

**ANNUAL
REPORT**
2017 - 2018



*Consumers at the centre of
health in South Australia*



"You can't have a good health system without system wide consumer involvement in health policy and care."

Health Consumer

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"HCASA staff are actively involved in our committee structures, and are leading work to engage with our staff and our stakeholders to define and develop our strategy. This approach has been central to a rapidly developing sense within the organisation that our desire to better engage with our patients and community is the right strategy."

Central Adelaide Local Health Network

CHAIR'S REPORT



This year, the HCA team has worked with our growing number of members, partners, supporters, advocates and representatives to meet and exceed the targets set under our 2017 - 2020 Strategic Directions.

There has been a strong demand for our training and information services, to support consumers working across hospital and community health services to position consumers at the centre of health. Consumer and community forums and consultations have informed submissions to state and commonwealth governments and our consumer representative 'workforce' has been growing in number and influence in health care, health policy and health research roles.

We have retained our trusted, independent voice while continuing to meet our service delivery requirements to SA Health. We have provided contracted services to the Central Adelaide Local Health Network and Northern Adelaide Local Health Network, to develop their strategic approach to consumer and community engagement.

It has become increasingly clear that an emerging high priority for HCA is to enable health professionals and services to build their capacity to work in partnership with the growing number of skilled and experienced consumer representatives. We all need to understand and be skilled and committed to working in partnership to ensure all South Australians access safe, quality health care when, where and in the manner they need and prefer.

This year HCA has asked about community needs and perspectives in relation to individual advocacy. Consumers have told us that as well as systemic advocacy and representation, they want individual advocacy services that prevent situations escalating to complaints and harmful outcomes. HCA will work with our partners to progress this consumer priority.

This year the Board farewelled our Chief Executive, Michael Cousins and welcomed our new Chief Executive, Julia Overton. We thank Michael for his contribution and Julia for her efficient transition into this important leadership role. The Board also thanks Ellen Kerrins for her leadership as the Acting Chief Executive during the transition period and all the team for their flexibility and hard work to ensure we continued to deliver our services without disruption.

The Board extends our very sincere appreciation to every member of the staff team: they work with unwavering commitment to fulfil our mission. The Board also thanks our members, supporters, advocates and representatives, and the Minister, for continuing to value and support consumers partnering with health professionals and services to achieve safe, quality health care.

I extend my personal thanks to the staff and Board members for their inspirational commitment to the health and wellbeing of all South Australians.

Debra Kay PSM
Board Chair

CHIEF EXECUTIVE'S REPORT



HCA is in the business of change.

As the peak organisation for health consumers in South Australia, the change we seek is simple: better health and wellbeing outcomes for health consumers, their families and carers. For a core team of four and a half people this is a tall order.

Fortunately, our team also includes the consumers across the state who we recruit, train and support. These consumers offer expertise, born of experience, which directs our work, keeps us accountable and informs critical advice to those in the health system.

In 2017 - 2018, we ensured that consumer voices contributed to change across a range of health organisations and activities, including on key emerging issues by:

- recruiting consumers for the Oakden Response Expert Working Groups and sitting on the Plan Oversight Committee
- collaborating with national consumer partners to achieve outcomes for South Australian women in relation to pelvic mesh
- supporting the development of the Registry of Older South Australians
- recruiting consumers to provide independent advice on consumer and community engagement in the health and medical research activities of Adelaide BioMed City.

During the year we also signed contracts with the Central Adelaide and Northern Adelaide Local Health Networks to develop their consumer and community engagement frameworks.

We cannot rest on our laurels. New issues constantly arise. Any change we influence can always be improved. Reform can also be whittled away.

Nationally we remain connected with our organisational counterparts, and have united on many health policy issues to bring about change and consumer-centredness in national health care planning, implementation and monitoring.

This year we identified what we consider to be an increase in individuals approaching HCA about their personal experience of the broader aspects of the health system, and the effect this has on them, their families and carers. In collaboration with SA Health and in recognition of our agreement requirements, we have begun to monitor these interactions, and plan to explore linkages to innovative and systemic support.

Our health consumer collaboration with research teams, data specialists and university academics also increased this year, reflecting the need for these groups to consider expectations about quality consumer-related outcomes.

In concluding, I acknowledge the changes within HCA during 2017 - 2018. I pay tribute to my predecessor, Michael Cousins, and to Ellen Kerrins who ably led the organisation during the year. I thank the Board for its faith in appointing me. And I thank the staff for their welcome and their tireless, inspiring work to put consumers at the centre of health in SA.

