



**Government
of South Australia**

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK 2021-22 Annual Report

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK

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To:

Chris Picton

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:

A handwritten signature in black ink, appearing to read 'C Gaston', is positioned above a horizontal dotted line.

Carol Gaston AM

Governing Board Chair (former)

13 September 2022

From the Governing Board Chair



The 2021 -2022 year has seen Barossa Hills Fleurieu Local Health Network (BHFLHN) thrive as a highly effective and responsive health service. Our values of trust, respect, integrity, collaboration and kindness continue to be evident in the exceptional work done across the entire organisation.

This year we launched our BHFLHN Strategic Plan 2021 – 2025, which is guiding us to realise our vision of *being acclaimed as a leading local health network,*

demonstrating courage in being innovative and creative as we continue to strive for excellence.

The Strategic Plan was developed after an extensive engagement process involving our community, staff, clinicians, and a range of other stakeholders and partner organisations. Our values underpin the important work behind our Strategic Plan, which will in turn provide a guiding path for Governing Board and an exciting future for BHFLHN.

This past year also saw the launch of the BHFLHN Consumer and Community Engagement Strategy 2022-2025. The Strategy, which speaks to people from all backgrounds, but particularly Aboriginal and Torres Strait Islander people, has been developed drawing on the voices and input from consumers, community members, Health Advisory Councils (HACs), BHFLHN Governing Board members, BHFLHN Executive and staff. It will play an integral role towards ensuring that we are consistent in our engagement approaches with consumers and communities across the health network.

As part of the development of the Consumer and Community Engagement Strategy, BHFLHN embraced a culturally safe engagement style with First Nations consumers and community through a Yarning Circle model; setting a new precedent that centres First Nations voices in strategy design, service development and the delivery of culturally safe health services.

In addition to the Consumer and Community Engagement Strategy, Yarning Circles have also been utilised for the planning and development of our Strategic Plan, emergency department redevelopments, Rural Support Service Aboriginal Workforce Implementation Plan and with the Aboriginal Health Committee.

Following the success of these Yarning Circles, BHFLHN have endorsed them as the ongoing preferred best-practice model for engaging Aboriginal community and consumers. They have transformed the way BHFLHN engages and have facilitated open, honest and transparent discussions with First Nations communities. I look forward to seeing Yarning Circles embedded in our Reconciliation Action Plan, which is nearing completion.

OFFICIAL

2021-22 ANNUAL REPORT for the Barossa Hills Fleurieu Local Health Network

In closing, I warmly welcome Jim Hazel, the incoming Board Chair from 1 July 2022. It has been my privilege to serve the communities of the Barossa and surrounds, Adelaide Hills, Fleurieu Peninsula and Kangaroo Island, and I am proud of the way our health network has navigated the challenges of the past two years during my tenure in this role. I take a great deal of comfort leaving BHFLHN in the capable hands of our highly skilled and passionate leadership group and Governing Board.



Carol Gaston AM
Governing Board Chair (former)
Barossa Hills Fleurieu Local Health Network

From the Chief Executive



Reflecting on another challenging year for the health system and services across our state, our country and beyond, I take enormous pride, and express even greater appreciation for, the staff of Barossa Hills Fleurieu Local Health Network (BHFLHN) for their dedication to our health services and communities.

COVID-19 once again dominates our operations, and BHFLHN remains an outstanding and unique team player in South Australia's state-wide response. Our vaccination and testing numbers are among those highest in the state, and our geographic position as a peri-urban local health network has seen us provide valued relief in elective surgery, bed flow and in converting Angaston District Hospital to care exclusively for mild-COVID patients, creating much-needed capacity in metropolitan hospitals.

A great deal of planning and work is underway for a number of exciting infrastructure and service development projects. Earlier this year we were proud to open the new Strathalbyn Residential Aged Care Facility expansion, which was a tremendous milestone for the site and an incredible achievement for all those involved. The genuine approach to consultation and engagement with residents and communities is evident across the whole facility, embodied in spacious communal rooms, large windows showcasing beautiful views and accessible areas for interactive activities and entertainment.

Works are well underway for a new emergency department (ED) for Mount Barker District Soldiers' Memorial Hospital, where a new model of care was also introduced in April 2022 resulting in BHFLHN now staffing and operating the ED. We have sincerely thanked our GP provider for their valued contribution to these services and look forward to continued responsibility for delivering this critical service to the Mount Barker community. To better service our growing populations, planning is underway for new emergency departments for Gawler Health Service and Southern Fleurieu Health Service. The business case for a future Barossa Hospital is also progressing, while the Kangaroo Island Health Service Master Plan is nearing its release.

