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**Government
of South Australia**

**SOUTHERN FLEURIEU HEALTH ADVISORY
COUNCIL INC
2021-22 Annual Report**

SOUTHERN FLEURIEU HEALTH ADVISORY COUNCIL
Harbourview Terrace, Victor Harbor SA 5211

<https://www.sahealth.sa.gov.au/SouthernFleurieuHAC>

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Date presented to Minister: 5 October 2022

To:

Hon Chris Picton MP

Minister for Health and Wellbeing

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

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

Submitted on behalf of the Southern Fleurieu Health Advisory Council by:

A handwritten signature in black ink, appearing to read 'Roslyn Hocking', written in a cursive style.

Roslyn Hocking
Deputy Presiding Member

Date: 4 October 2022

Late Submission due to resignation of Presiding Member.

From the Deputy Presiding Member

Governance

The Southern Fleurieu Health Advisory Council (SFHAC) was established in 2008 by the Minister for Health and Wellbeing under the *Health Care Act 2008*.

Our last Annual General Meeting was held on 9 November 2021. No nominations were received for the Medical Practitioner Member position which remains vacant. Loretta Byers was appointed to the position of Resident Member.

John Crompton who had been the local Elected Member of Parliament representative for twelve years moved to a Resident Member position on 5 April 2022 to concentrate on the Hospital History and Centenary Project and was replaced by Catherine Jamieson on 23 June 2022 as Elected Member representative. Sincere thanks go to John for his dedicated work in his former role.

Louise Nicholson was appointed on 10 May 2022 as Resident Member and Roslyn Hocking continues as Deputy Presiding Member.

Jenni Hewett joined the Council as Staff Member representative through her work at Southern Fleurieu Health Service (SFHS) as Manager Volunteer Services. Jenni presents a valuable adjunct to our Council through enabling a close affiliation with and appreciation of the valuable services performed by our resolute hospital volunteers. Overall, there is now a broad depth of skills, knowledge, experience and expertise among members of the SFHAC.

Twelve ordinary meetings and an Annual General Meeting were held during the reporting period.

Our Council Members participated in All-Staff Forums presented by BHFLHN CEO, Rebecca Graham throughout the period, together with Site Development Planning Workshops for the new Emergency Department at SFHS. Additionally, members contributed to the revision of the HAC Induction Booklet for new members and participated in face-to-face meetings with consultants undertaking a BHFLHN Clinical Services Plan for the Southern Fleurieu and Kangaroo Island sub-region.

SFHAC provided input and feedback to consultants undertaking a review of Strategic Planning for BHFLHN and were kept abreast of further updates to costings to the proposed site redevelopment for the Emergency Department, Renal and Central Sterile Supply Department. Alison King maintained liaison with our Council regarding the proposed upgrades and regularly sought feedback from members regarding the Southern Fleurieu Profile and Service Planning Document through a Clinical Services Planning and Engagement consultancy and workshop. This enabled considerable input from our members into Country Health Connect Clinical Services Planning and the need for expansion of facilities on the Southern Fleurieu Health Services site.

Declaration of Conflict of Interest

No declaration of a conflict of interest was made by any member during the reporting period.

Palliative Care

Palliative Care remained our major Action Plan priority during 2021. Accordingly, close liaison was maintained with palliative care staff, with HAC assistance being provided as much as possible to assist with resources, succession planning and the possible future planning of an increased palliative care presence within SFHS. Members though are still awaiting the outcome of the Clinical Services Plan to determine what additional support and assistance will be provided by the new Minister for Health and Wellbeing to this important health care service. Members also attended community forums and workshops throughout the period, including Ageing Well in your Community and Presiding Member Forums. I contributed to a community consultation process into the review of the *Advance Care Directive Act, 2013* and several recommendations made are being incorporated into updates to the Act.

Advance Care Directive (ACD) Assist

This program, initially developed by SFHAC with the advice and assistance of Dr Robert Thornton, Gerontologist, and a former member of SFHAC, was designed to train volunteers to assist members of the public who wished to complete an ACD, but who wanted advice and assistance for doing so before completing the document in preparation for the witnessing process.

Although successful, it became obvious that a coordinator would be better placed to oversee the project together with recruiting suitable volunteers, undertaking training and presenting the service to community members in the Local Government Districts of Victor Harbor, Alexandrina, and Yankalilla. The City of Victor Harbor was successful in obtaining a grant to run the program which will better inform clients when filling in ACD forms in readiness for witnessing before a Justice of the Peace. The model, if successful, will serve as a forerunner to further similar programs that will eventually be implemented throughout South Australia.

