

# LOXTON AND DISTRICTS HEALTH ADVISORY COUNCIL INC 2020-21 Annual Report

LOXTON AND DISTRICTS HEALTH ADVISORY COUNCIL INC. Drabsch Street, Loxton SA 5333

https://www.sahealth.sa.gov.au/LoxtonHAC

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2020-2021 ANNUAL REPORT for the Loxton and Districts Health Advisory Council Inc.

To: Hon Stephen Wade MLC Minister for Health and Wellbeing

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

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

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

Sally Goode

**Presiding Member** 

Date: \_\_<sup>3rd</sup> September 2021

Signature

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# From the Presiding Member



### 2020-2021 PRESIDING MEMBER'S REPORT

Another somewhat depressing year for all of us, and a particularly difficult year for our health staff, who have had to work so hard to accommodate the seemingly daily changes to covid restrictions. Many thanks to all the staff who have ensured the safety of our aged care residents, and our acute patients. Despite all the doom and gloom about covid, and the restrictions imposed on us all, our aged care residents have been able to enjoy daily visits from their loved ones, thanks to the vigilant efforts of the staff caring for them.

We would also like to thank our doctors at the Loxton Health Centre who quietly and efficiently have been organising covid tests and vaccinations for our local community.

Our successful Personal Care Attendant programme, which enabled 14 local residents to start Certificate III in Individual Support in 2020, saw ten students complete the course, under very difficult conditions of lockdown, and on-line training, and our congratulations go to them. We have chosen not to pursue these Certificate III scholarships for the immediate future, partly because we have not seen the uptake in employment as Personal Care Attendants as we had hoped.

Our two midwifery scholarship winners completed their degrees in 2020, one of whom is now undertaking her Transition to Professional Practice Program (TPPP) year at Loxton Hospital. Our other midwifery student is completing her TPPP year in Port Lincoln, which will give her great experience before she returns to Loxton.

Our nursing undergraduate student who was able to accelerate her studies thanks to the \$10,000 scholarship she was awarded by the Health Advisory Council (HAC) is now close to finishing her degree, and we look forward to her returning to Loxton for her bond period.

All these scholarships represent a large investment in training, and are the HAC's contribution towards encouraging local residents to commit to study, and work in the local community. It is only possible because of the sustained support we receive from the community, for which we are very grateful.

In February this year, we were asked by RMCLHN to canvass our community on the matter of Aged Care Strategy. We chose to hold a public meeting and invite members of the community to come and discuss the questions put to us by RMCLHN. On 9 March 2020, the meeting was held at the Loxton Club (and our thanks to the Club for accommodating us) and about 60 local residents attended. It was a most successful meeting, with many questions put by community members, and our thanks are due to the hospital staff members who attended and were able to answer those questions. A very obvious conclusion from the meeting was that members of our

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community are eager to learn a great deal more about Aged Care options, and we hope to be able to facilitate an Aged Care Expo in the future.

In April this year, we responded to a survey being conducted by Patient Assisted Transport Scheme (PATs), following concern expressed to us by local residents. They felt the survey was a pre-cursor to the service being closed to face-to-face interactions, and forcing all consumers into on-line transactions. This is a matter of great concern to the local community, and we provided feedback not only to PATS, but also to the Minister for Health and Wellbeing.

Our fund raising efforts for this year have of course been impacted not only by the covid restrictions, but even the weather. Our doughnut selling session for Easter Saturday was cancelled because of high temperatures. Our \$5 Friday Club has been successful, and certainly those members of the community who have signed up to regular donations are very much appreciated. We are looking in the next year to publicise it to a much greater extent and build the numbers of regular donors.

We continue to enjoy the proceeds from bingo sessions, organised by Bingo for All, and we thank that organisation for including us as a beneficiary in their games. We also thank the members of the community, and our Aged Care residents, who turn up to participate in the bingo sessions and thus contribute to the benefit.

