

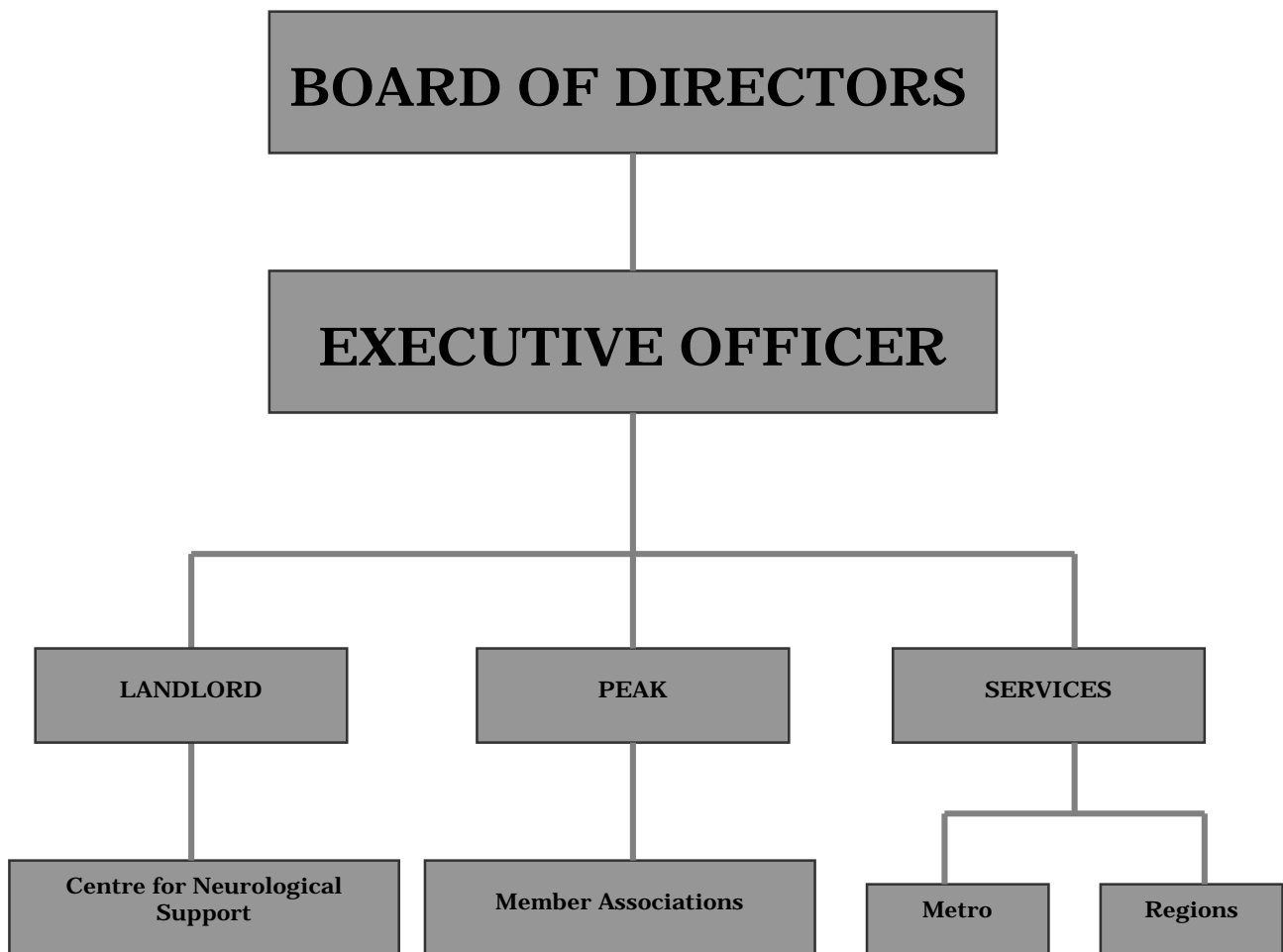


Neurological Council of WA Inc.



