



**Government
of South Australia**

Barossa Hills Fleurieu Local Health Network 2019-20 Annual Report

Barossa Hills Fleurieu Local Health Network

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To:

Hon Stephen Wade MLC

Minister for Health and Wellbeing

This annual report will be presented to Parliament to meet the statutory reporting requirements of *Public Sector Act 2009*, *the Public Finance and Audit Act 1987* and *the Health Care Act 2008*, and the requirements of Premier and Cabinet Circular *PC013 Annual Reporting*.

This report is verified to be accurate for the purposes of annual reporting to the Parliament of South Australia.

Submitted on behalf of the Barossa Hills Fleurieu Local Health Network by:

Rebecca Graham

Chief Executive Officer

Date 23 September 2020

Signature

A handwritten signature in blue ink, consisting of a stylized 'R' followed by a horizontal line.

From the Governing Board Chair



I think most Australian health leaders would be hard pressed to recall a more astonishing and challenging year than the one we have just experienced – especially for a new local health network.

Looking back on the year that has been, I am particularly proud of a number of key achievements by our local health network.

While navigating the challenges presented by COVID-19, BHFLHN has continued important strategic work behind the scenes, including the recent finalisation of our Strategic Intent document, which will lay the foundation for our strategic planning for the period July 2020 – June 2021. Through this work, we are ensuring that our community members receive extraordinary health services and care. To us, this means delivering safe, effective, personal, and connected services and care for every person, every time.

The BHFLHN Consumer and Community Engagement Strategy is continuing to be developed with the input of staff, Governing Board members, Health Advisory Council members and consumers through a series of workshops. The establishment of tier-one and tier-three committees have been ratified by the BHFLHN Governing Board. These committees will work to reinforce consumer and community engagement as everybody's everyday business.

The Rural Health Workforce Strategy is a State Government election commitment, which sees \$20 million committed between 2018-2022 to develop and implement a Rural Health Workforce Plan. For BHFLHN, early priorities for this work include developing collaborative relationships with key stakeholders, including our medical workforce, rural training schools other regional and metropolitan local health networks, to ensure we are well positioned for current and future strategic opportunities.

Collectively, this foundational strategic work serves our conviction that safe, effective, personal, and connected services and care, is a right of all community members, regardless of where they live across our local health network. Furthermore, in enacting these initiatives and priorities, we will confidently work toward retaining our level one performance rating with the Department for Health and Wellbeing, for both service delivery and financial performance.

I speak for the whole BHFLHN Governing Board when I say that we are honoured to serve the communities of the Barossa, Adelaide Hills, Fleurieu Peninsula and Kangaroo Island, and we credit BHFLHN staff and leadership team for the dedication and resilience they have demonstrated throughout the inaugural year of Barossa Hills Fleurieu Local Health Network.

A handwritten signature in cursive script, appearing to read 'Carol Gaston'.

Carol Gaston AM
Governing Board Chair - Barossa Hills Fleurieu Local Health Network

From the Chief Executive



The Barossa Hills Fleurieu Local Health Network (BHFLHN) covers the Adelaide Hills, Kangaroo Island, Fleurieu Peninsula and Barossa areas. Across our eleven health sites, we offer a wide range of health care services including acute care, medical, accident and emergency, surgery, birthing and midwifery, specialist consultancy, renal dialysis, chemotherapy, transfusions, rehabilitation, respite care, Aboriginal health, mental health and allied health.

BHFLHN is unique in that it provides clinical governance oversight to country-wide mental health services and the state-wide borderline personality disorder service, BPD Co. BHFLHN also hosts the Rural Support Service (RSS), which supports the six regional local health networks, bringing together clinical and corporate advisory services focused on improving quality and safety. Under the banner of Country Health Connect we proudly deliver a wide range of community, in-home and residential aged care, early childhood and disability support services.

BHFLHN has overcome a great deal in its inaugural year. From the significant governance changes that come with reporting to a new Governing Board, through to the devastating 2019-20 bushfire season, which profoundly affected our sites, staff and communities – before being confronted with the coronavirus (COVID-19) global pandemic, which has affected every facet of how we live, work and even relate to one another.

BHFLHN implemented an emergency command structure in response to the 2019/2020 bushfire season and COVID-19 pandemic and we now find ourselves highly prepared and experienced should events like these ever occur in the future. Our response has helped shaped our values and priorities for the coming year ahead, where we exemplify excellence, courage, agility and accountability in all that we do.

Through these events, BHFLHN has risen and surpassed even our own expectations in managing the most complex, unprecedented challenges. It is a testament to the wisdom and expertise of our leadership team – many of whom have proudly lived and worked in our network for many years, as well as those who have joined us more recently and brought fresh perspective, experience and knowledge.

Leadership development has indeed been a key focus of our first year. From Executive participating in monthly coaching, to a dedicated program for emerging and new leaders – we are committed to building a workforce that is high performing and sustainable.

BHFLHN continues to be strongly committed to anti-racism with all members of Executive completing a Cultural Safety workshop. This workshop challenged participants to explore their values and examine all forms of racism including

institutional racism. BHFLHN have some exciting news in this space in 2020-21 to further develop our message that racism will be not be tolerated.

I am proud to be Chief Executive Officer of an organisation that is so firmly values-centred and absolute in its commitment to the health and wellbeing of the communities we are privileged to serve. Together, we have proved BHFLHN to be a formidable and highly valued asset of the South Australian public health system.



Rebecca Graham
Chief Executive
Barossa Hills Fleurieu Local Health Network

Contents

Our strategic focus	7
Our organisational structure	8
Changes to the agency	10
Our Minister	10
Our Executive team	11
Legislation administered by the agency	14
Other related agencies (within the Minister's area/s of responsibility).....	14
The agency's performance	15
Performance at a glance	15
Agency contribution to whole of Government objectives.....	18
Agency specific objectives and performance	21
Corporate performance summary	25
Employment opportunity programs	26
Agency performance management and development systems.....	26
Work health, safety and return to work programs	27
Executive employment in the agency	29
Financial performance	30
Financial performance at a glance	30
Consultants disclosure	32
Contractors disclosure	33
Risk management.....	36
Risk and audit at a glance.....	36
Fraud detected in the agency.....	36
Strategies implemented to control and prevent fraud.....	37
Public interest disclosure	37
Reporting required under any other act or regulation	37
Reporting required under the <i>Carers' Recognition Act</i> 2005.....	38
Public complaints.....	39
Number of public complaints reported	39
Appendix:.....	42

Overview: about the agency

Our strategic focus

Our Purpose	<p>Ensuring that health services in BHFLHN are:</p> <ul style="list-style-type: none"> • Safe, high quality, accessible and, where possible, innovative. • Reflect the values, needs and priorities of the communities they serve. • Have a focus on sustainability in terms of resources available and impact on the environment.
Our Vision	To be the best rural health service.
Our Values	<ul style="list-style-type: none"> • Trust • Respect • Integrity • Collaboration • Kindness
Our functions, objectives and deliverables	<p>BHFLHN provided a wide range of public acute, residential aged care, community health and mental health services to country-based South Australians.</p> <p>BHFLHN's key objectives were to:</p> <ul style="list-style-type: none"> • Build innovative and high-performing health service models that deliver outstanding consumer experience and health outcomes. • Pursue excellence in all that we do. • Create a vibrant, values-based place to work and learn. • Harness the power of partnerships to improve the effectiveness of services. • Elevate and enhance the level of health in country communities. <p>BHFLHN's key deliverables were to:</p> <ul style="list-style-type: none"> • Provide safe, high-quality health and aged care services. • Engage with the local community and local clinicians. • Ensure patient care respects the ethnic, cultural and religious rights, views, values and expectations of all peoples. • Ensure the health needs of Aboriginal people are considered in all health plans, programs and models of care. • Meet all legislation, regulations, Department for Health and Wellbeing policies, and agreements.

Our organisational structure

BHFLHN Governing Board

The inaugural board was established on 1 July 2019:

Juliet Brown – Chair (resigned 29 January 2020)

Joe Ullianich (resigned 29 January 2020)

Carol Gaston – Chair (appointed 26 March 2020)

Pru Blackwell

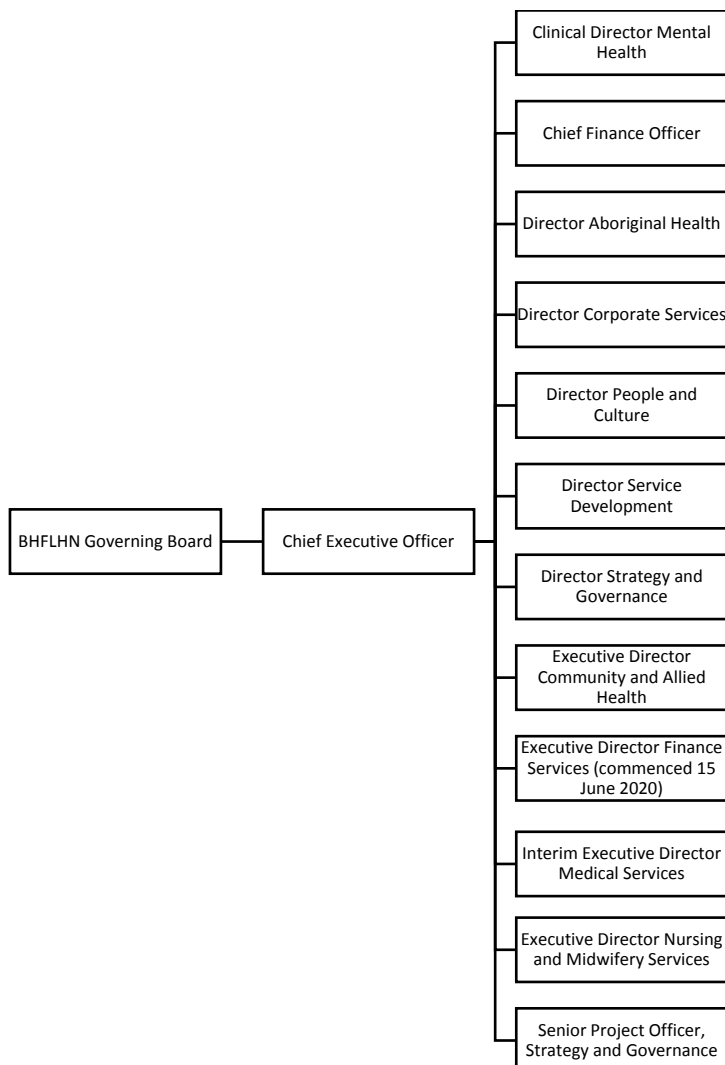
Robert Zadow (resigned 20 March 2020)

Roger Sexton

Judy Curran (appointed 28 January 2020)

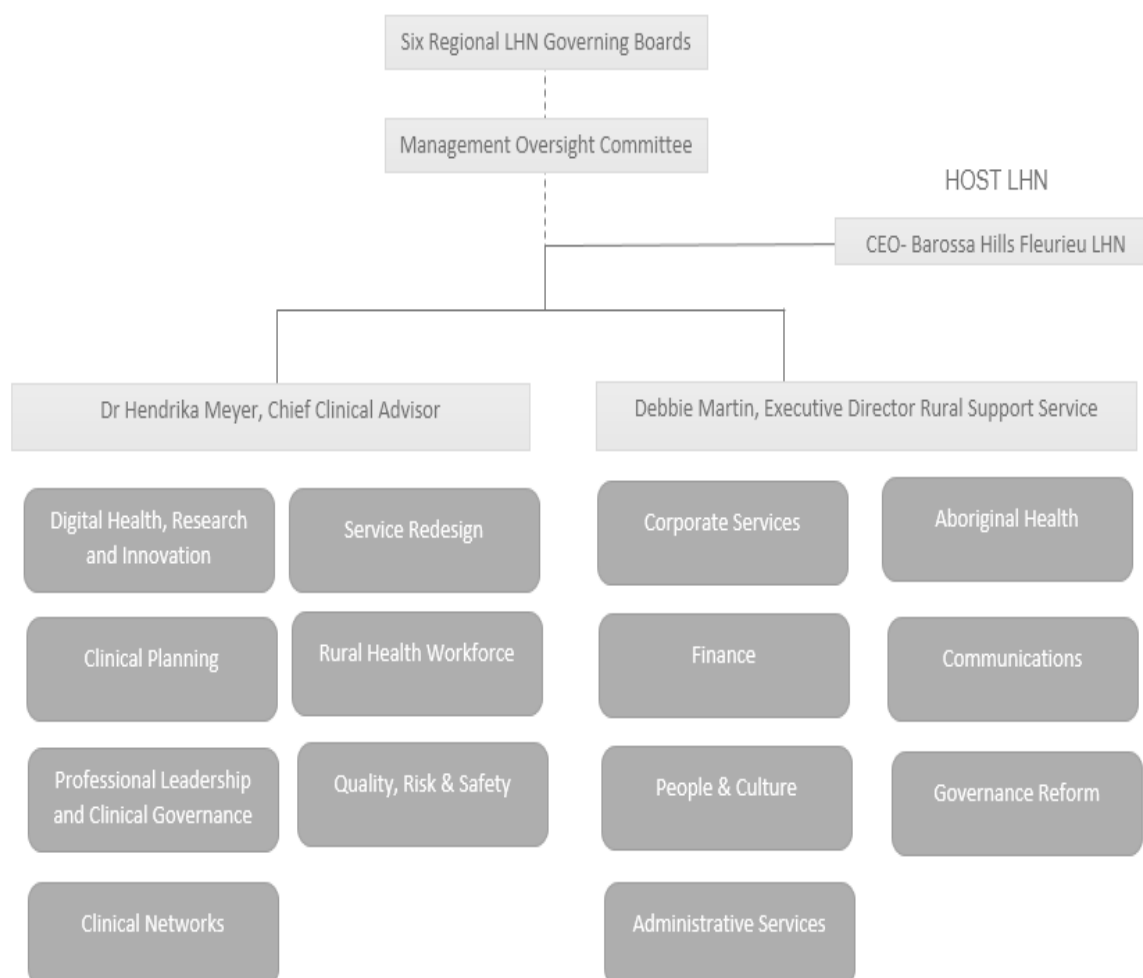
Kevin Cantley (appointed 28 January 2020)

BHFLHN was managed by the Chief Executive Officer (CEO), who reported to and was accountable to the BHFLHN Governing Board.



Rural Support Service Organisational Structure

The RSS is jointly managed by two co-directors, a Chief Clinical Advisor and an Executive Director. The co-directors report to the CEO, BHFLHN.



Changes to the agency

During 2019-20 there were the following changes to the agency's structure and objectives as a result of internal reviews or machinery of government changes.

- Country Health SA Local Health Network was dissolved on 30 June 2019.
- As a result of governance reform, BHFLHN became a legal entity on 1 July 2019, governed by a Board of Directors.
- At 1 July 2019, the BHFLHN Governing Board assumed the host role for the RSS. The RSS brings together clinical and corporate advisory services focused on improving quality and safety for the six regional Local Health Networks (regional LHNs) in South Australia. The RSS includes highly specialist, system wide clinical and corporate capabilities, clinical leadership and expertise.
- At 1 July 2019, the BHFLHN Governing Board assumed governance responsibility for the Rural and Remote Mental Health Service (RRMHS) which consists of a 23 bed acute psychiatric inpatient facility and a distance consultation service. The RRMHS holds clinical leadership and clinical governance responsibility for the six regional LHNs through the Clinical Director, Mental Health, whilst operational responsibility for local services is held by individual LHNs.

Our Minister

Hon Stephen Wade MLC is the Minister for Health and Wellbeing in South Australia.






The Minister oversees health, wellbeing, mental health, ageing well, substance abuse and suicide prevention.