General

The Hospital History Research Project sub-committee continued its fine work in researching material to be included in a book to be published to celebrate the centenary of the hospital and fundraising is underway to support in-part costs of the project.

Following the success of our initial joint wine selling project with the Hospital Auxiliary to raise funds for the hospital, \$8,000 was raised from the sale of "Matron's Choice" wine. Funds raised will be used to purchase additional medical equipment for the hospital. Work is again under way to prepare and sell an additional one hundred dozen bottles of wine.

Unfortunately, members of the Hospital Auxiliary Committee passed a resolution to wind up the affairs of their incorporated body due to falling membership and lack of persons prepared to serve on the executive committee. However, due to the longstanding high community regard for this committee the SFHAC resolved to

oversee the functions of the Auxiliary moving forward to maintain opportunities for fundraising and securing bequests and donations.

Similarly, the hospital volunteer “*Trolley Dollies*” ceased operating during the year due to Covid-19 restrictions and assets held were transferred to the SFHAC bank account.

Following the tragic death of a scuba diver who collapsed and died when leaving the ocean at Encounter Bay, and the realisation that no defibrillator equipment was located in that locality, our HAC wrote to the Commissioner, St John Ambulance Service, and secured a defibrillator unit (partly funded by Encounter Bay Rotary Club) and with the assistance of the City of Victor Harbor Council, the unit was installed at the Encounter Bay Boat Ramp. This initiative was well received in the community as a much-needed community safety initiative.

Council members again participated in Volunteer Week celebrations and had an opportunity to express gratitude to our hospital volunteers for their untiring efforts at SFHS undertaking roles and functions that were important to staff and patients at the site.

We would especially like to commend all staff at SFHS for their dedicated work and commitment to providing well above average services and patient care throughout the pandemic interrupted year. It was noticeable that staff were stretched to the limit in undertaking their various roles, often at the expense of their own personal health and wellbeing. Most commendable though, was the manner that staff worked to motivate and support each other, establishing an outstanding team environment and peer support network which did much to alleviate the stress being generated by the pandemic. Especially commendable was the consistently high feedback received from patients and other clients regarding the high quality of services received and on display at the hospital.

Our Council maintains communication between SFHAC and staff by way of regular news bulletins and with the assistance of staff representative Jenni Hewett. ID badges have also been issued to Council members for identification purposes when visiting SFHS.

Finance

Of continuing disquiet is the fact that gifts, donations, and bequests have continued to decline, no doubt influenced by the pandemic and increasing concerns over rising inflation and the state of the economy. Deposited HAC funds only attract 0.4% interest which inhibits our ability to build sufficient reserves to offset the regular calls to our Council for purchases of medical equipment to support the hospital and health services.

It was unfortunate that a joint proposal between SFHAC and Victor Harbor Private Hospital to purchase a property located directly opposite the proposed new Emergency Department was unable to be purchased without a finalised master plan for the site, which will soon be undertaken.

HAC Funding

The amount remained at \$5,000 for the year which was used for accounting, auditing, and ancillary administrative purposes. \$10,000 is expected to be provided from 2022-23.

Community Engagement

Although community engagement is envisaged as being a fundamental role of HACs, this again has been severely impacted by COVID. This was highlighted when the Yankalilla Medical Centre closed, leaving approximately 3,000 patients without health services. Patients have been redirected to Adelaide and to the Emergency Department at SFHS placing additional stress on the existing overstretched services.

SFHAC recently has enjoyed its introduction to the BHFLHN Consumer and Community Engagement Strategy, which was launched in November 2021.

Memorandum of Understanding (MoU)

A Memorandum of Understanding was agreed between the six Health Advisory Councils and Barossa Hills Fleurieu Local Health Network Governing Board. The purpose of the MOU is to establish a framework for the collaboration between the organisations and to express the common goals or vision of the parties to the MOU

The SFHAC also oversaw the administration of the following:

- Health Advisory Council Incorporated Gift Fund Trust Account.
- Receiving Charitable Gifts and Donations.
- Awarding Scholarships.
- Working with Jenni Hewett in assisting and thanking the many volunteers who contribute substantial time towards the provision of services throughout this hospital.
- Organising combined liaison meetings of SFHAC, Hospital Auxiliary and Victor Harbor Private Hospital.
- Arranging guest speakers at SFHAC meetings, including information on mental health issues, site development updates South Australian Ambulance Service (SAAS), and planning and consulting matters.
- We addressed other matters such as a further request for expansion of premises from the Victor Harbor Community Child Care Centre, and finalising Lease Agreements with visiting Specialists.

