bay Hospital Laundress from many years ago. During the opening, Val & Jill shared a number of amazing stories from earlier times in the old laundry.
- Tumby Bay Hospital: Gardening
- Tumby Bay Aged Care Pergola and Paving.

Totalling \$130,000

**Cummins Lower Eyre HAC SPF expenditure:**

- Staff training with digital imaging and Spark of Life dementia training which will directly benefit the residents and patients of Cummins Hospital and Miroma Place Hostel.

Totalling \$25,000

With the ownership of this infrastructure comes the responsibility to maintain gardens to present a professional and well maintained building. This has also fallen on volunteers with the ever shrinking budget.

Planning and implementing infrastructure projects have been a major part of the Lower Eyre HAC activities this year and sub-committees continue to coordinate

these projects. Tumby Bay and Cummins communities have formed sub-committees of Lower Eyre HAC and other community organisations to focus on health needs of each community.

**Cummins & District Health Focus Group will investigate:**

- Utilising the District Council of Lower Eyre Peninsula Health and Aging report to develop a master plan for health and aging in Cummins.
- Sub-committee of the Cummins & District Enterprise Committee.
- Develop a master plan for all health care services in Cummins.
- Plan 10 Multi-Purpose Service aged care bed licences for Cummins Miroma Place with plans to be lodged in 2019 with the Commonwealth Aged Care Multi-Purpose Service bed allocation round. Funding needs to be secured by the local community for this to occur.
- Retention and attraction of medical practitioners.
- Allied Health service delivery to Cummins.
- Utilising the Auxiliary as a holder of funds generated.
- Advocating for community.

**Tumby Bay Health Focus Group:**

- Developing a master plan for health services in Tumby Bay.

**Tumby Bay Hospital Auxiliary administered funds:**

- Uringa Hostel carpet for lounge and office.
- Hospital reception chairs and décor.
- Blood Pressure monitor.
- Pavers and gardening Uringa.

Totalling \$8,969.81

**Tumby Bay Craft Group donations:**

- Vein finder \$1500.

### **Cummins Hospital Auxiliary administered funds:**

- Miroma Place Garden.
- Miroma Place replacement of air conditioners for all resident rooms to reverse cycle slit system units.
- NBN for hospital staff accommodation.
- Miroma Place portable scales.
- Tiling staff accommodation kitchen.

Totalling \$40,479.79

The Hospital Auxiliaries at both sites raise and hold most donated funds. Lower Eyre HAC acknowledges the Cummins and District Memorial Hospital Auxiliary and the Tumby Bay Hospital and Uringa Auxiliary for their continuing support and fundraising activities.

Lower Eyre HAC continues to be concerned about the impact of current arrangements with the Department of Planning, Transport and Infrastructure on maintenance budgets. As a result of federal budget cuts, Lower Eyre HAC believes there is pressure on our workforce, leading to workforce erosion, and a subsequent reliance on goodwill of staff to support each other. More permanent full time positions need to be advertised to remove casual staff in filling rosters.

Lower Eyre HAC acknowledges the service given by past Executive Officer/Director of Nursing (EO/DON) Cummins and Tumby Bay, Désirée Parkhurst, and Michelle Kenworthy for covering when required. We acknowledge the service of Rebecca Talbot and Deb Gregurke as acting Nurse Unit Managers in the interim also. We welcomed Shellie Humphries as EO/DON since winning the position in January 2019.

The local individual commitment staff have for each other is being utilised to fill staffing shortfalls when required. Lower Eyre HAC has concerns that a Multi Campus EO/DON may be limited in the support they can offer should they be offsite in times of emergency. The best case scenario would be site EO/DONs and Aged Care Hostel Managers.

Lower Eyre HAC will be requesting a better arrangement from the Regional Health Boards once formed.

A better understanding is required of aged care bonds liability prior to June 2014 when the rules changed. Lower Eyre HAC will continue to pursue this funding avenue for improvements to Uringa and Miroma Aged Care Facility.

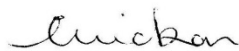
Cummins Medical Practice changed its name to Lower Eyre Family Practice and has the services of general practitioner Dr G. Quigley. From February 2018 to February 2019 the clinic had the services of Registrar – Dr Ritesh Mahinderkar through the GPEX training program and Registrar - Dr Peter Euler for 6 months (Feb 2018 – Aug 2018), who was a studying through an Independent Pathway with Australian College of Rural and Remote Medicine (ACRRM).

**Bayview Medical Services:** Tumby Bay is now owned by Richard and Dr Emmy Hennell, and Matt and Dr Sara Georg. Dr Graham Fleming and Dr Dennis Eaton are continuing on in the practice in the usual capacity. We sincerely wish to thank them for their dedication and commitment to the town of Tumby Bay and are thrilled their succession plan has transitioned so smoothly.

Dr Xiang Lay and Dr Julia Lees have been registrars under the Gpex training program, with Dr Lachlan MacKinnon having moved on to Loxton in February 2018 after a year of training with us.

