



Health Consumers Alliance of SA Inc.

2014 | 2015

# ANNUAL REPORT

change understand **outcomes** determination Champion Continuous  
broad making Consider representative focus measures voices **integrated**  
weight based roles experience decision Wellness facilitate Literacy  
mean **improvement** just **Equity** **consumer** design directed  
accessible information **Transparency** structure evaluate  
Respectful equity **Diversity** measure definition  
evaluation respect public Engaging hospital  
participate **Accountability** needs **Accessible** Effective  
building **access** **centred** patient Person Quality  
consumers Principles **Partnership** inclusive  
safe mutual **Authentic** **Partnership** linked  
voice **Support** **Consum** **Transforming** Invest people Real  
Self problem **Health** **Care** users health Respectful  
Trust captain **Health** **Care** person systems **health** Dignity  
improve Focus **Patient** capacity cultural **partnership** Proactive  
inclusion family representation vulnerable great Tokenistic population  
services communication **Prevention** Tra engagement bodies respectful  
feedback defin **Prevention** exist ken rum equal



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## Board Report

This year has seen changes, challenges and some significant gains in positioning consumers at the heart of the health care system and services.

### CHANGES

#### Staff

The Board was delighted to appoint Michael Cousins to the role of Chief Executive in April this year, following a national merit selection process. Michael had acted in the role from late 2014 after long-standing Executive Director, Stephanie Miller took up an opportunity in another organisation. We thank Stephanie for her contribution to building HCA's work and reputation.

As is common in the sector, we saw other staff changes. Julie Holloway left and Teresa Duncan returned to provide administrative support; Mark Loughhead took up a university post but agreed to continue his links with HCA and support our work particularly in mental health; and we were joined by Ellen Kerrins, Jenni Carr and Kathy Mickan who, with Michael and Teresa, see a very skilled, committed and effective team to implement our strategic directions.

*I extend my sincere appreciation to the staff, members, advocates, representatives and other supporters of HCA.*

### Board

The Board spent the first six months of their current term maintaining the work of the organisation during a time of internal and external change; supporting advocacy with State Government and others to position consumers at the Transforming Health table; and recruiting our new CEO.

Once this work was consolidated, the Board called for expressions of interest to appoint the three sector representatives allowed for in the Constitution. A magnificent group of people applied for these roles and we selected Charlie Robinson, Amanda Keenan and Lareen Newman because their skills supported and complemented existing Board skills and experience. We were delighted the other applicants agreed to continue to support HCA in other ways.

### CHALLENGES

#### Transforming Health

HCA welcomed a government policy agenda that prioritised a consumer focus, safety, quality, efficiency and effectiveness. The team faced two major challenges. The first was just to be heard,



Mike Whiteway, Debra Kay, Naomi Dwyer and Lyn Whiteway

Front cover: A word cloud of the principles proposed by participants at our May 2015 Transforming Health Community Workshop

for consumers to be genuine partners and shared decision-makers in system level decisions.

The second was how to ensure the focus on metropolitan acute care services took account of consumer values and perspectives including issues such as access and equity – and how to keep other important issues on the policy agenda including primary health care, the needs of country communities, and social and population health.

Some long-standing committees that had enabled consumers to contribute were ended and a changing federal health agenda impacted increasingly on the availability and quality of health services for all South Australians.

## SUSTAINABILITY

The year saw a growing and changing advocacy agenda. We have had to be sufficiently flexible to address new and emerging requirements. Sustainable growth in consumer representation and impact remain high priorities for the Board.

## POSITIONING CONSUMERS AT THE HEART OF HEALTH CARE SYSTEMS AND SERVICES

### Members

HCA values and seeks to best represent the priorities of our members. We have sought to engage, represent and support our members in all our work.

The Board looks forward to engaging with members in our 2016-2020 strategic planning process.

### HCA advocates, representatives and other supporters

We have a skilled, knowledgeable and hard-working staff team at HCA. Their success is contingent on the wide ranging, skilled, impactful and generous contributions of our advocates, representatives and other supporters.

The Board places a high priority on supporting, growing and recognising the huge contribution this

team makes to positioning consumers at the heart of health care.

### Strategic Partners

Elsewhere in this Annual Report you'll find detail about HCA partnerships activity and impact - with SA Health directly, with local health networks and primary health care services and a number of clinical and research partners.

The Board values these partnerships highly and seeks to nurture and broaden our government, policy, clinical, research, community, cultural, industry and corporate partnerships for mutual benefit and to better achieve our mission.