One event that was not cancelled because of covid was the Annual Returned and Services League (RSL) dinner, which was held on 17 April 2021. This important event was the 101<sub>st</sub> anniversary of the Loxton RSL, and was honoured by the presence of the Governor, Hieu Van Li and Mrs Li. The Complex catering team once again donated their time and expertise and provided an excellent dinner. We subsequently received a most generous donation from the RSL, for which we thank them most sincerely. We learnt during the evening that over the years that our Catering Team has been providing the RSL dinners, the RSL has donated \$16,000 to the Complex, which is greatly appreciated. We thank the Catering Team for their magnificent effort.

We have been particularly grateful this year for a very generous bequest from Mr. Charles Harvey. This bequest will enable us to provide new landscaping and a safely fenced environment for our Aged Care residents, which will give them the freedom to wander out into the garden at will. We have also been the recipients of an unexpected, but very much appreciated donation from Loxcare, which has enabled us to buy two sofa beds for use in our Acute section, so that family members can stay with their sick loved ones. The Ladies Bridge Club meets in our Lifestyle Centre very kindly donated funds which enabled us to buy a drop-side cot which allows new mums much easier access to their new-born baby, and also a new baby bath.

We are extremely grateful to these local community organisations for thinking of the hospital in their funds distribution, which enable us to provide the extras that make Loxton Hospital Complex so special.

In addition to these specific donations, the Loxton and Districts HAC has also been able to purchase the following equipment, all of which enhances the patient and staff experience: two rooming in cribs, resuscitation dummies (one adult, one child) for staff training, new furniture, labour ward equipment, an ice machine and a privacy screen for Aged Care. Of particular importance is a piece of equipment that was requested by our local doctors, who have undertaken specific training in order to use it. An ultrasound transducer, or "probe" for use with our existing ultrasound machine will provide rapid diagnosis of heart and lung issues, and reduce the need for

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patients to be transferred to Riverland Regional Hospital. Having such state of the art equipment also improves the attraction of Loxton Hospital to young trainee medical professionals.

I would like to acknowledge the hard work and valuable support of my colleagues on the Health Advisory Council. They are:

Graham Schulz	Treasurer and Deputy Presiding Member
Ruth Firstbrook	Resident Member
Mike Woosnam	Resident Member
Karina Bates	Resident Member
Deb Thiele	Local Government Member
Bill Ebert	Local Member of Parliament nominee
Peter Hamilton	Medical Practitioner Member

I would also like to offer our grateful thanks to the members of the Friends of Loxton Hospital Committee, who unfailingly turn up to assist with fund raising functions for the benefit of the Loxton Hospital Complex.

As always, we offer huge thanks to our community, and the local businesses who support us, and therefore their Hospital Complex so generously, and keep us focussed on advocating for the very best health services for Loxton, the Mallee and the Riverland.

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Sally Goode

### **Presiding Member**

Loxton and Districts Health Advisory Council Inc.

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# **Overview:** about the agency

### Our strategic focus

Our Purpose	<ul> <li>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.</li> <li>The constitution is available at – <u>https://www.sahealth.sa.gov.au/LoxtonHAC</u></li> </ul>
Our Vision	Not applicable
Our Values	Not applicable
Our functions, objectives and deliverables	The Health Advisory Council undertakes an advocacy role on behalf of the community.

### Our organisational structure

Membership of the Health Advisory Council can include:

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

A list of current members is available at:

https://www.sahealth.sa.gov.au/LoxtonHAC

### Changes to the agency

During 2020-21 there were no changes to the agency's structure and objectives as a result of internal reviews or machinery of government changes.

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**Our Minister** 

Hon Stephen Wade MLC is the Minister for Health and Wellbeing in South Australia.

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



### Our Executive team

Not applicable.

### Legislation administered by the agency

Not applicable.

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

Riverland Mallee Coorong Local Health Network Inc. Berri Barmera District Health Advisory Council Inc Coorong Health Service Health Advisory Council Inc Mallee Health Service Health Advisory Council Inc Mannum District Hospital Health Advisory Council Inc Murray Bridge Soldiers' Memorial Hospital Health Advisory Council Inc Renmark Paringa District Health Advisory Council Inc Waikerie & Districts Health Advisory Council Inc

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# 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
Not applicable		

### **Corporate performance summary**

Not applicable.

