

consumer engagement proactive innovate
outcomes accurate improve excel communication shared voice patient
participate advocacy measurement forums wellness
care systems health policy development
dignity decisions inclusion strategies delivery vision facilitate learning
Consumers at the centre focus
skills policies care sustainable information care needs
treat monitor partner mitigate risk feedback quality
public **Health in South Australia**
direction prevention representative trust planning accountability
evaluation of care engage respect thriving
patient assist partnership development aid health services
experience structure change advocate
excel training help networking effective
people great research care

ANNUAL
REPORT

2015/2016

HCASA
Health Consumers Alliance of SA Inc.

*Consumers at the centre of
health in South Australia*



*Transforming Health Forum at the
Multicultural Communities Council*

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HCA Members Forum

BOARD REPORT

CONSUMERS AT THE HEART OF HEALTH CARE

The Board's focus this year has been on strengthening HCA as a strategic and sustainable organisation supporting staff, members, representatives and advocates to achieve our vision of consumers at the heart of health care.

This was the final year of our 2012-16 Strategic Plan, which prioritised working in partnerships to:

- ✓ promote health equity and rights
- ✓ provide systemic advocacy for consumer-centred care
- ✓ lead consumer and community engagement
- ✓ develop an effective and thriving organisation

The report from our Chief Executive highlights activities and the impacts we've made in relation to each of these strategic priorities.

The HCA Board has worked with an unwavering commitment to health as a universal human right. We have checked our performance against HCA's Vulnerable Communities Framework and Diversity Lens to keep our clear focus on health equity and rights. The Board is committed to supporting our member organisations wherever we can to address emerging safety and quality issues, and to advocate for and achieve a sustainable and accountable health system that delivers health, wellbeing and economic benefit to all South Australians. This year, HCA staff and member organisations have together responded to a number of very serious critical incidents within the public health system; once the incidents have been managed, HCA staff have sustained their advocacy at a systems level to achieve long-term safe, quality health care improvements.

HCA has had significant influence in leading consumer and community engagement in relation to the State Government's Transforming Health initiative, and also with a range of member and Local Health Network committees and activities. This has been supported by the high-quality, evidence-informed training, information and support delivered by the HCA team.

We were very pleased to undertake a number of revenue-generating consultancies during the year and to be offered and accept a further three-year (2016-19) service agreement with SA Health: this work aligns directly with our mission and enables us to continue to be an effective and thriving organisation. New accounting and auditing services have delivered high-quality financial reports, and a careful organisational and community 'needs and risks' assessment has resulted in us extending the lease of our current offices for a further three years. Internal policies were reviewed and updated in a cycle of quality improvement, and staff undertook a range of training, including Results-Based Accountability, to enhance our planning, reporting and public accountability.



The Board and staff have worked in partnership with members, representatives, advocates, partners and supporters to review our performance and develop Strategic Directions for 2017-20. The new Strategic Plan will be launched at the 2015/2016 Annual General Meeting.

I express my personal appreciation to all members of the Board for their hard work and commitment throughout the year, including during my absence for two months due to illness. Special thanks to Board Member and Public Officer Chris Jones who retired at the end of this year: you have been an inspirational consumer advocate and representative and we shall miss your wisdom and guidance.

The Board extends its admiration and appreciation to the HCA staff team: you live our vision and deliver our mission every day.

And finally, thank you to our members, advocates, representatives and supporters. It's with and through you that we achieve the partnerships critical to positioning consumers at the heart of health care.

Debra Kay PSM
Board Chair

CHIEF EXECUTIVE'S REPORT

2015/2016 has been another busy year full of challenges and opportunities.

Major activities undertaken by HCA included active participation in the Transforming Health program; responding to a number of crucial incidents which significantly impacted health consumers; and review of our performance against our Strategic Directions 2012-16, along with the development of the new Strategic Directions for 2017-20.

Transforming Health

The significant reorganisation of our metropolitan public hospitals, known as Transforming Health, has continued with some controversy. The HCA Board carefully considered HCA's role and involvement in Transforming Health, noting that the program is guided by six quality principles; namely that care be consumer-centred, safe, effective, accessible, efficient and equitable.

HCA established the Consumer and Community Engagement Committee for Transforming Health. The membership includes representatives of Local Health Network Consumer or Health Advisory Councils, representatives of relevant peak bodies, and a number of individual consumer advocates. Through this committee and with consumer advocates and representatives, HCA has facilitated consumer participation in the development of the evaluation framework for Transforming Health; advocated to the Ministerial Clinical Advisory Group of Transforming Health on the need to maintain a focus on consumer-centred care; advocated for an End-of-Life Care policy and procedures to be included in all models of care; and facilitated active consumer participation in all 'models of care' working groups.