## THANK YOU

I extend my sincere appreciation to the staff, members, advocates, representatives and other supporters of HCA. I also extend my thanks to our hard-working volunteer Board and subcommittees: I know they consider it a privilege to provide good governance at HCA and to provide strategic leadership to ensure our work gets the best health and economic outcomes for South Australian consumers.

*Debra Kay, PSM*  
Board Chair

# Chief Executive's Report

2014/15 has proven to be busy year. With the departure of previous Executive Director, Stephanie Miller, in November and a new Board elected at the annual general meeting, this year has been one of change, opportunity and consolidation.

It was a privilege to be appointed acting Executive Director in December 2014 and then Chief Executive in April 2015. The following annual report provides highlights of our work with our important partners over the year.

## FEDERAL BUDGET MAY 2014 – CUTS TO HEALTH AND HOSPITAL SERVICES

With the announcement of dramatic and far reaching health funding cuts by the Australian Government in the May 2014 budget it is an important time for health consumer advocacy. HCA's response was to join and actively participate in the Keep SA Healthy Alliance and to submit evidence to the Senate Select Committee on Health. Over the year we have twice presented evidence to the Select Committee on the potentially devastating impact the federal budget cuts will have on the health and wellbeing of consumers and community of South Australia.

## TRANSFORMING HEALTH

We started the year with the Minister for Health, Jack Snelling dealing with challenges of drastic health funding cuts by the Australian Government. To the credit of the SA Government and the Minister they did not immediately leap to cutting funding and services,



Melissa Cadzow, Minister for Health, Jack Snelling and Michael Cousins

but took a rather more considered approach. Looking to focus on the quality of health care and thereby create efficiencies and build the sustainability of our public hospital system the Minister announced Transforming Health in June 2014.

The sophistication and insight provided by consumer and community members when consulted in an informed, respectful and transparent manner was evident at both our November and May workshops on Transforming Health.

At the year's end HCA has been granted additional resources to establish the Peak Consumer and Community Engagement Committee, which was the key recommendation from the consumer and community workshop held in May 2015.

*Over the year HCA successfully advocated for and negotiated that consumers and community members will have a seat at the Transforming Health table.*



Participants at our second Transforming Health workshop

The purpose of the committee is to provide SA Health with broad, strategic and representative consumer and community engagement and advice as the peak consumer and community advisory body for Transforming Health.

### CONSUMER AND COMMUNITY ADVOCATES AND REPRESENTATIVES

HCA works with a capable group of consumer advocates and representatives, drawn from the community, our individual members and member organisations. Over the year HCA recruited, placed and supported 52 consumer advocates on 43 committees. With the SA Government's major reform process, Transforming Health taking priority, we have seen the end of the State-wide Clinical Networks. Many consumer advocates contributed time, inspiration and effort to these Networks. At the same time we have seen an increase in the demand for and complexity of work for consumer advocates at the Local Health Network level.

Thank you to all consumer advocates for your hard work, inspiration and dedication to representing consumers and the community in our evolving health system.

### KEY PARTNERS AND STAKEHOLDERS

Thank you to all of our key partners: the Minister for Health, Hon Jack Snelling MP; SA Health and the five Local Health Networks; Safety and Quality Branch, SA Health; Medicines Policy and Technology

Policy and Programs, SA Health; Medicare Locals; International Centre for Allied Health Evidence, University of SA; Health Economics and Social Policy Group, University of South Australia; SA Health and Medical Research Institute; SA/NT DataLink; SA Health and Community Service Complaints Commissioner.

Aboriginal Health Council of SA; Council of the Aged SA; SA Council of Social Services; Mental Health Coalition of SA; Youth Affairs Council of SA; Carers SA; Multicultural Communities Council of SA; Cancer Voices SA; Australian Nursing and Midwifery Federation; Australian Commission on Safety and Quality in Health Care; Consumers Health Forum of Australia; other partners and stakeholders, and especially our individual and organisational members.