I have held the position of Presiding Member of Lower Eyre HAC for nine years. I have learnt many things about bureaucracy, government and health. Regional Boards will not change Health Advisory Councils but enhance them with local decision making.

The strength of our health care service continues to be in our human resource base. We must support them always. Local leadership at each site, skilled staff and skilled medical practitioners are key influential success factors for Cummins and Tumby Bay Local Health Services. Combined with the volunteers on Lower Eyre HAC, Hospital Auxiliaries and the community, we can work together to achieve identified outcomes for our health services.



Elizabeth Mickan

**Presiding Member**

**Lower Eyre Health Advisory Council Inc**

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## Overview: about the agency

### Our strategic focus

<b>Our Purpose</b>	<p>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.</p> <p>The constitution is available at <a href="http://www.sahealth.sa.gov.au/Lower Eyre">www.sahealth.sa.gov.au/Lower Eyre</a></p>
<b>Our Vision</b>	Not applicable.
<b>Our Values</b>	Not applicable.
<b>Our functions, objectives and deliverables</b>	<p>The Health Advisory Council undertakes an advocacy role on behalf of the community and holds assets on behalf of the Minister for Health SA.</p>

### 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 worker from the Local Health Network

A list of current members is available at:

[www.sahealth.sa.gov.au/Lower Eyre](http://www.sahealth.sa.gov.au/Lower Eyre)

### Changes to the agency

During 2018-19 there were no changes to the agency's structure and objectives as a result of internal reviews or machinery of government changes.

### Our Minister

The Hon Stephen Wade MLC is the Minister for Health and Wellbeing. The Minister oversees the health, ageing and mental health and substance abuse responsibilities.

**Our Executive team**

Not applicable.

**Legislation administered by the agency**

Not applicable.

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

Country Health SA Local Health Network Inc

Country Health SA Local Health Network Health Advisory Council Inc (Governing Council

Ceduna District Health Services Health Advisory Council Inc

Eastern Eyre Health Advisory Council Inc

Far North Health Advisory Council

Mid-West Health Advisory Council Inc

Port Lincoln Health Advisory Council

## The agency's performance

### Performance at a glance

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

### Agency contribution to whole of Government objectives

Key objective	Agency's contribution
More jobs	Not applicable.
Lower costs	Not applicable
Better Services	Not applicable.

### Agency specific objectives and performance

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

Agency objectives	Indicators	Performance
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<p>act as an advocate to promote the health interests of the Community;</p> <p>provide advice to the Minister and the Chief Executive about any aspect of the provision of health services in the Local Area by Country Health SA Hospital Incorporated from the perspective of consumers of those services and of carers and volunteers who interface with the services;</p> <p>provide advice to the Minister and the Chief Executive about any aspect of the provision to the Community of health services outside of the Local Area, from the perspective of consumers of those services and of carers and volunteers who interface with the services;</p> <p>provide advice to the Minister and the Chief Executive about health issues, goals, priorities, plans, and other strategic initiatives of the Lower Eyre Health Services sites of Country Health SA Hospital Incorporated;</p> <p>provide advice or assistance to the Minister and the Chief Executive in relation to the development or implementation of systems or mechanisms designed to support the delivery of health services or programs in the Local Area;</p> <p>assist the Minister and the Chief Executive in the provision of information to, and to consult broadly with, the consumers of health services provided by Country Health SA Hospital Incorporated in the Community and with carers and volunteers who interface with the services;</p> <p>encourage community participation in programs associated with supporting the provision of health services by Country Health SA Hospital Incorporated and to promote the importance of carers</p> <p>consult with other bodies that are interested in the provision of health services within the Community;</p> <p>provide advice to the Minister and the Chief Executive about any matter referred to it by the Minister or the Chief Executive;</p> <p>act as a trustee or to assume other fiduciary functions or duties in relation to property that may be used in or in connection with the provision of health services;</p> <p>participate in the consultation or assessment processes associated with the selection of Senior Staff of the Lower Eyre Health Services sites of Country Health SA Hospital Incorporated;</p> <p>give advice to the Minister and the Chief Executive on the development and management of health services and on the resources made available for those services and in so doing, reflect the views of the Community;</p> <p>undertake, if the Advisory Council so chooses, fund-raising</p>	<p>Not applicable.</p>	<p>Not applicable.</p>
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### **Corporate performance summary**

Not applicable.

### **Employment opportunity programs**

The Health Advisory Council consists of volunteers who undertake an advocacy role on behalf of the community.

### **Agency performance management and development systems**

Not applicable.

### **Work health, safety and return to work programs**

Not applicable.

### **Executive employment in the agency**

Not applicable.

The [Office of the Commissioner for Public Sector Employment](#) has a [workforce information](#) page that provides further information on the breakdown of executive gender, salary and tenure by agency.