Progress this year includes recruiting consumer representatives to the models of care working groups; consumer advice about the transfer of services between hospitals; review of consumer communication materials; and representation of consumers when developing new services such as the palliative care facility at the Flinders Medical Centre. HCA has worked with the

committee in determining a focus on consumer-centred care principles throughout Transforming Health. A communiqué is published after each meeting, on the HCA website and in the eNews. On behalf of the committee HCA also made a submission to the Select Committee on Transforming Health and will present to the Select Committee in 2017.



Our membership of the Ministerial Clinical Advisory Group now brings consumer perspectives to the most senior clinical group in the South Australian health system. We have succeeded in promoting the importance of consumer engagement in health. Clinical leaders now value the role and contribution of consumer advocates when reviewing and planning health services.

Consumer Advocates and Representatives

HCA works with a capable group of consumer advocates and representatives, drawn from the community and our individual and organisational members. Our Consumer Advocates Network includes 121 active consumer representatives. Over the year HCA provided training to 101 health consumers and 68 health practitioners and researchers; and we recruited, placed and supported 62 consumer advocates on 11 committees or working groups.

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

Our approach to Policy Leadership and System Advocacy

HCA continues to develop its approach to policy leadership and systemic advocacy in response to the circumstances of the day. In this work we are informed by the growing international literature and research on safety and quality in health care and the importance of consumer-centred care. We seek to take an appreciative approach to our advocacy: rather than just be a critic of problems in the delivery of our health services, we seek to take the role of critical friend and partner with the health system and the government of the day. This approach is informed by the work of the UK's Kings Fund and Appreciative Inquiry from the USA.

HCA continues to monitor and assess policy and advocacy opportunities locally and nationally. Our policy work is supported by our Policy Council, a sub-committee of the HCA Board. With limited resources we cannot engage on every issue that affects the health and wellbeing of South Australians. Rather we seek to judiciously target our efforts and partner with other

CHIEF EXECUTIVE'S REPORT CONTINUED...

peak bodies and organisations where we can. During the recent Federal election we made good use of the Consumers Health Forum's analysis of health policy and proposals. Locally we partner with Cancer Voices SA, Prostate Cancer Foundation, Multicultural Communities Council SA, Mental Health Coalition SA, SA Network of Drug and Alcohol Services, Carers SA, Council on the Ageing SA, SA Council of Social Services and the Aboriginal Leaders Forum, on policy issues and advocacy opportunities affecting these specific communities. Thank you to the vibrant non-government organisations who partner with us to improve the health and wellbeing of South Australians.

Communications

Over the year HCA increased its focus on communicating with consumers and stakeholders. We continue to update and improve our website, achieving a better than 25% increase in both page visits and users; we also increased our presence on Facebook and refreshed our eNews. Due to the increasing number of opportunities for consumer engagement, we now publish eNews on a weekly basis.

Key partners and stakeholders

HCA works with a number of important partners and supporters. Thank you to all of our key partners: SA Health and the five Local Health Networks; Safety and Quality Unit, SA Health; Medicines and Technology Programs, SA Health; Adelaide and Country SA Primary Health Networks (PHNs); Aboriginal Experts by Experience; Drug and Alcohol Services SA; 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; Health and Community Services Complaints Commission; Health Performance Council; Australian Nursing and Midwifery Federation SA; 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.

Finally, thank you to the HCA staff team and to past and present HCA Board members, a group of people dedicated to achieving HCA's vision of 'Consumers at the heart of health care'.

Michael Cousins
Chief Executive

STATISTICS 2015/2016

ADVOCACY

IN ACTION



11,911

Visits to our website



938

Facebook followers



145

People reached through Facebook posts each week



121

Active consumer advocates and representatives



101

Health consumers trained



68

Health practitioners and researchers trained



62

Consumer advocates recruited, placed and supported on 11 committees



17

Submissions made to government



3

Forums facilitated and reported on

STRATEGIC DIRECTIONS

Strategic Direction 1: Health Equity and Rights

HCA Vulnerable Communities Framework and Diversity Lens

HCA's Vulnerable Communities Framework and Diversity Lens identifies communities and populations with the greatest health needs and recognises the social determinants of health.

With funding from the Health Economics and Social Policy Group at the University of South Australia, HCA ran a series of focus groups to identify the preferences of young people in the delivery of mental health services.