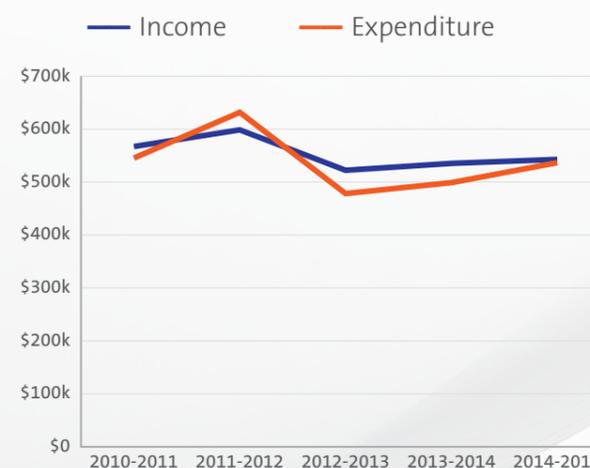
Thank you to the staff of HCA for your dedication, creativity and hard work. Finally, thank you to the past and present Board members, a group of volunteers dedicated to achieving HCA's vision of **'Consumers at the heart of health care'**.

*Michael Cousins*  
Chief Executive

# Treasurer's Report

I am pleased to present the Treasurer's Report for the Health Consumers Alliance of SA Inc (HCA) for the year ending 30 June 2015. This will be my final year as Treasurer.

HCA's financial statements have been audited as required. These financial statements which include a Statement of Comprehensive Income and Statement of Financial Position, along with the accompanying Notes to the Financial Statements are prepared and presented in accordance with accounting standards and as required under the provisions of the Associations Incorporation Act 1985.



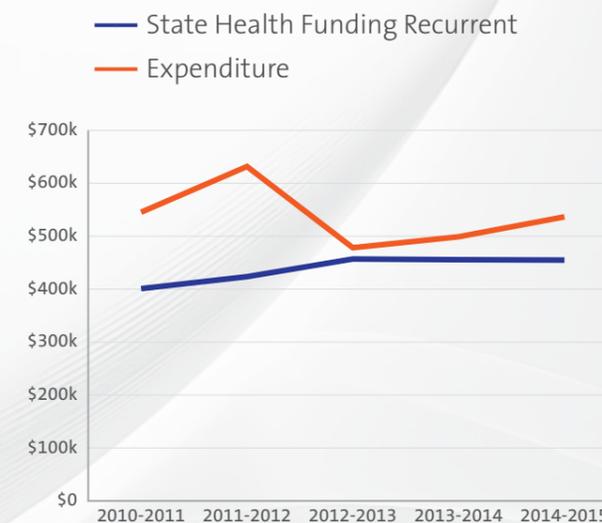
### INCOME AGAINST EXPENDITURE

In looking at the last five years of the organisation and the current fiscal environment, particularly in relation to health funding, it is important to consider our overall income streams and, from

where our future growth may come. This is demonstrated against two keys areas;

- Matching expenditure against revenue to remain solvent and relevant, and
- Acknowledging the need to diversify based on the value HCA offers.

HCA managed a small surplus this year, and ongoing strong governance will monitor our financial position to ensure we remain cash positive.



### EXPENDITURE AGAINST RECURRENT FUNDING

We can see the flattening of state health recurrent funding against the on-going operational expenses of the organisation which continue to grow modestly mainly influenced by the need to resource our activities and to a lesser extent mild inflation.

*I am pleased with the attention that the finances has been given, and acknowledge the staff of HCA who work within this financially tight environment, supporting the Board and the membership.*

The inherent financial risk remains HCA's dependence on the majority of funding from one government agency.

This time last year I stated: 'let's look for opportunities to expand the role of HCA and continue to make it the relevant health consumers organisation for South Australia.'

It has been a pleasure working with the current Board, in particular I note the attention our Chair, Debra Kay has paid to the relevancy of HCA.

*Brenton Chappell* MBA MABP  
Treasurer



*Stephanie Miller speaking at the Keep South Australia Healthy Rally at Parliament House*

## Advocacy in Action

### **Advocacy in action – working with the Australian Commission on Safety and Quality in Health Care**

The expertise and leadership of HCA in health consumer advocacy is recognised at the national level. One of our key partnerships is with the Australian Commission on Safety and Quality in Health Care. HCA Chief Executive, Michael Cousins represents health consumers on a number of the Commission's committees, including the Primary Care Committee and the Comprehensive Care Committee.

In 2015 HCA's Manager, Policy and Advocacy, Ellen Kerrins will be joining the National Safety and Quality Health Service Standards Steering Committee – charged with reviewing the national standards, and HCA Chief Executive, Michael Cousins has been invited to chair the new Partnering with Consumers Committee – looking to take the implementation of this standard to a new level across Australia and develop a consumer centred health system.

*The work of the Commission and the implementation of the National Safety and Quality Health Service Standards have provided a national framework for safety and quality in health care.*

Importantly the standards have required health services to prioritise partnering with consumers and have embedded consumers in the governance of health services. Our participation in these committees enable us to influence the standards and accreditation system to improve our health

system for the benefit of consumers, both nationally and within South Australia.

