

MOUNT GAMBIER AND DISTRICTS HEALTH ADVISORY COUNCIL INC 2020-21 Annual Report

MOUNT GAMBIER AND DISTRICTS HEALTH ADVISORY COUNCIL INC C/- Mount Gambier and Districts Health Service 276-300 Wehl Street North MOUNT GAMBIER SA 5290

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2020-21 ANNUAL REPORT for the Mount Gambier 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 the *Public Sector Action 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 Mount Gambier & Districts Health Advisory Council Inc by:

(curse Kintle

Maureen Klintberg

Presiding Member

Date <u>22/09/2021</u> Signature

From the Presiding Member Maureen Klintberg



The Mount Gambier and Districts Health Advisory Council (HAC) has continued its advocacy role and to work in partnership with the Mount Gambier & Districts Health Service (MGDHS) in a manner that demonstrates its ongoing commitment to the enhancement of the health and wellbeing of the local community.

We acknowledge the ongoing challenges that the COVID-19 pandemic has presented to the Health Service and the extra demands placed upon staff. The HAC congratulates and thanks all involved for their commitment to supporting and caring for our community, staff and those people working in allied services.

Meetings are held monthly, with the Annual General meeting taking place in in November 2020, and we farewelled community member Heather Teakle and Richard Sage, District of Grant Council representative. Since the AGM in November, we have had 9 members who have continued to explore and seek ways to support the health needs of the community, and to advocate on their behalf, to enhance treatment outcomes and build on existing services. We are grateful to staff representative Teresa Bueti and to Catherine McKenna Executive Officer/Director of Nursing & Midwifery for their time and support.

Ways in which to communicate and engage further with our community remain on our agenda and we appreciate member Josh Lynagh, who updates our Mount Gambier Health News Facebook page with regular articles.

We have welcomed several guest speakers at our meetings, including Limestone Coast Local Health Network (LCLHN) representatives; Dr Elaine Pretorius, Executive Director of Medical Services, MGDHS, Marcy Lopriore, Executive Director of Community & Allied Health and Pauline Beach, Director of Mental Health, and additionally Sandi Elliott, Chief Executive Officer (CEO), Mount Gambier Private Hospital, and Dr Mathew Hong, visiting Urologist.

The Hydrotherapy funds held by the Health Services Charitable Gifts Board have been a key consideration for the HAC, with these monies to be spent in accordance with the Mount Gambier Hospital Hydrotherapy Pool Fund Act 2009 to ensure the transparency of expenditure, which is a topic of interest within the community.

The HAC has approved the expenditure of \$27,508 for rehabilitation equipment with further projects being explored for remaining funds, including a contribution towards

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the anticipated upgrades to the Paediatric/Maternity units utilising funds from the 2018 Superhero Campaign.

\$20,000 was transferred to the Gift Fund Trust (GFT) from the Term deposit held with the Bendigo Bank and \$41,863 remains on Term Deposit.

Terms of Reference for the HAC Development, Liaison and Fundraising committees were revisited and further discussion will take place regarding their purpose, ways to reactivate the committees and gain further members.

Draft HAC Meeting procedures have been developed.

Clarification has been sought regarding the lack of written guidelines and regular reporting of the expenditure of the annual HAC allowance of \$5000.

It has been rewarding to acknowledge our successful involvement and achievements including the following;

- The Full Monty Fundraiser was held October 2020 in conjunction with Women in Regional, Business & Development. The event raised \$48,000 for Mental Health locally and provided the opportunity to link with several Mental Health organisations including the MGDHS Integrated Mental Health unit, the South East Junction, Lifeboat SE, and the South East Suicide Prevention Network, with funds distributed to all these groups.
- The HAC received \$10,000 towards the upgrade of the Mental Health unit external courtyard, with the HAC to contribute an additional \$15,000 to enable the much needed upgrade to reach completion.
- Following an expression regarding the need for a regular supply of clothing for Mental Health inpatients that enter without belongings, we were able to link the unit to our local Lifeline services who are generously providing ongoing support.
- It was rewarding to be part of the successful negotiations with the Male Bag Foundation and the Limestone Coast Prostate Cancer support group to achieve \$198,000 towards the purchase of a Trans Perineal Biopsy machine for the MGDHS and the Limestone Coast region, to enable men to have the procedure locally, and avoid the difficulties faced with travelling to Adelaide. We are extremely grateful for the support of the two mentioned organisations and the tireless efforts of Paul Bullen, Executive Director of Nursing & Midwifery, LCLHN, to ensure the success of the project. The machine has been in operation within the Health Service's theatres for several months and many men have already benefitted from this highly valuable local service
- April 2021 a community Men's Pub Talk was held where three specialists discussed Prostate, Bowel and Skin cancer, organised by HAC member Tony Duddy, who shared his personal experiences with cancer. Tony also offered to speak at other HAC meetings throughout the Limestone Coast.
- Investigations into the location of Automated External Defibrillators (AEDs) in the local area, and whether there was a register for emergency response, revealed that various registers listing the number of devices located in the Mount Gambier area were held by SA Ambulance Service and St Johns Ambulance SA, however the registers were not consistent, and additionally the links were not easy to find on the internet. With the knowledge that when a person suffers Sudden Cardiac Arrest (SCA), for every minute that passes, the

