



Government of South Australia

Lower Eyre Health Advisory Council

Inc.

Cummins & District Memorial Hospital
21 Tumby Bay Road
CUMMINS SA 5631

Tumby Bay Hospital & Health Services
Esplanade
TUMBY BAY SA 5605

Lower Eyre Health Advisory Council 2017-18 Annual Report

Lower Eyre Health Advisory Council

21 Tumby Bay Road
Cummins SA 5631

[Lower Eyre Health Advisory Council Inc SA Health](#)

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To:
Hon Stephen Wade MLC
Minister for Health and Wellbeing

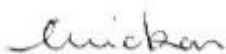
This annual report is presented to Parliament to meet the statutory reporting requirements of the *Public Sector Act 2009*, the *Public Finance and Audit Act 1987* and the *Health Care Act 2008* and meets the requirements of Premier and Cabinet Circular *PC013 Annual Reporting*.

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 by:

Elizabeth Mickan

Presiding Member



Signature

24 September 2018
Date

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Section A: Reporting required under the *Public Sector Act 2009*, the *Public Sector Regulations 2010* and the *Public Finance and Audit Act 1987*

Agency purpose or role

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 <http://www.sahealth.sa.gov.au/Lower Eyre>

Objectives

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

Key strategies and their relationship to SA Government objectives

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

Agency programs and initiatives and their effectiveness and efficiency

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

Legislation administered by the agency

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

Organisation of the agency

Health Advisory Councils in country South Australia undertake an advocacy role on behalf of the community. The Country Health SA Local Health Network Health Advisory Council Inc (Governing Council) acts as an 'umbrella body' for other Health Advisory Councils, providing advice from a whole of country perspective.

Regional Presiding Member representatives also come together as the Presiding Members Panel to facilitate communication exchange between the local Health Advisory Councils and the Governing Council.

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 Country Health SA Local Health Network

A list of current members is available at:

[Lower Eyre Health Advisory Council Inc SA Health](#)

Other agencies related to this agency (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

Mid West Health Advisory Council Inc

Port Lincoln Health Advisory Council

Far North Health Advisory Council

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

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

Work health, safety and return to work programs of the agency and their effectiveness

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

Work health and safety and return to work performance

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

Fraud detected in the agency

Category/nature of fraud	Number of instances
Nil to report	0

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 *Whistle-blowers' Protection Act 1993*

0

Data for previous years is available at:

<https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network>

Executive employment in the agency

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

Data for previous years is available at:

<https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network>

Consultants

The following is a summary of external consultants that have been engaged by the agency, the nature of work undertaken and the total cost of the work undertaken.

Consultants	Purpose	Value
Consultancies below \$10,000 each Nil		0
Consultancies above \$10,000 each Nil		0
Total all consultancies Nil		\$ 0

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 <http://treasury.sa.gov.au/> for total value of consultancy contracts across the SA Public Sector.

Contractors

The following is a summary of external contractors that have been engaged by the agency, the nature of work undertaken and the total cost of the work undertaken.

Contractor	Purpose	Value
Nil	Nil	0

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

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

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

Financial performance of the agency

The following is a brief summary of the overall financial position of the agency. The information is unaudited. Full audited financial statements for 2017-18 are attached to this report.

Donations and proceeds from fundraising activities received by the Health Advisory Council are held in its Gift Fund Trust. Distributions made from this trust must be to or for the benefit of the local public health service. A minimum distribution from the fund must be made annually in order to comply with the Australian Taxation Office guidelines. The net assets of the Gift Fund Trust as at 30 June 2018 were \$106,000.

The Health Advisory Council is also the registered proprietor of various land and buildings utilised by the local health service. In addition, the Health Advisory Council holds funds from the proceeds of disposed property which had been declared surplus by the Minister for Health. As at 30 June 2018 the net assets of the Health Advisory Council were \$16,293,000.

Other financial information

Nil.

Other information requested by the Minister(s) or other significant issues affecting the agency or reporting pertaining to independent functions

Nil.