These are busy and exciting times, our staff and leadership team remain united by our organisational values and vision, and continue to centre the needs of our communities, consumers and residents in everything we do, from our daily operations right through to our strategic planning. We look forward to another year of enhancing our services, investing in our workforce and taking care of one another as we continue to navigate these extraordinary times.

A handwritten signature in dark ink, appearing to be 'Rebecca Graham', written in a cursive style.

Rebecca Graham
Chief Executive
Barossa Hills Fleurieu Local Health Network

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Overview: about the agency

Our strategic focus

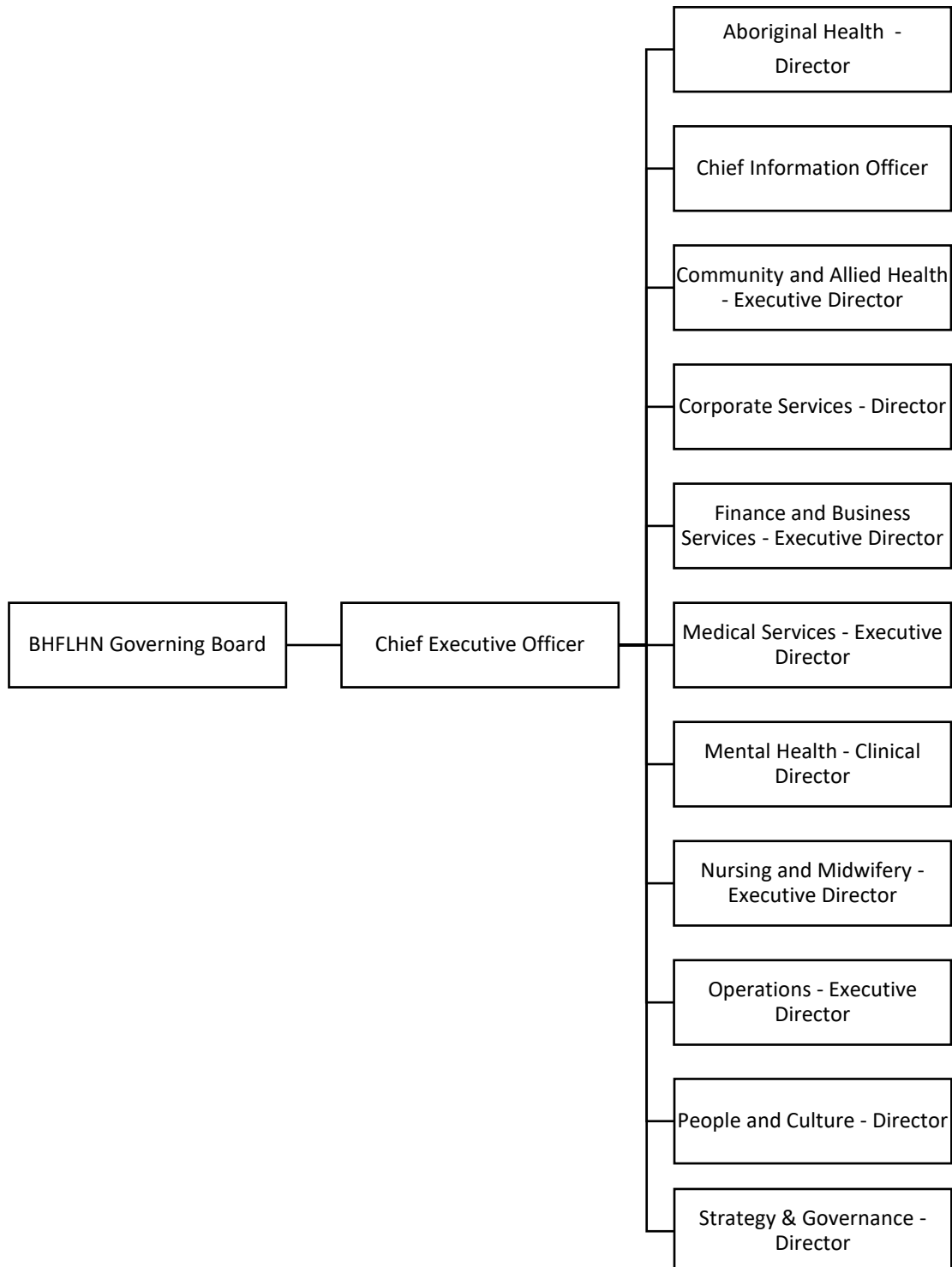
Our Purpose	We exist to deliver excellent health care that improves the health and wellbeing of our communities.
Our Vision	By 2025, we aspire to be acclaimed as a leading LHN, demonstrating courage in being innovative and creative as we continue to strive for excellence.
Our Values	<ul style="list-style-type: none"> • <i>Trust</i> - we are a safe and reliable pair of hands for all that we hold. • <i>Respect</i> - we stand for quality treatment and care that every person deserves, every time. • <i>Integrity</i> - we commit to own up, open up, follow up. • <i>Collaboration</i> - we recognise that sharing improves our caring. • <i>Kindness</i> - we give care and take care in providing care.
Our functions, objectives and deliverables	<p>Objectives:</p> <ul style="list-style-type: none"> • <i>Our Services</i> – in collaboration with our partners, we will improve the accessibility and quality of our services. We will drive improvements in mental health, recognising the increased need for services; we will drive improvements in aged care, recognising that our communities are ageing; and we will drive improvements in Aboriginal health, recognising the unique needs of Aboriginal and Torres Strait Island consumers. • <i>Our People</i> – to provide a dynamic environment that fosters learning excellence, and facilitates a positive, inclusive culture with high levels of leadership. • <i>Our Partners</i> – to establish and strengthen partnerships for a well-connected and sustainable health system. • <i>Our Governance</i> – to demonstrate excellence, agility, and accountability.