Julia Overton
Chief Executive

BOARD OF DIRECTORS

	BOARD MEETING ATTENDANCES (11 TOTAL)
Debra Kay , <i>Board Chair</i> (since 2014) and <i>Public Officer</i>	11
Roslyn Chataway , <i>Secretary</i> (2014)	7
Allan Patching , <i>Treasurer</i> (2016)	10
Stephen Thomas (2015)	8
Mark Diamond , <i>Sector Rep</i> (2016)	9
Tina Wakelin , <i>Sector Rep</i> (2017)	7
Jane Marshall (2016)	10
Nina Sivertsen (2017)	4
Charlie-Helen Robinson (2015, resigned March 2018)	6
Jessie Byrne , <i>Deputy Chair</i> (2014, resigned February 2018)	6

STAFF MEMBERS

Julia Overton, *Chief Executive* (from 24 April 2018)

Ellen Kerrins, *Manager, Advocacy and Policy*
Acting Chief Executive (from November 2017 to April 2018)

Kathy Mickan, *Manager, Consumer Engagement*

Karen Shepherd, *Senior Project Officer*

Vanessa Vowles, *Digital Communications and Administration Officer*

Teresa Duncan, *Executive and Administrative support*

Bernadette Barrett, *Student placement*

Allison Willis, *NALHN Project Officer*

Ellie Hodges, *CALHN Project Officer*

Michael Cousins, *Chief Executive* (resigned November 2017)

"An amazing organisation, providing training, assistance and advocacy advice with wisdom, heart and compassion."

Health Consumer

CONSUMER SAFETY FIRST:

ADVOCACY FOR WOMEN AFFECTED BY PELVIC MESH AND OAKDEN RESIDENTS

HCA was influential this year in advocating for and supporting women affected by pelvic mesh and older South Australians with mental health issues.

HCA responded to systemic failures that left both groups vulnerable. Our aim was and continues to be to ensure their safety and support.

HCA worked with SA Health to implement recommendations for reform made by the Chief Psychiatrist. We provided consumer input on the Oakden Report Response Plan Oversight Committee and recruited consumers for the working parties overseeing key recommendations on the model of care, staffing, culture, restrictive practices, facilities, and quality and safety.

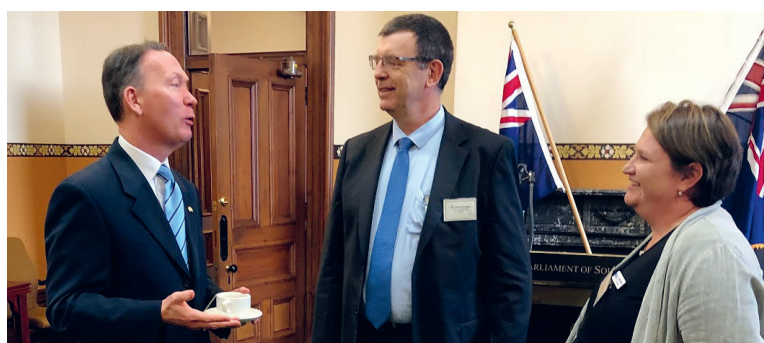
'Our role didn't end in recruitment of consumer representatives,' said Ellen Kerrins, HCA Manager, Advocacy and Policy.

'Consumer representatives need ongoing support. We worked to improve how a number of the working parties responded to representatives.'

'Over the years, HCA has aimed to build awareness that consumers bring their own expertise. They are not merely on committees to say what the problems are, but to offer fresh information and valuable solutions for quality improvement.'



"HCA plays a vital role not only in championing and giving voices to patients and people in the community to improve healthcare, but they also facilitate researcher and consumer collaboration in SA"



Ms Kerrins said it was consumers who first raised concerns about poor national reporting and regulation of pelvic mesh implantation, and the serious complications some women with implants had experienced.

HCA worked with local consumers and interstate health consumer organisations

to advocate for support for women affected by pelvic mesh, changes to national regulation and oversight of pelvic mesh products and practices, and targeted public information.

In late 2017, a new national regulatory framework was put in place, and mesh for pelvic organ prolapse and mesh single-incision mini-slings for stress urinary incontinence were removed from the Therapeutic Goods Administration's register of approved devices.