Another priority has been working with Aboriginal communities through the Aboriginal Leaders Forum and the Experts by Experience Register. Together with the Commissioner for Aboriginal Engagement and the Health Performance Council we have also supported the establishment of an Aboriginal Expert Advisory Group for Transforming Health.

Through the Transforming Health Consumer and Community Engagement Committee, HCA has worked with members to improve engagement with culturally and linguistically diverse (CALD) communities. Our focus has been working with SA Health, and the Multicultural Communities Council and its community members, and advocating for culturally sensitive engagement with CALD communities to improve patient-centred care in our hospitals. This work also includes assessing the associated interpreter service processes.

In consultation with the Health and Community Services Complaints Commission, HCA invited people interested in or who have participated in Assisted Reproductive Treatment programs in South Australia to meet for a discussion. A small, diverse group of consumers joined this forum which was facilitated by Associate Professor Sonia Allen. They provided advice and firsthand experiences about the consumer-centredness of this treatment, which were considered in Prof Allen's review of the current Assisted Reproductive Treatment Act 1988, reported to the Health Minister.

People with disabilities who plan to attend the new South Australian Dental Hospital have raised concerns with us about the lack of appropriate access to this service. HCA is collaborating with consumers, Council on the Ageing SA, SA Health, SA Dental Services, and the University of Adelaide about this issue. Currently we are exploring the option of dental services being provided locally at GP Plus centres.



Strategic Direction 2: Policy Leadership and Systemic Advocacy

Responding to Critical Incidents

There were a number of critical incidents that significantly affected consumers over the last year. These included the chemotherapy under-dosing incident, breaches of patient privacy, and issues with prostate-specific antigen testing.

HCA partnered with member organisation, Cancer Voices SA, to advocate for consumer concerns in the response to these issues. Consumer advocates who have been affected by cancer joined the reviews for all of these incidents. By partnering with Cancer Voices we were able to ensure the voices of consumers with relevant experience were heard.

One of the important outcomes from the Review into Chemotherapy Under-Dosing has been the establishment of the SA Chemotherapy Prescribing Committee. This state-wide committee is providing clinical governance in the development, implementation and management of chemotherapy protocols for patients with cancer. HCA has joined the committee as Deputy Chair, and together with a consumer advocate we are seeking improvements in the safety and quality of cancer care in South Australia.

In response to the prostate screening errors, HCA partnered with the Prostate Cancer Foundation of Australia and Cancer Voices SA to ensure representation of consumers in the Independent Review on Prostate Screening Errors. By joining the SA Health Prostate-Specific Antigen (PSA) Steering Committee we sought to place the needs and experience of health consumers first in this review. SA Pathology has since invited HCA to provide advice on its governance review.

We thank those consumer representatives, Cancer Voices and the Prostate Cancer Foundation for joining us to advocate for the interests of consumers and the community in these important reviews.

Breaches of patient privacy were a major concern for the community. HCA released a media statement and did follow-up media interviews. We continue to advocate with other stakeholders about the expectation and need for privacy and confidentiality.

South Australians should see greater standards of clinical governance and much-needed improvements in the health system because of these reviews.

Strategic Direction 3: Strategic Engagement and Partnerships

Engagement and Partnerships

Partnerships are integral to the work of HCA. Through these partnerships, HCA has been able to influence safety and quality standards for health care services in Australia, increase partnering with consumers across the health spectrum, and strengthen the focus on consumer-centred care.

The Australian Commission on Safety and Quality in Health Care is currently revising the national standards for hospitals and HCA is represented on this review committee. The two-year review is being conducted with consumer and community input. The new standards, focused on comprehensive consumer-centred care, are currently being reviewed by Australia's health ministers. It is anticipated the standards will be approved in 2017, for use from 2019.

For some health consumers, clinical trials provide much-needed access to treatments otherwise not available. Following reports of a lack of clinical trial infrastructure in the new Royal Adelaide Hospital, HCA partnered with Cancer Voices SA and Hepatitis SA to advocate on the importance of clinical research in our largest hospital. We communicated this position across our networks and consulted with the SA Health Executive, Transforming Health Ministerial Clinical Advisory Group and its Chair, and the South Australian Health and Medical Institute to clarify our position, including our intention to escalate our advocacy given broad community concern. HCA's position was supported, with the Minister indicating this would be resolved. A media statement confirmed this and HCA is keeping a watching brief on progress.