Our Executive team

As at the 30 June 2020, the BHFLHN Executive team consisted of:



<p><u>Chief Executive Officer</u></p> <p>Rebecca Graham is accountable to the Governing Board for the provision, management and administration of health services and achieving the overall performance of the public health system for BHFLHN.</p>	
<p><u>Director Aboriginal Health</u></p> <p>Peter Taylor is responsible for initiating, planning, implementing, coordinating and delivering Aboriginal Health programs across BHFLHN.</p>	
<p><u>Clinical Director Mental Health</u></p> <p>Dr Brian McKenny is responsible for the management of the Rural and Remote Mental Health Service within BHFLHN and Mental Health Clinical Governance for regional LHNs in country South Australia.</p>	
<p><u>Executive Director Community and Allied Health (Acting)</u></p> <p>Amy Foote is responsible for the efficient and effective management of Community Health Services resulting in the provision of a range of community and hospital based health services responsive to the identified needs of BHFLHN.</p>	

<p><u>Interim Executive Director Medical Services</u></p> <p>Sharon Morton is responsible for the delivery of professional leadership and professional practice standards of medical staff across BHFLHN and is also the medical lead for the Quality, Risk and Safety Team.</p>	
<p><u>Executive Director Nursing and Midwifery Services</u></p> <p>Annie Price is responsible for the delivery of Nursing and Midwifery professional services across BHFLHN and also leads the Quality, Risk and Safety Team.</p>	
<p><u>Director Corporate Services</u></p> <p>Daniel Panic is responsible for managing, developing, coordinating and monitoring significant and critical, corporate and business services that support the effective operation of health units across BHFLHN.</p>	
<p><u>Chief Finance Officer</u></p> <p>Steve Brown is responsible for leading the provision of comprehensive financial services by contributing to the leadership, performance and financial strategic direction of BHFLHN.</p>	
<p><u>Executive Director Finance Services (commenced 15 June 2020)</u></p> <p>Lis Wilson is responsible for the provision of comprehensive financial services across BHFLHN and the Rural Support Service (RSS).</p>	

<p><u>Director People and Culture</u></p> <p>Mandy Palumbo is responsible for leading and managing the delivery of best practice human resources services within a business partnering framework, implementing proactive workforce strategies and interventions within services across BHFLHN in order to drive continuous improvement, performance and accountability of workforce goals and objectives.</p>	
<p><u>Director Service Development</u></p> <p>Alison King is responsible for leading and contributing to the design, planning, development, implementation, management, and evaluation of significant service development initiatives across BHFLHN. The position develops and manages overall service development project plans and provides project assistance.</p>	
<p><u>Director Strategy and Governance</u></p> <p>Kylie Williams is accountable for the provision of high quality and timely support to the Chief Executive Officer and the Governing Board. Kylie is also responsible for the Strategy and Governance team which is accountable for the delivery of secretariat support to board governance committees, project management, ministerials, performance analysis, communications and Freedom of Information (FOI).</p>	
<p><u>Rural Health Workforce Strategy Implementation Manager (commenced 4 May 2020)</u></p> <p>Kelly Borlase is responsible for undertaking Board readiness and organisational readiness responsibilities that are crucial to the successful transition to regional Local Health Networks from 1 July 2019.</p>	

Rural Support Service

As at the 30 June 2020, the RSS Executive team consisted of:

<p><u>Chief Clinical Advisor</u></p> <p>Dr Hendrika Meyer is responsible for co-directing the RSS with responsibility for delivering a comprehensive range of clinical, workforce, governance and business services that support regional LHNs.</p>	
<p><u>Executive Director</u></p> <p>Debbie Martin is responsible for co-directing the RSS with responsibility for delivering a comprehensive range of clinical, workforce, governance and business services that support regional LHNs.</p>	

Legislation administered by the agency

Nil

Other related agencies (within the Minister's area/s of responsibility)

- Department for Health and Wellbeing
- Central Adelaide Local Health Network
- Eyre and Far North Local Health Network
- Flinders and Upper North Local Health Network
- Limestone Coast Local Health Network
- Northern Adelaide Local Health Network
- Riverland Mallee Coorong Local Health Network
- Southern Adelaide Local Health Network
- Women's and Children's Health Network
- Yorke and Northern Local Health Network
- South Australian Ambulance Service

The agency's performance

Performance at a glance

In 2019-20, BHFLHN achieved key performance in the following areas:

- Meeting targets for emergency department 'seen on time' triage categories 2-5, achieving 98.9% for Triage Category 1.
- Meeting targets for emergency department patients who left at their own risk.
- Meeting all elective surgery timely admissions and overdue patient categories prior to the introduction of COVID-10 elective surgery restrictions.
- Meeting targets for mental health services such as readmission rates and timeliness of care in the community.
- Achieving improvements in other key performance indicators including the percentage of potentially preventable admissions, relative stay index and hand hygiene compliance.
- Achieving above target ratings for key consumer experience indicators.
- Delivering the Aboriginal Family Birthing Program, tailored specifically to the needs of local Aboriginal and Torres Strait populations.
- Growing renal dialysis services through the redevelopment of the existing chemotherapy unit at Mount Barker to a multipurpose unit including three dialysis chairs.
- Planning for the Care Pods project, whereby BHFLHN will establish Care Pods in selected sites as a service strategy to support health system demand and bed flow in metropolitan hospitals. The intent of Care Pods is to move identified long stay patients from occupying acute care beds in tertiary hospitals to identified BHFLHN hospitals where 'pods' of beds are grouped at sites and consumers with similar needs are co-located for care.
- Continuing to deliver community and in-home services through Country Health Connect.
- Continuing the Country Referral Unit (CRU) which processes Community and Allied Health referrals for all regional LHNs 7 days a week and answers the 1800 Country Health Connect line. All performance indicators were met including processing within two hours for a Country Home Link referral (early supported discharge from a metropolitan hospital) and inpatient referrals processed within one day.
- Developed a Consumer and Community Engagement governance framework.
- Developed an Aged Care Governance Framework – appointed an Aged Care Lead, developed a committee structure to ensure compliance and quality standards are met.
- All sites are accredited with the Australian Council of Healthcare Standards.
- Successfully completing an NDIS Audit with BHFLHN now granted NDIS Provider status.
- Achieving Baby Friendly Hospital accreditation for all birthing sites in BHFLHN.

- Achieving six out of six of the SA Health Work Health and Safety Injury Management (WHSIM) Performance Measures and 100% compliance for SA Health KPIs.
- Implementing an emergency command structure for bushfires, Cudlee Creek and Kangaroo Island and for the COVID-19 pandemic.
- Introducing technology at aged care sites to enable virtual connections between residents and their friends and families.
- Development of a Barossa Hospital Business Case.

Rural Support Service

In 2019-20, the RSS achieved key performance in the following areas:

- Providing training, 493 occasions, through the Rural Support Service Country Allied Health Clinical Education Program plus (CAHCEP+) for Allied Health Professionals working in regional LHNs.
- Delivering South Australia's Rural Health Workforce Strategy, including recommending and implementing more than \$6 million worth of investments in the rural health workforce.
- Developing and launching South Australia's Rural Medical Workforce Plan in December 2019, including an extensive in person consultation process with doctors, clinicians and the community across South Australia.
- Developing the Rural SA Ambulance Service (SAAS) Workforce Plan in collaboration with SAAS.
- Establishing the South Australian Rural Generalist Coordination Unit to support a Rural Generalist Training Pathway for doctors.
- Coordinating and advertising the first South Australian Rural Generalist Pathway medical training positions, to commence in 2021.
- Completing an initial feasibility study (August 2019 – February 2020) into the potential use of Remote Piloted Aircraft (RPA) for urgent medical item deliveries between hospitals in regional SA, supported by an eHealth Innovation Grant.
- Continuing the South Australian Virtual Emergency Service with extended hours introduced in April 2020 - 7pm – 7am.

Agency contribution to whole of Government objectives

Key objective	Agency's contribution
More jobs	<ul style="list-style-type: none"> • Rural Health Workforce Strategy - delivering the government's \$20 million, four year commitment to ensure country health services are sustainable and to address the shortage of health practitioners with advanced skills in regional areas. • SA Rural Medical Workforce Plan 2019-24 released by the Minister for Health and Wellbeing in December 2019. Corresponding plans for South Australian Ambulance Service, nursing and midwifery, allied health and Aboriginal health workforces under development. • BHFLHN have recruited an Implementation Manager Rural Health Workforce Strategy. A key activity of this project is to implement 2-3 Medical Intern rotations in 2021. These positions will be integral to ensuring a sustainable workforce into the future.
Lower costs	<p>Costs for consumers were reduced through delivering programs such as:</p> <ul style="list-style-type: none"> • The Patient Assistance Transport Scheme. • Timely elective surgery. • Increasing access to Telehealth services. • Home based chronic disease monitoring.

Better services	<p>BHFLHN</p> <p>Significant service outcomes achieved in 2019-20 included the following:</p> <ul style="list-style-type: none"> • COVID-19 Testing – establishment of five COVID testing clinics in March 2020. As at 30 June 2020, there were 14,777 tests undertaken at these clinics, representing 10.1% of all tests completed in South Australia. • Country Health Connect Services – receiving an average of 1,734 referrals per month for state funded allied health and community nursing services, with high demand for physiotherapy, occupational therapy and dietetics. • Care Pods - developed a model of care through engagement with clinicians and consumers to identify suitable long stay consumers who could transfer from metropolitan hospitals to BHFLHN sites. The Care Pod Model of Care offers consumers multidisciplinary restorative care to facilitate their discharge or transfer to long term care in a less acute setting. <p>RSS</p> <p>Significant service outcomes achieved in 2019-20 included the following:</p> <ul style="list-style-type: none"> • Expanding Palliative Care Services through the Regional LHN Palliative Care Innovation Grant. <ul style="list-style-type: none"> ○ Memoranda of understanding developed/expanded with three metropolitan level six Palliative Care services providing both new and additional Palliative Care consultant access across six regional LHNs. ○ Telehealth device distribution enabling over 30 palliative care allied health/nursing staff to increase at home bedside consultation to up to 90% of regional palliative care consumers. ○ Regional Chronic Condition palliative care education seminar adapted to a nine session webinar series allowing expansion from the original target of 30 clinicians to reaching a broader virtual audience of more than 100 regional LHN clinicians. ○ Supporting the expansion and review of End of Life Choice Packages enabling consumers to be supported on packages exceeding 30 days, allowing more patients to die at home consistent with their wishes.
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<p>Better services Continued</p>	<ul style="list-style-type: none"> • Regional LHN renal Coordinators appointed at pilot sites in Ceduna and Whyalla. • Across all regional LHN chemotherapy units in 2019-20, there have been an additional 1,632 cancer treatment episodes and 501 medical oncology consultations. • Continuation of the South Australian Virtual Emergency Service with extended hours introduced in March 2020, 7pm – 7am. 920 calls were taken in the 2019-20 financial year.
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Agency specific objectives and performance

Agency objectives	Indicators	Performance
Improving access to health services in our community	<p>BHFLHN</p> <ul style="list-style-type: none"> Community nursing service activity Allied health service activity Potentially preventable admissions National Disability Insurance Scheme (NDIS) program activity Renal dialysis <p>RSS</p> <ul style="list-style-type: none"> SA Telestroke Service (<i>formerly known as the 24/7 Stroke Neurologist Support Service</i>) 	<p>11,572 hours to 16,640 clients.</p> <p>23,449 direct hours to 28,161 clients.</p> <p>There were 7.9% potentially preventable admissions (target 8.5%).</p> <p>The NDIS program has provided services to 181 children and 69 adults.</p> <p>There were 8,559 renal dialysis separations undertaken at Gawler, Mount Barker and South Coast Hospital dialysis units.</p> <p>Conducted 225 consultations with 21 patients recommended for thrombolysis with an average door to needle time of 87 minutes. Nine patients were recommended for an endovascular thrombectomy (surgical clot removal), 57 patients requiring expedited retrieval, 55 of these patients transferred to a metropolitan hospital. 80 transfers were avoided through timely assessment and treatment advice.</p>

<p>Improving access to health services in our community Continued</p>	<ul style="list-style-type: none"> • ICCnet SA – Catch – Telephone Cardiac Rehabilitation Programs • ICCnet SA – My Health Point of Care Innovative Technologies Trial (My Health PoCiTT) • ICCnet SA – Virtual Clinic Care (VCC) • Tele-rehabilitation Consultations • Patient Assistance Transport Scheme (PATS) 	<p>660 referrals to telephone programs with 70% uptake of programs and subsequent 89% completion rate of entire programs.</p> <p>Supporting 25 General Practice sites with Point of Care Testing and Virtual Home Monitoring, with over 75 patients commencing home monitoring.</p> <p>Increased suite of chronic disease interviews to 85 different interview combinations. Technical Support provided to VCC by iCCnet for 102 cases with average of 12.86 minutes per case.</p> <p>13,600 video enabled rehabilitation sessions.</p> <p>Number of clients – 16,195. Number of travel kilometres supported – 14,114,307. Nights of accommodation supported – 75,702.</p>
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Hospital Services	<p>BHFLHN</p> <ul style="list-style-type: none"> Emergency Department Seen on Time Elective Surgery Timely Admissions Acute Inpatient Activity 	<p>Targets were met across triage levels 2-5. Triage 1 seen on time was 98.9%.</p> <p>Targets were met prior to COVID-19 elective surgery restrictions.</p> <p>19,634 same day patients and 11,677 overnight patients were admitted with 1,145 babies delivered.</p>
Continuous improvement of quality and safety	<p>BHFLHN</p> <ul style="list-style-type: none"> Safety Assessment Code (SAC) 1 and 2 Incidents Hospital Acquired Complications (HACs) 	<p>There were 20 (SAC) 1 and 2 incidents, compared to 25 last year, a decrease of 20%. Overall there was a 0.95% decrease in reporting of patient incidents, with SAC 1 and 2 incidents accounting for 0.55% of all incidents reported.</p> <p>There were 106 HACs in 2019-20, a reduction from 157 in 2018-19.</p>
Aboriginal Health	<p>BHFLHN</p> <ul style="list-style-type: none"> Aboriginal Health – Left ED at Own Risk Aboriginal Family Birthing Program Aboriginal Percentage of Workforce 	<p>4.2% (target <3%), an increase from previous year (3.4%).</p> <p>27 Births.</p> <p>2.1% (target 4%), increase from previous year (2%).</p>

Improving mental health outcomes	<ul style="list-style-type: none"> • Seclusion incidents per 1,000 bed days. • Percentage of mental health clients seen by a community health service within seven days of discharge. • 28 day readmission rate. 	<p>1.1% (target 3%), decrease from previous year (2.3%).</p> <p>88% (target>80%), an increase from the previous year (79%).</p> <p>14.6% (target 12%), an increase from the previous year (10.4%).</p>
Aged Care	<ul style="list-style-type: none"> • Residential Aged Care Occupancy (Commonwealth Residential Aged Care) • Aged Care Assessment Program Assessments. • Home Care Package rates. • Commonwealth Home Support Program (CHSP) client numbers. 	<p>84% compared to 87% in 2018-19.</p> <p>1,949 ACAP assessments completed. 359 assessments over target.</p> <p>Provided 206 packages in June 2020, compared to 177 packages in June 2019, an increase of 29 packages.</p> <p>4,568 CHSP clients, enabling older people to remain independent in their own home for longer.</p>

Corporate performance summary

BHFLHN achieved key corporate performance outcomes including:

- Completed a staff Secure Car Park expansion at Gawler increasing capacity for a further 116 car parks.
- Completed Fire Safety Assessments at Gumeracha, Mount Pleasant, Kangaroo Island, Tanunda and Angaston.
- Completed a Fire Safety project at Southern Fleurieu Health Service, comprising sophisticated fire tanks and pumps that allows a level of self-sufficiency and fire security for the site.
- Completed a Distribution Board and Generator upgrade at Tanunda Hospital.
- Completed demolition of office and accommodation buildings at Strathalbyn site and re-housed displaced staff.
- Developed a Barossa Hospital Business Case.
- Commenced planning and implementation of significant capital investments including:
 - \$11.4 million (\$7.5 million state, \$3.9 million federal) funding for a new 36-bed aged care facility at Strathalbyn.
 - \$8.6 million funding for the Mount Barker emergency department upgrade.
 - \$8.4 million for Southern Fleurieu Health Service site development planning.
- Undertook a collective Leadership Survey of Governing Board, Executive and Senior Managers.
- Undertook Individual Leadership Circle 360s by all members of Executive and 35 Senior Managers.
- Attendance of 130 staff at the new face to face Orientation program.
- Meeting the target for the rate of new workplace injury claims and early assessment for rehabilitation.
- BHFLHN incurred approximately \$2.4 million expenditure in its response to the COVID-19 pandemic.