## 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 2018-19 are attached to this report.

<b>Statement of Comprehensive Income</b>	<b>2018-19 Budget \$000s</b>	<b>2018-19 Actual \$000s</b>	<b>Variation \$000s</b>	<b>2017-18 Actual \$000s</b>
Expenses	0	726	(726)	462
Revenues	0	79	79	93
<b>Net cost of providing services</b>	<b>0</b>	<b>647</b>	<b>(647)</b>	<b>369</b>
Net Revenue from SA Government	0	0	0	0
<b>Net result</b>	<b>0</b>	<b>(647)</b>	<b>(647)</b>	<b>(369)</b>
<b>Total Comprehensive Result</b>	<b>0</b>	<b>(647)</b>	<b>(647)</b>	<b>3,975</b>

<b>Statement of Financial Position</b>	<b>2018-19 Budget \$000s</b>	<b>2018-19 Actual \$000s</b>	<b>Variation \$000s</b>	<b>2017-18 Actual \$000s</b>
Current assets	0	192	192	187
Non-current assets	0	15,454	15,454	16,106
<b>Total assets</b>	<b>0</b>	<b>15,646</b>	<b>15,646</b>	<b>16,293</b>
Current liabilities	0	0	0	0
Non-current liabilities	0	0	0	0
<b>Total liabilities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net assets</b>	<b>0</b>	<b>15,646</b>	<b>15,646</b>	<b>16,293</b>
<b>Equity</b>	<b>0</b>	<b>15,646</b>	<b>15,646</b>	<b>16,293</b>

## Lower Eyre Health Advisory Council Inc Gift Fund Trust

<b>Statement of Comprehensive Income</b>	<b>2018-19 Budget \$000s</b>	<b>2018-19 Actual \$000s</b>	<b>Variation \$000s</b>	<b>2017-18 Actual \$000s</b>
Expenses	0	25	(25)	114
Revenues	0	1	1	3
<b>Net cost of providing services</b>	<b>0</b>	<b>24</b>	<b>(24)</b>	<b>111</b>
Net Revenue from SA Government	0	0	0	0
<b>Net result</b>	<b>0</b>	<b>(24)</b>	<b>(24)</b>	<b>(111)</b>
<b>Total Comprehensive Result</b>	<b>0</b>	<b>(24)</b>	<b>(24)</b>	<b>(111)</b>

<b>Statement of Financial Position</b>	<b>2018-19 Budget \$000s</b>	<b>2018-19 Actual \$000s</b>	<b>Variation \$000s</b>	<b>2017-18 Actual \$000s</b>
Current assets	0	82	82	106
Non-current assets	0	0	0	0
<b>Total assets</b>	<b>0</b>	<b>82</b>	<b>82</b>	<b>106</b>
Current liabilities	0	0	0	0
Non-current liabilities	0	0	0	0
<b>Total liabilities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net assets</b>	<b>0</b>	<b>82</b>	<b>82</b>	<b>106</b>
<b>Equity</b>	<b>0</b>	<b>82</b>	<b>82</b>	<b>106</b>

**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**

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Not applicable		

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

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Not applicable		



<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Not applicable		

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

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.

#### **Contractors with a contract value below \$10,000**

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Not applicable	Not applicable	Not applicable

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

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Richwood Construction	Tumby Bay Laundry Upgrade	\$18,350
	Total	\$18,350

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

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.](#)

### **Other financial information**

Nil to report.

### **Other information**

Not Applicable.

## Risk management

### Risk and audit at a glance

Not Applicable.

### Fraud detected in the agency

Category/nature of fraud	Number of instances
Not applicable	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 Country Health SA Local Health Network Inc,

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

### Whistle-blowers disclosure

Number of occasions on which public interest information has been disclosed to a responsible officer of the agency under the *Whistleblowers Protection Act 1993*:

Nil.

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

## Reporting required under any other act or regulation

Act or Regulation	Requirement
<b>Health Care Act 2008</b>	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 (as required by the Ombudsman)

A whole of SA Health response will be provided in the 2018-19 Department for Health and Wellbeing Annual Report, which can be accessed on the [SA Health website](#).

<b>Complaint categories</b>	<b>Sub-categories</b>	<b>Example</b>	<b>Number of Complaints 2018-19</b>
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency	Not applicable
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided	Not applicable
Professional behaviour	Staff knowledge	Lack of service specific knowledge; incomplete or out-of-date knowledge	Not applicable
Communication	Communication quality	Inadequate, delayed or absent communication with customer	Not applicable
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly	Not applicable
Service delivery	Systems/technology	System offline; inaccessible to customer; incorrect result/information provided; poor system design	Not applicable.
Service delivery	Access to services	Service difficult to find; location poor; facilities/ environment poor standard; not accessible to customers with disabilities	Not applicable
Service delivery	Process	Processing error; incorrect process used; delay in processing application; process not customer responsive	Not applicable.
Policy	Policy application	Incorrect policy interpretation; incorrect policy applied; conflicting policy advice given	Not applicable