The Primary Health Networks, funded by the Federal Government are now one year old and have consolidated their role in the health sector. HCA invited both Adelaide and Country SA Primary Health Networks (PHNs) to join the Transforming Health Consumer and Community Engagement Committee to facilitate improved linkage between Transforming Health and the primary health sector. HCA is a member of two Health Priority Groups (HPG) in the Adelaide PHN including the Mental Health HPG and the Consumer and Carer HPG (as Chair). HCA provided training for consumers participating in the Consumer Advisory Committees for the Adelaide PHN.

South Australians require a contemporary and evidenced-based Drug and Alcohol Strategy and Service Plan. HCA collaborated with Drug and Alcohol Services South Australia (DASSA), SA Network of Drug and Alcohol Services and the Adelaide and Country SA Primary Health Networks, advocating for consumer-centred alcohol and other drug services.

In the past year a Mental Health Commission was established in South Australia and a Mental Health Commissioner appointed. HCA sought the advice of consumers about 'What a mental health commission could do for you' through a community forum. More than 50 people from community, lived experience, workforce, research and clinical backgrounds provided advice and an advocacy agenda for the incoming commissioner. HCA has published this report on its website and it provides a basis for our collaborative work with partners such as the Mental Health Coalition, the Chief Psychiatrist and the Primary Health Networks, in addition to the Mental Health Commission.

HCA joined the Australian Medical Association's Health and Support Services Industry Reference Group. This reference group's purpose is to provide advice on the development of a whole-of-state and community approach to increase the integration of tertiary, primary and community care for all people.



Top Tips for Health Focus Group

Strategic Direction 4: Organisational Strength and Innovation

Consumer Training and Advocates Network

HCA's Introduction to Consumer Advocacy training has been refined over the last year with five training sessions provided. Some of the Local Health Networks have the HCA training as a prerequisite for consumer participation. They have found it useful to know their consumer advocates and representatives have a better understanding of consumer-centred care, and of how and why consumers can engage in the health system to improve the safety and quality of health care.

HCA's Consumer Advocates Network has identified a professional development agenda, and members have benefited from developing their public speaking skills and their abilities around sharing stories safely. Next year will see a focus on expanding the level and range of training offered to consumers.

Report-back on consultations to inform HCA's New Strategic Plan 2017-20

In the first half of 2016 HCA undertook a strategic inquiry into its performance against our Strategic Directions for 2012-16.

Sixty-four individuals representing members, organisational members and stakeholders provided feedback and advice to HCA through an online survey held in April and May 2016. This compares to the 2012 survey which was completed by 60 respondents. Six key informant interviews were conducted with executives and leaders in the health sector.

There was improvement in respondents' perceptions of our achievement of HCA's vision and mission, with 63% of respondents indicating that HCA is doing well and 23% of respondents being unsure about HCA's performance. This compares to the 2012 survey result of a 39% positive rating and 50% being unsure about HCA's performance.

A Net Promoter Score is calculated in response to the question: 'How likely is it that you would recommend HCA to a friend or colleague?' HCA's performance in this survey compares positively with the 2012 survey, achieving a Net Promoter Score improvement of 17 points.

Key strengths identified include: engagement and networking; work approach and responsiveness; policy and advocacy work; communication and information; and the people.

Comments included:

'Capacity to engage with the SA community on health issues and get information about how people are experiencing access to these services on the ground.'

Other feedback:

'Credibility', 'approachable', 'passionate people', 'advocacy for patient-centred principles', 'training - excellent quality', 'strategic influence.'

Key priorities include: Transforming Health, primary and mental health (with respondents indicating they would like to see HCA have a stronger voice), advocating for more consumer

engagement, consumer-centred care, support for vulnerable populations, and holding SA Health more accountable.

Key areas identified for ongoing advocacy: 'Highlight that Transforming Health has some commendable goals in terms of safety, quality and access, but also some appalling mistakes in planning and in consultation.'

'Promoting what consumers see as important to primary health and prevention.'

'Hand back the money taken for Transforming Health so HCA can speak freely.' 'Be involved in facilitating the cultural shift to person-centred care.'

'Reflect the consumer concerns evident in the media.'

'Form a good relationship with the Minister and the doctors.'

Key informant interviews - comments included:

'Keep promoting the link between safety and quality and improved consumer outcomes.' 'Great at systemic advocacy - we need individual advocacy and health care planning.' 'Making a significant difference - willingness to work in partnership.'

'Your work is really important for us now.' 'You have a lot to be proud of.'