Rural Support Service

RSS achieved key corporate performance outcomes including:

- 213 nurses and midwives completed the Emergency Nurse and Midwife Education Program (ENAME) program.
- Reduction rate of 1.6% of red blood cell wastage (annual average) across regional LHNs, falling below the national target of 2%.
- Developed the Regional Blood Supply Management Plan in response to COVID-19.
- Established Maternity Care Virtual Clinics in six regional LHNs.
- Launched Maternity Referral Platform, developed in partnership with iPOCCS.

Employment opportunity programs

Program name	Performance
Aboriginal Employment Program	Through aboriginal employment initiatives, BHFLHN employed nine people who identified as Aboriginal or Torres Strait Islander.
Enrolled Nurse Cadet program	One student commenced the program in 2019-20. This targeted recruitment strategy offers a training and employment pathway for rural people to commence their health career.
Growing Leaders	91 emerging leaders from BHFLHN and RSS have completed or are currently completing the Growing Leaders Program.
Scholarships	<p>17 scholarships were awarded across regional LHNs as part of the 2020 scholarship intake, this included:</p> <ul style="list-style-type: none"> • Six Rural Undergraduates with one awarded from each LHN. • One Margaret Tobin Mental Health Scholarship. • 10 regional LHN scholarships.

Agency performance management and development systems

Performance management and development system	Performance
Performance Review and Development is a process for supporting continuous improvement of employees' work performance to assist them to meet SA Health values and objectives	<p>1,951 BHFLHN employees (77.6%) have participated in a PRD review within the twelve months prior to 30 June 2020.</p> <p>1,339 BHFLHN employees (53.2%) have participated in a PRD review within the six months prior to 30 June 2020.</p>

- BHFLHN data includes Rural Support Service.

Work health, safety and return to work programs

Program name	Performance																																																																														
Internal Audit Program	<p>258 (100%) completed of the 258 scheduled.</p> <p>The Senior Work Health and Safety Consultants also completed self-assessment audits for each site against the Red Dot Mobility Program procedure to determine the level of implementation and conformance to the requirements in the procedure.</p> <p>There were four recommendations and three opportunities for improvement noted against the six audit criteria.</p>																																																																														
Worksite Safety Inspection Program	160 (98%) completed of the 164 scheduled.																																																																														
Emergency Exercise Program	<p>60 (100%) completed of the 60 scheduled, an additional 12 exercises were undertaken:</p> <ul style="list-style-type: none">• 15 Code Red• 15 Code Yellow• 15 Code Black• 14 Code Orange• 13 Code Brown																																																																														
Corrective Action Plan	In the fourth quarter, 122 actions were added to the Work Health and Safety Corrective Action Plan (CAP) and 95 actions were closed. 155 actions remain open, 22 (21%) more actions compared to the second quarter. Of the 155 open actions, 68 (44%) have been open for greater than 3 months. 22 (14%) have been open for greater than 1 year.																																																																														
1800 Injury Reporting	<table><tr><th></th><th>Jul^a</th><th>Aug^a</th><th>Sep^a</th><th>Oct^a</th><th>Nov^a</th><th>Dec^a</th><th>Jan^a</th><th>Feb^a</th><th>Mar^a</th><th>Apr^a</th><th>May^a</th><th>Jun^a</th></tr><tr><td>Total number of 1800 number calls for month^a</td><td>26^a</td><td>20^a</td><td>33^a</td><td>34^a</td><td>26^a</td><td>22^a</td><td>20^a</td><td>24^a</td><td>27^a</td><td>20^a</td><td>20^a</td><td>35^a</td></tr><tr><td>Number of calls made on the same shift the</td><td>18^a</td><td>15^a</td><td>21^a</td><td>19^a</td><td>15^a</td><td>15^a</td><td>12^a</td><td>11^a</td><td>13^a</td><td>14^a</td><td>13^a</td><td>24^a</td></tr><tr><td>% of calls made on the same shift the injury</td><td>69%^a</td><td>75%^a</td><td>64%^a</td><td>56%^a</td><td>58%^a</td><td>68%^a</td><td>60%^a</td><td>46%^a</td><td>48%^a</td><td>70%^a</td><td>65%^a</td><td>69%^a</td></tr><tr><td>Number of calls within 2 business days^a</td><td>23^a</td><td>20^a</td><td>31^a</td><td>30^a</td><td>24^a</td><td>19^a</td><td>18^a</td><td>21^a</td><td>23^a</td><td>18^a</td><td>18^a</td><td>32^a</td></tr><tr><td>% of calls made within 2 business days^a</td><td>89%^a</td><td>100%^a</td><td>94%^a</td><td>88%^a</td><td>92%^a</td><td>86%^a</td><td>90%^a</td><td>88%^a</td><td>85%^a</td><td>90%^a</td><td>90%^a</td><td>91%^a</td></tr></table>		Jul ^a	Aug ^a	Sep ^a	Oct ^a	Nov ^a	Dec ^a	Jan ^a	Feb ^a	Mar ^a	Apr ^a	May ^a	Jun ^a	Total number of 1800 number calls for month ^a	26 ^a	20 ^a	33 ^a	34 ^a	26 ^a	22 ^a	20 ^a	24 ^a	27 ^a	20 ^a	20 ^a	35 ^a	Number of calls made on the same shift the	18 ^a	15 ^a	21 ^a	19 ^a	15 ^a	15 ^a	12 ^a	11 ^a	13 ^a	14 ^a	13 ^a	24 ^a	% of calls made on the same shift the injury	69% ^a	75% ^a	64% ^a	56% ^a	58% ^a	68% ^a	60% ^a	46% ^a	48% ^a	70% ^a	65% ^a	69% ^a	Number of calls within 2 business days ^a	23 ^a	20 ^a	31 ^a	30 ^a	24 ^a	19 ^a	18 ^a	21 ^a	23 ^a	18 ^a	18 ^a	32 ^a	% of calls made within 2 business days ^a	89% ^a	100% ^a	94% ^a	88% ^a	92% ^a	86% ^a	90% ^a	88% ^a	85% ^a	90% ^a	90% ^a	91% ^a
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- BHFLHN data includes Rural Support Service.

Workplace injury claims	Current year 2019-20	Past year 2019-20	% Change (+ / -)
Total new workplace injury claims	59	51	+15.7%
Fatalities	0	0	0%
Seriously injured workers*	0	0	0%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	11.92	10.83	+10.1%

*number of claimants assessed during the reporting period as having a whole person impairment of 30% or more under the Return to Work Act 2014 (Part 2 Division 5)

- BHFLHN data includes Rural Support Service.

Work health and safety regulations	Current year 2019-20	Past year 2018-19	% Change (+ / -)
Number of notifiable incidents (<i>Work Health and Safety Act 2012, Part 3</i>)	4	7	-42.9%
Number of provisional improvement, improvement and prohibition notices (<i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i>)	0	0	0%

- BHFLHN data includes Rural Support Service.

Return to work costs**	Current year 2019-20	Past year 2018-19	% Change (+ / -)
Total gross workers compensation expenditure (\$)	990,528	1,466,217	-32.4%
Income support payments – gross (\$)	404,835	421,979	-4.1%

**before third party recovery

- BHFLHN data includes Rural Support Service.

With effect from 1 July 2019, six new Regional LHNs replaced Country Health SA Local Health Network. To access data published for reporting periods prior to 2019-20, please see Data for previous years is available at: <https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network>

Executive employment in the agency

Executive classification	Number of executives
SAES1	2
SAES2	1

- BHFLHN data includes Rural Support Service.

With effect from 1 July 2019, six new Regional LHNs replaced Country Health SA Local Health Network. To access data published for reporting periods prior to 2019-20, please see Data for previous years is available at: <https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network>

The [Office of the Commissioner for Public Sector Employment](#) has a [workforce information](#) page that provides further information on the breakdown of executive gender, salary and tenure by agency.

Financial performance

Financial performance at a glance

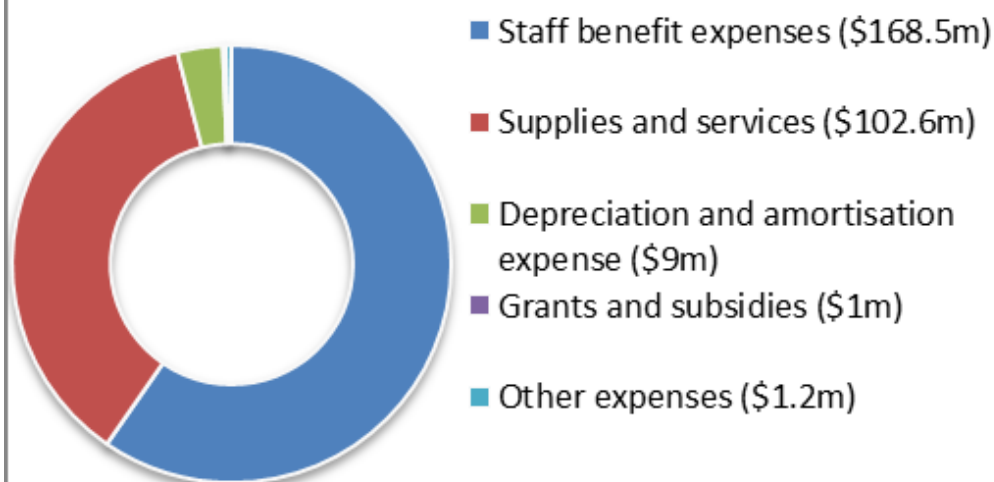
During 2017-18, the Health Care Act 2008 was amended to facilitate six new regional Local Health Networks. These regional LHNs and their governing boards become fully operational from 1 July 2019 and have assumed responsibility for health services previously provided by the Country Health SA Local Health Network.

The following table and charts provide a brief summary of the overall financial performance of BHFLHN. Audited financial statements for 2019-20 are attached to this report.

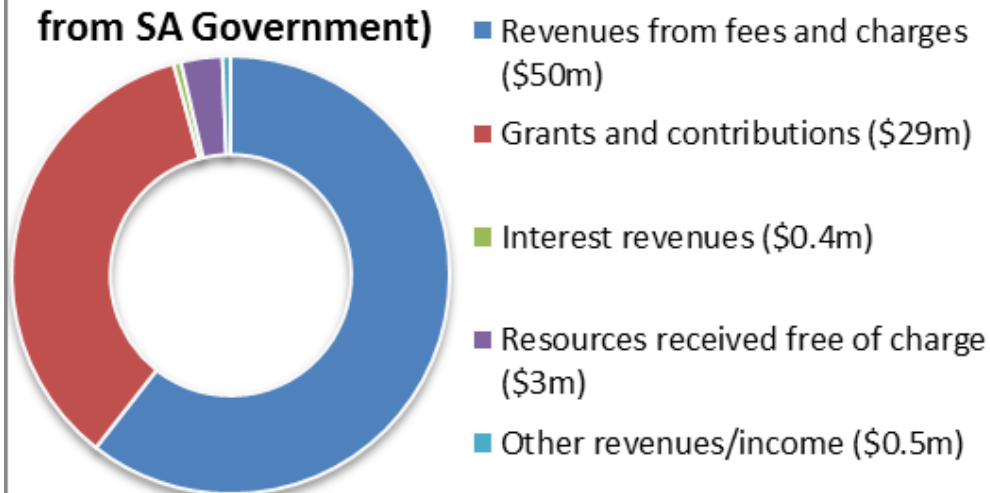
Statement of Comprehensive Income	2019-20 Budget \$000s	2019-20 Actual \$000s	Variation \$000s	Past year 2018-19 Actual \$000s
Total Income	271,906	275,584	3,182	Not Applicable
Total Expenses	276,665	282,460	-5,602	Not Applicable
Net Result	4,759	6,876	-2,420	Not Applicable
Total Comprehensive Result	4,759	6,876	-2,420	Not Applicable

Statement of Financial Position	2019-20 Budget \$000s	2019-20 Actual \$000s	Variation \$000s	Past year 2018-19 Actual \$000s
Net cash provided by operating activities	Not Applicable	6,276	Not Applicable	Not Applicable
Current assets	Not Applicable	34,860	Not Applicable	Not Applicable
Non-current assets	Not Applicable	149,213	Not Applicable	Not Applicable
Total assets	Not Applicable	184,073	Not Applicable	Not Applicable
Current liabilities	Not Applicable	57,087	Not Applicable	Not Applicable
Non-current liabilities	Not Applicable	37,939	Not Applicable	Not Applicable
Total liabilities	Not Applicable	95,026	Not Applicable	Not Applicable
Net assets	Not Applicable	89,047	Not Applicable	Not Applicable
Equity	Not Applicable	89,047	Not Applicable	Not Applicable

Expenses by category 2019-20



Income by category 2019-20 (excl Revenue from SA Government)



Consultants disclosure

The following is a summary of external consultants that have been engaged by the agency, the nature of work undertaken, and the actual payments made for the work undertaken during the financial year.

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

- BHFLHN data includes Rural Support Service.

Consultancies	Purpose	\$ Actual payment
All consultancies below \$10,000 each - combined	Various	\$ 26,790

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

- BHFLHN data includes Rural Support Service.

Consultancies	Purpose	\$ Actual payment
GPEX Limited	Medical Specialty Career Decision Making Research project	\$ 147,892
Centre for International Economics	Review of service delivery models of the Medical Services for hospitals in the Barossa Hills Fleurieu Region	\$ 74,270
Babyboomers Pty Ltd	Lifestyle Program Toolkit and Program for MPS (Multi-Purpose Service) Care	\$ 30,502
Babyboomers Pty Ltd	Model of Care for Local Health Networks	\$18,268
	Total	\$ 270,932

With effect from 1 July 2019, six new Regional LHNs replaced Country Health SA Local Health Network. To access data published for reporting periods prior to 2019-20, please see Data for previous years is available at: <https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network>

See also the [Consolidated Financial Report of the Department of Treasury and Finance](#) for total value of consultancy contracts across the South Australian Public Sector.

Contractors disclosure

The following is a summary of external contractors that have been engaged by the agency, the nature of work undertaken, and the actual payments made for work undertaken during the financial year.

Contractors with a contract value below \$10,000

- BHFLHN data includes Rural Support Service.

Contractors	Purpose	\$ Actual payment
All contractors below \$10,000 each - combined	Various	\$ 141,581

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

- BHFLHN data includes Rural Support Service.