Initiatives included:

- Participated in funding Trans Perineal Prostate Biopsy Equipment for use at SCDH.
- Purchased Tonometer equipment for the Emergency Department.
- Purchased Catheter Mannequins for nurse training purposes.
- Secured a defibrillator for installation at the Encounter Bay Boat Ramp.
- Provided outdoor screening to the Chemotherapy Unit.
- Fleurieu Region Community Supervisory Committee (FRCSAC) together with Council of the Ageing (COTA) have approved our request for the provision of a part-time coordinator to oversee the Advance Care Direct Assist program (ACD)

Assist) throughout the Local Government Districts of City of Victor Harbor, Alexandrina Council and Yankalilla Council.

General

Latest census figures (2020) demonstrate a marked increase in inward movement of residents into Victor Harbor and surrounds, no doubt attributable to the impact of the COVID-19 pandemic predominant in the eastern states. Having the highest 65+ aged population in South Australia, Victor Harbor is presently experiencing a property surge that sees some listed houses being sold in less than a week.

Infrastructure is stretched, and this is nowhere more evident than in the provision of health care services throughout the Southern Fleurieu Health Services area. Fortunately, the awarding of Federal and State funding of \$15.3 million will enable the upgrade of our already overstretched Emergency Department and Acute Renal Unit at this Hospital. However, attention to forward planning for other health care services will also need to be undertaken at the earliest available opportunity and this will involve significant participation in Master Planning by our HAC.

The Minister for Health and Wellbeing has tasked SFHAC with assisting SAAS with locating a suitable site for the redevelopment of the Victor Harbor Ambulance Depot. Work is presently underway to transfer hospital land at the Southern Fleurieu Health Service site to SFHAC. Additionally, preparation of a lease agreement between SFHAC and Victor Harbor Private Hospital is currently being developed.

SFHAC have identified the following key areas as being of high priority to cope with present and future health service requirements:

- Palliative Care
- Mental Health and Drug and Alcohol Services
- Dementia Clinic
- Aged Care Services
- Extension of Radiology services at SCDH between 10-30pm and 8-00am
- Development of a SFHAC Facebook page
- Continued promotion of COVID-19 vaccination for all Southern Fleurieu residents
- Promote donations and bequests to SFHAC for purchase of medical equipment and health services needs
- Continued support for the *ACD Assist* program

The BHFLHN Consumer and Community Engagement Strategy acknowledges the special role that HACs play in their local communities and the value this systemic local engagement and advocacy function can bring to country health services. It also acknowledges the legislative responsibility applied to HACs that ensures they are best placed to provide a broad whole-of-community perspective to community participation and engagement.

At the State Combined Regional LHN HAC Conference I attended at Murray Bridge in October 2021, the then Minister for Health and Wellbeing, Stephen Wade made the following strong comments to the attendees:

LHNs cannot function effectively without HACs.

HACs cannot function effectively without LHN.

HACs are the eyes and ears of their communities. They are more important now than ever.

The Southern Fleurieu Health Service catchment area incorporates Victor Harbor, Yankalilla, and Goolwa-Port Elliot and additionally portions of the communities of Strathalbyn and Mount Compass to Cape Jarvis. As we go forward more needs to be done in reaching out to these communities to ascertain their health care needs in line with our legislated functions and roles as contained in the *Health Care Act 2008*. (Role, Functions and Powers reviewed and reconfirmed in 2021).

Importantly, the six BHFLHN Presiding Members have formed a close association and have established strong lines of communication to discuss and share common problems and topics of relevance and interest to members.

My special thanks go to the members of SFHAC who have contributed their considerable time, skills, and knowledge to the Council throughout the reporting period in frequently difficult circumstances due to the COVID-19 pandemic. No doubt our members and incoming members are well positioned to face future similar challenges that may arise and will continue to support the provision of best practice health services throughout the Southern Fleurieu Health Services area.