Annual Report 2009/10

Organisation Structure



Chairman's Report



Changing policies in the Commonwealth funded Health and Community Care Program (HACC) and the WA Health Department signal changes in the neurological care sector. I believe that NCWA is well placed to play a role in this new world, looking always to improve outcomes for individuals with neurological conditions.

The past year has been a momentous one for the NCWA. We have seen important changes in personnel and in activities. The major factor in this has been the appointment of our new Executive Officer, Ms Kathy McCoy, a neurological nurse with extensive community-based experience in the UK. Kathy has rejuvenated our regional services, which now operate at a very high level of productivity. In the Perth office, the staffing profile has been reshaped in an effort to provide a higher level of direct service, and to increase our capacity in the area of professional education.

Changing policies in the Commonwealth funded Health and Community Care Program (HACC) and the WA Health Department signal changes in the neurological care sector. I believe that NCWA is well placed to play a role in this new world, looking always to improve outcomes for individuals with neurological conditions. I know that some organisations regard these impending changes as some kind of threat, but I am confident that we can take the opportunity to increase the range of services in our sector if we work together, rather than compete as adversaries.

The NCWA Board strongly supports the new directions that the organisation is taking, and on their behalf, I thank all of the NCWA staff for their dedication and commitment. I am often struck by the energy and friendliness that fills the office in the Niche when I visit.

I look forward to a very exciting year in 2011. There is a great deal of unmet need in our sector, but we can make a difference if we work together.

Charles Watson
Chairman

Executive Officer's Report



In late 2009 a quality review was performed by Community West (HACC quality review team). This report provided suggestion and recommendation on improvements which could occur within the regional nurse services. In response to these recommendations a project was commenced which aimed to develop a community focused educational pathway for the Neurology Nurses. I am pleased to report that this pathway has now been developed into a course and curriculum which has been discussed with the Chief Nurse, Professor Catherine Stoddert and also with one of the universities with a view to the possible facilitation of this course to other nurses working in similar settings. A training needs analysis was undertaken and from this was identified the need for a formal education pathway. It was important however to ensure that any developments that came out of this work be made available to the wider neurological community. During this process it also became clear how important peer support and connection is. Although there is an existing Australia Neuroscience Nurse Association (ANNA), it was felt that a group with a community focus would be of benefit. With the pro bono support of Freehills legal team we have been able to develop a constitution and register the Community Neurological Nurse Network (CN3). We are hopeful that the Neurocare nurses can now become part of a bigger network of nurses with a community neurological focus.

"With the increased prevalence of neurological disease and the increasing focus on community care, the importance and value of our nurses is even more apparent. A generic neurology focus provides for equity of access and has proven to be an invaluable resource to the community we provide for".

With the increased prevalence of neurological disease and the increasing focus on community care, the importance and value of our nurses is even more apparent. A generic neurology focus provides for equity of access and has proven to be an invaluable resource to the community we provide for. Each of the three regions has provided a short summary of their activities and news.

The Metropolitan region has been funded since 1995 to provide services including assessment, client care coordination, social support, respite, personal care, counselling, support, information and advocacy. This service has been used over the years by most of our member groups as well as clients for whom membership or involvement of a group or association is not a possibility.

HACC has been engaged in some work looking at restructuring how service delivery is managed from an access and assessment position. NCWA as part of this restructuring will in the future be focused on providing counselling, support, information and advocacy to the neurological community. As part of this transition plan, we have appointed a Consumer Colleague who will engage with consumers/carers ensuring that support, information and advocacy is offered, albeit from a different point of view. The role of the consumer is vital in ensuring that a true consumer perspective is considered in all activities. The consumer colleague employed at Neurocare is a member of the Neuroscience and senses health network and comes to her role with personal experience as a neurological services user. The consumer colleague is looking to engage with groups within the NCWA membership to partner, collaborate and identify synergies which could be used in a positive way.

Executive Officer's Report



NCWA: Peak Body

I have been working with the Board to get a clear and definitive statement of vision and mission. This had been clouded by a number of inconsistencies in source material. The Board has been able to agree on the vision and mission and it is this which now underpins the strategic plan which was developed last year.