Conclusion

We have achieved improvement in our work – yet there is still more to do. Some respondents would like HCA to take a more assertive or even combative approach to our advocacy. We have not chosen that path.

Instead, as we have mentioned earlier, HCA has sought to take an appreciative approach to our work: after all, the vast majority of people working in the health system are there to make a positive impact on the health of Australians. When care is not ideal or mistakes are made, they should be openly acknowledged in a timely manner with the interests of consumers and improvement as the focus.

HCA seeks to increase the standing and influence of health consumers in our health system. We do this by building constructive partnerships with consumers, government, clinicians, administrators and researchers. We do not seek the role of critic, but rather the role of critical friend and community channel to health services.

The HCA Board, staff and members have considered the consultation results in detail and have drafted a new set of Strategic Directions for 2017-20, which we commend to you.

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

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.

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 influence health across all levels.

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

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 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.

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.

FINANCIAL STATEMENTS



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

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 2016 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 2016 and of its financial performance for the year then ended in accordance with Australian Accounting Standards.



Peter Hall Chartered Accountant

Peter Hall FCA
25 Leigh Street, Adelaide SA

Dated this 24th day of October 2016

Liability limited by a scheme approved under Professional Standards Legislation

REPORT OF THE BOARD

The Board reports that:

- (a) During the year ended 30 June 2016, 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 2016, 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:

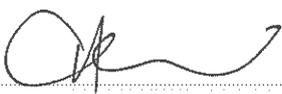
- (a) The accompanying financial report has been drawn up so as to present fairly the results of operations of the Health Consumer Alliance of South Australia Incorporated for the year ended 30 June 2016 and the state of affairs as at that date;
- (b) As at the date of this statement there are reasonable 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


Chairperson

CHARLIE- HELEN ROBINSON
Name


Treasurer

24/10/16
Date

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2016

	Note	2015 \$	2016 \$
INCOME			
Administration Income			
Interest		604	587
Membership Fees		7,039	5,532
Conference Forums		-	-
Consultancy & Training		25,719	28,173
Other		2,174	-
		35,536	34,292
Grant & Project Income			
Grant Income			
Department of Health - Recurrent		454,875	472,372
Project Income			
South Australian Health & Medical Research Unit(SAHMRI)		-	50,000
Women & Children's Health Network		46,500	49,800
SANT Datalink		5,000	-
Consumer Speaking Out DVD		857	-
		507,232	572,172
TOTAL INCOME		542,768	606,464
EXPENDITURE			
Accounting & Audit Fees	2	23,095	15,300
Annual General Meeting		109	864
Advertising & Promotion		662	11
Board Catering, Travel & Training		1,676	1,457
Minor Capital Expenditure			3,297
Bank Charges & Fees		1,097	1,111
Computer Expenses		14,122	16,044
Conference Expenses		6,391	5,142
Consultancy Fees		7,500	4,257
Consumer Expenses		4,954	5,630
Depreciation		13,226	4,841
Electricity		4,184	3,965
Equipment Maintenance		474	2,058
Forums		3,886	-
Insurance		7,583	7,184
Legal Expenses		-	451

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2016

	Note	2015	2016
		\$	\$
EXPENDITURE (continued)			
Memberships		2,981	4,880
Office Expenses		13,771	2,856
Parking		2,939	-
Photocopies, Printing & Stationery		9,027	7,183
Postage & Courier		924	1,219
Project Expenditure			
Consumer Speaking Out DVD		440	-
Womens and Childrens Health Network		39,088	7,424
Electronic Consumer Panel		-	20,000
Education & Training		-	15,000
Health Literacy		-	15,000
Rent		81,876	84,478
Salaries		265,319	301,697
Superannuation, WorkCover, Annual & Long Service Leave Provision		20,218	33,398
Staff Training & Development		1,709	2,430
Staff Recruitment		1,145	523
Telephone, Facsimile & Website		5,375	7,130
Travel & Accommodation		2,808	4,359
Other Costs		-	136
TOTAL EXPENDITURE		536,579	599,326
OPERATING SURPLUS		6,189	7,138
RETAINED SURPLUS AT THE BEGINNING OF THE YEAR		108,723	114,912
RETAINED SURPLUS AT THE END OF THE FINANCIAL YEAR		114,912	122,050

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2016

	Note	2015 \$	2016 \$
CURRENT ASSETS			
Cash & Cash Equivalents	3	180,043	180,564
Debtors & Other Receivables		15,715	20,808
Prepayments		9,766	2,640
TOTAL CURRENT ASSETS		205,524	204,012
NON CURRENT ASSETS			
Property Plant & Equipment	4	21,749	27,163
TOTAL ASSETS		227,273	231,175
CURRENT LIABILITIES			
Trade & Other Payables	5	22,818	13,159
Accrued Payroll Liabilities		15,260	17,565
Provision for Annual Leave		11,531	10,793
GST Payable		12,752	(2,392)
Strategic Projects		-	70,000
Income Received in Advance		50,000	-
TOTAL LIABILITIES		112,361	109,125
NET ASSETS		114,912	122,050
ACCUMULATED FUNDS		114,912	122,050

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 & Equivalent

Cash & Equivalent 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.