Section B: Reporting required under any other act or regulation

<p>Health Care Act 2008</p>
<p>Part 4 Health Advisory Councils, Division 2 Functions and Powers, 18 Functions</p>
<p>Act as an advocate to promote the interests of the community.</p> <ul style="list-style-type: none"> • The Lower Eyre Health Advisory Council has provided advice about relevant aspects of the provision of health services, and relevant health issues, goals, priorities, plans and strategic initiatives. Examples of this include the running of the “Cummins Health Chat” and “Tumby Bay Health Chat” group to discuss what the future health needs of the communities might be. One example of work done under this banner was the Navigating Aged Care Expo which was organised by the two Health Chat groups in partnership with hospital management. A variety of speakers and organisations were invited to present at the expo, and stall holders were invited to have tables. Information was provided to the community about how to navigate the Aged Care system. Presenters and subjects included Centrelink, an Aged Care Liaison Officer, the importance of Advanced Care Directives, a personal experience of the system, chronic disease self management, and what in-home services are available. Stalls around the hall offered personal support and information as well as “show bags”, and covered such topics as in-home services, preventing falls and harm from falls, advanced care directives, Red Cross, personal alert systems for use at home, and where and how to source mobility aids. The expo was attended by 170 people in Cummins, and just over 200 people in Tumby Bay. • The Lower Eyre Health Advisory Council has encouraged community participation in programs. An example of this would include the mosaic made by a local art group that is made up of mostly retired woman in Cummins. They made a mural for the aged care garden at the hospital. The mural is around three metres by one metre in size and depicts subjects that are pertinent to the area, and will have been a part of the lives of the residents, who all come from the local community – farming scenes, local birds, flora and other fauna. The mosaic group worked with members of the Lower Eyre Health Advisory Council and the Cummins Ladies Auxiliary to both do the work and to install it in the aged care garden. Following this an open gardens day was held in the town, initiated by members of the Lower Eyre Health Advisory Council, supported by the hospital and the Ladies Auxiliary, with gardens from the local area joining the two aged care gardens to be open to view. • The Lower Eyre Health Advisory Council holds donated funds and has worked in partnership with both the Cummins Hospital and the Tumby Bay Hospital to expend these funds in ways that would benefit the hospitals. Examples include money spent on staff training, upgrade of air conditioners in all resident rooms at Miroma Hostel, and replacement of windows and window frames in the general living area of Miroma Hostel. Lower Eyre Health Advisory Council also purchased new wheelchair scales and lifters in both Cummins Hospital and Tumby Bay Hospital. Lower Eyre Health Advisory Council also supported the upgrade of the kitchen at Uringa Hostel in Tumby Bay. This was done in partnership with the Tumby Bay Hospital and Uringa Ladies Auxiliary. • Participate in consultation or assessment process associated with the selection of senior staff. The Lower Eyre Health Advisory Council Presiding Member sat on the interview panel to select a new Nurse Unit Manager in Cummins.

Reporting required under the *Carers' Recognition Act 2005*

Not Applicable.

Section C: Reporting of public complaints as requested by the Ombudsman

A whole of SA Health response will be provided in the 2017-18 Department for Health and Wellbeing Annual Report, which can be accessed at the following link:

<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/publications+and+resources>

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

Appendix: Audited financial statements 2017-18

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under Professional Standards Legislation

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 2018, 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 2018 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.

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.

Other Matter

We previously issued an unmodified audit opinion on 7 September 2018. The attached financial statements include a correction to net assets stated on the financial report. The previously issued financial report incorrectly stated net assets of \$18.565m. These re-issued financial statements correctly state net assets of \$16.293m. This audit opinion and the accompanying financial statements replace those issued on 7 September 2018.

GALPINS ACCOUNTANTS, AUDITORS & BUSINESS CONSULTANTS



Simon Smith CA, FCPA, Registered Company Auditor
Partner

23/10/2018

LOWER EYRE HEALTH ADVISORY COUNCIL INC
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2018

	Note	2018 \$'000	2017 \$'000
Expenses			
Depreciation expense	9	450	442
Grants and subsidies	3	8	25
Net loss from disposal of non-current and other assets	5	4	-
Total expenses		462	467
Income			
Interest revenues	4	3	6
Other revenues/income	6	90	-
Total income		93	6
Net cost of providing services		369	461
Net result		(369)	(461)
Other comprehensive income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment asset revaluation surplus		4,344	-
Total other comprehensive income		4,344	-
Total comprehensive result		3,975	(461)

The above Statement of Comprehensive Income should be read in conjunction with the accompanying notes.