<b>Complaint categories</b>	<b>Sub-categories</b>	<b>Example</b>	<b>Number of Complaints 2018-19</b>
Policy	Policy content	Policy content difficult to understand; policy unreasonable or disadvantages customer	Not applicable
Service quality	Information	Incorrect, incomplete, out dated or inadequate information; not fit for purpose	Not applicable
Service quality	Access to information	Information difficult to understand, hard to find or difficult to use; not plain English	Not applicable
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	Not applicable
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security service/ premises; poor cleanliness	Not applicable
Service quality	Service responsiveness	Service design doesn't meet customer needs; poor service fit with customer expectations	Not applicable
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate	Not applicable
		<b>Total</b>	Not applicable

<b>Additional Metrics</b>	<b>Total</b>
Number of positive feedback comments	Not applicable
Number of negative feedback comments	Not applicable
Total number of feedback comments	Not applicable
% complaints resolved within policy timeframes	Not applicable

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

## **Appendix: Audited financial statements 2018-19**

**INDEPENDENT AUDITOR'S REPORT  
TO THE MEMBERS OF THE  
LOWER EYRE HEALTH ADVISORY COUNCIL INC.**

**Report on the Financial Report**

**Audit Opinion**

We have audited the accompanying financial report of Lower Eyre Health Advisory Council Inc. (the Health Advisory Council), which comprises the statement of financial position as at 30 June 2019, 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 Lower Eyre 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 Lower Eyre Health Advisory Council Inc. as at 30 June 2019 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 (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.

David Chant CA, FCPA  
Simon Smith CA, FCPA  
David Sullivan CA, CPA  
Jason Seidel CA  
Renaë Nicholson CA  
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under Professional Standards Legislation





## **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**



**Simon Smith** CA, FCPA, Registered Company Auditor  
Partner

05/09/2019



**LOWER EYRE HEALTH ADVISORY COUNCIL INC**  
**CERTIFICATION OF THE FINANCIAL STATEMENTS**

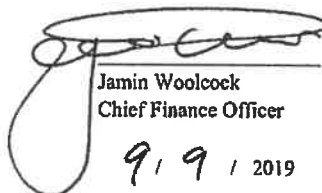
We certify that the:

- attached general purpose financial statements for the Lower Eyre Health Advisory Council Inc:
  - comply with the relevant Treasurer's Instructions issued under section 41 of the *Public Finance and Audit Act 1987*, and relevant Australian Accounting Standards;
  - are in accordance with the accounts and records of the Advisory Council; and
  - present a true and fair view of the financial position of the Advisory Council at the end of the financial year and the results of its operation and cash flows for the financial year.
  
- Internal controls employed by Lower Eyre Health Advisory Council Inc for the financial year over its financial reporting and its preparation of the general purpose financial statements have been effective throughout the reporting period.



Elizabeth Mickan  
Presiding Member of the Lower Eyre Health Advisory Council  
Inc

07/09 / 2019



Jamin Woolcock  
Chief Finance Officer

9/9 / 2019



**LOWER EYRE HEALTH ADVISORY COUNCIL INC**  
**STATEMENT OF COMPREHENSIVE INCOME**  
**For the year ended 30 June 2019**

	Note	2019 \$'000	2018 \$'000
<b>Expenses</b>			
Depreciation expense	10	726	450
Grants and subsidies	3	-	8
Net loss from disposal of non-current and other assets	6	-	4
<b>Total expenses</b>		<b>726</b>	<b>462</b>
<b>Income</b>			
Interest revenues	4	5	3
Resources received free of charge	5	74	-
Other revenues/income	7	-	90
<b>Total income</b>		<b>79</b>	<b>93</b>
<b>Net cost of providing services</b>		<b>647</b>	<b>369</b>
<b>Net result</b>		<b>(647)</b>	<b>(369)</b>
<b>Other comprehensive income</b>			
<b>Items that will not be reclassified to net result</b>			
Changes in property, plant and equipment asset revaluation surplus		-	4,344
<b>Total other comprehensive income</b>		<b>-</b>	<b>4,344</b>
<b>Total comprehensive result</b>		<b>(647)</b>	<b>3,975</b>

The accompanying notes form part of these financial statements.

**LOWER EYRE HEALTH ADVISORY COUNCIL INC**  
**STATEMENT OF FINANCIAL POSITION**  
**As at 30 June 2019**

	Note	2019 \$ '000	2018 \$ '000
<b>Current assets</b>			
Cash and cash equivalents	8	192	187
<b>Total current assets</b>		<u>192</u>	<u>187</u>
<b>Non-current assets</b>			
Property, plant and equipment	10	15,454	16,106
<b>Total non-current assets</b>		<u>15,454</u>	<u>16,106</u>
<b>Total assets</b>		<u>15,646</u>	<u>16,293</u>
<b>Net assets</b>		<u>15,646</u>	<u>16,293</u>
<b>Equity</b>			
Asset revaluation surplus		8,294	8,294
Retained earnings		7,352	7,999
<b>Total equity</b>		<u>15,646</u>	<u>16,293</u>

The accompanying notes form part of these financial statements.