A forum was held recently, the aim being to draw a line under past perceived inactivity or issues. As the new Executive Officer, this gave me the opportunity to meet with the sector and to gauge what the common areas and issues were. Following this meeting, a feedback process has been used to collate more information and consensus on issues which were raised at the forum. These issues have been scored into priority time frames by the collective and from this an action plan will be developed.

The main areas relate to:

- a Communication
- a Involvement in decision making in early stage of change/development
- a Understanding of current service provision.

"It is hoped that members will play an active part in developing the NCWA; collaboration and partnership in the is sector is crucial, particularly as the burden on health and social care funding is becoming more complex".

It needs to be understood that NCWA is not funded as peak body and as such acts more in the role of an umbrella organisation which can act as a conduit for organisations and people with an interest in neurological issues.

The NCWA is vital to the neurological community in that its connectivity with other like organisations and generic whole of sector focus provides a uniqueness that is not replicated within Australia. It is hoped that the NCWA will grow and develop in a way that meets the needs of this complex and diverse sector.

The last number of months has been both challenging and rewarding and I would like to formally thank Professor Charles Watson for his unfaltering support, kind words of encouragement and common sense approach to the direction he provides. Thanks also to the Board members for their commitment and vision. Finally, thanks also to the staff members within NCWA and Neurocare for the commitment they have shown in their roles.

I look forward to working more collaboratively with members, and individuals within the Neurological sector in the future.

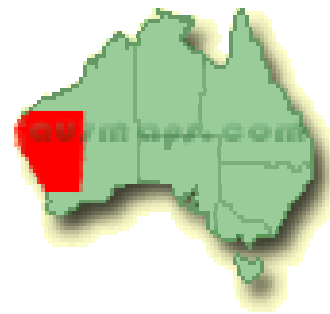
Kathy McCoy
Executive Officer

Services Report

News from the Mid West

The Mid West team has welcomed a new Community Neurological Nurse, Ros Kelly. Ros comes to the team with a wealth of rural experience adding value and knowledge to the existing team.

Collaboration and involvement with other health and community care initiatives remain a priority for the Mid West team. Close communication with the visiting Neurologist Dr Panegyres continues and is a key factor in the support given to the local neurological community. The Mid West team plays a crucial role in acting as a conduit so the correct information, advice and support is provided to client/family.



Increased video conferences with neurologists at Royal Perth Hospital, ongoing referrals from local doctors and allied health services and attendance at hospital/community rehabilitation meetings allowed the service to expand its client base and reach out to those who need its service. The nurse service also made several visits to Carnarvon, Morawa and other outlying areas to make contact with and follow up clients isolated by distance.

The Midwest service continues to co-ordinate the Midwest Stroke Support Group with the possibility of creating an Indigenous Stroke Support Group in the future. The service also participates in other condition-specific Support Groups as well as liaising with visiting nurses in those areas.

Professional development was advanced with attendance at stroke, dementia, brain and spinal cord, as well as technology workshops by the Midwest staff during the year.

The Midwest service will be moving from its current location into brand new, spacious offices at the new Lotteries House building in September. The new location will provide many useful networking and liaison opportunities with other health services and consumers.

The service is well received by the local neurological community as well as the health and community care sector. Feedback on the value of the service has enabled the NCWA to engage in some planning for the future and it is hoped this service will continue to develop.

Members

Membership Directory 2009/10

Alzheimer's Australia WA Ltd
Australian Association of Cognitive and Behaviour Therapy
Australian Huntington's Disease Association
Australian Neuromuscular Research Institute
Continence Advisory Service of WA Inc
Epilepsy Association of Western Australia
Headache and Migraine Western Australian Inc
James Crofts Hope Foundation
Learning & Attentional Disorders of WA
ME/Chronic Fatigue Syndrome Society of WA Inc
Motor Neurone Disease Association Of WA Inc
Multiple Sclerosis Society of WA Inc
Myasthenia Gravis Friends and Support Group WA (Inc)
National Stroke Foundation
Neurofibromatosis Association of WA Inc
Parkinson's Western Australia Inc
Peripheral Neuropathy Support Group Inc
Reconnect WA
Spina Bifida Association of WA (Inc)
Therapy Focus Inc
Trigeminal Neuralgia Support Group WA Inc
WA Blue Sky Inc