Contractors	Purpose	\$ Actual payment
HCA - Healthcare Australia	Agency	1,011,863
Your Nursing Agency Pty Ltd	Agency	279,779
Mediserve Nursing Agency	Agency	115,510
Avancii	Services provided for Barossa Hills Fleurieu Region	114,300
Matthew Flinders Home Inc	Social Support Group and Transitional Care Packages	98,835
Medrecruit Pty Ltd	Agency	89,972
Resthaven Inc	Transitional Care Packages and Day Therapy Services	79,938
Victoria Road Medical Clinic	Chief Obstetric Consultant	74,902
Boandik Lodge Inc	Transitional Care Packages and End of Life Choices Funding	73,152
Hays Specialist Recruitment (Australia) Pty Limited	Agency	72,362
NSW Business Chamber Ltd	Agency	67,460
The Clare Medical Service Trust	Anaesthetics expertise - Dr P Gribble	65,389
Rexco People	Agency	61,053
Altaira Nursing Services	Agency	59,735

Contractors	Purpose	\$ Actual payment
Rural Locum Scheme Pty Ltd	Agency	55,120
Mintoneast And Associates Pty Ltd	Budget Pressures and Efficiencies Project	58,850
Hartfield Health Planning	Provision of Health Planning Consultancy Services	54,004
Wavelength International Pty Limited	Agency	50,760
Elizabeth Pengilly	Services provided for Barossa Hills Fleurieu Region Community Health Clients	44,200
Recruitment Solutions Group Australia Pty Ltd	Agency	40,760
Steve Nicholls	Services provided for Barossa Hills Fleurieu Region Community Health Clients	40,133
Rosemary Decker	Services provided for Barossa Hills Fleurieu Region Community Health Clients	36,213
Kemp Recruitment Pty Ltd	Agency	34,973
System Solutions Engineering Pty Ltd	Engineering Services - Whyalla Hospital	32,964
My Care Solution Pty Ltd	Client Care Support Services	32,856
Sharon Cole	Domestic Assistance, Personal Care & Social Support	24,614
Susan Cash	Services provided for Barossa Hills Fleurieu Region Community Health Clients	24,564
Michael Beckoff	Clinical Advisor Position	22,753
Rosey Batt & Associates	Rural Support Services Governance Fees	22,000
Mcarthur Management Services (SA) Pty Ltd	Agency	21,182
Aurecon Australasia Pty Ltd	Country Health Asset Sustainment Program - Project Management Support	20,480
David Wittkowsky	Domestic assistance	20,280
Rachel Jane Beaumont	Services provided for Hills Southern Fleurieu Kangaroo Island Clients	19,829
Debra Drake	Home and Community Care personal care	15,975
Randstad Pty Limited	Agency	15,614
WSP Australia Pty Ltd	Fire Resilience Assessments	14,685

Contractors	Purpose	\$ Actual payment
Kompletecare Community And Home Care Services	Personal Care, Domestic Assistance, Respite	14,403
Guangli Zhu	Nursing Services	14,254
Matt Linnett	Administrative Services	13,963
Leeanne McLeod	Services provided for Barossa Hills Fleurieu Region Clients	13,832
Energy Architecture Pty Ltd	Architects - Kingston Lighthouse Lodge Drawings	12,500
Sonia Schutz	Clinical Leads Meetings	12,424
Marchese Partners	Architectural Services	11,820
Jennifer Rezmann	Services provided for Barossa Hills Fleurieu Region Community Health Clients	11,805
Active Retirement Services	Accredited Exercise Physiologist Services	11,040
	Total	\$3,083,100

With effect from 1 July 2019, six new Regional LHNs replaced Country Health SA Local Health Network. To access data published for reporting periods prior to 2019-20, please see Data for previous years is available at: <https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network>

The details of South Australian Government-awarded contracts for goods, services, and works are displayed on the SA Tenders and Contracts website. [View the agency list of contracts.](#)

The website also provides details of [across government contracts.](#)

Risk management

Risk and audit at a glance

BHFLHN have established an Audit and Risk Committee (ARC) with an independent Chair, reporting to the Governing Board to assist the Board in fulfilling its responsibilities regarding risk management, audit and assurance.

The ARC meets quarterly and receives regular risk reports from BHFLHN as well as reports resulting from audits conducted by the Auditor-General's office, Department for Health and Wellbeing (DHW), and internally by the Rural Support Service (RSS).

The Board has endorsed an Interim Risk Management Framework which is consistent with the System-Wide Risk Management Policy Directive, providing specific guidance on context, identification, analysis, evaluation, treatment, monitoring and communication of risk. The framework is provided as an interim document and will be reviewed following development of, and in consideration of, BHFLHN's risk appetite statement.

An Audit Charter has been developed by the RSS enabling the internal audit function to be delivered by the RSS. The Charter provides guidance and authority for audit activities.

Fraud detected in the agency

Category/nature of fraud	Number of instances
Time and Attendance Records	1
Personal Use of Business Resources	1
Asset Misappropriation	1

NB: Fraud reported includes actual and reasonably suspected incidents of fraud.

Strategies implemented to control and prevent fraud

BHFLHN Local Health Network processes implemented to help control and prevent fraud include the following:

- Establishment of an Audit and Risk Committee providing advice directly to the Governing Board about any instances of fraud reported to the Independent Commission Against Corruption and to the Department for Health and Wellbeing's Risk and Audits Branch.
- Internally, organisational finances are reviewed monthly by the Performance Committee chaired by the Executive Director Finance Services.
- The Corporate Governance Committee chaired by the Director Corporate Services reviews outstanding debts and debt write-offs on a monthly basis.
- An annual Financial Controls Self-Assessment is undertaken to ensure that controls are in place to avoid fraud.
- An Annual Declaration of Interests Procedure and registers exist to monitor any conflicts of interest.

With effect from 1 July 2019, six new Regional LHNs replaced Country Health SA Local Health Network. To access data published for reporting periods prior to 2019-20, please see Data for previous years is available at: <https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network>

Public interest disclosure

Number of occasions on which public interest information has been disclosed to a responsible officer of the agency under the *Public Interest Disclosure Act 2018*:

0

With effect from 1 July 2019, six new Regional LHNs replaced Country Health SA Local Health Network. To access data published for reporting periods prior to 2019-20, please see Data for previous years is available at: <https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network>

Note: Disclosure of public interest information was previously reported under the *Whistleblowers Protection Act 1993* and repealed by the *Public Interest Disclosure Act 2018* on 1/7/2019.

Reporting required under any other act or regulation

Act or Regulation	Requirement
Nil	

Reporting required under the *Carers' Recognition Act 2005*

BHFLHN is continuing to work towards their Consumer Engagement Strategy involving all aspects of the health service, include aged care services.

While respecting consumer choices carers are provided a choice in the caring capacity in all health services. They are regularly involved in case conferences regarding a consumer to operate as an advocate, contributing to the individual's health and well-being. Health services in BHFLHN respect the level of involvement of the next of kin or 'carer'. Where issues are identified support is gained from various services to ensure the carer's health and well-being is also acknowledged and catered for. An example of this are the availability of respite services within the aged care environment allowing the carer rest, while their loved one is receiving the care they require.

Information provided to carers is easy to read and understand making it possible for consultation when informed care decisions are required. All health care sites ensure support when requiring access to external providers to assist with care provision or advocacy.

At time where the carer of a consumer identifies as an Aboriginal person or Torres Strait Islander resources are allocated to ensure the consumers of the health service feel culturally safe. Resources available include the Aboriginal Health Team and community health services. Staff are provided with culturally safe health care provision which is mandatory, ensuring they are aware of issues that Aboriginal or Torres Strait Islander people may encounter when accessing health services in BHFLHN ensuring appropriate recognition and response.

BHFLHN is particularly interested in their health care environments and how consumers and their carers interact with our spaces. Dementia Support Australia resources have been gathered to audit all facilities to ensure they become 'Dementia friendly', while also ensuring our health services are culturally safe for all.

Ensuring all that are involved in the health service are able to reach their full potential to contribute to community and feel valued as an individual is of vital importance to BHFLHN.

BHFLHN has a staff orientation and induction program and a mandatory staff training program that ensures staff are educated about the Carers Charter.

BHFLHN has a comprehensive consumer engagement strategy and regularly consults with Health Advisory Councils and other representative groups when developing policies and programs that affect consumers or carers when undertaking strategic or operational planning.

BHFLHN actively encourages consumer and carer engagement in our health services and actively seeks feedback from consumers and carers about the services that we provide.

Public complaints

Number of public complaints reported

A whole of SA Health response will be provided in the 2019-20 Department for Health and Wellbeing Annual Report, which can be accessed on the [SA Health website](#).

Complaint categories	Sub-categories	Example	Number of Complaints 2019-20
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency	51
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided	3
Professional behaviour	Staff knowledge	Lack of service specific knowledge; incomplete or out-of-date knowledge	0
Communication	Communication quality	Inadequate, delayed or absent communication with customer	22
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly	11
Service delivery	Systems/technology	System offline; inaccessible to customer; incorrect result/information provided; poor system design	5
Service delivery	Access to services	Service difficult to find; location poor; facilities/ environment poor standard; not accessible to customers with disabilities	7

Complaint categories	Sub-categories	Example	Number of Complaints 2019-20
Service delivery	Process	Processing error; incorrect process used; delay in processing application; process not customer responsive	0
Policy	Policy application	Incorrect policy interpretation; incorrect policy applied; conflicting policy advice given	0
Policy	Policy content	Policy content difficult to understand; policy unreasonable or disadvantages customer	0
Service quality	Information	Incorrect, incomplete, out dated or inadequate information; not fit for purpose	0
Service quality	Access to information	Information difficult to understand, hard to find or difficult to use; not plain English	24
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	20
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security service/ premises; poor cleanliness	47
Service quality	Service responsiveness	Service design doesn't meet customer needs; poor service fit with customer expectations	0
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate	0
Cost	Cost	Billing practices; government subsidies; information on cots	20

Complaint categories	Sub-categories	Example	Number of Complaints 2019-20
Treatment	Treatment	Coordination of treatment; diagnosis; inadequate treatment	78
Administration Services	Corporate Services	Administrative services; lost property	2
No Category Recorded			10
		Total	300

- BHFLHN data includes Rural Support Service.

Additional Metrics	Total
Number of positive feedback comments	739
Number of negative feedback comments	286
Total number of feedback comments	1,076
% complaints resolved within policy timeframes	Not applicable

- BHFLHN data includes Rural Support Service.

With effect from 1 July 2019, six new Regional LHNs replaced Country Health SA Local Health Network. To access data published for reporting periods prior to 2019-20, please see Data for previous years is available at: [Department for Health and Wellbeing](#)

Service Improvements resulting from complaints or consumer suggestions over 2019-20

- Review and update of scheduled cleaning of common areas.
- Gluten free and vegetarian options expanded and made available on menu.
- Coffee machine installed in Accident and Emergency department for consumer access.
- Signage reviewed and updated.

Appendix:

Appendix A – Audited Financial Statements 2019-20



Our ref: A20/034

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200 Victoria Square
Adelaide SA 5000
Tel +618 8226 9640
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audgensa@audit.sa.gov.au
www.audit.sa.gov.au

24 September 2020

Ms C Gaston AM
Board Chair
Barossa Hills Fleurieu Local Health Network Incorporated
PO Box 42
MOUNT BARKER SA 5251

Dear Ms Gaston

**Audit of Barossa Hills Fleurieu Local Health Network Incorporated
for the year to 30 June 2020**

We have completed the audit of your accounts for the year ended 30 June 2020. Two key outcomes from the audit are the:

- 1 Independent Auditor's Report on your agency's financial report
- 2 audit management letter recommending you address identified weaknesses.

1 Independent Auditor's Report

We are returning the financial statements for Barossa Hills Fleurieu Local Health Network Incorporated, with the Independent Auditor's Report. This report is unmodified.

My annual report to Parliament indicates that we have issued an unmodified Independent Auditor's Report on your financial statements.

2 Audit management letter

During the year, we sent you an audit management letter detailing the weaknesses we noted and improvements we considered you need to make.

Significant matters related to:

- contracts with general practitioners need updating
- specialists working in BHFLHN without contractual agreements
- delays in medical officers submitting timesheets

- high dollar value call-back allowances that appear to be consistent with a shift rather than a call back
- financial authorities in the payment system not in line with approved delegations
- invoices paid without purchase orders
- no contract management plan for a significant contract
- system access restrictions insufficient
- ineffective follow-up of long outstanding patient debtors.

We have received responses to our letter and will follow these up in the 2020-21 audit.

What the audit covered

Our audits meet statutory audit responsibilities under the *Public Finance and Audit Act 1987* and the Australian Auditing Standards.

Our audit covered the principal areas of the agency's financial operations and included test reviews of systems, processes, internal controls and financial transactions. Some notable areas were:

- payroll
- accounts payable
- patient revenue including accounts receivable
- fee-for-service
- property, plant and equipment
- cash
- general ledger.

Particular attention was given to the impact of accounting standards applicable for the first time on the Barossa Hills Fleurieu Local Health Network Incorporated's reported results. We concluded that the financial report was prepared in accordance with the financial reporting framework in this respect.

I would like to thank the staff and management of your agency for their assistance during this year's audit.

Yours sincerely



Andrew Richardson
Auditor-General

enc



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To the Board Chair Barossa Hills Fleurieu Local Health Network Incorporated

Opinion

I have audited the financial report of Barossa Hills Fleurieu Local Health Network Incorporated and the consolidated entity comprising the Barossa Hills Fleurieu Local Health Network Incorporated and its controlled entities for the financial year ended 30 June 2020.

In my opinion, the accompanying financial report gives a true and fair view of the financial position of the Barossa Hills Fleurieu Local Health Network Incorporated and its controlled entities as at 30 June 2020, its financial performance and its cash flows for the year then ended in accordance with relevant Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and Australian Accounting Standards.

The financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 2020
- a Statement of Financial Position as at 30 June 2020
- a Statement of Changes in Equity for the year ended 30 June 2020
- a Statement of Cash Flows for the year ended 30 June 2020
- notes, comprising significant accounting policies and other explanatory information
- a Certificate from the Board Chair, the Chief Executive Officer and the Chief Finance Officer.

Basis for opinion

I conducted the audit in accordance with the *Public Finance and Audit Act 1987* and Australian Auditing Standards. My responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial report' section of my report. I am independent of Barossa Hills Fleurieu Local Health Network Incorporated and its controlled entities. The *Public Finance and Audit Act 1987* establishes the independence of the Auditor-General. In conducting the audit, the relevant ethical requirements of APES 110 *Code of Ethics for Professional Accountants* (including Independence Standards) have been met.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of the Chief Executive Officer and the Board for the financial report

The Chief Executive Officer is responsible for the preparation of the financial report that gives a true and fair view in accordance with relevant Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and Australian Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of the financial report that gives a true and fair view and that is free from material misstatement, whether due to fraud or error.

The Board is responsible for overseeing the entity's financial reporting process.

Auditor's responsibilities for the audit of the financial report

As required by section 31(1)(b) of the *Public Finance and Audit Act 1987*, I have audited the financial report of Barossa Hills Fleurieu Local Health Network Incorporated and its controlled entities for the financial year ended 30 June 2020.

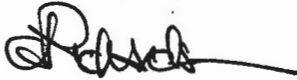
My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Barossa Hills Fleurieu Local Health Network Incorporated's and its controlled entities' internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Chief Executive Officer
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

My report refers only to the financial report described above and does not provide assurance over the integrity of electronic publication by the entity on any website nor does it provide an opinion on other information which may have been hyperlinked to/from the report.

I communicate with the Chief Executive Officer about, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during the audit.

A handwritten signature in black ink, appearing to read 'Andrew Richardson', with a long horizontal flourish extending to the right.

Andrew Richardson

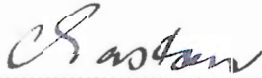
Auditor-General

24 September 2020

**Certification of the financial statements
Barossa Hills Fleurieu Local Health Network**

We certify that the:

- financial statements of the Barossa Hills Fleurieu Local Health Network Inc.:
 - are in accordance with the accounts and records of the authority; and
 - comply with relevant Treasurer's instructions; and
 - comply with relevant accounting standards; and
 - present a true and fair view of the financial position of the authority at the end of the financial year and the result of its operations and cash flows for the financial year.
- Internal controls employed by the Barossa Hills Fleurieu Local Health Network Inc. over its financial reporting and its preparation of the financial statements have been effective throughout the financial year.