Our organisational structure

Barossa Hills Fleurieu Local Health Network (BHFLHN) Governing Board:

- Carol Gaston, AM (Chair)
- Pru Blackwell
- Judy Curran
- Gregory Russell
- Jeffrey Fuller
- James (Jim) Hazel (appointed 14 February 2022)
- Roger Sexton (resigned 31 March 2022)
- Kevin Cantley, PSM

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



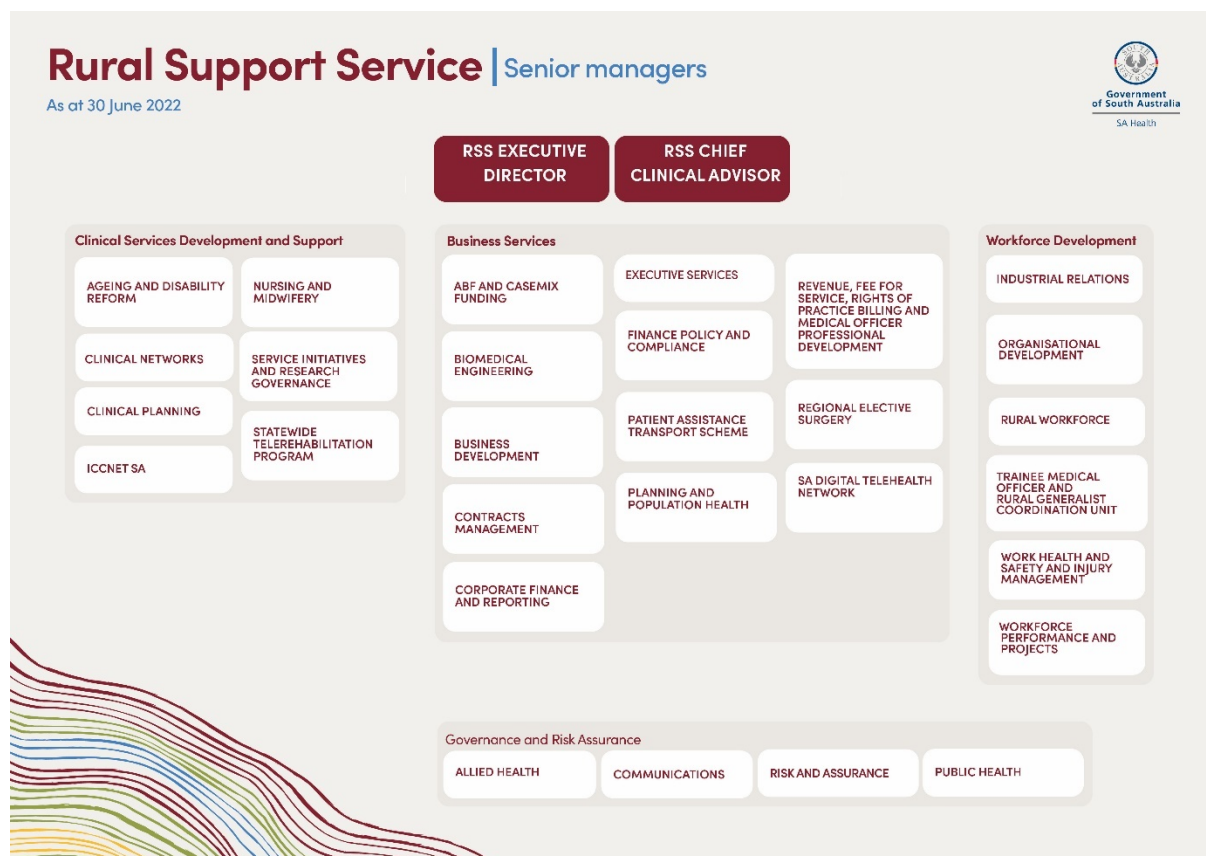
Rural Support Service (RSS) Organisational Structure