Locally we worked with SA Health to support local access to dedicated services including a helpline.

EMBEDDING CONSUMER ENGAGEMENT STRATEGY IN LOCAL HEALTH NETWORKS



HCA commenced work on consumer and community engagement frameworks for the Northern Adelaide and Central Adelaide Local Health Networks during 2017 - 2018. The frameworks will inform the approach to embed consumer and community engagement in each network.

Project officers have been recruited to manage each program. They have started extensive consultation with staff, consumers and community through direct meetings, forums, focus groups and surveys, with almost 200 consumers consulted in NALHN alone.

Joint staff and consumer committees have been established to oversee the projects: the Partnership Advisory Committee in NALHN and the Making Care Better Group in CALHN.

'HCA's staff are knowledgeable, effective and expert - they bring an ability to 'get things done' and support this with a deep commitment to helping CALHN deliver the best possible outcomes - for our organisation and for our patients and the broader SA community', said Director of Clinical Governance, CALHN, Grant Phelps.

Among other things, the projects will review the Local Health Networks' consumer policies, strategies, committees and structures, develop and implement training for staff and consumers, and draft engagement strategies.

This work is in addition to HCA's previous development of a consumer and community engagement strategy for the Women's and Children's Health Network, which supports consumers and community representatives to participate in decision-making.

The recent evaluation of the Women's and Children's Health Network Consumer and Community Engagement Strategy and Implementation found that 'the strategy lifted the accountability of consumer engagement within the organisation to not one division, but to all divisions and built a contemporary consumer engagement unit with the right resources to maximize co-design and co-creation.'¹



¹ **"Nothing about them, without them"** - Evaluation of the Women's and Children's Health Network Consumer and Community Engagement and Responsiveness Strategy and Implementation Plan August 2015 – July 2018.

CONSUMERS:

SEEN, HEARD AND INFLUENCING ACTION

HCA listened to consumers on issues of public health, consent for medical treatment, and advance care directives in forums we held throughout the year.

We also held a special members' forum to hear views on our Strategic Directions and on our policy platform for the 2018 state election.

'An important part of our work is converting listening into action,' said HCA Chief Executive, Julia Overton.

'SA Health representatives attended a number of our forums and so had the opportunity to hear from consumers directly.

'We also provided advice to the Minister for Health, SA Health and other partners based on consumers' views. We did this both directly and through comprehensive reports on each forum.'

Consumers in the September 2017 forum on the draft Consent to Medical Treatment and Palliative Care Amendment Bill told us the Bill and its associated guidelines needed to address the use of minimal restraint, as well as training for clinicians to ensure they understood how to assess patient capacity.



The public health forum, held in May 2018, sought feedback on the state's *Summary Framework for the State Public Health Plan 2019-2024*. Consumers supported the priorities of the Framework but wanted more emphasis on public safety, isolation and loneliness, environmental health through measures for climate change, and cross-government cooperation on public health.

The April 2018 forum *Advance Care Directives: A matter of love, rights and self-determination*, aimed

to increase awareness of how advance care directives protect individual rights and support the self-determination of individuals using the health system. Feedback from participants indicated they felt better informed, empowered and motivated to complete their directives.

Key issues raised by consumers in the September 2017 members' forum were rural health, the interface between consumers and the health system, improving service delivery through the consumer voice, and the social determinants of health, especially for Aboriginal and Torres Strait Islander children.

'Our election platform and future planning incorporates these and other issues raised at the forum,' said Ms Overton.

'We are grateful to our partners and presenters who contributed to these forums, as well as to consumers who participated with insight and honesty.'

CONSUMER ADVOCATE TRAINING



Demand for our introductory consumer training remains high with an additional course offered in February.

'Feedback on our training is consistently positive and we work to continuously improve it, to respond to emerging issues and needs,' according to HCA Chief Executive Julia Overton.

HCA launched its new mental health consumer advocacy training in March 2018.

'Our new course is in response to a clear need in the community. There continues to be further demand for this course,' she said.

The course's aims are to build the knowledge of advocates in areas such as the mental health system, the Mental Health Act, and safety and quality standards. It develops skills in co-design, storytelling, advocacy and lobbying, and being effective in meetings.

Ms Overton said the new mental health course arose from a specific demand from consumers for a higher level of training - one pitched at a more strategic level than the introductory course.