**LOWER EYRE HEALTH ADVISORY COUNCIL INC**  
**STATEMENT OF CHANGES IN EQUITY**  
**For the year ended 30 June 2019**

	Asset revaluation surplus	Retained earnings	Total equity
Note	\$ '000	\$ '000	\$ '000
<b>Balance at 30 June 2017</b>	<b>3,955</b>	<b>8,363</b>	<b>12,318</b>
<b>Net result for 2017-18</b>	-	(369)	(369)
Gain/(loss) on revaluation of land and buildings	4,344	-	4,344
<b>Total comprehensive result for 2017-18</b>	<b>4,344</b>	<b>(369)</b>	<b>3,975</b>
Transfer between equity components	(5)	5	-
<b>Balance at 30 June 2018</b>	<b>8,294</b>	<b>7,999</b>	<b>16,293</b>
<b>Net result for 2018-19</b>	-	(647)	(647)
<b>Total comprehensive result for 2018-19</b>	<b>-</b>	<b>(647)</b>	<b>(647)</b>
<b>Balance at 30 June 2019</b>	<b>8,294</b>	<b>7,352</b>	<b>15,646</b>

The accompanying notes form part of these financial statements.



**LOWER EYRE HEALTH ADVISORY COUNCIL INC**  
**STATEMENT OF CASH FLOWS**  
**For the year ended 30 June 2019**

	Note	2019 \$ '000	2018 \$ '000
<b>Cash flows from operating activities</b>			
<b>Cash outflows</b>			
Payments of grants and subsidies		-	(8)
<b>Cash used in operations</b>		-	(8)
<b>Cash inflows</b>			
Interest received		5	3
<b>Cash generated from operations</b>		5	3
<b>Net cash provided by/(used in) operating activities</b>		<b>5</b>	<b>(5)</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>		<b>5</b>	<b>(5)</b>
Cash and cash equivalents at the beginning of the period		187	192
<b>Cash and cash equivalents at the end of the period</b>	<b>8</b>	<b>192</b>	<b>187</b>

The accompanying notes form part of these financial statements.

**LOWER EYRE HEALTH ADVISORY COUNCIL INC**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

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## **1 Basis of financial statements**

### **1.1 Reporting entity**

The Lower Eyre Health Advisory Council Inc (Advisory Council) was established as an incorporated advisory council under the Health Care Act 2008.

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.

### **1.2 Statement of compliance**

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 (with reduced disclosure requirements) applicable to not-for-profit entities, as the Advisory Council is a not-for-profit entity.

### **1.3 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 on a different basis.

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.

Significant accounting policies are set out below or in the notes.

### **1.4 Taxation**

The Advisory Council is not subject to income tax but is liable for goods and services tax (GST).

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.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the Statement of Financial Position.

Cash flows are included in the Statement of Cash Flows on a gross basis, and the GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the ATO is classified as part of operating cash flows.

### **1.5 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.

### **1.6 Change in accounting policy**

On 22 March 2019, pursuant to the *Public Finance and Audit Act 1987*, the Treasurer issued *Treasurer's Instructions (Accounting Policy Statements)* and revoked all previously issued Accounting Policy Statements. The new Accounting Policy Statements have largely been prepared on a no-policy change basis.

#### **AASB 9 Financial Instruments**

The adoption of AASB 9 from 1 July 2018 resulted in changes in accounting policies but no adjustments to the amounts recognised in the financial statements.

AASB 9 replaces the provisions of AASB 139 Financial Instruments: Recognition and Measurement that relate to recognition, classification, impairment and measurement of the Advisory Council's financial assets.

As the Advisory Council only holds cash, the provisions of AASB 9 had no impact on the measurement or classification of financial instruments.

## 2 Objectives and activities

The Lower Eyre Health Advisory Council Inc (Advisory Council) was 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 of 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.

## 3 Grants and subsidies

	2019	2018
	\$'000	\$'000
Other	-	8
<b>Total grants and subsidies</b>	<b>-</b>	<b>8</b>

## 4 Interest revenues

	2019	2018
	\$'000	\$'000
Bank interest	5	3
<b>Total interest revenue</b>	<b>5</b>	<b>3</b>

## 5 Resources received free of charge

	2019	2018
	\$'000	\$'000
Land and buildings	74	-
<b>Total resources received free of charge</b>	<b>74</b>	<b>-</b>

During 2018-19 completed capital works at the Tumby Bay Health Service were transferred to the Advisory Council from Country Health SA Local Health Network Inc for nil consideration.

## 6 Net gain/(loss) from disposal of non-current and other assets

	2019	2018
	\$'000	\$'000
<b>Land and buildings:</b>		
Proceeds from disposal	-	-
Less net book value of assets disposed	-	(4)
<b>Net gain/(loss) from disposal of land and buildings</b>	<b>-</b>	<b>(4)</b>

Gains or losses on disposal are recognised at the date control of the asset is passed from the Advisory Council and are determined after deducting the cost of the asset from the proceeds at that time. When revalued assets are disposed, the revaluation surplus is transferred to retained earnings.