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chance of survival is reduced by 10%, and application of an AED increases the survival rate the HAC will draft correspondence to be sent to the local Member for Mount Gambier, Troy Bell MP and the Member for Barker, Mr Tony Pasin MP regarding the issue.

- HAC member Maree Thompson has continued working towards the improvement of gardens at the MGDHS, to support a well maintained outdoor space for consumers to enjoy when visiting the site. Maree has also undertaken the task of raising funds from the Heath Services "unwanted artworks" and has linked with the local Ladies Lions Club to hold a Dutch auction in July.
- Josh Lynagh spoke at the SA Variety Bash visit in November to highlight the contribution by SA Variety to benefit the Paediatric unit.
- A proposal for the introduction of "Art in Healthcare" at MGDHS has been put forward for further discussion following a visit to the Flinders Medical Centre to observe their program.

The Presiding member has also sat as a HAC/consumer representative on the MGDHS Service Planning Steering Group.

Following an offer by a local business to raise funds for further development of inpatient palliative care we are looking at the current facilities for those people requiring palliative/end of life care (family and carers) when hospitalised. Consideration, for partial funding, will be given to expenditure of monies from the Palliative Care funds held in the Charitable Trust.

Palliative, or end of life, Care, particularly in relation to facilities and support available to families and carers, continues to be a key topic of interest for the community, including:

- Considerations for Indigenous and Culturally and Linguistically Diverse (CALD) populations
- Improving access to Palliative Care Specialists, and extending access times
- Provision of Hospice specific care
- Access to Palliative Care volunteers

The Presiding member has continued to be involved in the In Home Hospice Care (IHHCare) project, (under the SA Government Palliative Care 2020 Grants Program). The MG&DHAC is listed as the secondary organisation partnering with the Mount Gambier Private Hospital to deliver the project.

With the desire to utilise community raised funds, held in the GFT, for the benefit of local patients and staff, it is pleasing to note that to 30 June 2021 we have approved:

- \$5000 for the purchase of a Smileyscope Virtual Reality Headset/goggles that provides distraction from invasive clinical procedures which are often traumatic experiences for children & their parents.
- \$1678 for equipment for the Speech Pathology

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The community should be reassured that any donations received by the HAC are managed in a collaborative and considered manner, with all funds received supporting provision of care locally.

I thank all HAC members for their support and on behalf of the HAC I would like to thank the community for their interest, feedback and support. We continue to be focused on advocating for the provision of the best possible healthcare for all members of the community, care that is provided locally.

Maureen Klintberg

Presiding Member

Mount Gambier & Districts Health Advisory Council Inc.

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Overview: about the agency

Our strategic focus

Our Purpose	The Health Advisory Council was established by the then Minister for Health and Ageing to undertake an advocacy role on behalf of the community and to provide advice in relation to health matters, amongst other functions. The constitution is available at www.sahealth.sa.gov.au/HealthAdvisoryCouncilMountGambier
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:

www.sahealth.sa.gov.au/HealthAdvisoryCouncilMountGambier

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)

Bordertown and District Health Advisory Council Inc.

Kingston/Robe Health Advisory Council Inc.

Limestone Coast Local Health Network Inc.

Millicent and Districts Health Advisory Council Inc.

Naracoorte Area Health Advisory Council Inc.

Penola and 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 response to COVID-19

Nil to report.

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.