### **Employment opportunity programs**

Program name	Performance
Not applicable	

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### Agency performance management and development systems

Performance management and development system	Performance
Not applicable	

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

Not applicable.

### Executive employment in the agency

Not applicable.

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# **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 2020-2021 are attached to this report.

Loxton and Districts Health Advisory Council Inc

Statement of Comprehensive Income	2020-21 Budget \$000s	2020-21 Actual \$000s	Variation \$000s	2019-20 Actual \$000s
Total Income	0	0	0	1,370
Total Expenses	0	506	(506)	500
Net Result	0	(506)	(506)	870
Total Comprehensive Result	0	(506)	(506)	870

Statement of Financial Position	2020-21 Budget \$000s	2020-21 Actual \$000s	Variation \$000s	2019-20 Actual \$000s
Current assets	0	0	0	0
Non-current assets	0	12,379	12,379	12,885
Total assets	0	12,379	12,379	12,885
Current liabilities	0	0	0	0
Non-current liabilities	0	0	0	0
Total liabilities	0	0	0	0
Net assets	0	12,379	12,379	12,885
Equity	0	12,379	12,379	12,885

Loxton and Districts Health Advisory Council Inc Gift Fund Trust

Statement of Comprehensive Income	2020-21 Budget \$000s	2020-21 Actual \$000s	Variation \$000s	2019-20 Actual \$000s
Total Income	0	224	224	45
Total Expenses	0	39	(39)	40
Net Result	0	185	185	5
Total Comprehensive Result	0	185	185	5

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Statement of Financial Position	2020-21 Budget \$000s	2020-21 Actual \$000s	Variation \$000s	2019-20 Actual \$000s
Current assets	0	1,174	1,174	967
Non-current assets	0	0	0	0
Total assets	0	1,174	1,174	967
Current liabilities	0	(22)	(22)	0
Non-current liabilities	0	0	0	0
Total liabilities	0	(22)	(22)	0
Net assets	0	1,152	1,152	967
Equity	0	1,152	1,152	967

### **Consultants disclosure**

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

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

Consultancies	Purpose	\$ Actual payment
Not applicable		N/A

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

Consultancies	Purpose	\$ Actual payment
Not applicable		\$ N/A
	Total	\$ O

Data for previous years is available at: <u>https://data.sa.gov.au/data/dataset/riverland-mallee-coorong-local-health-network-rmclhn</u>. Data for years prior to 2019-20 relating to the former Country Health SA Local Health Network is available at: <u>https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network</u>

See also the <u>Consolidated Financial Report of the Department of Treasury and</u> <u>Finance</u> for total value of consultancy contracts across the South Australian Public Sector.

### **Contractors disclosure**

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

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

Contractors	Purpose	\$ Actual payment
Not applicable		N/A

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

Contractors	Purpose	\$ Actual payment
Not applicable		\$ N/A
	Total	\$ O

Data for previous years is available at: <u>https://data.sa.gov.au/data/dataset/riverland-mallee-coorong-local-health-network-rmclhn</u>. Data for years prior to 2019-20 relating to the former Country Health SA Local Health Network is available at: <u>https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network</u>

The details of South Australian Government-awarded contracts for goods, services, and works are displayed on the SA Tenders and Contracts website. <u>View the agency</u> <u>list of contracts</u>.

The website also provides details of across government contracts.

### Other financial information

Nil to report.

### Other information

Not applicable.

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# **Risk management**

### Risk and audit at a glance

Not applicable.