'Mental health advocacy is a critical emerging issue. As with mental health itself, advocacy in this area can be highly complex and even contested,' she said.

The mental health consumer advocacy training course was run in partnership with the Lived Experience Leadership and Advocacy Network.



"HCA assists our organisation to be a well prepared, focused advocate for our patient group resulting in clear and concise correspondence with the Minister for Health, CEO SA Health and other relevant parties."

Organisational member

HCA SNAPSHOT

2017 - 2018



"HCA's ability to connect with consumers and consumer representatives (whether via its newsletter or forums), synthesise consumer concerns on Statewide issues and advocate those concerns is important to me as it supports the consumer-centred approach on issues which cannot be addressed at a local level."

Health Consumer

2017-2018

STRATEGIC DIRECTION HIGHLIGHTS

> OUR STRATEGIC DIRECTIONS

1 We lead health consumer engagement across all levels: individual, service and system.

2 We lead systemic advocacy and policy to shape consumer-centred care.

> OUTCOMES

Consumers influence health across all levels.

Consumers inform health policy, planning, design, delivery, measurement and evaluation.

> STRATEGIES

- 1** Facilitate engagement opportunities for health consumers and consumer organisations.
- 2** Support consumers to partner with health services in the planning, design, delivery, measurement and evaluation of care.
- 3** Support health services to partner with consumers in the planning, design, delivery, measurement and evaluation of care.

- 1** Engage with consumers in the development of our policy positions and systemic advocacy.
- 2** Advise the Minister for Health, SA Health and other leaders on key health policy issues.
- 3** Engage with research institutes, state/national/professional peak bodies, and other key stakeholders to achieve consumer-centred care.

> HIGHLIGHTS

- 1** Individual level – Promotion of consumer consultation opportunities and consumer advocate vacancies, and recruitment of consumer representatives for the Oakden response, end-of-life care, SA Health's access and diversity policy, invasive meningococcal disease awareness, escalation of care, community care evaluation, human research ethics, medicines, SAHMRI's Registry of Older South Australians, and the Community Visitors Scheme
- 2** Service level – Commencement of consumer engagement frameworks for the Northern Adelaide and Central Adelaide Local Health Networks, and consumer recruitment for agencies and services (including our new Mental Health Advocacy Training), and the development of our Directory of Advocacy and Complaints Services.
- 3** System level – Forums and focus groups on topics of interest to consumers included consent for medical treatment and palliative care, advance care directives, power dependency, consumer experience of SA Health-funded services, public reporting, and the public health plan. Subsequent HCA reports on outcomes informed policy and strategy at the system level.

- 1** Advice, informed by consumers, to SA Health and the Minister for Health and Wellbeing on the department's research strategy, strategic plan and clinical services plan, older people's mental health, controlled substances, power dependency patient experience, consent to treatment, data access, escalation of care, Aboriginal health, discharge equipment, mental health restraint and seclusion, patient flow, and primary health.
- 2** Consumer-informed advice provided to others on codeine, pelvic mesh, surgical mortality, health pathways (Primary Health Networks), My Health Record, data access, research strategies, surrogacy, end-of-life care, and the consensus statement for the health care sector.
- 3** Submissions, developed in partnership with consumers and/or peak bodies, on pelvic mesh, quality of care in residential aged care, mandatory assessment and treatment of those with substance dependence, opioid use and misuse, and health care governance.

OUR VISION Consumers at the centre of health in South Australia

OUR MISSION We engage consumers and health services to achieve quality, safe, consumer-centred care for all South Australians.

> OUR STRATEGIC DIRECTIONS

3 We provide information, learning and development to build the skills of consumers and health services.

4 We develop our people, culture and systems to be an effective and thriving organisation.

> OUTCOMES

Consumers have access to accurate health information.
Consumers and health services have the skills to effectively partner.

Health consumers have an effective, thriving and sustainable organisation in South Australia.

> STRATEGIES

- 1** Provide information on health and consumer engagement opportunities.
- 2** Build the skills of consumers and health services through training, forums, networking and development opportunities.
- 3** Develop our work with vulnerable communities to address inequities in health.

- 1** Develop member, board and staff capacity to innovate and excel.
- 2** Manage human and financial resources responsibly.
- 3** Comply with legislation, regulations and monitor and mitigate risks.