.....
Carol Gaston
Board Chair AM



.....
Rebecca Graham
Chief Executive Officer



.....
Steven Brown
Chief Finance Officer

Date: 15/09/2020

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2020

		Consolidated	Parent
	Note	2020	2020
		\$'000	\$'000
Income			
Revenues from SA Government	11	192,915	192,915
Fees and charges	6	50,046	50,046
Grants and contributions	7	29,113	29,328
Interest		447	313
Resources received free of charge	8	2,528	2,493
Net gain from disposal of non-current and other assets	9	33	33
Other revenues/income	10	502	215
Total income		275,584	275,343
Expenses			
Staff benefits expenses	2	168,467	168,467
Supplies and services	3	102,571	102,571
Depreciation and amortisation	16,17	9,427	5,080
Grants and subsidies	4	697	398
Borrowing costs	20	49	49
Impairment loss on receivables	13	61	61
Other expenses	5	1,188	1,240
Total expenses		282,460	277,866
Net result		(6,876)	(2,523)
Total comprehensive result		(6,876)	(2,523)

The accompanying notes form part of these financial statements. The net result and total comprehensive result are attributable to the SA Government as owner.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
STATEMENT OF FINANCIAL POSITION
For the year ended 30 June 2020

	Note	Consolidated 2020 \$'000	Parent 2020 \$'000
Current assets			
Cash and cash equivalents	12	8,069	6,579
Receivables	13	4,628	4,626
Other financial assets	14	21,282	15,233
Inventories	15	881	881
Total current assets		34,860	27,319
Non-current assets			
Receivables	13	777	777
Property, plant and equipment	16,17	148,436	65,307
Total non-current assets		149,213	66,084
Total assets		184,073	93,403
Current liabilities			
Payables	19	9,058	8,908
Financial liabilities	20	970	970
Staff benefits	21	24,202	24,202
Provisions	22	1,369	1,369
Contract liabilities and other liabilities	23	21,488	21,488
Total current liabilities		57,087	56,937
Non-current liabilities			
Payables	19	1,275	1,275
Financial liabilities	20	1,711	1,711
Staff benefits	21	33,131	33,131
Provisions	22	1,822	1,822
Total non-current liabilities		37,939	37,939
Total liabilities		95,026	94,876
Net assets		89,047	(1,473)
Equity			
Retained earnings		62,748	(1,473)
Asset revaluation surplus		26,299	-
Total equity		89,047	(1,473)

The accompanying notes form part of these financial statements. The net result and total comprehensive result are attributable to the SA Government as owner.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2020

CONSOLIDATED

	Note	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2019		-	-	-
Net assets received from an administrative restructure	1.6	-	1,050	1,050
Net assets received on first time consolidation		26,299	68,574	94,873
Adjusted balance at 1 July 2019		26,299	69,624	95,923
Net result for 2019-20		-	(6,876)	(6,876)
Total comprehensive result for 2019-20		-	(6,876)	(6,876)
Balance at 30 June 2020		26,299	62,748	89,047

PARENT

	Note	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2019		-	-	-
Net assets received from an administrative restructure	1.6	-	1,050	1,050
Adjusted balance at 1 July 2019		-	1,050	1,050
Net result for 2019-20		-	(2,523)	(2,523)
Total comprehensive result for 2019-20		-	(2,523)	(2,523)
Balance at 30 June 2020		-	(1,473)	(1,473)

The accompanying notes form part of these financial statements. All changes in equity are attributable to the SA Government as owner.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
STATEMENT OF CASH FLOWS
For the year ended 30 June 2020

	Consolidated	Parent
Note	2020	2020
	\$'000	\$'000
Cash flows from operating activities		
Cash inflows		
Fees and charges	18,566	18,503
Grants and contributions	31,103	31,318
Interest received	329	347
Residential aged care bonds received	5,170	5,170
GST recovered from ATO	6,063	6,063
Other receipts	597	303
Receipts from SA Government	192,780	192,780
Cash generated from operations	<u>254,608</u>	<u>254,484</u>
Cash outflows		
Staff benefits payments	(163,514)	(163,514)
Payments for supplies and services	(85,815)	(85,967)
Payments of grants and subsidies	7,357	7,656
Interest paid	(49)	(49)
Residential aged care bonds refunded	(5,896)	(5,896)
Other payments	(415)	(415)
Cash used in operations	<u>(248,332)</u>	<u>(248,185)</u>
Net cash provided by operating activities	<u>6,276</u>	<u>6,299</u>
Cash flows from investing activities		
Cash inflows		
Proceeds from sale of property, plant and equipment	33	33
Proceeds from sale/maturities of investments	3,172	2,950
Cash generated from investing activities	<u>3,205</u>	<u>2,983</u>
Cash outflows		
Purchase of property, plant and equipment	(3,933)	(3,931)
Cash used in investing activities	<u>(3,933)</u>	<u>(3,931)</u>
Net cash provided by/(used in) investing activities	<u>(728)</u>	<u>(948)</u>
Cash flows from financing activities		
Cash inflows		
Cash received from restructuring activities	3,240	1,947
Cash generated from financing activities	<u>3,240</u>	<u>1,947</u>
Cash outflows		
Repayment of lease liability	(719)	(719)
Cash used in financing activities	<u>(719)</u>	<u>(719)</u>
Net cash provided by/(used in) financing activities	<u>2,521</u>	<u>1,228</u>
Net increase/(decrease) in cash and cash equivalents	<u>8,069</u>	<u>6,579</u>
Cash and cash equivalents at the end of the period	<u>12</u> <u>8,069</u>	<u>6,579</u>
Non-cash transactions	24	

The accompanying notes form part of these financial statements.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

1. About Barossa Hills Fleurieu Local Health Network

Barossa Hills Fleurieu Local Health Network Incorporated (the Hospital) is a not-for-profit incorporated health service established under the *Health Care (Local Health Networks) Proclamation 2019* which was an amendment to the *Health Care Act 2008* (the Act). The Hospital commenced service delivery on 1 July 2019 following the dissolution of Country Health SA Local Health Network (CHSALHN). Relevant assets, rights and liabilities were transferred from CHSALHN to the Hospital. The financial statements include all controlled activities of the Hospital.

The Parent Entity

The Parent Entity consists of the following:

- Angaston District Hospital
- Eudunda Hospital
- Gawler Health Service
- Gumeracha District Soldiers' Memorial Hospital
- Hills Southern Fleurieu Kangaroo Island Community Health Service located in Mount Barker, Goolwa, Kangaroo Island and Victor Harbor
- Inner North Country Community Health Services located in Angaston, Gawler, Kapunda, Nuriootpa, Tanunda
- Kangaroo Island Health Service
- Kapunda Hospital
- Mount Barker District Health Service
- Mount Pleasant District Hospital
- Tanunda War Memorial Hospital
- Southern Fleurieu Health Service, located in Victor Harbor
- Strathalbyn and District Health Service
- Eudunda Senior Citizens Hostel
- Kapunda Homes
- Torrens Valley Aged Care
- Strathalbyn & District Aged Care Facility

Publicly funded health services in country South Australia are supported by the Rural Support Service (RSS), hosted within the Hospital. The service brings together clinical and corporate advisory services focused on improving quality and safety for the regional Local Health Networks (LHNs). The RSS includes highly specialist, system wide clinical and corporate capabilities, clinical leadership and expertise.

The Consolidated Entity

The Consolidated Entity includes the Parent Entity as well as the Health Advisory Councils (HACs) and Gift Fund Trusts (GFTs).

The HACs were established under the Act to provide a more coordinated, strategic and integrated health care system to meet the health needs of South Australians. HACs are consultative bodies that advise and make recommendations to the Chief Executive of the Department for Health and Wellbeing (the Department) and the Chief Executive Officer of the Hospital on issues related to specific groups or regions. HACs hold assets, manage bequests and provide advice on local health service needs and priorities.

HACs may be incorporated or unincorporated. The incorporated HACs and GFTs are separate reporting entities. The Hospital hosts the unincorporated HACs and GFTs (on behalf of Eyre and Far North Local Health Network, Flinders and Upper North Local Health Network and Yorke and Northern Local Health Network) via the Country Health Gift Fund Health Advisory Council Inc and the Country Health Gift Fund Health Advisory Council Gift Fund Trust Inc. Refer to note 32 for details.

The consolidated financial statements have been prepared in accordance with AASB 10 *Consolidated Financial Statements*. Consistent accounting policies have been applied and all inter-entity balances and transactions arising within the Consolidated Entity have been eliminated in full. Information on the Consolidated Entity's interests in other entities is at note 32.

Administered items

The Hospital has administered activities and resources. Transactions and balances relating to administered resources are presented separately and disclosed in note 34. Except as otherwise disclosed, administered items are accounted for on the same basis and using the same accounting principles as for the Hospital's transactions.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

1.1 Objectives and activities

The Hospital supports the delivery of safe, effective and accountable high quality health care.

The Hospital is part of the SA Health portfolio providing health services for the Barossa Hills Fleurieu region. The Hospital is structured to contribute to the outcomes for which the portfolio is responsible by providing health and related services across the Barossa Hills Fleurieu region.

The Hospital is governed by a Board which is responsible for providing strategic oversight and monitoring the Hospital's financial and operational performance. The Board must comply with any direction of the Minister for Health and Wellbeing (Minister) or Chief Executive of the Department.

The Chief Executive Officer is responsible for managing the operations and affairs of the Hospital and is accountable to, and subject to the direction of, the Board in undertaking that function.

1.2 Basis of preparation

These financial statements are general purpose financial statements prepared in accordance with:

- section 23 of the *Public Finance and Audit Act 1987*;
- Treasurer's Instructions and Accounting Policy Statements issued by the Treasurer under the *Public Finance and Audit Act 1987*; and
- relevant Australian Accounting Standards.

The financial statements have been prepared based on a 12 month period and presented in Australian currency. All amounts in the financial statements and accompanying notes have been rounded to the nearest thousand dollars (\$'000). Any transactions in foreign currency are translated into Australian dollars at the exchange rates at the date the transaction occurs. The historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured.

Assets and liabilities that are to be sold, consumed or realised as part of the normal operating cycle have been classified as current assets or current liabilities. All other assets and liabilities are classified as non-current.

Significant accounting policies are set out below or throughout the notes.

1.3 Taxation

The Hospital is not subject to income tax. The Hospital is liable for fringe benefits tax (FBT) and goods and services tax (GST).

Income, expenses and assets are recognised net of the amount of GST except:

- when the GST incurred on a purchase of goods or services is not recoverable from the Australian Taxation Office (ATO), in which case the GST is recognised as part of the cost of acquisition of the asset or as part of the expense item applicable; and
- receivables and payables, which are stated with the amount of GST included.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the Statement of Financial Position.

Cash flows are included in the Statement of Cash Flows on a gross basis, and the GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the ATO is classified as part of operating cash flows.

1.4 Continuity of operations

As at 30 June 2020, the Hospital had working capital deficiency of \$22.227 million. The SA Government is committed to continuing the delivery of hospital services to country and regional SA and accordingly it has demonstrated a commitment to the ongoing funding of the hospital.

1.5 Equity

The asset revaluation surplus is used to record increments and decrements in the fair value of land, buildings and plant and equipment to the extent that they offset one another. Relevant amounts are transferred to retained earnings when an asset is derecognised.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

1.6 Changes to reporting entity

Administrative Restructure – Transferred in

As part of governance reforms and new Department structure, it was agreed that a portion of the following functions would be transferred from the Department to the Hospital, effective 1 July 2019:

- Risk and assurance internal audit
- Local Health Network based Biomedical Engineering
- Debt management

This resulted in the transfer in of net liabilities of \$0.594 million, consisting of staff benefits liabilities of \$0.589 million, Payables - staff on-costs of \$0.031 million and property plant and equipment of \$0.026 million. Fourteen full time equivalent employees were also transferred.

Net assets assumed by the Hospital as a result of the administrative restructure are at the carrying amount of those assets in the transferor's Statement of Financial Position immediately prior to the transfer. The net assets transferred were treated as a contribution by the Government as owner.

CHSALHN was dissolved on 1 July 2019. Six new entities were established to provide hospital, health and aged care services to country and regional SA. As per the *Health Care (Local Health Networks) Proclamation 2019* contained in the South Australian Government Gazette No 30, dated 27 June 2019, assets, rights and liabilities were transferred from CHSALHN to the relevant entity, effective 1 July 2019. This resulted in the transfer of 2,559 employees, and net assets of \$95.923 million to the Hospital as detailed below.

	Consolidated	Parent
	2020	2020
	\$'000	\$'000
Assets and liabilities transferred in were:		
Assets:		
Cash	3,240	1,947
Receivables	5,518	5,486
Property, plant and equipment (including intangibles)	150,684	63,298
Other assets	25,836	19,668
Total assets	185,278	90,399
Liabilities:		
Payables	12,340	12,338
Staff benefits	53,546	53,544
Provisions	2,683	2,683
Other liabilities	20,786	20,784
Total liabilities	89,355	89,349
Total net assets transferred in	95,923	1,050

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

1.7 Impact of COVID-19 pandemic on SA Health

COVID-19 has been classified as a global pandemic by the World Health Organisation. SA Health is the Control Agency in SA for human disease pursuant to the *State Emergency Management Plan*.

As at 30 June 2020, SA has had a total of 444 confirmed COVID cases. Noteworthy, since April 22, SA has only had five new cases. Accordingly SA has minimised transmission of the virus and maintained containment of COVID-19 infection.

As the lead agency, SA Health has:

- activated COVID-19 clinics in metro and regional SA
- increased hospital capacity through commissioning of temporary hospital capacity and diversion of activity to the private hospital system
- secured medical supplies and personal protective equipment to deliver COVID- 19 services in a very high demand environment
- maximised community engagement
- managed workforce surge planning and up-skill training.

The material impacts on the Hospital's financial performance and financial position are outlined below:

- Additional financial assistance from the Commonwealth and State Government to assist the Hospital with its COVID-19 response for Residential Aged Care and Multi-Purpose sites. This funding was for additional costs incurred by the Hospital and all residential aged care providers in responding to the COVID-19 outbreak, including the diagnosis and treatment of patients with or suspected of having COVID-19, and efforts to minimise the spread in the Australian community.
- Hospital staff accessing special leave with pay for up to 15 days for absences related to COVID-19 situations \$0.138 million.
- Additional costs associated with public health activities (eg preparation of hospitals to respond and establishing testing clinics), purchases of personal protective equipment for staff, and non-clinical costs (eg additional hospital cleaning costs) were \$2.451 million.

Business continuity information is at note 1.4, impairment information is at note 13.1, estimates and judgements are at note 19, 21 and 22.

1.8 Changes in presentation of financial statements

Treasurer's Instructions (Accounting Policy Statements) issued 1 June 2020 removed the previous requirement for financial statements to be prepared using the net cost of services format. The Statement of Comprehensive Income and Statement of Cash Flows now show income before expenses, and cash receipts before cash payments. Related disclosures also reflect this changed format.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

2. Staff benefits expenses

	Consolidated 2020 \$'000	Parent 2020 \$'000
Salaries and wages	134,819	134,819
Long service leave	3,803	3,803
Annual leave	12,909	12,909
Skills and experience retention leave	749	749
Staff on-costs - superannuation*	14,514	14,514
Staff on-costs - other	3	3
Workers compensation	1,443	1,443
Board and committee fees	227	227
Total staff benefits expenses	168,467	168,467

* The superannuation employment on-cost charge represents the Hospital's contribution to superannuation plans in respect of current services of staff. The Department of Treasury and Finance (DTF) centrally recognises the superannuation liability in the whole-of-government financial statements.

2.1 Key Management Personnel

Key management personnel (KMP) of the Hospital and the Consolidated Entity includes the Minister, the five members of the governing board, the Chief Executive of the Department, the Chief Executive Officer of the Hospital and the nine executives.

The compensation detailed below excludes salaries and other benefits received by:

- The Minister. The Minister's remuneration and allowances are set by the *Parliamentary Remuneration Act 1990* and the Remuneration Tribunal of SA respectively and are payable from the Consolidated Account (via DTF) under section 6 of the *Parliamentary Remuneration Act 1990*; and
- The Chief Executive of the Department. The Chief Executive of the Department is compensated by the Department and there is no requirement for the Hospital to reimburse those expenses.

Compensation	2020 \$'000
Salaries and other short term employee benefits	1,989
Post-employment benefits	235
Total	2,224

The Hospital did not enter into any transactions with key management personnel or their close family during the reporting period that were not consistent with normal procurement arrangements.