### Fraud detected in the agency

Category/nature of fraud	Number of instances
Not applicable	

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

### Strategies implemented to control and prevent fraud

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

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

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

Data for previous years is available at: <u>https://data.sa.gov.au/data/dataset/riverland-mallee-coorong-local-health-network-rmclhn</u>. Data for years prior to 2019-20 relating to the former Country Health SA Local Health Network is available at: <u>https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network</u>

### Public interest disclosure

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

Nil

Data for previous years is available at: <u>https://data.sa.gov.au/data/dataset/riverland-mallee-coorong-local-health-network-rmclhn.</u> Data for years prior to 2019-20 relating to the former Country Health SA Local Health Network is available at: <u>https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network</u>

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

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# Reporting required under any other act or regulation

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

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

- Provide advice about relevant aspect of the provision of health services, and relevant health issues, goals, priorities, plans and strategic initiatives.
- Encourage community participation in programs.
- Consult with other bodies that are interested in the provision of health services.
- Provide advice to the Minister about any matter referred to it by the Minister or Chief Executive.
- 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.

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# **Public complaints**

### Number of public complaints reported

A Regional Health Network response will be provided in the 2020-21 Riverland Mallee Coorong Local Health Network Annual Report, which can be accessed on the <u>SA Health website</u>.

Complaint categories	Sub-categories	Example	Number of Complaints	
			2020-21	
Not applicable				

Additional Metrics	Total
Not app	blicable

Data for previous years is available at: Reference the applicable Regional LHN Data.SA page <u>https://data.sa.gov.au/data/dataset/riverland-mallee-coorong-local-health-network-rmclhn</u>

Data for years prior to 2019-20 relating to the former Country Health SA Local Health Network is available at: <u>https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network</u>

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### **Service Improvements**

Not applicable

# **Compliance Statement**

Loxton and Districts Health Advisory Council Inc. is compliant with Premier and Cabinet Circular 039 – complaint management in the South Australian public sector	N/A –refer to <u>Riverland</u> <u>Mallee Coorong</u> <u>LHN Inc 2020-</u> <u>21 Annual</u> <u>Report</u>
Loxton and Districts Health Advisory Council Inc. has communicated the content of PC 039 and the agency's related complaints policies and procedures to employees.	N/A –refer to <u>Riverland</u> <u>Mallee Coorong</u> <u>LHN Inc 2020-</u> <u>21 Annual</u> <u>Report</u>

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# Appendix: Audited financial statements 2020-21

#### LOXTON AND DISTRICTS HEALTH ADVISORY COUNCIL INC

#### CERTIFICATION OF THE FINANCIAL STATEMENTS

#### We certify that the:

- financial statements of the Loxton and Districts Health Advisory Council Inc:
  - are in accordance with the accounts and records of the Advisory Council;
  - comply with relevant Treasurer's Instructions;
  - comply with relevant accounting standards; and
  - present a true and fair view of the financial position of the Advisory Council at the end of the financial year and the result of its operation and cash flows for the financial year.
- Internal controls employed by Loxton and Districts Health Advisory Council Inc for the financial year over its financial reporting and its preparation of financial statements have been effective.

Sally Goode Presiding Member of the Loxton and Districts Health Advisory Council Inc VB / OM / 2021

Craig Lukeman Chief Finance Officer

07/09/2021

#### LOXTON AND DISTRICTS HEALTH ADVISORY COUNCIL INC STATEMENT OF COMPREHENSIVE INCOME For the year ended 30 June 2021

Note 2021 2020 \$'000 \$'000 Income Resources received free of charge 2 1,370 \_ Total income 1,370 -Expenses Depreciation 506 500 4 **Total expenses** 506 500 (506) 870 Net result (506) 870 Total comprehensive result



# LOXTON AND DISTRICTS HEALTH ADVISORY COUNCIL INC STATEMENT OF FINANCIAL POSITION

As at 30 June 2021

	Note	2021 \$ '000	2020 \$ '000
Non-current assets			
Property, plant and equipment	4	12,379	12,885
Total non-current assets	_	12,379	12,885
Total assets		12,379	12,885
Net assets	=	12,379	12,885
Equity			
Asset revaluation surplus		5,109	5,109
Retained earnings		7,270	7,776
Total equity		12,379	12,885