> HIGHLIGHTS

- 1** Health literacy resources published in eNews and the website, and program partnerships with agencies such as the Women's and Children's Health Network.
- 2** Development of consumer advocates through introductory consumer advocacy training, mental health advocacy training, the Consumer Advocates Network, and advice to UniSA on the Professional Certificate in Health Consumer Engagement.
- 3** Ongoing mentoring of and support for consumers and consumer advocates on statewide issues, including in relation to pelvic mesh, chemotherapy under-dosing, and the Oakden response.

- 1** Agreements with the Northern Adelaide and Central Adelaide Local Health Networks.
- 2** Commenced a new business planning process to achieve our strategic directions and service agreement commitments.
- 3** Maintained close monitoring of compliance with regulations.
- 4** Updated risk management framework and register.
- 5** Recruited new chief executive, Julia Overton (April 2018).
- 6** Unmodified financial audit report conducted 24/9/18.



Independent Auditor's Report Health Consumers Alliance of SA Inc.

We have audited the accompanying financial report of HEALTH CONSUMERS ALLIANCE OF SA INC. which comprises the Statement of Financial Position as at 30 June 2018 and the Statement Comprehensive Income for the year then ended, a summary of significant accounting policies and other explanatory notes.

The Responsibility of the Board for the Financial Report

The Board is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards. This responsibility includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on my audit. We conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion of the effectiveness of the entity's internal control. An audit also included evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board of Directors, as well as evaluating the overall presentation of the financial report.

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

Auditor's Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of HEALTH CONSUMERS ALLIANCE OF SA INC. as of 30 June 2018 and of its financial performance for the year then ended in accordance with Australian Accounting Standards.

A handwritten signature in black ink, appearing to be 'Peter Hall', written over a dotted line.

Peter Hall Chartered Accountant

Peter Hall FCA

25 Leigh Street, Adelaide SA

Dated this 2nd day of October 2018

Liability limited by a scheme approved under Professionals Standards Legislation

REPORT OF THE BOARD

The Board reports that:

- (a) During the year ended 30 June 2018, no member of the Board, firm of which the member is an officer, or body corporate in which the member has a substantial financial interest, has received or become entitled to receive a benefit as a result of a contract between the member, firm or body corporate and the Association; and
- (b) During the year ended 30 June 2018, no member of the Association has received directly or indirectly from the Association any payment or other benefit of a pecuniary value, except for the reimbursement of expenses incurred on behalf of the Association.

STATEMENT BY MEMBERS OF THE BOARD

The members of the Board have determined that the Association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Members of the Board:

- (a) The accompanying financial report has been drawn up so as to present fairly the results of operations of the Health Consumer Alliance of South Australia Incorporated for the year ended 30 June 2018 and the state of affairs as at that date;
- (b) As at the date of this statement there are reasonable grounds to believe that the Health Consumers Alliance of South Australia Incorporated will be able to pay its debts as and when they fall due.

Signed in accordance with a resolution of the Board for and on its behalf by: -

Debra Martin Ainslie KAY

Name

Dray

Chairperson

Allen Ralph Patching

Name

Allen Ralph Patching

Treasurer

24/9/18

Dated

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2018

	Note	2017 \$	2018 \$
INCOME			
Administration Income			
Interest		560	642
Membership Fees		5,220	6,265
Consultancy & Training		21,377	70,659
Training		-	7,600
Other		1,066	1,785
		28,223	86,951
Grant & Project Income			
Grant Income			
Department of Health - Recurrent		482,098	506,131
Project Income			
Strategic Projects		70,000	
		552,098	506,131
TOTAL INCOME		580,321	593,082
EXPENDITURE			
Accounting & Audit Fees	2	11,830	14,800
Annual General Meeting		1,977	1,151
Advertising & Promotion		2,769	54
Board Catering, Travel & Training		35	881
Minor Capital Expenditure		1,728	2,292
Bank Charges & Fees		865	896
Computer Expenses		13,586	15,572
Conference Expenses		2,654	4,153
Consultancy Fees		800	3,121
Consumer Expenses		11,957	11,193
Depreciation		6,620	6,293
Electricity		3,705	3,650
Equipment Maintenance		2,941	1,026
Insurance		6,927	7,149
Legal Expenses		1,701	-