Roslyn Hocking
Deputy Presiding Member
Southern Fleurieu Health Advisory Council Inc

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Overview: about the agency

Our strategic focus

Our Purpose	The Health Advisory Council was established by the then Minister for Health and Ageing to undertake an advocacy role on behalf of the community and to provide advice in relation to health matters, amongst other functions. The constitution is available at – https://www.sahealth.sa.gov.au/SouthernFleurieuHAC
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. Undertake such other activities as the Advisory Council may determine for the benefit or support of health services in the Southern Fleurieu Health Services Area.

Our organisational structure

Membership of the Health Advisory Council can include:

- Up to eight community members
- A 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/SouthernFleurieuHAC>

Changes to the agency

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

Our Minister

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

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



Our Executive team

Not applicable.

Legislation administered by the agency

Not applicable.

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

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

The agency's performance

Performance at a glance

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

Agency response to COVID-19

Not applicable.

Agency contribution to whole of Government objectives

Key objective	Agency's contribution
Not applicable.	

Agency specific objectives and performance

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

Agency objectives	Indicators	Performance
Not applicable.		

Corporate performance summary

Not applicable.

Employment opportunity programs

Program name	Performance
Not applicable.	

Agency performance management and development systems

Performance management and development system	Performance
Not applicable.	

Work health, safety and return to work programs

Program name	Performance		
Not applicable.			
Workplace injury claims	Current year 2021-22	Past year 2020-21	% Change (+ / -)
Total new workplace injury claims	n/a	n/a	n/a
Fatalities	n/a	n/a	n/a
Seriously injured workers*	n/a	n/a	n/a
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	n/a	n/a	n/a

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

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

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

***before third party recovery*

Executive employment in the agency

Executive classification	Number of executives
Not applicable.	

Financial performance

Financial performance at a glance

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

Southern Fleurieu Health Advisory Council Inc

Statement of Comprehensive Income	2021-22 Budget \$000s	2021-22 Actual \$000s	Variation \$000s	Past year 2020-21 Actual \$000s
Total Income	0	3	3	3
Total Expenses	0	65	(65)	65
Net Result	0	(62)	(62)	(62)
Total Comprehensive Result	0	(62)	(62)	(62)

Statement of Financial Position	2021-22 Budget \$000s	2021-22 Actual \$000s	Variation \$000s	Past year 2020-21 Actual \$000s
Current assets	0	0	0	0
Non-current assets	0	2,641	2,641	2,703
Total assets	0	2,641	2,641	2,703
Current liabilities	0	0	0	0
Non-current liabilities	0	0	0	0
Total liabilities	0	0	0	0
Net assets	0	2,641	2,641	2,703
Equity	0	2,641	2,641	2,703

Southern Fleurieu Health Advisory Council Inc Gift Fund Trust

Statement of Comprehensive Income	2021-22 Budget \$000s	2021-22 Actual \$000s	Variation \$000s	Past year 2020-21 Actual \$000s
Total Income	0	4	4	6
Total Expenses	0	31	(31)	29
Net Result	0	(27)	(27)	(23)
Total Comprehensive Result	0	(27)	(27)	(23)

Statement of Financial Position	2021-22 Budget \$000s	2021-22 Actual \$000s	Variation \$000s	Past year 2020-21 Actual \$000s
Current assets	0	455	455	482
Non-current assets	0	0	0	0
Total assets	0	455	455	482
Current liabilities	0	0	0	0
Non-current liabilities	0	0	0	0
Total liabilities	0	0	0	0
Net assets	0	455	455	482
Equity	0	455	455	482

Consultants disclosure

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

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

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

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

Consultancies	Purpose	\$ Actual payment
Not applicable.		

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

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

Contractors disclosure

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

Contractors with a contract value below \$10,000

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

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

Contractors	Purpose	\$ Actual payment
Not applicable.		

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

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

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

Risk management

Risk and audit at a glance

Not applicable.

Fraud detected in the agency

Category/nature of fraud	Number of instances
Not applicable.	

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

Strategies implemented to control and prevent fraud

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

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

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

Public interest disclosure

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

Nil.

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

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

Reporting required under any other act or regulation

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

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

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

Public complaints

Number of public complaints reported

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

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

Additional Metrics	Total
Not applicable.	

Service Improvements

Not Applicable

Compliance Statement

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

Appendix:

Audited financial statements 2021-22



INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE SOUTHERN FLEURIEU HEALTH ADVISORY COUNCIL INC.

Report on the Financial Report

Audit Opinion

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

In our opinion, the financial report of Southern Fleurieu 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 Southern Fleurieu Health Advisory Council Inc. as at 30 June 2022 and the results of its operations and its cash flows for the year then ended.