LOWER EYRE HEALTH ADVISORY COUNCIL INC
STATEMENT OF FINANCIAL POSITION
As at 30 June 2018

	Note	2018 \$ '000	2017 \$ '000
Current assets			
Cash and cash equivalents	7	187	192
Total current assets		<u>187</u>	<u>192</u>
		<u>187</u>	<u>192</u>
Non-current assets			
Property, plant and equipment	9	16,106	12,126
Total non-current assets		<u>16,106</u>	<u>12,126</u>
		<u>16,106</u>	<u>12,126</u>
Total assets		<u>16,293</u>	<u>12,318</u>
		<u>16,293</u>	<u>12,318</u>
Net assets		<u>16,293</u>	<u>12,318</u>
		<u>16,293</u>	<u>12,318</u>
Equity			
Asset revaluation surplus		8,294	3,955
Retained earnings		7,999	8,363
Total equity		<u>16,293</u>	<u>12,318</u>
		<u>16,293</u>	<u>12,318</u>

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

LOWER EYRE HEALTH ADVISORY COUNCIL INC
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2018

	Asset revaluation surplus	Retained earnings	Total equity
Note	\$ '000	\$ '000	\$ '000
Balance at 30 June 2016	3,955	8,824	12,779
Net result for 2016-17	-	(461)	(461)
Total comprehensive result for 2016-17	-	(461)	(461)
Balance at 30 June 2017	3,955	8,363	12,318
Net result for 2017-18	-	(369)	(369)
Gain/(loss) on revaluation of land and buildings	4,344	-	4,344
Total comprehensive result for 2017-18	4,344	(369)	3,975
Transfer between equity components	(5)	5	-
Balance at 30 June 2018	8,294	7,999	16,293

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

LOWER EYRE HEALTH ADVISORY COUNCIL INC
STATEMENT OF CASH FLOWS
For the year ended 30 June 2018

	Note	2018 \$ '000	2017 \$ '000
Cash flows from operating activities			
Cash outflows			
Payments of grants and subsidies			
Cash used in operations		(8)	(25)
		<u>(8)</u>	<u>(25)</u>
Cash inflows			
Interest received			
Cash generated from operations		3	6
		<u>3</u>	<u>6</u>
Net cash provided by/(used in) operating activities		<u>(5)</u>	<u>(19)</u>
Net increase/(decrease) in cash and cash equivalents		(5)	(19)
Cash and cash equivalents at the beginning of the period		192	211
Cash and cash equivalents at the end of the period	7	<u>187</u>	<u>192</u>

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

LOWER EYRE HEALTH ADVISORY COUNCIL INC
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2018

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 have been prepared in compliance with section 23 of the *Public Finance and Audit Act 1987*.

The financial statements are general purpose financial statements. The accounts have been prepared in accordance with relevant Australian Accounting Standards (Reduced Disclosure Requirements) and comply with Treasurer's Instructions and accounting policy statements promulgated under the provisions of the *Public Finance and Audit Act 1987*.

The Advisory Council has applied Australian Accounting Standards that are 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.

The Advisory Council did not voluntarily change any of its accounting policies during 2017-18.

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.

LOWER EYRE HEALTH ADVISORY COUNCIL INC
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2018

2 Objectives and activities

The Lower Eyre Health Advisory Council Inc (Advisory Council) was established under the Health Care Act 2008 (the Act) 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

	2018	2017
	\$'000	\$'000
Other	8	25
Total grants and subsidies	8	25

4 Interest revenues

	2018	2017
	\$'000	\$'000
Bank interest	3	6
Total interest revenue	3	6

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

	2018	2017
	\$'000	\$'000
Land and buildings:		
Proceeds from disposal	-	-
Less net book value of assets disposed	(4)	-
Net gain/(loss) from disposal of land and buildings	(4)	-

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.

6 Other revenues/income

	2018	2017
	\$'000	\$'000
Other	90	-
Total other revenues/income	90	-

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

7 Cash and cash equivalents

	2018	2017
	\$'000	\$'000
Cash at bank or on hand: non-government financial institutions	187	192
Total cash	187	192

8 Property, plant and equipment

8.1 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.