2.2 Remuneration of Boards and Committees

The number of board or committee members whose remuneration received or receivable falls within the following bands is:

	2020 No. of Members
\$1 - \$20,000	12
\$20,001 - \$40,000	5
Total	17

The total remuneration received or receivable by members was \$0.227 million. Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits and fringe benefits and any fringe benefits tax paid or payable in respect of those benefits. In accordance with the Premier and Cabinet Circular No. 016, government employees did not receive any remuneration for board/committee duties during the financial year.

Unless otherwise disclosed, transactions between members are on conditions no more favourable than those that it is reasonable to expect the entity would have adopted if dealing with the related party at arm's length in the same circumstances.

Refer to note 33 for members of boards/committees that served for all or part of the financial year and were entitled to receive income from membership in accordance with APS 124.B.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

2.3 Remuneration of staff

	Consolidated 2020	Parent 2020
The number of staff whose remuneration received or receivable falls within the following bands:	Number	Number
\$155,000 - \$174,999	16	16
\$175,000 - \$194,999	3	3
\$195,000 - \$214,999	2	2
\$215,000 - \$234,999	1	1
\$235,000 - \$254,999	1	1
\$275,000 - \$294,999	3	3
\$295,000 - \$314,999	3	3
\$315,000 - \$334,999	2	2
\$335,000 - \$354,999	3	3
\$355,000 - \$374,999	1	1
\$375,000 - \$394,999	5	5
\$395,000 - \$414,999	1	1
\$415,000 - \$434,999	3	3
\$435,000 - \$454,999	2	2
\$475,000 - \$494,999	1	1
\$515,000 - \$534,999	1	1
\$555,000 - \$574,999	2	2
\$575,000 - \$594,999	1	1
\$635,000 - \$654,999	1	1
Total number of staff	52	52

The table includes all staff who received remuneration equal to or greater than the base executive remuneration level during the year. Remuneration of staff reflects all costs of employment including salaries and wages, payments in lieu of leave, superannuation contributions, salary sacrifice benefits and fringe benefits and any fringe benefits tax paid or payable in respect of those benefits. This does not include any offsets or recharges to other entities.

2.4 Remuneration of staff by classification

The total remuneration received by staff included above:

	Consolidated 2020		Parent 2020	
	No.	\$'000	No.	\$'000
Medical (excluding Nursing)	38	13,228	38	13,228
Executive	2	490	2	490
Nursing	8	1,319	8	1,319
Non-medical (i.e. administration)	4	633	4	633
Total	52	15,670	52	15,670

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

3. Supplies and services

	Consolidated 2020	Parent 2020
	\$'000	\$'000
Administration	591	591
Advertising	507	507
Communication	1,412	1,412
Computing	3,441	3,441
Consultants	298	298
Contract of services	7,764	7,764
Contractors	1,249	1,249
Contractors - agency staff	7,368	7,368
Drug supplies	2,736	2,736
Electricity, gas and fuel	1,937	1,937
Fee for service ⁽¹⁾	22,074	22,074
Food supplies	2,238	2,238
Housekeeping	1,875	1,875
Insurance	2,387	2,387
Internal SA Health SLA payments	1,518	1,518
Legal	39	39
Medical, surgical and laboratory supplies	12,159	12,159
Minor equipment	1,726	1,726
Motor vehicle expenses	639	639
Occupancy rent and rates ⁽²⁾	1,401	1,401
Patient transport ⁽³⁾	14,115	14,115
Postage	572	572
Printing and stationery	822	822
Repairs and maintenance	5,644	5,644
Security	394	394
Services from Shared Services SA	2,276	2,276
Short term lease expense	173	173
Training and development	1,829	1,829
Travel expenses	729	729
Other supplies and services	2,658	2,658
Total supplies and services	102,571	102,571

(1) Fee for Service primarily relates to medical services provided by doctors not employed by the Hospital.

(2) Accommodation – a part of the Hospital's accommodation is provided by the Department for Planning, Transport and Infrastructure (DPTI) under a Memorandum of Administrative Arrangement issued in accordance with Government wide accommodation policies, these arrangements do not meet the definition of a lease.

(3) Patient transport includes costs incurred under the Patient Assisted Transport Scheme (PATs), a transport subsidy scheme established to assist rural and remote residents to access medical specialist care not available locally. This service is provided across all regional SA as part of RSS.

The Hospital recognises lease payments associated with short term leases (12 months or less) as an expense on a straight line basis over the lease term. Lease commitments for short term leases is similar to short term lease expenses disclosed.

Consultants

The number of consultancies and dollar amount paid/payable (included in supplies and service expense) to consultants that fell within the following bands

	Consolidated 2020	Parent 2020
	No.	No.
	\$'000	\$'000
Below \$10,000	5	5
Above \$10,000	4	4
Total	9	9

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

4. Grants and subsidies

	Consolidated 2020 \$'000	Parent 2020 \$'000
Subsidies	3	3
Funding to non-government organisations	395	395
Other	299	-
Total grants and subsidies	697	398

Other grants largely relate to grants paid by unincorporated HACs to the LHN with which the HAC is associated. The grants given are usually subject to terms and conditions set out in the contract, correspondence, or by legislation.

5. Other expenses

	Consolidated 2020 \$'000	Parent 2020 \$'000
Debts written off	48	48
Bank fees and charges	19	18
Donated assets expense	768	821
Other*	353	353
Total other expenses	1,188	1,240

Donated assets expense includes transfer of buildings and improvements and plant and equipment and is recorded as expenditure at their fair value.

* Includes Audit fees paid or payable to the Auditor-General's Department relating to work performed under the *Public Finance and Audit Act* of \$0.170 million. No other services were provided by the Auditor-General's Department. Also includes fees paid or payable to Galpins Accountants Auditors and Business Consultants of \$0.058 million for audits of the HACs and aged care.

6. Fees and charges

	Consolidated 2020 \$'000	Parent 2020 \$'000
Insurance recoveries	26	26
Patient and client fees	4,452	4,452
Private practice fees	603	603
Recoveries	34,604	34,604
Residential and other aged care charges	5,297	5,297
Sale of goods - medical supplies	1,373	1,373
Other user charges and fees	3,691	3,691
Total fees and charges	50,046	50,046

The Hospital measures revenue based on the consideration specified in a major contract with a customer and excludes amounts collected on behalf of third parties. Revenue is recognised either at a point in time or over time, when (or as) the Hospital satisfies performance obligations by transferring the promised goods or services to its customers.

The Hospital recognises contract liabilities for consideration received in respect of unsatisfied performance obligations and reports these amounts as other liabilities (refer to note 23).

The Hospital recognises revenue (contract from customers) at a point in time primarily from external customers including from the following major sources:

Patient and Client Fees

Public health care is free for medicare eligible customers. Non-medicare eligible customers pay in arrears to stay overnight in a public hospital and to receive medical assessment, advice, treatment and care from a health professional. These charges may include doctors, surgeons, anaesthetist, pathology, radiology services etc. Revenue from these services is recognized on a time-and-material basis as services are provided. Any amounts remaining unpaid at the end of the reporting period are treated as an accounts receivable.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

Private practice fees

SA Health grants SA Health employed salaried medical consultants the ability to provide billable medical services relating to the assessment, treatment and care of privately referred outpatients or private inpatients in SA Health sites. Fees derived from undertaking private practice is income derived in the hands of the specialist. The specialist appoints the Hospital as an agent in the rendering and recovery of accounts of the specialist's private practice. SA Health disburses amounts collected on behalf of the specialist to the specialist via payroll (fortnightly) or accounts payable (monthly) depending on the rights of private practice scheme. Revenue from these services is recognized as it's collected as per the Rights of Private Practice Agreement.

Recoveries

Where the Hospital has incurred an expense on behalf of another entity, payment is recovered from the other entity by way of a recharge of the cost incurred. Recoveries can relate to the recharge of salaries and wages or various goods and services. The Hospital also provides Rural Support Services support to Eyre and Far North Local Health Network, Flinders and Upper North Local Health Network, Limestone Coast Local Health Network, Riverland Mallee Coorong Local Health Network and Yorke and Northern Local Health Network and recovers these costs in accordance with a Service Level Agreement.

Residential and other aged care charges

Long stay nursing home fees include daily care fees and daily accommodation fees. Residents pay fortnightly in arrears for services rendered and accommodation supplied. Revenue from these services and accommodation is recognised on a time basis as provided. Customers are invoiced fortnightly as services and accommodation are provided. Any amounts remaining unpaid or unbilled at the end of the reporting period are treated as an accounts receivable.

7. Grants and contributions

	Consolidated 2020 \$'000	Parent 2020 \$'000
Commonwealth grants	16,458	16,458
Commonwealth aged care subsidies	10,763	10,763
SA Government capital contributions	-	39
Other SA Government grants and contributions	1,642	1,818
Private sector grants and contributions	250	250
Total grants and contributions	29,113	29,328

The grants received are usually subject to terms and conditions set out in the contract, correspondence, or by legislation.

Of the \$29.113 million received in 2019-20 for grants and contributions, \$22.231 million was provided for specific purposes such as aged care, community health services and other related health services.

8. Resources received free of charge

	Consolidated 2020 \$'000	Parent 2020 \$'000
Land and buildings	35	-
Plant and equipment	217	217
Services	2,276	2,276
Total resources received free of charge	2,528	2,493

Resources received free of charge include property, plant and equipment and are recorded at their fair value.

Contributions of services are recognised only when a fair value can be determined reliably and the services would be purchased if they had not been donated. The Hospital receives Financial Accounting, Taxation, Payroll, Accounts Payable and Accounts Receivable services from Shared Services SA free of charge, following Cabinet's approval to cease intra-government charging.

Although not recognised, the Hospital receives volunteer services from around 400 volunteers who provide patient and staff support services to individuals using the Hospital's services. The services include but are not limited to: patient liaison and support, administrative support, chaplain and library services, pet therapy, transport, community activities, gardening, kiosks, and community advocacy.

9. Net gain/(loss) from disposal of non-current and other assets

During the year, the Hospital received proceeds of \$0.033 million on disposal of plant and equipment with a nil carrying value.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

10. Other revenues/income

	Consolidated	Parent
	2020	2020
	\$'000	\$'000
Donations	394	108
Other	108	107
Total other revenues/income	502	215

11. Revenues from SA Government

	Consolidated	Parent
	2020	2020
	\$'000	\$'000
Capital funding	3,515	3,515
Recurrent funding	189,400	189,400
Total revenues from SA Government	192,915	192,915

The Department provides recurrent and capital funding under a service level agreement to the Hospital for the provision of general health services. Contributions from the Department are recognised as revenues when the Hospital obtains control over the funding. Control over the funding is normally obtained upon receipt.

12. Cash and cash equivalents

	Consolidated	Parent
	2020	2020
	\$'000	\$'000
Cash at bank or on hand	3,570	2,080
Deposits with Treasurer: general operating	4,492	4,492
Deposits with Treasurer: special purpose funds	7	7
Total cash and cash equivalents	8,069	6,579

Cash is measured at nominal amounts. The Hospital operates through the Department's general operating account held with the Treasurer and does not earn interest on this account. Interest is earned on HAC and GFT bank accounts and accounts holding aged care funds, including refundable deposits. Of the \$8.069 million held, \$1.943 million relates to aged care refundable deposits.

13. Receivables

	Consolidated	Parent
	2020	2020
	\$'000	\$'000
Current		
Patient/client fees: compensable	201	201
Patient/client fees: aged care	902	902
Patient/client fees: other	511	511
Debtors	947	947
Less: allowance for impairment loss on receivables	(339)	(339)
Prepayments	817	817
Interest	34	13
Workers compensation provision recoverable	453	453
Sundry receivables and accrued revenue	936	955
GST input tax recoverable	166	166
Total current receivables	4,628	4,626
Non-current		
Debtors	22	22
Workers compensation provision recoverable	755	755
Total non-current receivables	777	777
Total receivables	5,405	5,403

Receivables arise in the normal course of selling goods and services to other agencies and to the public. The Hospital's trading terms for receivables are generally 30 days after the issue of an invoice or the goods/services have been provided under a contractual

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

arrangement. Receivables, prepayments and accrued revenues are non-interest bearing. Receivables are held with the objective of collecting the contractual cash flows and they are measured at amortised cost.

Other than as recognised in the allowance for impairment loss on receivables, it is not anticipated that counterparties will fail to discharge their obligations. The carrying amount of receivables approximates net fair value due to being receivable on demand. There is no concentration of credit risk.

13.1 Impairment of receivables

The Hospital has adopted the simplified impairment approach under AASB 9 and measured lifetime expected credit losses on all trade receivables using a provision matrix as a practical expedient to measure the impairment provision.

Movement in the allowance for impairment loss on receivables:

	Consolidated	Parent
	2020	2020
	\$'000	\$'000
Transfer through administrative restructuring	278	278
Increase in allowance recognised in profit or loss	61	61
Carrying amount at the end of the period	339	339

Impairment losses relate to receivables arising from contracts with customers that are external to the SA Government. Refer to note 30 for details regarding credit risk and the methodology for determining impairment.

14. Other financial assets

The consolidated entity holds term deposits of \$21.282 million (\$15.233 million parent) of which \$13.891 million relates to aged care refundable deposits, with the remaining funds primarily relating to aged care. These deposits are measured at amortised cost. There is no impairment on term deposits.

15. Inventories

	Consolidated	Parent
	2020	2020
	\$'000	\$'000
Drug supplies	292	292
Medical, surgical and laboratory supplies	477	477
Food and hotel supplies	90	90
Other	22	22
Total current inventories	881	881

All inventories are held for distribution at no or nominal consideration and are measured at the lower of average weighted cost and replacement cost. The amount of any inventory write-down to net realisable value/replacement cost or inventory losses are recognised as an expense in the period the write-down or loss occurred. Any write-down reversals are also recognised as an expense reduction.

16. Property, plant and equipment, investment property and intangible assets

16.1 Acquisition and recognition of non-current assets

Property, plant and equipment owned by the Hospital are initially recorded on a cost basis, and subsequently measured at fair value. Where assets are acquired at no value, or minimal value, they are recorded at their fair value in the Statement of Financial Position. Where assets are acquired at no or nominal value as part of a restructure of administrative arrangements, the assets are recorded at the value held by the transferor public authority prior to the restructure.

The Hospital capitalises owned property, plant and equipment with a value equal to or in excess of \$10,000. Assets recorded as works in progress represent projects physically incomplete as at the reporting date. Componentisation of complex assets is generally performed when the complex asset's fair value at the time of acquisition is equal to or greater than \$5 million for infrastructure assets and \$1 million for other assets.

16.2 Depreciation and amortisation of non-current assets

The residual values, useful lives, depreciation and amortisation methods of all major assets held by the Hospital are reviewed and adjusted if appropriate on an annual basis. Changes in the expected useful life or the expected pattern of consumption of future economic benefits embodied in the asset are accounted for prospectively by changing the time period or method, as appropriate.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

Depreciation and amortisation is calculated on a straight line basis. Property, plant and equipment and intangible assets depreciation and amortisation is calculated over the estimated useful life as follows:

<u>Class of asset</u>	<u>Useful life (years)</u>
Buildings and improvements	10 - 80
Right of use buildings	Lease term
Plant and equipment:	
• Medical, surgical, dental and biomedical equipment and furniture	2 - 20
• Computing equipment	3 - 5
• Vehicles	2 - 20
• Other plant and equipment	3 - 30
Right of use plant and equipment	Lease term
Intangibles	5 - 10

16.3 Revaluation

All non-current tangible assets owned by the Hospital are subsequently measured at fair value after allowing for accumulated depreciation (written down current cost).

Revaluation of non-current assets or a group of assets is only performed when the asset's fair value at the time of acquisition is greater than \$1 million and the estimated useful life exceeds three years. If at any time management considers that the carrying amount of an asset greater than \$1 million materially differs from its fair value, then the asset will be revalued regardless of when the last revaluation took place.