### **Advocacy in action – working with the Medicines and Technology Policy and Programs Branch, SA Health**

Since 2011 the South Australian Medicines Advisory Committee and the Medicines and Technology Policy and Programs Branch have set about establishing Pharmacy SA, based on a state-wide approach and the quality use of medicines. As part of this reform the South Australian Formulary Committee and the South Australian Medicines Evaluation Panel were established.

These important committees have sought to bring about improved access, equity, efficiency and safety to pharmacy in our public hospitals, while improving health outcomes for consumers, and also reducing costs. HCA representatives have actively participated in these committees. The important work of reviewing and recommending appropriate use of high cost medicines, conducted by the South Australian Medicines Evaluation Panel, was awarded the Excellence in Non-clinical Services Award at the 2014 SA Health Awards.

### **Advocacy in action – reducing mixed gender accommodation in South Australian public hospitals**

Over 2013/14 HCA consumer advocates identified an increasing problem with inpatients being accommodated in mixed gender rooms in our metropolitan public hospitals.

Working though the Safety and Quality Consumer and Community Advisory Committee and with the Safety and Quality Branch in SA Health, consumers advocated for this practice to be addressed and discontinued.

In 2014 the SA Health Same Gender Accommodation Policy Directive mandated that all consumers staying overnight in a South Australian public hospital are to be placed in same gender accommodation, use same gender accommodation facilities, and not be required to move through mixed gender areas to reach their own facilities (except when considered clinically appropriate).

Performance on this policy directive has been incorporated into the reporting requirements of the Local Health Networks. It should result in greater consumer privacy and dignity for consumers.

#### Advocacy in action - statistics over 2014-15



### HCA STRATEGIC DIRECTION 1: HEALTH EQUITY AND RIGHTS

#### Advocacy in action – developing the HCA Vulnerable Communities Framework and Diversity Lens

In 2014 HCA Manager, Engagement and Partnerships, Mark Loughhead worked with our Policy Council, Consumer Advocates Network and key stakeholders to research and develop an evidence informed strategy for working with vulnerable communities. The Vulnerable Communities Framework and Diversity Lens identifies communities and populations with the

greatest health needs and recognises the social determinants of health.

Through use of the Diversity Lens, consultation with stakeholders and an environmental scan, HCA prioritised advocating for the needs and preferences of young people who need to access mental health services. With funding from the Health Economics and Social Policy Group at the University of South Australia, HCA is running a series of focus groups to identify the preferences of young people in the delivery of mental health services.

### HCA STRATEGIC DIRECTION 2: POLICY LEADERSHIP AND SYSTEMIC ADVOCACY

#### Advocacy in action – Transforming Health – challenges and opportunities

In June 2014 the Minister for Health announced a major transformation of South Australia’s metropolitan hospital system, Transforming Health.

Following five months of analysis and investigation by three clinical advisory committees, SA Health released a number of papers on the real challenges facing our health system. These challenges include issues such as: the location and service profiles of our metropolitan public hospitals; too few cases at some locations meaning specialists are unable to maintain their skills and expertise; and poor or no availability of appropriate clinicians after hours and on weekends, leading to the unacceptable occurrence of avoidable deaths and disability for consumers.

In South Australia we have the most beds, most staff and most procedures conducted per head in Australia – but we do not have the best health system or health outcomes in Australia. HCA therefore took the position that more money, more staff and more beds are no longer the solution required for our public hospital system. A sustained focus on quality is required to improve the performance of our public hospital system.

Through Transforming Health the Minister and clinical advisory committees have chosen to focus

on quality, standards and improvements to inform the future development of our public hospital system. The choice to improve quality and provide the best care, the first time, and every time may very well facilitate the opportunity to build one of the world’s highest performing and most efficient hospital systems. The focus on quality, standards and improvement as a mechanism to manage health expenditure and build the sustainability of our public hospitals system is supported by HCA.

HCA hosted two workshops on Transforming Health for health consumers and community members in November 2014 and May 2015. The purpose of the workshops were to review the Transforming Health discussion papers and seek consumer and community feedback on the issues identified. Consumers and carers contributed their time, ideas and experience at the workshop. This work, previous consumer and community engagement, and deliberations by HCA’s Consumer Advocates Network, Policy Council and Board all inform our advocacy on Transforming Health.