## 7 Other revenues/income

	2019	2018
	\$'000	\$'000
Other	-	90
<b>Total other revenues/income</b>	<b>-</b>	<b>90</b>

Other income is a property revaluation increment which reverses a revaluation decrement previously recognised as an expense.

## 8 Cash and cash equivalents

	2019	2018
	\$'000	\$'000
Cash at bank or on hand	192	187
<b>Total cash</b>	<b>192</b>	<b>187</b>

## 9 Property, plant and equipment

### 9.1 Acquisition and recognition

Non-current assets are initially recorded at cost or at the value of any liabilities assumed, plus any incidental cost involved with the acquisition. Non-current assets are subsequently measured at fair value after allowing for accumulated depreciation. 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.

### 9.2 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 reassessed 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, which is a change in an accounting estimate.

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

### 9.3 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.

### 9.4 Impairment

The Advisory Council holds its property assets for their service potential (value in use). All non-current tangible assets are valued at fair value. 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, an impairment loss is offset against the revaluation surplus for that class of assets, to the extent that the impairment loss does not exceed the amount in the respective asset revaluation surplus.

There were no indications of impairment of property and infrastructure as at 30 June 2019.

**LOWER EYRE HEALTH ADVISORY COUNCIL INC**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

**9.5 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.

The valuer arrived at the fair value of unrestricted land 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.

The valuer used depreciated replacement cost for specialised land and buildings, 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 and current use of the assets. The valuation was based on a combination of internal records, specialised knowledge and the acquisition/transfer costs.

**10 Reconciliation of property, plant and equipment**

The following table shows the movement:

<b>2018-19</b>	<b>Land</b>	<b>Buildings</b>	<b>Total</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
<b>Carrying amount at the beginning of the period</b>	1,820	14,286	16,106
Assets received free of charge	-	74	74
Depreciation	-	(726)	(726)
<b>Carrying amount at the end of the period</b>	<b>1,820</b>	<b>13,634</b>	<b>15,454</b>
<b>Gross carrying amount</b>			
Gross carrying amount	1,820	14,417	16,237
Accumulated depreciation	-	(783)	(783)
<b>Carrying amount at the end of the period</b>	<b>1,820</b>	<b>13,634</b>	<b>15,454</b>
<b>2017-18</b>	<b>Land</b>	<b>Buildings</b>	<b>Total</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
<b>Carrying amount at the beginning of the period</b>	<b>860</b>	<b>11,266</b>	<b>12,126</b>
Disposals	-	(4)	(4)
<b>Gains/(losses) for the period recognised in net result:</b>			
Depreciation	-	(450)	(450)
Revaluation increment / (decrement)	90	-	90
<b>Gains/(losses) for the period recognised in other comprehensive income:</b>			
Revaluation increment / (decrement)	870	3,474	4,344
<b>Carrying amount at the end of the period</b>	<b>1,820</b>	<b>14,286</b>	<b>16,106</b>
<b>Gross carrying amount</b>			
Gross carrying amount	1,820	14,343	16,163
Accumulated depreciation	-	(57)	(57)
<b>Carrying amount at the end of the period</b>	<b>1,820</b>	<b>14,286</b>	<b>16,106</b>

## 11 Financial instruments / financial risk management

### 11.1 Financial risk management

Risk management is managed by the Department for Health and Wellbeing's Risk and Assurance Services section and risk management policies are in accordance with the *Risk Management Policy Statement* issued by the Premier and Treasurer and the principles established in the *Australian Standard Risk Management Principles and Guidelines*.

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

### 11.2 Categorisation of financial instruments

Details of the significant accounting policies and methods adopted including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised with respect to each class of financial asset, financial liability and equity instrument are disclosed in the respective financial asset / financial liability note.

#### Classification applicable until 30 June 2018 under AASB 139

The carrying amounts of financial assets and liabilities were categorised as held-to-maturity investments; receivables; and financial liabilities measured at cost.

#### Classification applicable from 1 July 2018 under AASB 9

The carrying amounts of each of the following categories of financial assets and liabilities: financial assets measured at amortised cost; financial assets measured at fair value through profit or loss; financial assets measured at fair value through other comprehensive income; and financial liabilities measured at amortised cost are detailed below if applicable.

Category of financial asset and financial liability	Notes	2019 Carrying amount \$'000	2018 Carrying amount \$'000
<i>Financial assets</i>			
Cash and equivalent			
Cash and cash equivalents	8	192	187
<b>Total financial assets</b>		<b>192</b>	<b>187</b>

## 12 Events after balance date

The Advisory Council is not aware of any material events occurring between the end of the reporting period and when the financial statements were authorised.

## 13 Key Management Personnel

Key management personnel of the Advisory Council include the Minister, the Chief Executive of the Department, Chief Executive Officer of Country Health SA Local Health Network Inc, board members and the Chief Executive Officer of Eyre and Far North 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.