Non-current tangible assets that are acquired between revaluations are held at cost until the next valuation, where they are revalued to fair-value. Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amounts of the assets and the net amounts are restated to the revalued amounts of the asset. Upon disposal or derecognition, any asset revaluation surplus relating to that asset is transferred to retained earnings.

16.4 Impairment

The Hospital holds its property, plant and equipment and intangible assets for their service potential (value in use). Specialised assets would rarely be sold and typically any costs of disposal would be negligible, accordingly the recoverable amount will be closer to or greater than fair value. Where there is an indication of impairment, the recoverable amount is estimated. Fair value is assessed each year. There were no indications of impairment of property, plant and equipment or intangibles as at 30 June 2020.

16.5 Intangible assets

Intangible assets are initially measured at cost and are tested for indications of impairment at each reporting date. Following initial recognition, intangible assets are carried at cost less any accumulated amortisation and any accumulated impairment losses. The amortisation period and the amortisation method for intangible assets with finite useful lives is reviewed on an annual basis. Amortisation is not recognised against these intangible assets.

The acquisition of, or internal development of, software is capitalised only when the expenditure meets the definition criteria (identifiability, control and the existence of future economic benefits) and recognition criteria (probability of future economic benefits and cost can be reliably measured), and when the amount of expenditure is greater than or equal to \$10,000. Capitalised software is amortised over the useful life of the asset. The Hospital has software licences with an opening carrying value of \$0.765 million that were fully amortised during the year. Refer to note 1.6.

16.6 Land and buildings

Fair value of unrestricted land was determined using the market approach. The valuation was based on recent market transactions for similar land and buildings (non-specialised) in the area and includes adjustment for factors specific to the land and buildings being valued such as size, location and current use. For land classified as restricted in use, fair value was determined using an adjustment to factors to reflect the restriction.

Fair value of specific land and buildings was determined using depreciated replacement cost due to there not being an active market for such land and buildings. The depreciated replacement cost considered the need for ongoing provision of government services; specialised nature of the assets, including the restricted use of the assets; the size, condition and location. The valuation was based on a combination of internal records, specialised knowledge and acquisitions/transfer costs.

16.7 Plant and equipment

The value of plant and equipment is deemed to approximate fair value.

16.8 Right-of-use assets

Right-of-use assets (including concessional arrangements) are recorded at cost and there were no indications of impairment. Additions to right-of-use assets during 2019-20 were \$0.198 million.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

17. Reconciliation of property, plant and equipment

The following table shows the movement:

Consolidated

2019-20

	Land and buildings:			Plant and equipment:					
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Right-of- use plant and equipment \$'000	Capital works in progress plant and equipment \$'000	Total \$'000
Acquisitions through administrative restructuring	12,511	129,293	2,160	3,660	2,533	1,780	1,240	911	154,088
Additions	-	12	198	1,961	423	73	224	644	3,535
Assets received free of charge	-	35	-	-	217	-	-	-	252
Disposals	-	-	-	-	-	-	(9)	-	(9)
Donated assets disposal	-	-	-	(277)	-	-	-	(491)	(768)
Transfers between asset classes	-	917	-	(917)	110	324	-	(434)	-
Subtotal:	12,511	130,257	2,358	4,427	3,283	2,177	1,455	630	157,098
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(6,311)	(581)	-	(923)	(263)	(584)	-	(8,662)
Subtotal:	-	(6,311)	(581)	-	(923)	(263)	(584)	-	(8,662)
Carrying amount at the end of the period	12,511	123,946	1,777	4,427	2,360	1,914	871	630	148,436
Gross carrying amount									
Gross carrying amount	12,511	134,870	2,292	4,427	3,803	2,177	1,390	630	162,100
Accumulated depreciation / amortisation	-	(10,924)	(515)	-	(1,443)	(263)	(519)	-	(13,664)
Carrying amount at the end of the period	12,511	123,946	1,777	4,427	2,360	1,914	871	630	148,436

All property, plant and equipment are classified in the level 3 fair value hierarchy except for capital works in progress (not classified). Refer to note 20 for details about the lease liability for right-of-use assets.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

Parent

2019-20

	Land and buildings:			Plant and equipment:					
	Land	Buildings	Right-of-use	Capital	Medical/	Other	Right-of-use	Capital	Total
	\$'000	\$'000	buildings	works in	surgical/	plant and	plant and	works in	\$'000
			\$'000	progress	dental/	equipment	equipment	progress	
				land and	biomedical			plant and	
				buildings	\$'000	\$'000	\$'000	equipment	
				\$'000				\$'000	
Acquisitions through administrative restructuring	3,078	51,338	2,160	3,660	2,533	1,780	1,240	911	66,700
Additions	-	12	198	1,961	423	73	224	644	3,535
Assets received free of charge	-	-	-	-	217	-	-	-	217
Disposals	-	-	-	-	-	-	(9)	-	(9)
Donated assets disposal	-	(12)	-	(318)	-	-	-	(491)	(821)
Transfers between asset classes	-	876	-	(876)	110	324	-	(434)	-
Subtotal:	3,078	52,214	2,358	4,427	3,283	2,177	1,455	630	69,622
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(1,964)	(581)	-	(923)	(263)	(584)	-	(4,315)
Subtotal:	-	(1,964)	(581)	-	(923)	(263)	(584)	-	(4,315)
Carrying amount at the end of the period	3,078	50,250	1,777	4,427	2,360	1,914	871	630	65,307
Gross carrying amount									
Gross carrying amount	3,078	52,214	2,292	4,427	3,803	2,177	1,390	630	70,011
Accumulated depreciation / amortisation	-	(1,964)	(515)	-	(1,443)	(263)	(519)	-	(4,704)
Carrying amount at the end of the period	3,078	50,250	1,777	4,427	2,360	1,914	871	630	65,307

All property, plant and equipment are classified in the level 3 fair value hierarchy except for capital works in progress (not classified). Refer to note 20 for details about the lease liability for right-of-use assets.

18. Fair value measurement

The Hospital classifies fair value measurement using the following fair value hierarchy that reflects the significance of the inputs used in making the measurements, based on the data and assumptions used in the most recent revaluation:

- Level 1 – traded in active markets, and is based on unadjusted quoted prices in active markets for identical assets or liabilities that the entity can access at measurement date.
- Level 2 – not traded in an active market, and are derived from inputs (inputs other than quoted prices included within Level 1) that are observable for the asset, either directly or indirectly.
- Level 3 – not traded in an active market, and are derived from unobservable inputs.

The Hospital's current use is the highest and best use of the asset unless other factors suggest an alternative use. As the Hospital did not identify any factors to suggest an alternative use, fair value measurement was based on current use. The carrying amount of owned non-financial assets with a fair value at the time of acquisition that was less than \$1 million or an estimated useful life that was less than three years are deemed to approximate fair value.

Refer to notes 16 and 18.2 and for disclosure regarding fair value measurement techniques and inputs used to develop fair value measurements for non-financial assets.

18.1 Fair value hierarchy

The fair value of non-financial assets must be estimated for recognition and measurement or for disclosure purposes. The Hospital categorises non-financial assets measured at fair value at level 3 which are all recurring. There are no non-recurring fair value measurements.

The Hospital's policy is to recognise transfers into and out of fair value hierarchy levels as at the end of the reporting period. During 2020, the Hospital had no valuations categorised into level 1 or level 2.

18.2 Valuation techniques and inputs

Due to the predominantly specialised nature of health service assets, the majority of land and buildings have been undertaken using a cost approach (depreciated replacement cost), an accepted valuation methodology under AASB 13. The extent of unobservable inputs and professional judgement required in valuing these assets is significant, and as such they are deemed to have been valued using Level 3 valuation inputs.

Unobservable inputs used to arrive at final valuation figures included:

- Estimated remaining useful life, which is an economic estimate and by definition, is subject to economic influences;
- Cost rate, which is the estimated cost to replace an asset with the same service potential as the asset undergoing valuation (allowing for over-capacity), and based on a combination of internal records including: refurbishment and upgrade costs, historical construction costs, functional utility users, industry construction guides, specialised knowledge and estimated acquisition/transfer costs;
- Characteristics of the asset, including condition, location, any restrictions on sale or use and the need for ongoing provision of Government services;
- Effective life, being the expected life of the asset assuming general maintenance is undertaken to enable functionality but no upgrades are incorporated which extend the technical life or functional capacity of the asset; and
- Depreciation methodology, noting that AASB 13 dictates that regardless of the depreciation methodology adopted, the exit price should remain unchanged.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

19. Payables

	Consolidated	Parent
	2020	2020
	\$'000	\$'000
Current		
Creditors and accrued expenses	6,697	6,547
Paid Parental Leave Scheme	51	51
Staff on-costs*	2,205	2,205
Other payables	105	105
Total current payables	9,058	8,908
Non-current		
Staff on-costs*	1,275	1,275
Total non-current payables	1,275	1,275
Total payables	10,333	10,183

Payables are measured at nominal amounts. Creditors and accruals are raised for all amounts owed and unpaid. Sundry creditors are normally settled within 30 days from the date the invoice is first received. Staff on-costs are settled when the respective staff benefits that they relate to are discharged. All payables are non-interest bearing. The carrying amount of payables approximates net fair value due to their short term nature.

*Staff on-costs include Return to Work SA levies and superannuation contributions. The Hospital makes contributions to several State Government and externally managed superannuation schemes. These contributions are treated as an expense when they occur. There is no liability for payments to beneficiaries as they have been assumed by the respective superannuation schemes. The only liability outstanding at reporting date relates to any contributions due but not yet paid to the South Australian Superannuation Board and externally managed superannuation schemes.

As a result of an actuarial assessment performed by DTF, the percentage of the portion of long service leave taken as leave is 38% and the average factor for the calculation of employer superannuation on-costs is 9.8%. These rates are used in the employment on-cost calculation.

The Paid Parental Leave Scheme payable represents amounts which the Hospital has received from the Commonwealth Government to forward onto eligible staff via the Hospital's standard payroll processes. That is, the Hospital is acting as a conduit through which the payment to eligible staff is made on behalf of the Family Assistance Office.

Refer to note 29 for information on risk management.

20. Financial liabilities

	Consolidated	Parent
	2020	2020
	\$'000	\$'000
Current		
Lease liabilities	970	970
Total current financial liabilities	970	970
Non-current		
Lease liabilities	1,711	1,711
Total non-current financial liabilities	1,711	1,711
Total financial liabilities	2,681	2,681

Lease liabilities have been measured via discounting lease payments using either the interest rate implicit in the lease (where it is readily determined) or Treasury's incremental borrowing rate. Borrowing costs of \$0.049 million relate to interest on lease liabilities. There were no defaults or breaches on any of the above liabilities throughout the year.

Refer to note 30 for information on risk management.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

20.1 Leasing activities

The Hospital has a number of lease agreements including concessional. Lease terms vary in length from 2 to 5 years. Major lease activities include the use of:

- Properties – are health clinics generally leased from the private sector. Generally property leases are non-cancellable with many having the right of renewal. Rent is payable in arrears, with increases generally linked to CPI increases. Prior to renewal, most lease arrangements undergo a formal rent review linked to market appraisals or independent valuers.
- Health Facilities – leases include Adelaide Hills General Practice (Summit Health).
- Motor vehicles – leased from the South Australian Government Financing Authority (SAFA) through their agent LeasePlan Australia. The leases are non-cancellable and the vehicles are leased for a specified time period (usually 3 years) or a specified number of kilometres, whichever occurs first.

The Hospital has not committed to any lease arrangements that have not commenced. The Hospital has not entered into any sub-lease arrangements outside of the Consolidated Entity.

Refer note 16 for details about the right of use assets (including depreciation) and note 20 for financing costs associated with these leasing activities.

20.2 Concessional lease arrangements

The Hospital has two concessional lease arrangements as lessee with the local council and with a for-profit entity. These leases have not been brought to account.

Right of use asset	Nature of arrangements	Details
Land	Terms is for up to 10 years Payment is nominal	Concessional land arrangements include land used for office premises
Buildings and improvements	Term is up to 30 years Payments range from \$13,000 to \$30,000 pa	Concessional building arrangements include the use of premises for community health services.

20.3 Maturity analysis

A maturity analysis of lease liabilities based on undiscounted gross cash flows is reported in the table below:

	Consolidated	Parent
	2020	2020
	\$'000	\$'000
Lease Liabilities		
1 to 3 years	1,275	1,275
3 to 5 years	460	460
5 to 10 years	13	13
Total lease liabilities (undiscounted)	1,748	1,748

21. Staff benefits

	Consolidated	Parent
	2020	2020
	\$'000	\$'000
Current		
Accrued salaries and wages	5,205	5,205
Annual leave	14,769	14,769
Long service leave	2,999	2,999
Skills and experience retention leave	1,229	1,229
Total current staff benefits	24,202	24,202
Non-current		
Long service leave	33,131	33,131
Total non-current staff benefits	33,131	33,131
Total staff benefits	57,333	57,333

Staff benefits accrue as a result of services provided up to the reporting date that remain unpaid. Long-term staff benefits are measured at present value and short-term staff benefits are measured at nominal amounts.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

21.1 Salaries and wages, annual leave, skills and experience retention leave and sick leave

The liability for salary and wages is measured as the amount unpaid at the reporting date at remuneration rates current at the reporting date.

The annual leave liability and the skills and experience retention leave liability is expected to be payable within 12 months and is measured at the undiscounted amount expected to be paid.

No provision has been made for sick leave, as all sick leave is non-vesting, and the average sick leave taken in future years by employees is estimated to be less than the annual entitlement for sick leave.

21.2 Long service leave

The liability for long service leave is measured as the present value of expected future payments to be made in respect of services provided by employees up to the end of the reporting period using the projected unit credit method.

AASB 119 *Employee Benefits* contains the calculation methodology for long service leave liability. The actuarial assessment performed by DTF has provided a basis for the measurement of long service leave and is based on actuarial assumptions on expected future salary and wage levels, experience of employee departures and periods of service. These assumptions are based on employee data over SA Government entities and the health sector across government.

AASB 119 requires the use of the yield on long term Commonwealth Government bonds as the discount rate in the measurement of the long service leave liability. The yield on long term Commonwealth Government bonds is 0.75%, which is used as the rate to discount future long service leave cash flows.

The actuarial assessment performed by DTF determined the salary inflation rate to be 2.5% for long service leave liability and 2.0% for annual leave and skills, experience and retention leave liability.

22. Provisions

All provisions are Workers Compensation.

Reconciliation of workers compensation (statutory and non-statutory)

	Consolidated	Parent
	2020	2020
	\$'000	\$'000
Transfer through administrative restructuring	2,683	2,683
Increase in provisions recognised	830	830
Reductions arising from payments/other sacrifices of future economic benefits	(322)	(322)
Carrying amount at the end of the period	3,191	3,191

A liability has been reported to reflect unsettled workers compensation claims. The workers compensation provision is based on an actuarial assessment performed by the Office for the Public Sector.

Workers compensation statutory provision

The Hospital is an exempt employer under the *Return to Work Act 2014*. Under a scheme arrangement, the Hospital is responsible for the management of workers rehabilitation and compensation, and is directly responsible for meeting the cost of workers' compensation claims and the implementation and funding of preventive programs.

Although the Department provides funds to the Hospital for the settlement of lump sum and redemption payments, the cost of these claims, together with other claim costs, are met directly by the Hospital, and are thus reflected as an expense from ordinary activities in the Statement of Comprehensive Income.

The workers compensation provision is an actuarial estimate of the outstanding liability as at 30 June 2020 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment. The provision is for the estimated cost of ongoing payments to staff as required under current legislation. The liability covers claims incurred but not yet paid, incurred but not reported and the anticipated direct and indirect costs of settling these claims. There is a high level of uncertainty as to the valuation of the liability (including future claim costs). The liability for outstanding claims is measured as the present value of the expected future payments reflecting the fact that all claims do not have to be paid in the immediate future.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

Workers compensation non-statutory provision

Additional insurance/compensation for certain work related injuries has been introduced for most public sector employees through various enterprise bargaining agreements and industrial awards. This insurance/compensation is intended to provide continuing benefits to non-seriously injured workers who have suffered eligible work-related injuries and whose entitlements have ceased under the statutory workers compensation scheme.