Treasurers Report



The Neurological Council of Western Australia (Inc) has three main functions:

1. Managing a substantial range of funded (HACC) services;
2. Managing the building at 11 Aberdare Road, Nedlands; and
3. Operating as a peak body for the neurological support sector in Western Australia.

As in previous years, funded services represent the majority of the activity of NCWA. Any surplus from the provision of these services must be carried forward to be applied against the same services in subsequent years or may be clawed back by the funding authority. Funded services are divided between three regional and four metropolitan contracts. Funded services produced an overall surplus of \$27,172 for 2009/10 although some individual contracts were in deficit and others in surplus. Based on previous years we expect the funding authorities to apply surpluses against the deficits but at the time of this report this had not been finalised. NCWA carries sufficient reserves against these funded services to cover any individual deficits.

Management of the Centre for Neurological Support at the Niche was another principal activity for 2009/10. This activity resulted in a surplus of \$6,307 for 2009/10. With the assistance of Freehills a revised license agreement for occupation of premises at the Niche has been prepared which should assist in equitably apportioning the ongoing actual costs of the management of the site and although this was not in place for 2010 we expect it to be finalised shortly. In accordance with the proposed new license arrangement, the surplus will be applied against the budgeted costs for 2010/11.

As has been the case for some time, peak body activities are otherwise unfunded and hence very limited. NCWA is continuing to explore opportunities to access funding to be applied in this area.

Bruce Fielding B. Bus, CA
Treasurer

Financial Statements



Anderson Munro & Wyllie

CHARTERED ACCOUNTANTS

Unit 8 / 7 Hector Street, Osborne Park WA 6017

PO Box 1357, Osborne Park WA 6916

Phone: (08) 9445 9955 Fax: (08) 9445 9966

ABN 59 125 425 274

Website: www.amwaudit.com.au

Liability limited by a scheme approved under Professional Standards Legislation

INDEPENDENT AUDIT REPORT

To The Members of the
The Neurological Council of WA (Inc)

Scope

We have audited the financial report of The Neurological Council of WA (Inc) for the year ended 30 June 2010. The financial report comprises the Statement by the Committee, Income Statement, Balance Sheet, and notes to and forming part of the financial statements.

The Committee is responsible for the preparation of a financial report which provides a true and fair view of the financial performance and position of the Association. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error and for accounting policies and estimates inherent to the financial report.

The Committee of The Neurological Council of WA (Inc) has determined that the Association is a non reporting entity, because there does not exist any users of the financial report who are unable to command the preparation of reports to satisfy all their information needs. The financial report is therefore a special purpose financial report, which does not require the application of all Accounting Standards in Australia, and other financial reporting requirements. The Committee of the Association has determined that the accounting policies used is consistent with the financial reporting requirements and are appropriate to meet the needs of the members. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members.

Audit Approach

We conducted an independent audit of the financial report in order to express an opinion on it to the members of the Association. Our audit was conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal control and the availability of persuasive rather than conclusive evidence. Therefore an audit cannot guarantee that all misstatements have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the Accounting Standards in Australia, and other mandatory financial reporting requirements in Australia, a view which is consistent with our understanding of the financial position, and of their performance which is represented by the results of operations.