## 14 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.



David Chant CA, FCPA  
Simon Smith CA, FCPA  
David Sullivan CA, CPA  
Jason Seidel CA  
Renaë Nicholson CA  
Tim Muhlhauser CA  
Aaron Coonan CA  
Luke Williams CA, CPA  
Daniel Moon CA



CHARTERED ACCOUNTANTS™  
AUSTRALIA • NEW ZEALAND

## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE LOWER EYRE HEALTH ADVISORY COUNCIL INC. GIFT FUND TRUST

### Report on the Financial Report

We have audited the accompanying financial report of Lower Eyre Health Advisory Council Inc. Gift Fund Trust (the Gift Fund Trust), which comprises the statement of financial position as at 30 June 2019, 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 Lower Eyre 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 Lower Eyre Health Advisory Council Inc. Gift Fund Trust as at 30 June 2019 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 (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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ABN: 30 630 511 757

Liability limited by a scheme approved  
under Professional Standards Legislation





## **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**



**Simon Smith** CA, FCPA, Registered Company Auditor



LOWER EYRE HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST

CERTIFICATION OF THE FINANCIAL STATEMENTS

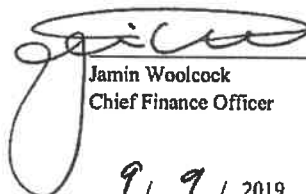
We certify that the:

- attached general purpose financial statements for the Lower Eyre Health Advisory Council Inc Gift Fund Trust:
  - comply with the relevant Treasurer's Instructions issued under section 41 of the *Public Finance and Audit Act 1987*, and relevant Australian Accounting Standards;
  - are in accordance with the accounts and records of the Trust; and
  - present a true and fair view of the financial position of the Trust at the end of the financial year and the results of its operation and cash flows for the financial year.
- Internal controls employed by Lower Eyre Health Advisory Council Inc Gift Fund Trust for the financial year over its financial reporting and its preparation of the general purpose financial statements have been effective throughout the reporting period.



Elizabeth Mickan  
Presiding Member of the Lower Eyre Health Advisory Council  
Inc (the Trustee)

07/ 09 / 2019

  
Jamin Woolcock  
Chief Finance Officer

9/ 9 / 2019



**LOWER EYRE HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST**  
**STATEMENT OF COMPREHENSIVE INCOME**  
**For the year ended 30 June 2019**

	Note	2019 \$'000	2018 \$'000
<b>Expenses</b>			
Grants and subsidies	3	25	114
<b>Total expenses</b>		<u>25</u>	<u>114</u>
<b>Income</b>			
Interest revenues	4	1	3
<b>Total income</b>		<u>1</u>	<u>3</u>
<b>Net cost of providing services</b>		<u>24</u>	<u>111</u>
<b>Net result</b>		<u>(24)</u>	<u>(111)</u>
<b>Total comprehensive result</b>		<u>(24)</u>	<u>(111)</u>

The accompanying notes form part of these financial statements.

**LOWER EYRE HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST**  
**STATEMENT OF FINANCIAL POSITION**  
**As at 30 June 2019**

	Note	2019 \$ '000	2018 \$ '000
<b>Current assets</b>			
Cash and cash equivalents	5	21	36
Other financial assets	6	61	70
<b>Total current assets</b>		<b>82</b>	<b>106</b>
<b>Total assets</b>		<b>82</b>	<b>106</b>
<b>Net assets</b>		<b>82</b>	<b>106</b>
<b>Equity</b>			
Retained earnings		82	106
<b>Total equity</b>		<b>82</b>	<b>106</b>

The accompanying notes form part of these financial statements.

**LOWER EYRE HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST**  
**STATEMENT OF CHANGES IN EQUITY**  
**For the year ended 30 June 2019**

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	Note	Retained earnings \$ '000	Total equity \$ '000
<b>Balance at 30 June 2017</b>		<u>217</u>	<u>217</u>
<b>Net result for 2017-18</b>		<u>(111)</u>	<u>(111)</u>
<b>Total comprehensive result for 2017-18</b>		<u>(111)</u>	<u>(111)</u>
<b>Balance at 30 June 2018</b>		<u>106</u>	<u>106</u>
<b>Net result for 2018-19</b>		<u>(24)</u>	<u>(24)</u>
<b>Total comprehensive result for 2018-19</b>		<u>(24)</u>	<u>(24)</u>
<b>Balance at 30 June 2019</b>		<u>82</u>	<u>82</u>

The accompanying notes form part of these financial statements.