8.2 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

8.3 Revaluation

The Advisory Council revalues all land, buildings and site improvements triennially 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.

Revaluation increases and revaluation decreases relating to individual assets within a class of property, are offset against one another within that class, but are not offset in respect of assets in different classes.

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.

8.4 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. The recoverable amount is determined as the higher of the asset's fair value less costs of disposal and depreciated replacement cost. The amount by which the asset's carrying amount exceeds the recoverable amount is recorded as an impairment loss. 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 2018.

LOWER EYRE HEALTH ADVISORY COUNCIL INC
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2018

8.5 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.

9 Reconciliation of property, plant and equipment

The following table shows the movement:

2017-18

	Land \$'000	Buildings \$'000	Total \$'000
Carrying amount at the beginning of the period	860	11,266	12,126
Disposals	-	(4)	(4)
Depreciation	-	(450)	(450)
Revaluation increment / (decrement)	90	-	90
Gains/(losses) for the period recognised in other comprehensive income:			
Revaluation increment / (decrement)	870	3,474	4,344
Carrying amount at the end of the period	1,820	14,286	16,106

Gross carrying amount			
Gross carrying amount	1,820	14,343	16,163
Accumulated depreciation	-	(57)	(57)
Carrying amount at the end of the period	1,820	14,286	16,106

2016-17

	Land \$'000	Buildings \$'000	Total \$'000
Carrying amount at the beginning of the period	860	11,708	12,568
Depreciation	-	(442)	(442)
Carrying amount at the end of the period	860	11,266	12,126
Gross carrying amount			
Gross carrying amount	860	12,179	13,039
Accumulated depreciation	-	(913)	(913)
Carrying amount at the end of the period	860	11,266	12,126

10 Related party transactions

The Advisory Council is controlled by the SA Government.

Related parties of the Advisory Council include all Key Management Personnel and their close family members; all Cabinet Ministers and their close family members; and all public authorities that are controlled and consolidated into the whole of government financial statements and other interests of the Government.

Key Management Personnel

Key management personnel of the Advisory Council includes the Ministers, the Chief Executive of the Department, Chief Executive Officer of Country Health SA Local Health Network Inc and the members of the Advisory Council.

There were no transactions with key management personnel and other related parties that require disclosure.

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.

The carrying amounts of each of the following categories of financial assets and liabilities: held-to-maturity investments; receivables; and financial liabilities measured at cost are detailed below.

Category of financial asset and financial liability	Notes	2018 Carrying amount/ Fair value \$'000	2017 Carrying amount/ Fair value \$'000
<i>Financial assets</i>			
Cash and equivalent			
Cash and cash equivalents	7	187	192
Total financial assets		187	192

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 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.

LOWER EYRE HEALTH ADVISORY COUNCIL INC
CERTIFICATION OF THE FINANCIAL STATEMENTS

We certify that the:

- attached general purpose financial statements of 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 over its financial reporting and its preparation of the financial statements have been effective throughout the financial year.

EM Mickan

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

7 / 9 / 2018

Y Warnock

Yvonne Warnock
Chief Finance Officer
Country Health SA Local Health Network Inc.

7 / 09 / 2018

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

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

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 2018, 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 2018 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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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

11/09/2018

LOWER EYRE HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2018

	Note	2018 \$'000	2017 \$'000
Expenses			
Grants and subsidies	3	114	17
Total expenses		114	17
Income			
Interest revenues	4	3	1
Other revenues/income	5	-	148
Total income		3	149
Net cost of providing services		111	(132)
Net result		(111)	132
Total comprehensive result		(111)	132

The above Statement of Comprehensive Income should be read in conjunction with the accompanying notes.

LOWER EYRE HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST
STATEMENT OF FINANCIAL POSITION

As at 30 June 2018

	Note	2018	2017
		\$ '000	\$ '000
Current assets			
Cash and cash equivalents	6	36	126
Other financial assets	7	70	91
Total current assets		106	217
Total assets		106	217
Net assets		106	217
Equity			
Retained earnings		106	217
Total equity		106	217