Mount Gambier 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	0
Total Expenses	0	0	0	0
Net Result	0	0	0	0
Total Comprehensive Result	0	0	0	0

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	0	0	0
Total assets	0	0	0	0
Current liabilities	0	0	0	0
Non-current liabilities	0	0	0	0
Total liabilities	0	0	0	0
Net assets	0	0	0	0
Equity	0	0	0	0

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Mount Gambier 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	173	173	52
Total Expenses	0	193	(193)	14
Net Result	0	(20)	(20)	38
Total Comprehensive Result	0	(20)	(20)	38

Statement of Financial Position	2020-21 Budget \$000s	2020-21 Actual \$000s	Variation \$000s	2019-20 Actual \$000s
Current assets	0	172	172	192
Non-current assets	0	0	0	0
Total assets	0	172	172	192
Current liabilities	0	0	0	0
Non-current liabilities	0	0	0	0
Total liabilities	0	0	0	0
Net assets	0	172	172	192
Equity	0	172	172	192

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		\$ 0

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

Consultancies	Purpose	\$ Actual payment
Not applicable	Purpose	\$ 0

Data for previous years is available at: https://data.sa.gov.au/data/dataset/limestone-coast-local-health-network-lclhn

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

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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 paymen	
Not applicable		\$ 0

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

Contractors	ors Purpose \$ Actual payme	
Not applicable		\$ 0

Data for previous years is available at: https://data.sa.gov.au/data/dataset/limestone-coast-local-health-network-lclhn

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 list of contracts</u>.

The website also provides details of <u>across government contracts</u>.

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	0	

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 Limestone Coast Local Health Network Inc.

Data for previous years is available at: https://data.sa.gov.au/data/dataset/limestone-coast-local-health-network-lclhn

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:*

0

Data for previous years is available at: https://data.sa.gov.au/data/dataset/limestone-coast-local-health-network-lclhn

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 CE.
- Participate in consultation or assessment process associated with the selection of senior staff.
- Act as trustee and participate in budget discussions and financial management or development processes; and to undertake fundraising activities (incorporated HAC).
- Provide advice about the management of resources for health services; and provide assistance with fundraising activities (unincorporated HAC).

Reporting required under the Carers' Recognition Act 2005

Not applicable

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Public complaints

Number of public complaints reported

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

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

Additional Metrics	Total
Not applic	cable

Data for previous years is available at: https://data.sa.gov.au/data/dataset/limestone-coast-local-health-network-lclhn

Service Improvements

Not Applicable

Compliance Statement

Mount Gambier & Districts Health Advisory Council is compliant with Premier and Cabinet Circular 039 – complaint management in the South Australian public sector	
Mount Gambier & Districts Health Advisory Council has communicated the content of PC 039 and the agency's related complaints policies and procedures to employees.	

2020-21 ANNUAL REPORT for the Mount Gambier and Districts Health Advisory Council Inc.

Appendix: Audited financial statements 2020-21

MOUNT GAMBIER & DISTRICTS HEALTH ADVISORY COUNCIL INC

CERTIFICATION OF THE FINANCIAL STATEMENTS

We certify that the:

- financial statements of the Mount Gambier & 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 Mount Gambier & Districts Health Advisory Council Inc for the financial year over its financial reporting and its preparation of financial statements have been effective.

Maureen Klintberg

Presiding Member of the Mount Gambier & Districts Health

Advisory Council Inc

/ 9 / 2021

Kristen Capewell

Chief Finance Officer

08/09/ 2021

MOUNT GAMBIER & DISTRICTS HEALTH ADVISORY COUNCIL INC STATEMENT OF COMPREHENSIVE INCOME

For the year ended 30 June 2021

	2021 \$'000	2020 \$'000
Income Total income	-	ψ 000
Expenses Total expenses		<u> </u>
Net result	-	
Total other comprehensive income	-	
Total comprehensive result		



MOUNT GAMBIER & DISTRICTS HEALTH ADVISORY COUNCIL INC STATEMENT OF FINANCIAL POSITION

As at 30 June 2021

	2021 \$ '000	2020 \$ '000
Total assets		
Total liabilities		
Net assets	-	
Total equity	-	



MOUNT GAMBIER & DISTRICTS HEALTH ADVISORY COUNCIL INC STATEMENT OF CHANGES IN EQUITY

For the year ended 30 June 2021

	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2019		-	-
Net result for 2019-20		-	
Total comprehensive result for 2019-20		-	
Balance at 30 June 2020		-	
Net result for 2020-21		-	-
Total comprehensive result for 2020-21		-	-
Balance at 30 June 2021	<u>-</u>	-	-



MOUNT GAMBIER & DISTRICTS HEALTH ADVISORY COUNCIL INC STATEMENT OF CASH FLOWS

For the year ended 30 June 2021

	2021 \$ '000	2020 \$ '000
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	-	_



1 About Mount Gambier & Districts Health Advisory Council Inc

Mount Gambier & 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 Limestone Coast 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.