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2018

	Note	2017 \$	2018 \$
EXPENDITURE (continued)			
Memberships		3,702	3,378
Office Expenses		3,064	2,307
Photocopies, Printing & Stationery		7,070	9,728
Postage & Courier		1,131	1,252
Rent		87,779	91,220
Electronic Consumer Panel		867	-
Salaries		349,382	410,709
Superannuation, WorkCover, Annual & Long Service Leave Provision		41,540	50,654
Staff Training & Development		5,835	1,949
Staff Recruitment		380	1,555
Telephone, Facsimile & Website		8,980	6,260
Travel & Accommodation		6,409	5,616
Other Costs		140	779
TOTAL EXPENDITURE		586,374	657,638
OPERATING SURPLUS/(DEFICIT)		(6,053)	(64,556)
RETAINED SURPLUS AT THE BEGINNING OF THE YEAR		122,050	115,997
RETAINED SURPLUS AT THE END OF THE FINANCIAL YEAR		115,997	51,441

"HCA is important as a source of trusted health information. HCA trained me to become a more informed and competent, confident Health Consumer advocate."

Health Consumer

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2018

	Note	2017 \$	2017 \$
CURRENT ASSETS			
Cash & Cash Equivalents	3	131,307	126,703
Debtors & Other Receivables		4,417	823
Prepayments		3,668	5,410
TOTAL CURRENT ASSETS		139,392	132,936
NON CURRENT ASSETS			
Property Plant & Equipment	4	23,548	24,927
TOTAL ASSETS		162,940	157,863
CURRENT LIABILITIES			
Trade & Other Payables	5	4,292	9,686
Accrued Payroll Liabilities		18,486	31,712
Provision for Annual Leave		13,402	18,475
Income in Advance		-	35,412
GST Payable		10,763	11,137
TOTAL LIABILITIES		46,943	106,42
NET ASSETS		115,997	51,441
ACCUMULATED FUNDS		115,997	51,441

The accompanying notes form part of these financial statements.

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 30 JUNE 2018

	Note	2017 \$	2018 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from funding bodies and others		596,712	632,088
Payments to suppliers and employees		(642,964)	(629,021)
NET OPERATING CASH FLOWS		(46,252)	3,067
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of plant and equipment etc.			
Payments for plant and equipment etc.		(3,004)	(7,673)
NET INVESTING CASH FLOWS		(3,004)	(7,673)
Net increase (decrease in) cash held		(49,256)	(4,606)
TOTAL LIABILITIES		46,943	106,42
CASH AT THE BEGINNING OF THE YEAR		180,564	131,309
CASH AT THE END OF THE YEAR		131,309	126,703

The accompanying notes form part of these financial statements.

"Health Consumers Alliance plays a vital role not only in championing and giving voices to patients and people in the community to improve healthcare, but they also facilitate researcher and consumer collaboration in SA."

Registry of Older South Australians

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

	2017 \$	2018 \$
1. STATEMENT OF CASH FLOWS		
CASH AT THE END OF THE YEAR		
Cash at Bank	10,282	29,707
Access Saver Account	104,923	81,068
Lease Guarantee Account	15,700	15,700
Other Cash	402	228
	131,307	126,703
NET CASH PROVIDED BY OPERATING ACTIVITIES RECONCILED TO SURPLUS FROM ORDINARY ACTIVITIES AS FOLLOWS:		
Surplus (Deficit) from ordinary activities	(6,053)	(64,556)
Depreciation of Plant & Equipment	6,620	6,293
(Increase) Decrease in Asset purchases	(3,004)	(7,673)
(Increase) Decrease in Trade Debtors	16,391	3,594
(Increase) Decrease in Other Debtors and Prepayments	(1,028)	(1,742)
Increase (Decrease) in Income in Advance	(70,000)	35,412
Increase (Decrease) in Trade Creditors	(8,867)	5,394
Increase (Decrease) in Other Creditors and Accruals	14,076	13,600
Increase (Decrease) in Provision for Annual and Long Service Leave	2,609	5,073
NET CASH IN FLOW FROM OPERATING ACTIVITIES	49,256	4,605

"HCA is important as a source of trusted health information. HCA trained me to become a more informed and competent, confident Health Consumer advocate."