Basis for Opinion

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

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

Health Advisory Council's Responsibility for the Financial Report

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

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Auditor's Responsibility for the Audit of the Financial Report

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

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

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

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

GALPINS ACCOUNTANTS, AUDITORS & BUSINESS CONSULTANTS



Jessica Kellaway CA, CPA, Registered Company Auditor
Director

21/09/2022

SOUTHERN FLEURIEU HEALTH ADVISORY COUNCIL INC

CERTIFICATION OF THE FINANCIAL STATEMENTS

We certify that the:

- financial statements of the Southern Fleurieu 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 Southern Fleurieu Health Advisory Council Inc for the financial year over its financial reporting and its preparation of financial statements have been effective.



Michael McRae
Presiding Member of the Southern Fleurieu Health Advisory
Council Inc

7 / 9 / 2022



Rose Dickinson
Executive Director, Finance Services

09 / 09 / 2022

SOUTHERN FLEURIEU HEALTH ADVISORY COUNCIL INC
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2022

	Note	2022 \$'000	2021 \$'000
Income			
Resources received free of charge	2	3	3
Total income		3	3
Expenses			
Depreciation	4	62	62
Audit fees		3	3
Total expenses		65	65
Net result		(62)	(62)
Total comprehensive result		(62)	(62)

The accompanying notes form part of these financial statements.

SOUTHERN FLEURIEU HEALTH ADVISORY COUNCIL INC
STATEMENT OF FINANCIAL POSITION
As at 30 June 2022

	Note	2022 \$ '000	2021 \$ '000
Non-current assets			
Property, plant and equipment	4	2,641	2,703
Total non-current assets		2,641	2,703
Total assets		2,641	2,703
Net assets		2,641	2,703
Equity			
Asset revaluation surplus		1,704	1,704
Retained earnings		937	999
Total equity		2,641	2,703

The accompanying notes form part of these financial statements.

SOUTHERN FLEURIEU HEALTH ADVISORY COUNCIL INC
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2022

	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2020	1,704	1,061	2,765
Net result for 2020-21	-	(62)	(62)
Total comprehensive result for 2020-21	-	(62)	(62)
Balance at 30 June 2021	1,704	999	2,703
Net result for 2021-22	-	(62)	(62)
Total comprehensive result for 2021-22	-	(62)	(62)
Balance at 30 June 2022	1,704	937	2,641

The accompanying notes form part of these financial statements.

SOUTHERN FLEURIEU HEALTH ADVISORY COUNCIL INC
STATEMENT OF CASH FLOWS
For the year ended 30 June 2022

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

The accompanying notes form part of these financial statements.

1 About Southern Fleurieu Health Advisory Council Inc (the Advisory Council)

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

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

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

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

1.1 Objectives and activities

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

The Advisory Council is established to:

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

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

1.2 Basis of preparation

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

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

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

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

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

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

1.3 Equity

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

1.4 Changes in accounting policy

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

1.5 Impact of COVID-19 pandemic

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

2 Resources received free of charge

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

The contribution of services recognised are for audit fees paid or payable \$3,000 (\$3,000) by Barossa Hills Fleurieu Local Health Network Inc for the audit of financial statements of the Advisory Council performed by Galpins Accountants Auditors and Business Consultants.

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

3 Property, plant and equipment

3.1 Acquisition and recognition

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

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

3.2 Depreciation

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

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

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

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

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

3.3 Revaluation

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

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

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

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

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

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

3.4 Impairment

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

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

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

3.5 Valuation of land and buildings

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

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

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

4 Reconciliation of property, plant and equipment

The following table shows the movement:

2021-22	Land	Buildings	Total
	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	1,610	1,093	2,703
Depreciation	-	(62)	(62)
Carrying amount at the end of the period	1,610	1,031	2,641
Gross carrying amount			
Gross carrying amount	1,610	1,285	2,895
Accumulated depreciation	-	(254)	(254)
Carrying amount at the end of the period	1,610	1,031	2,641

5 Contingent assets and liabilities

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

6 Key Management Personnel

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

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

7 Remuneration of Council members

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



INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF THE SOUTHERN FLEURIEU HEALTH ADVISORY COUNCIL INC. GIFT FUND TRUST

Report on the Financial Report

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

In our opinion, the financial report of Southern Fleurieu 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 Southern Fleurieu Health Advisory Council Inc. Gift Fund Trust as at 30 June 2022 and the results of its operations and its cash flows for the year then ended.