**LOWER EYRE HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST**  
**STATEMENT OF CASH FLOWS**  
**For the year ended 30 June 2019**

	Note	2019 \$ '000	2018 \$ '000
<b>Cash flows from operating activities</b>			
<b>Cash outflows</b>			
Payments of grants and subsidies		(25)	(114)
<b>Cash used in operations</b>		<u>(25)</u>	<u>(114)</u>
<b>Net cash provided by/(used in) operating activities</b>		<u>(25)</u>	<u>(114)</u>
<b>Cash flows from investing activities</b>			
<b>Cash outflows</b>			
Purchase of investments		-	(125)
<b>Cash used in investing activities</b>		<u>-</u>	<u>(125)</u>
<b>Cash inflows</b>			
Proceeds from sale/maturities of investments		10	149
<b>Cash generated from investing activities</b>		<u>10</u>	<u>149</u>
<b>Net cash provided by/(used in) investing activities</b>		<u>10</u>	<u>24</u>
<b>Net increase/(decrease) in cash and cash equivalents</b>		<b>(15)</b>	<b>(90)</b>
Cash and cash equivalents at the beginning of the period		36	126
<b>Cash and cash equivalents at the end of the period</b>	5	<u>21</u>	<u>36</u>

The accompanying notes form part of these financial statements.

**LOWER EYRE HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

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**1 Basis of financial statements**

**1.1 Reporting entity**

The Lower Eyre Health Advisory Council Inc Gift Fund Trust (the Trust) was established by virtue of a deed executed between the Department for Health and Wellbeing and the Lower Eyre 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.

**1.2 Statement of compliance**

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 (with reduced disclosure requirements) applicable to not-for-profit entities, as the Trust is a not-for-profit entity.

**1.3 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 on a different basis.

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.

Significant accounting policies are set out below or in the notes.

**1.4 Taxation**

The Trust is not subject to income tax but is liable for goods and services tax (GST).

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.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the Statement of Financial Position.

Cash flows are included in the Statement of Cash Flows on a gross basis, and the GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the ATO is classified as part of operating cash flows.

**1.5 Change in accounting policy**

On 22 March 2019, pursuant to the *Public Finance and Audit Act 1987*, the Treasurer issued *Treasurer's Instructions (Accounting Policy Statements)* and revoked all previously issued Accounting Policy Statements. The new Accounting Policy Statements have largely been prepared on a no-policy change basis.

**AASB 9 Financial Instruments**

The adoption of AASB 9 from 1 July 2018 resulted in changes in accounting policies but no adjustments to the amounts recognised in the financial statements.

AASB 9 replaces the provisions of AASB 139 Financial Instruments: Recognition and Measurement that relate to recognition, classification, impairment and measurement of the Trust's financial assets.

Under AASB 9, the Trust's receivables and term deposits are measured at amortised cost, similar to the previous classifications of 'receivables' and 'held to maturity' respectively.

**LOWER EYRE HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

**2 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

**3 Grants and subsidies**

	2019	2018
	\$'000	\$'000
Other	25	114
<b>Total grants and subsidies</b>	<b>25</b>	<b>114</b>

**4 Interest revenues**

	2019	2018
	\$'000	\$'000
Bank interest	1	3
<b>Total interest revenue</b>	<b>1</b>	<b>3</b>

**5 Cash and cash equivalents**

	2019	2018
	\$'000	\$'000
Cash at bank or on hand	21	36
<b>Total cash</b>	<b>21</b>	<b>36</b>

**6 Other financial assets**

	2019	2018
	\$'000	\$'000
<b>Current</b>		
Term deposits	61	70
<b>Total current investments</b>	<b>61</b>	<b>70</b>
<b>Total investments</b>	<b>61</b>	<b>70</b>

The Trust measures term deposits at amortised cost.

**7 Financial instruments / financial risk management**

**7.1 Financial risk management**

Risk management is managed by the Department for Health and Wellbeing's Risk and Assurance Services section and risk management policies are in accordance with the *Risk Management Policy Statement* issued by the Premier and Treasurer and the principles established in the *Australian Standard Risk Management Principles and Guidelines*.

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.

**LOWER EYRE HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2019**

**7.2 Categorisation of financial instruments**

Details of the significant accounting policies and methods adopted including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised with respect to each class of financial asset, financial liability and equity instrument are disclosed in the respective financial asset / financial liability note.

*Classification applicable until 30 June 2018 under AASB 139*

The carrying amounts of financial assets and liabilities were categorised as held-to-maturity investments; receivables; and financial liabilities measured at cost.

*Classification applicable from 1 July 2018 under AASB 9*

The carrying amounts of each of the following categories of financial assets and liabilities: financial assets measured at amortised cost; financial assets measured at fair value through profit or loss; financial assets measured at fair value through other comprehensive income; and financial liabilities measured at amortised cost are detailed below if applicable.

Category of financial asset and financial liability	Notes	2019 Carrying amount \$'000	2018 Carrying amount \$'000
<b>Financial assets</b>			
Cash and equivalent			
Cash and cash equivalents	5	21	36
Amortised cost			
Other financial assets	6	61	70
<b>Total financial assets</b>		<b>82</b>	<b>106</b>

**8 Events after balance date**

The Trust is not aware of any material events occurring between the end of the reporting period and when the financial statements were authorised.

**9 Key Management Personnel**

Key management personnel of the Trust include the Minister, the Chief Executive of the Department, Chief Executive Officer of Country Health SA Local Health Network Inc, board members and the Chief Executive Officer of Eyre and Far North Local Health Network Inc and the members of the Lower Eyre 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.

**10 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.