At the request of SA Health, HCA established the Transforming Health Peak Consumer and Community Engagement Committee in July 2015. Using the selection criteria recommended by participants at the May workshop, HCA partnered with SA Health to recruit a diverse membership for the committee.

*The purpose of the committee is to provide SA Health with broad, strategic and representative consumer and community engagement as the peak consumer and community advisory body for Transforming Health.*

The committee has taken forward the recommendations from the workshops and identified six priority themes for action: authentic consumer and community engagement; access; vulnerable populations; information, education and

health literacy; measures, indicators and evaluation; and prevention and primary health.

To link the committee to the governance of Transforming Health, HCA Chief Executive Michael Cousins has joined the Ministerial Clinical Advisory Group – the peak clinical group in Transforming Health, where he will seek to position consumers at the heart of health care.

HCA has chosen to view Transforming Health as a vital reform process. We have optimistically embraced the challenges and opportunities that come with such a significant change process. By building the profile and quality of consumer and community participation through the Transforming Health consultation process, HCA, and our consumer advocate colleagues have raised the bar on consumer engagement in South Australia.

We look forward to further collaborating with the Minister, SA Health and the Transforming Health team with the next phases of reform, to ensure that consumers are at the heart of health care.

### HCA STRATEGIC DIRECTION 3: STRATEGIC ENGAGEMENT AND PARTNERSHIPS

#### Advocacy in action – working with the Women’s and Children’s Health Network to improve consumer and community engagement



Participants at the Women’s and Children’s Health Network Consensus Conference



Members of the Women's and Children's Health Network Consumer and Community Engagement Strategy Reference Group

In 2014 the Women's and Children's Health Network engaged HCA to lead the development of a new consumer and community engagement strategy. Working with consultant (and long-time HCA supporter) Anne Johnson, we partnered with health consumers, clinicians and administrators to review the literature, develop principles and strategies for effective consumer and community engagement. The proposed principles and strategies were validated at a consensus conference attended by over 90 stakeholders from the network. The network is now actively implementing the consumer and community engagement and responsiveness strategy and the strategy is a finalist in the 2015 SA Health Awards.

#### **HCA STRATEGIC DIRECTION 4: ORGANISATIONAL STRENGTH AND INNOVATION**

##### **Advocacy in action - co-design of the Professional Certificate in Health Consumer Engagement**

Over 2014/15 HCA partnered with the International Centre for Allied Health Evidence at the University of South Australia to co-design a Professional Certificate in Health Consumer Engagement. Consumer advocates, health professionals and researchers worked together to inform the objectives, content, delivery and assessment of the two courses that make up this Professional Certificate.

The pilot course delivered a unique learning environment where health consumers and professionals were able to listen, understand and exchange their experience and knowledge on health consumer engagement.

In recognition of their important contribution to the pilot course, course participants were thanked for their contribution by the Minister for Health, Jack Snelling at a certificate presentation ceremony held at Parliament House. HCA's work on the professional certificate was also recognised by the University of South Australia for our excellence and innovation in co-design of the certificate.

##### **Advocacy in action – partnering with research organisations**

Over the year HCA has consolidated our profile and partnerships with health and medical research organisations. With the continuing development of the bio-medical precinct on North Terrace there are increasing opportunities for consumers and community participation in research. We believe that investing in high quality health and medical research and organisations will improve the understanding of the vital role consumers and the community have in research. This will ultimately support the delivery of evidence informed health care, leading to better health care for South Australians.