#### LOXTON AND DISTRICTS HEALTH ADVISORY COUNCIL INC STATEMENT OF CHANGES IN EQUITY For the year ended 30 June 2021

	Asset		
	revaluation	Retained	Total
	surplus	earnings	equity
	\$ '000	\$ '000	\$ '000
Balance at 30 June 2019	5,109	6,906	12,015
Net result for 2019-20	-	870	870
Total comprehensive result for 2019-20	-	870	870
Balance at 30 June 2020	5,109	7,776	12,885
Net result for 2020-21	-	(506)	(506)
Total comprehensive result for 2020-21	-	(506)	(506)
Balance at 30 June 2021	5,109	7,270	12,379



#### LOXTON AND DISTRICTS HEALTH ADVISORY COUNCIL INC STATEMENT OF CASH FLOWS For the year ended 30 June 2021

	Note	2021	2020
Net cash provided by/(used in) operating activities		-	-
Net cash provided by/(used in) investing activities	_	-	-
Net cash provided by/(used in) financing activities	_	-	-
Net increase/(decrease) in cash and cash equivalents		-	-
Cash and cash equivalents at the beginning of the period		-	-
Cash and cash equivalents at the end of the period	5	-	-



#### 1 About Loxton and Districts Health Advisory Council Inc

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

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

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

The Advisory Council is controlled by Riverland Mallee Coorong Local Health Network Inc.

#### **1.1** Objectives and activities

The 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.

#### 1.2 Basis of preparation

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

- section 23 of the Public Finance and Audit Act 1987;
- Treasurer's Instructions and Accounting Policy Statements issued by the Treasurer under the Public Finance and Audit Act 1987; and
- relevant Australian Accounting Standards (with reduced disclosure requirements) applicable to not-for-profit entities, as the Advisory Council is a not-for-profit entity.

The financial statements have been prepared based on a 12 month period and presented in Australian currency. All amounts in the financial statements and accompanying notes have been rounded to the nearest thousand dollars (\$'000).

The historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured.

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

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

#### 1.3 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.

#### LOXTON AND DISTRICTS HEALTH ADVISORY COUNCIL INC NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS For the year ended 30 June 2021

#### 1.4 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.

#### 1.5 Changes in accounting policy

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

#### 1.6 Impact of COVID-19 pandemic

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

#### 2 Resources received free of charge

	2021	2020
	\$'000	\$'000
Land and buildings	-	1,370
Total resources received free of charge	-	1,370

#### **3** Property, plant and equipment

#### 3.1 Acquisition and recognition

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

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

#### 3.2 Depreciation

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

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

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

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

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

#### 3.3 Revaluation

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

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

#### 3.4 Impairment

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

There were no indications of impairment of property and infrastructure as at 30 June 2021.

#### 3.5 Valuation of land and buildings

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

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

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

#### 4 Reconciliation of property, plant and equipment

The following table shows the movement:

2020-21	Land \$'000	Buildings \$'000	Total \$'000
Carrying amount at the beginning of the period	320	12,565	12,885
Subtotal:	320	12,565	12,885
Gains/(losses) for the period recognised in net result:			
Depreciation	-	(506)	(506)
Subtotal:	-	(506)	(506)
Gains/(losses) for the period recognised in other comprehensive income:			
Carrying amount at the end of the period	320	12,059	12,379
Gross carrying amount			
Gross carrying amount	320	13,606	13,926
Accumulated depreciation	-	(1,547)	(1,547)
Carrying amount at the end of the period	320	12,059	12,379

#### 5 Contingent assets and liabilities

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

#### 6 Key Management Personnel

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

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

#### 7 Remuneration of Council members

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



Accountants, Auditors & Business Consultants

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

#### **Report on the Financial Report**

#### Audit Opinion

We have audited the accompanying financial report of Loxton and Districts Health Advisory Council Inc. (the Health Advisory Council), which comprises the statement of financial position as at 30 June 2021, 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 Loxton and Districts Health Advisory Council Inc. presents fairly in accordance with Treasurer's Instructions promulgated under the provisions of the Public Finance and Audit Act 1987, Department of Health Accounting Policies, the Health Care Act 2008, applicable Accounting Standards and other mandatory professional reporting requirements in Australia, the financial position of Loxton and Districts Health Advisory Council Inc. as at 30 June 2021 and the results of its operations and its cash flows for the year then ended.