2 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.

3 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 Limestone Coast 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.

4 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

David Chant CA, FCPA
Simon Smith CA, FCPA
David Sullivan CA, CPA
Jason Seidel CA
Renae Nicholson CA
Tim Muhlhausler CA
Aaron Coonan CA
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Mount Gambier

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

Report on the Financial Report

Audit Opinion

We have audited the accompanying financial report of Mount Gambier 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 Mount Gambier 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 Mount Gambier 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

MOUNT GAMBIER AND DISTRICTS HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST

CERTIFICATION OF THE FINANCIAL STATEMENTS

We certify that the:

- financial statements of the Mount Gambier 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 Mount Gambier 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.

Maureen Klintberg

Presiding Member of the Mount Gambier and Districts Health

Advisory Council Inc (the Trustee)

Kristen Capewell
Chief Finance Officer

087087 2021

7/7/2021

MOUNT GAMBIER 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	-	1
Other revenues/income	3	173	51
Total income	_	173	52
Expenses			
Grants and subsidies	3	193	14
Total expenses	_	193	14
Net result	_	(20)	38
Total comprehensive result	<u> </u>	(20)	38

MOUNT GAMBIER 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	4	128	130
Receivables	5	2	-
Other financial assets	6	42	62
		172	192
Total current assets	_	172	192
Total assets	_	172	192
Net assets		172	192
Equity			
Retained earnings		172	192
Total equity		172	192

MOUNT GAMBIER AND DISTRICTS HEALTH ADVISORY COUNCIL INC GIFT FUND TRUST STATEMENT OF CHANGES IN EQUITY

For the year ended 30 June 2021

	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2019	154	154
Net result for 2019-20	38	38
Total comprehensive result for 2019-20	38	38
Balance at 30 June 2020	192	192
Net result for 2020-21	(20)	(20)
Total comprehensive result for 2020-21	(20)	(20)
Balance at 30 June 2021	172	172

MOUNT GAMBIER 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 σσσ	φ σσσ
Other receipts		171	51
Cash generated from operations	_	171	51
Cash outflows			
Payments of grants and subsidies		(193)	(14)
Cash used in operations	_	(193)	(14)
Net cash provided by/(used in) operating activities	_ _	(22)	37
Cash flows from investing activities			
Cash inflows			
Proceeds from sale/maturities of investments		20	-
Cash generated from investing activities	_	20	
Net cash provided by/(used in) investing activities	_	20	-
Net increase/(decrease) in cash and cash equivalents		(2)	37
Cash and cash equivalents at the beginning of the period		130	93
Cash and cash equivalents at the end of the period	4	128	130



MOUNT GAMBIER 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 Mount Gambier and Districts Health Advisory Council Inc Gift Fund Trust

Mount Gambier 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 Mount Gambier 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 Limestone Coast 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.



2 Interest

	\$'000	\$'000
Bank interest	-	1
Total interest revenue	-	1
	\$'000	\$'000
Donations	173	51
Total other revenues/income	173	51

3 Grants and subsidies

	2021	2020
	\$'000	\$'000
Other	193	14
Total grants and subsidies	193	14

4 Cash and cash equivalents

	2021	2020
	\$'000	\$'000
Cash at bank or on hand	128	130
Total cash	128	130

5 Receivables

	2021	2020
Current	\$'000	\$'000
Debtors	2	
Total current receivables	2	-
Total receivables	2	-

Receivables are non-interest bearing and are measured at amortised cost.

6 Other financial assets

	2021	2020
Current	\$'000	\$'000
Term deposits	42	62
Total current investments	42	62
Total investments	42	62
Total investments	72	02

7 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.

8 Financial instruments / financial risk management

8.1 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.



2021

2021

2020

8.2 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	4	128	130
Amortised cost			
Receivables	5	2	-
Other financial assets	6	42	62
Total financial assets		172	192

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

9 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 Limestone Coast 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.

10 Remuneration of Council members

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





Accountants, Auditors & Business Consultants

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



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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE

MOUNT GAMBIER AND DISTRICTS HEALTH ADVISORY COUNCIL INC. GIFT FUND TRUST

Report on the Financial Report

We have audited the accompanying financial report of Mount Gambier 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 Mount Gambier 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 Mount Gambier 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