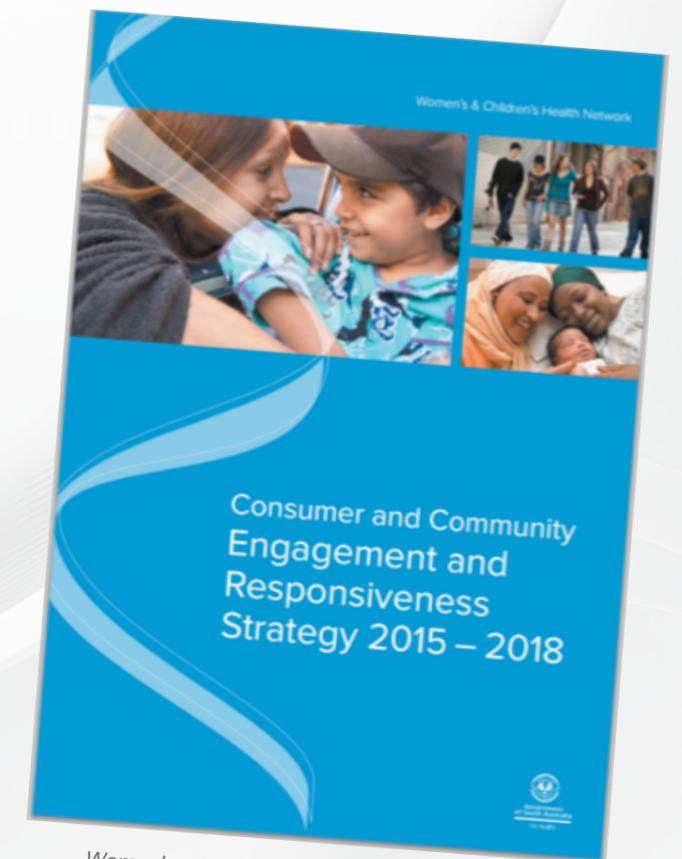


Students from the Professional Certificate in Health Consumer Engagement at Parliament House

HCA is a founding partner in the recently established South Australian Advanced Health Research and Translation Centre (AHRTC) along with the SA Government, the University of Adelaide, University of SA, Flinders University and the South Australian Health and Medical Research Institute (SAHMRI). The National Health and Medical Research Council (NHMRC) recognised that South Australia excels in research, the translation of evidence into excellent consumer care, and demonstrate a strong research and translation focus in the education of health professionals, at an international level. The translation of health and medical research into clinical practice, policy and health systems is a strategic priority that offers to improve the health and wellbeing of South Australians.

Our partnership with the South Australian Health and Medical Research Institute looks to move into a new phase of activity as we work with them to implement their Consumer and Community Engagement Framework, co-designed by HCA and SAHMRI over 2013/14.

HCA continues our representation of consumer and community interests on the executive of the SA/NT DataLink program which provides a mechanism to de-identify, link and interrogate existing human service data sets for use in research. In November 2014 HCA facilitated a successful community conversation on data linkage in the field of early childhood development.



Women's and Children's Health Network Consumer and Community Engagement Strategy

# Financial Statements



## Independent Auditor's Report for Health Consumers Alliance of South Australia Incorporated

### Report on the Financial Report

We have audited the financial report, being a special purpose financial report, of Health Consumers Alliance of South Australia Incorporated for the year ended 30 June 2015, comprising the Statement of Comprehensive Income, Statement of Financial Position and the Notes to the Financial Statements.

### The Responsibility of the Board for the Financial Report

The Board of Health Consumers Alliance of South Australia Incorporated is responsible for the preparation and fair presentation of the financial report, and has determined that the accounting policies used and described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the financial reporting needs of its members and of the Associations Incorporations Act 1985 (SA) and the Australian Charities and Not-for-profits Commission Act 2012. The Board's responsibility also 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 our audit. No opinion is expressed as to whether the accounting policies used, and described in Note 1, are appropriate to meet the needs of the members. Our audit has been conducted 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 amount and disclosures in the financial report. The procedures selected depend on the auditor's judgment, 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 on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board of Management, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purposes of fulfilling the requirements of the Board. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than these, or for any purpose other than that for which it was prepared.

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

### Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.

### Auditor's Opinion

In our opinion, the financial report of Health Consumers Alliance of South Australia Incorporated has been prepared in accordance with the requirements of the *Associations Incorporations Act 1985 (SA)* and *Division 60 of the Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) Giving a true and fair view of the registered entity's financial position as at 30 June 2015 and of its financial performance for the year ended on that date; and
- (b) Complying with Australian Accounting Standards to the extent described in Note 1, and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

### Basis of Accounting and Restriction and Distribution of Use

Without modifying our opinion, we draw attention to the fact that the financial report is prepared to assist Health Consumers Alliance of South Australia Incorporated to comply with the financial reporting provisions of the *Associations Incorporations Act 1985 (SA)* and the *Australian Charities and Not-for-profits Commission Act 2012*. As a result, the financial report may not be suitable for another purpose.

### NOT-FOR-PROFIT ACCOUNTING SPECIALISTS

38 Surrey Road  
KESWICK SA 5035

A PETERSEN  
Managing Director

Dated: 20 October 2015



CHARTERED ACCOUNTANTS  
AUSTRALIA + NEW ZEALAND

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**AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012 TO THE BOARD OF HEALTH CONSUMERS ALLIANCE OF SOUTH AUSTRALIA INCORPORATED**

I declare that to the best of my knowledge and belief, in relation to the audit of Health Consumers Alliance of South Australia Incorporated for the year ended 30 June 2015 there have been:

- i) no contraventions of the auditor independence requirements as set out in the Australian Charities and Not-for-profit Commission Act 2012 in relation to the audit; and
- ii) no contraventions of any applicable code of professional conduct in relation to the audit.