#### **Basis for Opinion**

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Health Advisory Council in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (including Independence Standards) (the Code) that are relevant to our audit of the financial report in Australia, and we have fulfilled our other ethical responsibilities in accordance with the Code.

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

#### Health Advisory Council's Responsibility for the Financial Report

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

#### 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

10/09/2021

#### LOXTON AND DISTRICTS HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST

#### CERTIFICATION OF THE FINANCIAL STATEMENTS

We certify that the:

- financial statements of the Loxton and Districts Health Advisory Council Inc Gift Fund Trust:
  - are in accordance with the accounts and records of the Trust;
  - comply with relevant Treasurer's Instructions;
  - comply with relevant accounting standards; and
  - present a true and fair view of the financial position of the Trust at the end of the financial year and the result of its operation and cash flows for the financial year.
- Internal controls employed by Loxton and Districts Health Advisory Council Inc Gift Fund Trust for the financial year over its financial reporting and its preparation of financial statements have been effective.

iovde-

Sally Goode Presiding Member of the Loxton and Districts Health Advisory Council Inc (the Trustee)

08 109 1 2021

Craig Lukeman Chief Finance Officer

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### LOXTON AND DISTRICTS HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST STATEMENT OF COMPREHENSIVE INCOME

For the year ended 30 June 2021

	Note	2021 \$'000	2020 \$'000
Income			
Interest	2	8	17
Other revenues/income	3	216	28
Total income		224	45
Expenses			
Supplies and services	4	-	2
Grants and subsidies	5	39	38
Total expenses		39	40
Net result		185	5
Total comprehensive result		185	5



#### LOXTON AND DISTRICTS HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST STATEMENT OF FINANCIAL POSITION As at 30 June 2021

	Note	2021 \$ '000	2020 \$ '000
Current assets			
Cash and cash equivalents	6	254	49
Receivables	7	5	4
Other financial assets	8	915	914
Total current assets	_	1,174	967
Total assets		1,174	967
Current liabilities			
Payables	9	22	-
Total current liabilities	_	22	-
Total liabilities	=	22	-
Net assets		1,152	967
Equity			
Retained earnings		1,152	967
Total equity		1,152	967
	—		



#### LOXTON AND DISTRICTS HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST STATEMENT OF CHANGES IN EQUITY For the year ended 30 June 2021

	Retained	Total
	earnings	equity
	\$ '000	\$ '000
Balance at 30 June 2019	962	962
Net result for 2019-20	5	5
Total comprehensive result for 2019-20	5	5
Balance at 30 June 2020	967	967
Net result for 2020-21	185	185
Total comprehensive result for 2020-21	185	185
Balance at 30 June 2021	1,152	1,152



#### LOXTON AND DISTRICTS HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST STATEMENT OF CASH FLOWS For the year ended 30 June 2021

Cash flows from operating activities	Note	2021 \$ '000	2020 \$ '000
Cash inflows		φ 000	φ 000
Interest received		6	24
Other receipts		216	28
Cash generated from operations	_	222	52
Cash outflows			
Payments for supplies and services		-	(2)
Payments of grants and subsidies		(17)	(38)
Cash used in operations	_	(17)	(40)
Net cash provided by/(used in) operating activities	_	205	12
Net increase/(decrease) in cash and cash equivalents		205	12
Cash and cash equivalents at the beginning of the period		49	37
Cash and cash equivalents at the end of the period	6	254	49



#### LOXTON AND DISTRICTS HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS For the year ended 30 June 2021

#### 1 About Loxton and Districts Health Advisory Council Inc Gift Fund Trust

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

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

The Trust is controlled by Riverland Mallee Coorong Local Health Network Inc.

#### 1.1 Objectives and activities

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

The Trust is established to:

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

#### 1.2 Basis of preparation

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

- section 23 of the Public Finance and Audit Act 1987;
- Treasurer's Instructions and Accounting Policy Statements issued by the Treasurer under the Public Finance and Audit Act 1987; and
- relevant Australian Accounting Standards (with reduced disclosure requirements) applicable to not-for-profit entities, as the Trust is a not-for-profit entity.