	2015	2016
	\$	\$
2. ACCOUNTING & AUDIT FEES		
Audit Fees	3,300	3,000
Accounting Fees	19,795	12,300
	<u>23,095</u>	<u>15,300</u>
3. CASH & CASH EQUIVALENTS		
Cash at Bank	161,670	123,097
Power Saver Account	2,331	41,567
Lease Guarantee Account	15,700	15,700
Credit Card	142	-
Petty Cash	200	200
	<u>180,043</u>	<u>180,564</u>
4. PROPERTY, PLANT & EQUIPMENT		
Computer Equipment - at Cost	43,609	53,198
Less Accumulated Depreciation	<u>(43,609)</u>	<u>(43,690)</u>
	-	1,188
Software - at Cost	17,239	17,239
Less Accumulated Depreciation	<u>(9,787)</u>	<u>(12,022)</u>
	7,452	5,216
Furniture & Fixtures - at Cost	57,606	58,272
Less Accumulated Depreciation	<u>(43,309)</u>	<u>(45,833)</u>
	14,297	12,439
	<u>21,749</u>	<u>27,163</u>

5. TRADE & OTHER PAYABLES

Trade Creditors	18,518	8,809
Credit Card	-	-
Other Accruals	4,300	4,350
	<u>22,818</u>	<u>13,159</u>

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	84,000
- later than 1 year but not later than 3 years	21,000	-
- later than 3 years but not later than 5 years	-	-
Total	<u>105,000</u>	<u>84,000</u>

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

BOARD MEMBERS

Debra Kay,
Chair

Jessie Byrne,
Deputy Chair

Ros Chataway,
Secretary

Amanda Keenan,
*Treasurer and Sector Representative**

Charlie-Helen Robinson,
*Treasurer (from March 2016)
and Sector Representative*

Chris Jones,
Member and Public Officer

Tony Gwynn-Jones,
Member

Stephen Thomas,
Member

Lareen Newman,[^]
Sector Representative

**Resigned March 2016
due to interstate relocation*

*^Resigned June 2016
due to new employment*

STAFF MEMBERS

Michael Cousins,
Chief Executive

Ellen Kerrins,
Manager, Advocacy and Policy

Kathy Mickan,
Manager, Consumer Engagement

Jenni Carr,
Senior Project Officer #

Lindsey Webb,
Project Officer

Teresa Duncan,
Administration Officer

Vanessa Vowles,
Administration Officer

Resigned December 2015

ORGANISATIONAL MEMBERS

Aboriginal Health Council of SA Inc.

Asthma Foundation of SA Inc.

Beyond - Kathleen Stacey & Associates

Cancer Council South Australia

Cancer Voices SA Inc.

COTA SA

Diabetes South Australia

Grow SA (Community Mental Health)

Health First Network

Health Resolutions SA

Hepatitis SA Inc.

Lower North Health Advisory Council

Loxton & Districts Health Advisory Council

Lyell McEwin Health Service

Consumer Advisory Council

Mental Illness Fellowship of SA Inc.

Migrant Resource Centre of SA

Mind Australia

Multicultural Communities
Council of SA Inc.

Neami National

Northern Adelaide Local Health Network
Consumer Advisory Council

Northern Health Network

Primary Health Care
Research and Information Service

Southern Mental Health,
Flinders Medical Centre

Veterans Health Advisory Council



Transforming Health Forum at the Multicultural Communities Council

consumer engagement proactive innovate
outcomes accurate improve excel communication shared voice patient
participate advocacy measurement forums wellness
care systems health policy development
dignity decisions inclusion strategies delivery vision facilitate learning
Consumers at the centre focus
skills policies care sustainable information care needs
treat monitor partner mitigate risk feedback quality
public Health in South Australia
direction representative trust planning accountability
respect thriving

Consumers at the centre of health in South Australia

HCA SA

Health Consumers Alliance of SA Inc.

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