Financial Statements

THE NEUROLOGICAL COUNCIL OF WA (INC)
ABN: 74 118 106 856

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2010

	Note	2010 \$	2009 \$
Income			
Grants - Recurrent HACC		1,405,904	1,314,512
Grants - Non-Recurrent HACC		180,859	147,698
Grants - Lotterywest		12,000	3,839
Fees for Services		13,825	9,658
Interest Income		27,192	32,965
Gross Profit from Rental Operations		122,908	120,013
Telephone & Directory Income		27,283	26,559
Photocopying & Email Income		4,890	4,646
Donations Received		1,130	288
Membership Subscriptions		91	2,273
Recoup Operational Expenses		2,749	4,071
Room Hire		303	1,630
Sundry Income		15,370	9,943
Total Income		<u>1,814,504</u>	<u>1,678,095</u>

Financial Statements

THE NEUROLOGICAL COUNCIL OF WA (INC)
ABN: 74 118 106 856

BALANCE SHEET
AS AT 30 JUNE 2010

	Note	2010 \$	2009 \$
Current Assets			
Cash Assets		729,005	848,958
Trade and Other Receivables	2	21,268	14,474
Prepayment		16,419	32,292
Total Current Assets		<u>766,692</u>	<u>895,724</u>
Non Current Assets			
Property, Plant & Equipment	3	<u>204,354</u>	<u>159,788</u>
Total Non Current Assets		<u>204,354</u>	<u>159,788</u>
TOTAL ASSETS		<u>971,046</u>	<u>1,055,512</u>
Current Liabilities			
Trade Creditors		74,875	65,353
Accruals		68,181	70,966
Other Creditors	4	21,347	30,039
Provision for Employee Benefits	5	42,532	71,280
Committed Grants Received	6	-	145,773
Total Current Liabilities		<u>206,935</u>	<u>383,411</u>
Non-Current Liabilities			
Reserves - Equipment		210,455	169,135
Reserves - House Refurbishment		68,900	68,900
Total Non-Current Liabilities		<u>279,355</u>	<u>238,035</u>
TOTAL LIABILITIES		<u>486,290</u>	<u>621,446</u>
NET ASSETS		<u>484,756</u>	<u>434,066</u>
MEMBERS' FUNDS			
Retained Earnings	7	<u>484,756</u>	<u>434,066</u>
TOTAL MEMBERS' FUNDS		<u>484,756</u>	<u>434,066</u>

Financial Statements

**THE NEUROLOGICAL COUNCIL OF WA (INC)
NOTES TO AND FORMING PART OF THE ACCOUNTS
FOR THE YEAR ENDED 30 JUNE 2010**

(e) Revenue and Other Income

Revenue is measured at the value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. For this purpose, deferred consideration is not discounted to present values when recognising revenue.

Interest revenue is recognised using the effective interest rate method, which, for floating rate financial assets, is the rate inherent in the instrument.

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

(f) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST.

(g) Property, Plant & Equipment

Property, Plant & Equipment are carried at cost less where applicable, any accumulated depreciation.

The depreciable amount of all other fixed assets are depreciated over their useful lives commencing from the time the asset is held ready for use. The carrying amount of fixed assets is reviewed annually by the Board to ensure it is not in excess of the recoverable amount of these assets.

The recoverable amount is assessed on the basis of expected net cash flows, which will be received from the assets employment and subsequent disposal.

Financial Statements

THE NEUROLOGICAL COUNCIL OF WA (INC)
ABN: 74 118 106 856

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2010

	2010	2009
	\$	\$
NOTE 4		
Other Creditors		
Superannuation Payable	14,979	12,150
Salary Sacrifice	-	4,449
GST Payable	(3,026)	6,982
PAYG Liability	7,890	6,458
Other	1,504	-
	<u>21,347</u>	<u>30,039</u>
NOTE 5		
Provision for Employee Benefits		
Provision for Annual Leave	24,174	39,176
Provision for Long Service Leave	18,358	32,104
	<u>42,532</u>	<u>71,280</u>
NOTE 6		
Committed Grants Received		
HACC Non-Recurrent	-	145,773
	<u>-</u>	<u>145,773</u>
NOTE 7		
Retained Profits		
Retained Earnings at the beginning of the financial year	434,066	412,385
Earnings for the year	92,010	29,034
Transfer to Asset Replacement Reserve	(41,320)	-
Prior Year Adjustment	-	(7,353)
Retained Earnings at the end of the financial year	<u>484,756</u>	<u>434,066</u>