**NOT-FOR-PROFIT ACCOUNTING SPECIALISTS**

**38 Surrey Road  
KESWICK SA 5035**



**A PETERSEN  
Managing Director**

Dated: 20 October 2015

**REPORT OF THE BOARD**

The Board reports that:

- (a) During the year ended 30 June 2015, 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 2015, 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 2015 and the state of affairs as at that date;
- (b) As at the date of this statement here 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 M. A. KAY  
Name

DKay.  
Chairperson

BRENTON W CHAPPELL  
Name

  
Treasurer

20.10.15  
Date

**STATEMENT OF COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2015**

Note	2015 \$	2014 \$
<b>INCOME</b>		
<b>Administration Income</b>		
Interest	604	798
Membership Fees	7,039	6,278
Conference Forums	-	500
Consultancy & Training	25,719	14,756
Other	2,174	1,803
	<u>35,536</u>	<u>24,135</u>
<b>Grant &amp; Project Income</b>		
Grant Income		
Department of Health - Recurrent	454,875	455,611
Project Income		
South Australian Health & Medical Research Unit(SAHMRI)	-	39,603
Women & Children's Health Network	46,500	-
CHF Our Health Our Communities Project	-	15,000
SANT Datalink	5,000	-
Consumer Speaking Out DVD	857	920
	<u>507,232</u>	<u>511,134</u>
	<b>542,768</b>	<b>535,268</b>

**TOTAL INCOME**

**EXPENDITURE**

Accounting & Audit Fees	2	23,095	18,853
Annual General Meeting		109	-
Advertising & Promotion		662	-
Board Catering, Travel & Training		1,676	6,460
Minor Capital Expenditure			634
Bank Charges & Fees		1,097	1,032
Catering		-	234
Computer Expenses		14,122	13,184
Conference Expenses		6,391	910
Consultancy Fees		7,500	-
Consumer Expenses		4,954	2,397
Depreciation		13,226	15,917
Electricity		4,184	4,207
Equipment Maintenance		474	-
Forums		3,886	2,227
Insurance		7,583	6,618
Legal Expenses		-	1,013

**STATEMENT OF COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30 JUNE 2015**

Note	2015 \$	2014 \$
<b>EXPENDITURE (continued)</b>		
Memberships	2,981	3,799
Office Expenses	13,771	10,470
Parking	2,939	3,355
Photocopies, Printing & Stationery	9,027	12,270
Postage & Courier	924	1,719
Project Expenditure		
Patient Centered Care Awareness Month	-	138
SANT Datalink	-	210
South Australian Health & Medical Research Unit (SAHMRI)	-	19,418
Consumer Speaking Out DVD	440	-
Womens and Childrens Health Network	39,088	-
Rent	81,876	72,870
Salaries	265,319	244,695
Superannuation, WorkCover, Annual & Long Service Leave Provision	20,218	41,694
Staff Training & Development	1,709	1,555
Staff Recruitment	1,145	480
Telephone, Facsimile & Website	5,375	6,669
Travel & Accommodation	2,808	4,421
Other Costs	-	1,470
	<u>536,579</u>	<u>498,919</u>
<b>TOTAL EXPENDITURE</b>		
	536,579	498,919
<b>OPERATING SURPLUS</b>	6,189	36,350
<b>RETAINED SURPLUS AT THE BEGINNING OF THE YEAR</b>	108,723	72,373
<b>RETAINED SURPLUS AT THE END OF THE FINANCIAL YEAR</b>	<u>114,912</u>	<u>108,723</u>

**STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2015**

	Note	2015 \$	2014 \$
<b>CURRENT ASSETS</b>			
Cash & Cash Equivalents	3	180,043	85,978
Debtors & Other Receivables		15,715	23,628
Prepayments		9,766	14,095
<b>TOTAL CURRENT ASSETS</b>		<b>205,524</b>	<b>123,701</b>
<b>NON CURRENT ASSETS</b>			
Property Plant & Equipment	4	21,749	30,245
<b>TOTAL ASSETS</b>		<b>227,273</b>	<b>153,946</b>
<b>CURRENT LIABILITIES</b>			
Trade & Other Payables	5	22,818	7,208
Accrued Payroll Liabilities		15,260	7,135
Provision for Annual Leave		11,531	-
GST Payable		12,752	8,688
Income Received in Advance		50,000	22,192
<b>TOTAL CURRENT LIABILITIES</b>		<b>112,361</b>	<b>45,223</b>
<b>TOTAL LIABILITIES</b>		<b>112,361</b>	<b>45,223</b>
<b>NET ASSETS</b>		<b>114,912</b>	<b>108,723</b>
<b>ACCUMULATED FUNDS</b>		<b>114,912</b>	<b>108,723</b>