Basis for Opinion

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

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

Health Advisory Council's Responsibility for the Financial Report

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

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Auditor's Responsibility for the Audit of the Financial Report

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

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

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

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

GALPINS ACCOUNTANTS, AUDITORS & BUSINESS CONSULTANTS



Jessica Kellaway CA, CPA, Registered Company Auditor
Director

21/09/2022

SOUTHERN FLEURIEU HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST

CERTIFICATION OF THE FINANCIAL STATEMENTS

We certify that the:

- financial statements of the Southern Fleurieu 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 Southern Fleurieu Health Advisory Council Inc Gift Fund Trust for the financial year over its financial reporting and its preparation of financial statements have been effective.



Michael McRae
Presiding Member of Southern Fleurieu Health Advisory
Council Inc (the Trustee)

7 / 9 / 2022



Rose Dickinson
Executive Director, Finance Services

09 / 09 / 2022

SOUTHERN FLEURIEU HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2022

	Note	2022 \$'000	2021 \$'000
Income			
Interest		2	4
Resources received free of charge	2	2	2
Total income		4	6
Expenses			
Grants		29	27
Audit fees		2	2
Total expenses		31	29
Net result		(27)	(23)
Total comprehensive result		(27)	(23)

The accompanying notes form part of these financial statements.

SOUTHERN FLEURIEU HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST
STATEMENT OF FINANCIAL POSITION
As at 30 June 2022

	2022	2021
	\$ '000	\$ '000
Current assets		
Cash and cash equivalents	37	26
Term Deposits	418	456
Total current assets	<u>455</u>	<u>482</u>
Total assets	<u>455</u>	<u>482</u>
Net assets	<u>455</u>	<u>482</u>
Equity		
Retained earnings	455	482
Total equity	<u>455</u>	<u>482</u>

The accompanying notes form part of these financial statements.

SOUTHERN FLEURIEU HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2022

	Retained earnings	Total equity
	\$ '000	\$ '000
Balance at 30 June 2020	505	505
Net result for 2020-21	(23)	(23)
Total comprehensive result for 2020-21	(23)	(23)
Balance at 30 June 2021	482	482
Net result for 2021-22	(27)	(27)
Total comprehensive result for 2021-22	(27)	(27)
Balance at 30 June 2022	455	455

The accompanying notes form part of these financial statements.

SOUTHERN FLEURIEU HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST
STATEMENT OF CASH FLOWS
For the year ended 30 June 2022

	2022	2021
	\$ '000	\$ '000
Cash flows from operating activities		
Cash outflows		
Payments of grants	(29)	(36)
Cash used in operations	<u>(29)</u>	<u>(36)</u>
Net cash provided by/(used in) operating activities	<u>(29)</u>	<u>(36)</u>
Cash flows from investing activities		
Cash inflows		
Proceeds from sale/maturities of investments	40	-
Cash generated from investing activities	<u>40</u>	<u>-</u>
Cash outflows		
Purchase of investments	-	(50)
Cash used in investing activities	<u>-</u>	<u>(50)</u>
Net cash provided by/(used in) investing activities	<u>40</u>	<u>(50)</u>
Net increase/(decrease) in cash and cash equivalents	11	(86)
Cash and cash equivalents at the beginning of the period	26	112
Cash and cash equivalents at the end of the period	<u>37</u>	<u>26</u>

The accompanying notes form part of these financial statements.

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

1 About Southern Fleurieu Health Advisory Council Inc Gift Fund Trust (the Trust)

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

The financial statements include all controlled activities of the Trust.

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

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

1.1 Objectives and activities

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

The Trust is established to:

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

1.2 Basis of preparation

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

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

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

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

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

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

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

Cash flows include GST in the Statement of Cash Flows.

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

1.3 Changes in accounting policy

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

1.4 Impact of COVID-19 pandemic

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

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

2 Resources received free of charge

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

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

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

3 Contingent assets and liabilities

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

4 Financial instruments / financial risk management

4.1 Financial risk management

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

4.2 Categorisation of financial instruments

All financial instruments are measured at amortised costs. Total financial assets of \$455,000 (\$482,000) consist of cash and cash equivalents \$37,000 (\$26,000) and term deposits \$418,000 (\$456,000).

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

5 Key Management Personnel

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

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

6 Remuneration of Council members

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