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

LOWER EYRE HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2018

	Note	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2016		<u>85</u>	<u>85</u>
Net result for 2016-17		<u>132</u>	<u>132</u>
Total comprehensive result for 2016-17		<u>132</u>	<u>132</u>
Balance at 30 June 2017		<u>217</u>	<u>217</u>
Net result for 2017-18		<u>(111)</u>	<u>(111)</u>
Total comprehensive result for 2017-18		<u>(111)</u>	<u>(111)</u>
Balance at 30 June 2018		<u>106</u>	<u>106</u>

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

LOWER EYRE HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST
STATEMENT OF CASH FLOWS
For the year ended 30 June 2018

	Note	2018 \$ '000	2017 \$ '000
Cash flows from operating activities			
Cash outflows			
Payments of grants and subsidies		(114)	(17)
Cash used in operations		<u>(114)</u>	<u>(17)</u>
Cash inflows			
Other receipts		-	148
Cash generated from operations		<u>-</u>	<u>148</u>
Net cash provided by/(used in) operating activities		<u>(114)</u>	<u>131</u>
Cash flows from investing activities			
Cash outflows			
Purchase of investments		(125)	(21)
Cash used in investing activities		<u>(125)</u>	<u>(21)</u>
Cash inflows			
Proceeds from sale/maturities of investments		149	-
Cash generated from investing activities		<u>149</u>	<u>-</u>
Net cash provided by/(used in) investing activities		<u>24</u>	<u>(21)</u>
Net increase/(decrease) in cash and cash equivalents		(90)	110
Cash and cash equivalents at the beginning of the period		126	16
Cash and cash equivalents at the end of the period	6	<u>36</u>	<u>126</u>

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

LOWER EYRE HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2018

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 have been prepared in compliance with section 23 of the *Public Finance and Audit Act 1987*.

The financial statements are general purpose financial statements. The accounts have been prepared in accordance with relevant Australian Accounting Standards (Reduced Disclosure Requirements) and comply with Treasurer's Instructions and accounting policy statements promulgated under the provisions of the *Public Finance and Audit Act 1987*.

The Trust has applied Australian Accounting Standards that are 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.

The Trust did not voluntarily change any of its accounting policies during 2017-18.

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.

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

	2018	2017
	\$'000	\$'000
Other	114	17
Total grants and subsidies	114	17

LOWER EYRE HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2018

4 Interest revenues

	2018	2017
	\$'000	\$'000
Bank interest	3	1
Total interest revenue	3	1

5 Other revenues/income

	2018	2017
	\$'000	\$'000
Donations	-	148
Total other revenues/income	-	148

6 Cash and cash equivalents

	2018	2017
	\$'000	\$'000
Cash at bank or on hand: non-government financial institutions	36	126
Total cash	36	126

7 Other financial assets

	2018	2017
	\$'000	\$'000
Current		
Term deposits	70	91
Total current investments	70	91
Total investments	70	91

The Trust measures financial assets and debts at historical cost.

8 Related party transactions

The Trust is controlled by the SA Government.

Related parties of the Trust include all Key Management Personnel and their close family members; all Cabinet Ministers and their close family members; and all public authorities that are controlled and consolidated into the whole of government financial statements and other interests of the Government.

Key Management Personnel

Key management personnel of the Trust includes the Ministers, the Chief Executive of the Department, Chief Executive Officer of Country Health SA Local Health Network Inc and the members of the Lower Eyre Health Advisory Council Inc.

There were no transactions with key management personnel and other related parties that require disclosure.

9 Financial instruments / financial risk management

9.1 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 2018

9.2 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.

The carrying amounts of each of the following categories of financial assets and liabilities: held-to-maturity investments; receivables; and financial liabilities measured at cost are detailed below.

Category of financial asset and financial liability	Notes	2018 Carrying amount/ Fair value \$'000	2017 Carrying amount/ Fair value \$'000
<i>Financial assets</i>			
Cash and equivalent			
Cash and cash equivalents	6	36	126
Held to maturity investments			
Other financial assets	7	70	91
Total financial assets		106	217

10 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.

11 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.

LOWER EYRE HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST

CERTIFICATION OF THE FINANCIAL STATEMENTS

We certify that the:

- attached general purpose financial statements of 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 over its financial reporting and its preparation of the financial statements have been effective throughout the financial year.



Elizabeth Mickan

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

4 / 9 / 2018



Yvonne Warncken

Chief Finance Officer
Country Health SA Local Health Network Inc

4 / 09 / 2018