The financial statements have been prepared based on a 12 month period and presented in Australian currency. All amounts in the financial statements and accompanying notes have been rounded to the nearest thousand dollars (\$'000).

The historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured.

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

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

#### 1.3 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.

#### **1.4** Changes in accounting policy

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

#### 1.5 Impact of COVID-19 pandemic

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

#### LOXTON AND DISTRICTS HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS For the year ended 30 June 2021

#### 2 Interest

_		2021	2020
		\$'000	\$'000
	Bank interest	8	17
	Total interest revenue	8	17
3	Other revenues/income		
5	Other revenues/meonie	2021	2020
		\$'000	\$'000
	Donations	214	22
	Other	2	6
	Total other revenues/income	216	28
4	Supplies and sources		
4	Supplies and services	2021	2020
		\$'000	2020 \$'000
	Other supplies and services	÷ 000	<b>\$ 000</b> 2
	Total supplies and services	-	2
_			
5	Grants and subsidies		
		2021	2020
	Other	<b>\$'000</b> 39	<b>\$'000</b> 38
	Total grants and subsidies	<u> </u>	38
	8		
6	Cash and cash equivalents		
	-	2021	2020
		\$'000	\$'000
	Cash at bank or on hand	254	49
	Total cash	254	49
7	Receivables		
		2021	2020
	Current	\$'000	\$'000
	Interest Total current receivables	<u> </u>	4
		5	
	Total receivables	5	4
8	Other financial assets		
		2021	2020
	Current Tarm denosite	\$'000	<b>\$'000</b>
	Term deposits Total current investments	915 915	914 <b>914</b>
	Total investments	915	914

#### 9 Payables

	2021	2020
Current	\$'000	\$'000
Creditors and accrued expenses	22	-
Total current payables	22	-
Total payables	22	-

#### **10** Contingent assets and liabilities

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

#### 11 Financial instruments / financial risk management

#### 11.1 Financial risk management

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

#### 11.2 Categorisation of financial instruments

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	2021 Carrying amount \$'000	2020 Carrying amount \$'000
Financial assets			
Cash and equivalent			
Cash and cash equivalents	6	254	49
Amortised cost			
Receivables	7	5	4
Other financial assets	8	915	914
Total financial assets		1,174	967
Financial liabilities			
Financial liabilities at amortised cost			
Payables	9	22	-
Total financial liabilities		22	-

<sup>(1)</sup> Receivable and payable amounts disclosed here exclude statutory receivables and payables such as GST receivables and payables.

#### 12 Key Management Personnel

Key management personnel of the Advisory Council include the Minister, the Chief Executive of the Department, board members and the Chief Executive Officer of Riverland Mallee Coorong Local Health Network Inc and the members of the Advisory Council.

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.

#### 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.





Accountants, Auditors & Business Consultants

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### INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE LOXTON AND DISTRICTS HEALTH ADVISORY COUNCIL INC. GIFT FUND TRUST

#### **Report on the Financial Report**

We have audited the accompanying financial report of Loxton and Districts Health Advisory Council Inc. Gift Fund Trust (the Gift Fund Trust), which comprises the statement of financial position as at 30 June 2021, 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 Loxton and Districts Health Advisory Council Inc. Gift Fund Trust presents fairly in accordance with Treasurer's Instructions promulgated under the provisions of the Public Finance and Audit Act 1987, Department of Health Accounting Policies, the Health Care Act 2008, applicable Accounting Standards and other mandatory professional reporting requirements in Australia, the financial position of Loxton and Districts Health Advisory Council Inc. Gift Fund Trust as at 30 June 2021 and the results of its operations and its cash flows for the year then ended.

#### **Basis for Opinion**

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Health Advisory Council in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (including Independence Standards) (the Code) that are relevant to our audit of the financial report in Australia, and we have fulfilled our other ethical responsibilities in accordance with the Code.

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

#### Health Advisory Council's Responsibility for the Financial Report

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

#### 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

10/09/2021