Health Consumer

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 30 JUNE 2018

1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The Members of the Board have prepared the financial report on the basis that the Association is not a reporting entity as there are unlikely to exist users who are unable to command the preparation of reports tailored so as to satisfy specifically all of their information needs. Accordingly, this is a 'Special Purpose financial report' and has been prepared solely to meet the requirements of the Associations Incorporations Act 1985 (SA), The Australian Charities and Not for Profits Commission Act 2012 and the needs of the Associations members and following Australian Accounting Standards:

AASB 101	<i>Presentation of Financial Statements</i>
AASB 108	<i>Accounting Policies, Changes in Accounting Estimates and Errors</i>
AASB 1031	<i>Materiality</i>
AASB 110	<i>Events after the Statement of Financial Position Date</i>
AASB 1048	<i>Interpretation and Application of Standards</i>
AASB 1054	<i>Australian Additional Disclosures</i>

These financial statements do not conform to International Financial Reporting Standards as issued by the International Accounting Standards Board ('IASB').

No other applicable Accounting Standards, Australian Accounting Interpretations or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The financial report has been prepared on an accrual basis and is based on historical costs and does not take into account changing money values or, except where stated, current valuations of non-current assets. No adjustments have been made to take into account changing money values or current valuations of non-current assets, or their impact on operating results.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of these financial reports.

(a) Income Tax & Goods & Services Tax

The Association is exempt from income tax pursuant to the Income Tax Assessment Act 1997. Accordingly Australian Accounting Standard AASB 112 has not been applied and no provision for income tax has been included in the Accounts. Revenue, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

(b) Grants

Government and other grants have been brought to account as income to reflect the extent to which the grants have been spent. Amounts which have been received but which have not been spent are recorded as grants received in advance.

(c) Property, plant & equipment

Property, plant and equipment over \$1,000 are recorded as fixed assets at cost. Property, plant and equipment are carried at cost. All assets, excluding freehold land and buildings are depreciated over their useful life to the association.

(d) Depreciation

The depreciable amount of all fixed assets are depreciated on a straight line balance basis over the useful lives of the assets to the organisation commencing from the time the asset is held ready for use. The depreciation rates used for each class of depreciable assets are:

Computer Equipment	30%
Software	30%
Furniture & Fixtures	16% - 20%

(e) Impairment

The carrying amount of fixed assets is reviewed annually by the Board to ensure it is not in excess of the recoverable amount of those assets.

(f) Employee Entitlements

Provision is made for employee entitlements arising from services rendered by employees to balance date and are measured at their nominal value. Provision for long service leave is brought to account when an employee reaches five years continuous service.

(g) Revenue

All revenue is stated net of the amount of goods and services tax (GST).

(h) Cash & Equivalents

Cash & Equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the statement of financial position.

(i) Operating Leases

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

2. ACCOUNTING & AUDIT FEES

	2017	2018
	\$	\$
Audit Fees	830	2,800
Accounting Fees	11,000	12,000
	<u>11,830</u>	<u>14,800</u>

	2017 \$	2018 \$
3. CASH & CASH EQUIVALENTS		
Cash at Bank	10,282	29,707
Access Saver Account	104,923	81,068
Lease Guarantee Account	15,700	15,700
Pay Pal Account	202	28
Petty Cash	200	200
	<u>131,307</u>	<u>126,703</u>
4. PROPERTY, PLANT & EQUIPMENT		
Computer Equipment - at Cost	53,198	60,871
Less Accumulated Depreciation	<u>(46,542)</u>	<u>(49,423)</u>
	6,655	11,448
Software - at Cost	17,239	17,239
Less Accumulated Depreciation	<u>(13,587)</u>	<u>(14,683)</u>
	3,652	2,556
Furniture & Fixtures - at Cost	61,276	61,276
Less Accumulated Depreciation	<u>(48,036)</u>	<u>(50,353)</u>
	13,241	10,923
	<u>23,548</u>	<u>24,927</u>
5. TRADE & OTHER PAYABLES		
Trade Creditors	4,292	9,686
Other Accruals	-	-
	<u>4,292</u>	<u>9,686</u>
6. LEASE COMMITMENTS		
The Association has entered into a non-cancellable operating lease in respect of the rental of its premises. The minimum lease payments as at the reporting dates are payable as follows:		
- not later than 1 year	81,100	86,031
- later than 1 year but not later than 3 years	172,062	86,031
Total	<u>253,062</u>	<u>172,062</u>

7. ECONOMIC DEPENDENCE

The Association has been dependent on the Department of Health for the majority of its revenue used to operate the Association. The State Government has advised it will not be continuing to support the Association. The ongoing funding has been secured to 30 June 2019.

Consumers at the centre of health in South Australia

ORGANISATIONAL MEMBERS 2017 - 2018



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