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE FINANCIAL YEAR ENDED 30 JUNE 2015**

**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 report.

**(a) Income 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.

**(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.

**2. ACCOUNTING & AUDIT FEES**

	2015 \$	2014 \$
Audit Fees	3,300	3,200
Accounting Fees	19,795	15,653
	23,095	18,853

**3. CASH & CASH EQUIVALENTS**

Cash at Bank	161,670	4,063
Power Saver Account	2,331	66,205
Lease Guarantee Account	15,700	15,700
Credit Card	142	-
Petty Cash	200	10
	180,043	85,978

**4. PROPERTY, PLANT & EQUIPMENT**

Computer Equipment - at Cost	43,609	43,609
Less Accumulated Depreciation	(43,609)	(42,422)
	-	1,188
Software - at Cost	17,239	13,675
Less Accumulated Depreciation	(9,787)	(7,622)
	7,452	6,052
Furniture & Fixtures - at Cost	57,606	56,441
Less Accumulated Depreciation	(43,309)	(33,435)
	14,297	23,005
	21,749	30,245

**5. TRADE & OTHER PAYABLES**

Trade Creditors	18,518	3,268
Credit Card	-	740
Other Accruals	4,300	3,200
	22,818	7,208

**6. LEASE COMMITMENTS**

The Association has entered in to 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	82,000	104,887
- later than 1 year but not later than 3 years	96,000	132,381
- later than 3 years but not later than 5 years	-	-
Total	178,000	237,268

**7. ECONOMIC DEPENDENCE**

The Association is dependent on the Department of Health for the majority of its revenue used to operate the Association. At the date of this report the Board has no reason to believe that the Department will not continue to support the Association. Triennial funding has been secured to 30 June 2016.

# Board and Staff Members

## HCA BOARD TO 3 NOVEMBER 2014

Tony Lawson  
Marg Brown AM  
Brenton Chappell  
Roslyn Chataway  
Roslyn Udy  
Dana Bell  
Alice Clark  
Marie Heartfield  
Jessie Byrne  
Chris Jones

*Chair*  
*Deputy Chair*  
*Treasurer*  
*Secretary*

## HCA BOARD FROM 3 NOVEMBER 2014

Debra Kay  
Jessie Byrne  
Brenton Chappell  
Roslyn Chataway  
Chris Jones  
Tony Gwynn Jones  
Shane Mohor (to 22/6/15)  
Charlie-Helen Robinson (from 17/8/15)  
Lareen Newman (from 17/8/15)  
Amanda Keenan (from 17/8/15)

*Chair*  
*Deputy Chair*  
*Treasurer*  
*Secretary*  
*Public Officer*

## STAFF

Stephanie Miller  
*Executive Director (to 28/11/14)*  
Michael Cousins  
*Manager, Policy and Advocacy/Chief Executive*  
Mark Loughhead  
*Manager, Engagements and Partnerships*  
Julie Holloway  
*Administration Manager*  
Jenni Carr  
*Senior Project Officer*  
Daisy Miller  
*Project Officer*  
Teresa Duncan  
*Administration Officer*

# Organisational Members

Aboriginal Health Council of SA Inc  
Bridges & Pathways Institute Inc  
Cancer Council South Australia  
Cancer Voices SA Inc  
COTA Seniors Voice  
Diabetes South Australia  
Grow SA (Community Mental Health)  
Hepatitis SA Inc  
Life Without Barriers  
Lower North Health Advisory Council  
Loxton & Districts Health Advisory Council  
Lyell McEwin Health Service Consumer Advisory Council  
Mallee Mental Health Community Liaison Program

Mental Illness Fellowship of SA Inc  
Mind Australia  
Modbury Hospital Community Advisory Council  
Multicultural Communities Council of SA Inc  
Neami Limited  
One Voice Network Inc.  
SA Ambulance Service Community Advisory Committee  
SHINE SA  
Southern Mental Health, Flinders Medical Centre  
Uniting Care Wesley Port Adelaide  
Uniting Communities  
Veterans Health Advisory Council