The workers compensation non-statutory provision is an actuarial assessment of the outstanding claims liability, provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment. There is a high level of uncertainty as to the valuation of the liability (including future claim costs), this is largely due to the enterprise bargaining agreements and industrial awards being in place for a short period of time and the emerging experience is unstable. The average claim size has been estimated based on applications to date and this may change as more applications are made. As at 30 June 2020 the Hospital recognised a workers compensation non-statutory provision of \$0.147 million.

23. Contract liabilities and other liabilities

	Consolidated 2020	Parent 2020
Current	\$'000	\$'000
Contract liabilities	5,330	5,330
Residential aged care bonds	16,142	16,142
Other	16	16
Total contract liabilities and other liabilities	21,488	21,488

Residential aged care bonds are accommodation bonds, refundable accommodation contributions and refundable accommodation deposits. These are non-interest bearing deposits made by aged care facility residents to the Hospital upon their admission to residential accommodation. The liability for accommodation is carried at the amount that would be payable on exit of the resident. This is the amount received on entry of the resident less applicable deductions for fees and retentions pursuant to the *Aged Care Act 1997*. Residential aged care bonds are classified as current liabilities as the Hospital does not have an unconditional right to defer settlement of the liability for at least twelve months after the reporting date. The obligation to settle could occur at any time. Once a refunding event occurs the other liability becomes interest bearing. The interest rate applied is the prevailing interest rate at the time as prescribed by the Commonwealth Department of Health. The majority of residential aged care bonds are held in term deposits with the remainder primarily held as cash. Refer to Note 12.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

24. Cash flow reconciliation

Reconciliation of cash and cash equivalents at the end of the reporting period	Consolidated 2020 \$'000	Parent 2020 \$'000
Cash and cash equivalents disclosed in the Statement of Financial Position	8,069	6,579
Cash as per Statement of Financial Position	8,069	6,579
Balance as per Statement of Cash Flows	8,069	6,579
Reconciliation of net cash provided by operating activities to net result:		
Net cash provided by operating activities	6,276	6,299
Add/less non-cash items		
Asset donated free of charge	(775)	(828)
Capital revenues	138	138
Depreciation and amortisation expense of non-current assets	(9,427)	(5,080)
Gain/(loss) on sale or disposal of non-current assets	33	33
Interest credited directly to investments	116	14
Resources received free of charge	252	217
Movement in assets/liabilities		
Increase/(decrease) in inventories	146	146
Increase/(decrease) in receivables	(115)	(82)
(Increase)/decrease in other liabilities	(694)	(704)
(Increase)/decrease in payables and provisions	962	1,112
(Increase)/decrease in staff benefits	(3,788)	(3,788)
Net result	(6,876)	(2,523)

Total cash outflows for leases is \$0.768 million.

25. Unrecognised contractual commitments

Commitments include operating and outsourcing arrangements arising from contractual or statutory sources, and are disclosed at their nominal value.

25.1 Expenditure commitments

Expenditure commitments	Consolidated 2020 \$'000	Parent 2020 \$'000
Within one year	10,501	10,501
Later than one year but not longer than five years	163	163
Total expenditure commitments	10,664	10,664

The Hospital expenditure commitments are for agreements for goods and services ordered but not received and administrative arrangements with DPTI for accommodation and are disclosed at nominal amounts.

The Hospital also has commitments to provide funding to various non-government organisations in accordance with negotiated service agreements. The value of these commitments as at 30 June 2020 has not been quantified.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

26. Trust funds

The Hospital holds money in trust on behalf of consumers that reside in LHN facilities whilst the consumer is receiving residential mental health services, residential drug and alcohol rehabilitation services, or residential aged care services. As the Hospital only performs custodial role in respect of trust monies, they are excluded from the financial statements as the Hospital cannot use these funds to achieve its objectives. At the end of the reporting period, the hospital held \$0.014 million on behalf of consumers.

	Consolidated	Parent
	2020	2020
	\$'000	\$'000
Carry amount at the beginning of period	15	15
Client trust receipts	-	-
Client trust payments	(1)	(1)
Carrying amount at the end of the period	14	14

27. Contingent assets and liabilities

Contingent assets and contingent liabilities are not recognised in the Statement of Financial Position, but are disclosed within this note and, if quantifiable are measured at nominal value.

The Hospital is not aware of any contingent assets or liabilities. In addition, it has made no guarantees.

28. Events after balance date

Prior to 30 June, members of the Australian Nurses and Midwifery Federation supported a new public sector Nursing and Midwifery (SA Public Sector) Enterprise Agreement (EA), and accordingly an application for a new EA was submitted to the South Australian Employment Tribunal (SAET) (also prior to 30 June)). The SAET approved the application on 16 July 2020. Amongst other matters, the new EA provides for a 2% increase in salary and wages (and certain allowances) from 1 January 2020. The financial statements have been adjusted for this event as the condition that triggered the liability existed at or before 30 June.

Following a recommendation of a Parliamentary Select Committee Inquiry into Regional Health Services, and through the Governance Reform process, the Minister asked the unincorporated HACs whether they wished to become incorporated; and thus manage their own Gift Fund Trusts and real property, currently held for them by the Country Health Gift Fund HAC (formerly the CHSALHN Governing Council). It is anticipated that these incorporations will occur during the 2020/21 financial year, resulting in assets and liabilities for these entities being transferred from the hospital to the relevant entity.

29. Impact of Standards not yet implemented

The Hospital has assessed the impact of the new and amended Australian Accounting Standards and Interpretations not yet implemented and changes to the Accounting Policy Statements issued by the Treasurer. There are no Accounting Policy Statements that are not yet in effect.

Amending Standards AASB 2018-6 and AASB 2018-7 will apply from 1 July 2020 and AASB 2014-10, AASB 2015-10, AASB 2017-5 will apply from 1 July 2022. Although applicable to the Hospital, these amending standards are not expected to have an impact on the Hospital's financial statements. SA Health will update its policies, procedures and work instructions, where required, to reflect changes to the definition of a business, definition of materiality, and the additional clarification of requirements for a sale or contribution of assets between an investor and its associate or joint venture.

30. Financial instruments/financial risk management

30.1 Financial risk management

The Hospital's exposure to financial risk (liquidity risk, credit risk and market risk) is low due to the nature of the financial instruments held.

Liquidity Risk

The Hospital is funded principally from appropriation by the SA Government. The Hospital works with DTF to determine the cash flows associated with the SA Government approved program of work and to ensure funding is provided through SA Government budgetary processes to meet the expected cash flows. Refer to note 1.4 for further information.

Credit risk

The Hospital has policies and procedures in place to ensure that transactions occur with customers with appropriate credit history. The Hospital has minimal concentration of credit risk. No collateral is held as security and no credit enhancements relate to financial assets held by the Hospital. Refer to notes 15 and 16 and for further information.

Market risk

The Hospital does not engage in high risk hedging for its financial assets. Exposure to interest rate risk may arise through interest bearing liabilities, including borrowings. Residential Aged Care deposits become interest bearing once a refunding event occurs as per note 23. There is no exposure to foreign currency or other price risks.

30.2 Categorisation of financial instruments

Details of the significant accounting policies and methods adopted including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised with respect to each class of financial asset, financial liability and equity instrument are disclosed in note 1 or the respective financial asset / financial liability note.

The carrying amounts of each of the following categories of financial assets and liabilities: financial assets measured at amortised cost; financial assets measured at fair value through profit or loss; financial assets measured at fair value through other comprehensive income; and financial liabilities measured at amortised cost are detailed below. All of the resulting fair value estimates are included in Level 2 as all significant inputs required are observable.

Financial assets and financial liabilities are measured at amortised cost. Amounts relating to statutory receivables and payables (e.g. Commonwealth taxes; Auditor-General's Department audit fees etc.) and prepayments are excluded as they are not financial assets or liabilities. Receivables and Payables at amortised cost are \$3.325 million and \$6.952 million respectively.

30.3 Credit risk exposure and impairment of financial assets

Loss allowances for receivables are measured at an amount equal to lifetime expected credit loss using the simplified approach in AASB 9.

A provision matrix is used to measure the ECL of receivables from non-government debtors. The ECL of government debtors is considered to be nil based on the external credit ratings and nature of the counterparties. Impairment losses are presented as net impairment losses within net result.

The carrying amount of receivables approximates net fair value due to being receivable on demand. Receivables are written off when there is no reasonable expectation of recovery and not subject to enforcement activity. Indicators that there is no reasonable expectation of recovery include the failure of a debtor to enter into a payment plan with the Department.

To measure the ECL, receivables are grouped based on days past due and debtor types that have similar risk characteristics and loss patterns (i.e. by patient and sundry, compensable and aged care) including any changes in forward-looking estimates were analysed. The Hospital considers reasonable and supportable information that is relevant and available without undue cost or effort; about past events, current conditions and forecasts of future economic conditions.

The assessment of the correlation between historical observed default rates, forecast economic conditions and ECLs is a significant estimate. The amount of ECLs is sensitive to changes in circumstances and of forecast economic conditions. The Hospital's historical credit loss experience and forecast of economic conditions may also not be representative of customers' actual default in the future.

Loss rates are calculated based on the probability of a receivable progressing through stages to write off based on the common risk characteristics of the transaction and debtor. The following table provides information about the credit risk exposure and ECL for non-government debtors:

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

CONSOLIDATED AND PARENT

	30 June 2020		
	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000
Days past due			
Current	0.1 -8.3 %	782	8
<30 days	0.5 -10.9 %	234	8
31-60 days	1.9 -22.3 %	152	6
61-90 days	2.2 -25.8 %	79	5
91-120 days	2.2 -25.8 %	291	19
121-180 days	2.9 – 33.9 %	107	11
181-360 days	4.4 – 46.8 %	331	50
361-540 days	7.4 – 70.1%	181	43
>540 days	8.7 – 85.4%	409	189
Total		2,566	339

31. Significant transactions with government related entities

The Hospital is controlled by the SA Government.

Related parties of the Hospital include all key management personnel, and their close family members; all Cabinet Ministers and their close family members; and all public authorities that are controlled and consolidated into the whole of government financial statements and other interests of the Government.

Significant transactions with the SA Government are identifiable throughout this financial report.

The Hospital received funding from the SA Government via the Department (note 13), and incurred significant expenditure via the Department for medical, surgical and laboratory supplies, computing and insurance (note 3). The Hospital incurred significant expenditure with the Department of Planning, Transport and Infrastructure (DPTI) for property repairs and maintenance of \$2.909 million (note 3) and occupancy rent and rates \$0.791 million (note 3). As at 30 June the outstanding balance payable to DPTI was \$0.497 million (note 18) and unrecognised contractual expenditure commitments for accommodation with DPTI was \$2.829 million (note 25).

32. Interests in other entities

The Hospital has interests in a number of other entities as detailed below.

Controlled Entities

The Hospital has effective control over, and a 100% interest in, the net assets of the HACs. The HACs were established as a consequence of the Act being enacted and certain assets, rights and liabilities of the former Hospitals and Incorporated Health Centres were vested in them with the remainder being vested in the Hospital.

By proclamation dated 26 June 2008, the following assets, rights and liabilities were vested in the Incorporated HACs:

- all real property, including any estate, interest or right in, over or in respect of such property except for all assets, rights and liabilities associated with any land
- all real property, including any estate, interest or right in, over or in respect of such property except for all assets, rights and liabilities associated with any land dedicated under any legislation dealing with Crown land; and
- all funds and personal property held on trust and bank accounts and investments that are solely constituted by the proceeds of fundraising except for all gift funds, and other funds or personal property constituting gifts or deductible contributions under the *Income Tax Assessment Act 1997 (Commonwealth)*.

The above assets, rights and liabilities of the former Hospitals whose HAC elected not to be incorporated were vested in the Country Health SA Board Health Advisory Council Inc. A proclamation on 27 June 2019 advised from 1 July 2019 Country Health SA Board Health Advisory Council Inc be renamed to Country Health Gift Fund Health Advisory Council Inc.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

The HACs have no powers to direct or make decisions with respect to the management and administration of the Hospital.

Health Advisory Councils		
Incorporated HACs		
Barossa and Districts Health Advisory Council Inc	Country Health Gift Fund Health Advisory Council Inc*	Eudunda Kapunda Health Advisory Council Inc
Gawler District Health Advisory Council Inc	Hills Area Health Advisory Council Inc	Kangaroo Island Health Advisory Council Inc
Southern Fleurieu Health Advisory Council Inc		
*Unincorporated HACs included in the Country Health Gift Fund Health Advisory Council Inc		
Far North Health Advisory Council	Hawker District Memorial Health Advisory Council	Leigh Creek Health Service Health Advisory Council
Port Augusta, Roxby Downs, Woomera Health Advisory Council	Port Lincoln Health Advisory Council	Port Pirie Health Service Health Advisory Council
Quorn Health Services Health Advisory Council	Southern Flinders Health Advisory Council	Whyalla Hospital and Health Services Health Advisory Council

Gift Fund Trusts		
Incorporated GFTs		
Country Health Gift Fund Health Advisory Council Gift Fund Trust Inc**	The trustee for Barossa and Districts Health Advisory Council Inc Gift Fund Trust	The trustee for Eudunda Kapunda Health Advisory Council Inc Gift Fund Trust
The trustee for Gawler District Health Advisory Council Inc Gift Fund Trust	The trustee for Hills Area Health Advisory Council Inc Gift Fund Trust	The trustee for Kangaroo Island Health Advisory Council Inc Gift Fund Trust
The trustee for Southern Fleurieu Health Advisory Council Inc Gift Fund Trust		
**Unincorporated GFTs included in the Country Health Gift Fund Health Advisory Council Gift Fund Trust Inc		
Far North Health Advisory Council Gift Fund Trust	Hawker District Memorial Health Advisory Council Gift Fund Trust	Leigh Creek Health Service Health Advisory Council Gift Fund Trust
Port Augusta, Roxby Downs, Woomera Health Advisory Council Gift Fund Trust	Port Lincoln Health Advisory Council Gift Fund Trust	Port Pirie Health Service Health Advisory Council Gift Fund Trust
Quorn Health Services Health Advisory Council Gift Fund Trust	Southern Flinders Health Advisory Council Gift Fund Trust	Whyalla Hospital and Health Services Health Advisory Council Gift Fund Trust

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

33. Board and committee members

Members of boards/committees that served for all or part of the financial year and were entitled to receive income from membership in accordance with APS124.B were:

Board/Committee name:	Government employee members	Other members
Country Health Gift Fund Health Advisory Council Inc	-	Blacker P (Chair), Evans L, Fuller J, Gregurke K, Healy R, Johnston J (resigned 01/08/2019), Mackay M, McArthur A.
Barossa Hills Fleurieu Local Health Network Governing Board	1	Blackwell P, Brown J (former Chair) (resigned 01/02/2020), Curran J (appointed 01/02/2020), Gaston C (Chair), Sexton R, Ullianich J (resigned 01/02/2020), Zadow R (resigned 20/03/2020).
Barossa Hills Fleurieu Audit and Risk Committee	1	Powell, D (Chair) (appointed 12/03/2020)*

* only independent members are entitled to receive remuneration for being a member on this committee.

Refer to note 2.2 for remuneration of board and committee members

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2020

34. Administered Items

The Hospital administers private practice arrangements. This represents funds billed on behalf of salaried medical officers. The Net Assets will be subsequently distributed to the Hospital and salaried medical officers according to Rights of Private Practice Deeds of Agreement.

	2020
	\$'000
Revenue from fees and charges	4,079
Other expenses	4,067
Net result	12
Cash and cash equivalents	319
Receivables	2
Net Assets	321
Cash at 1 July	309
Private practice inflows	4,077
Private practice outflows	4,067
Cash at 30 June	319