The RSS was established to deliver shared support services to the six LHNs located in regional areas in South Australia – the Barossa Hills Fleurieu LHN, Eyre and Far North LHN, Flinders and Upper North LHN, Limestone Coast LHN, Riverland Mallee Coorong LHN and Yorke and Northern LHN – through the provision of expertise, high-level skills and capability across a range of specialised clinical and corporate functions. The RSS is also responsible for delivering some statewide services for and with all ten LHNs in South Australia.

The RSS is currently hosted within BHFLHN and the BHFLHN Governing Board has the responsibility for the overall governance of the RSS.

In 2021-22, the RSS was jointly managed by two co-directors, a Chief Clinical Advisor and an Executive Director. The co-directors reported to the CEO, BHFLHN, regarding operational matters, and to the RSS Governance Committee regarding strategic matters. The RSS Governance Committee is a Tier 1 committee of the BHFLHN Governing Board.

Functions were delivered across the work streams below:



Changes to the agency

During 2021-22 there were no changes to the agency's structure and objectives as a result of internal reviews or machinery of government changes.

Our Minister

The Hon Chris Picton MP 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

Chief Executive Officer





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.









Aboriginal Health - Director

Peter Taylor is responsible for initiating, planning, implementing, coordinating and delivering Aboriginal Health programs.





<p><u>Chief Information Officer</u></p> <p>Abdel-rahman Bassal is responsible for Digital Health and Information Technology. Abdel is tasked with leading the implementation of technology solutions that improve our engagement with consumers, simplify workforce processes and deliver innovative solutions in collaboration with key partners across SA Health and beyond.</p>	
<p><u>Community and Allied Health - Executive Director</u></p> <p>Brett Webster 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>Corporate Services - Director</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.</p>	
<p><u>Finance and Business Services - Executive Director</u></p> <p>Rose Dickinson is responsible for the provision of comprehensive financial services across BHFLHN and the Rural Support Service (RSS).</p>	

<p><u>Medical Services - Executive Director</u></p> <p>Sharon Morton is responsible for the delivery of all medical services. Sharon also provides professional leadership and maintains professional practice standards of medical staff and is the medical lead for the Quality, Risk and Safety Team.</p>	
<p><u>Mental Health - Clinical Director</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>Nursing and Midwifery - Executive Director</u></p> <p>Annie Price is responsible for the delivery of Nursing and Midwifery professional services and also leads the Quality, Risk and Safety Team and directs the Residential Aged Care Services.</p>	
<p><u>Operations - Executive Director</u></p> <p>Bronwyn Masters is responsible for clinical operations with a specific focus on leading the eleven hospitals to perform to agreed standards and levels of performance. Bronwyn is also Network Commander and is the lead for service planning, capital developments and health network performance.</p>	

<p><u>People and Culture - Director</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 in order to drive continuous improvement, performance and accountability of workforce goals and objectives.</p>	
<p><u>Strategy and Governance - Director</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 delivers secretariat support to board governance committees, corporate compliance, project management, ministerials, communications and Freedom of Information (FOI).</p>	

Rural Support Service

As at the 30 June 2022, 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 was 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)

- Central Adelaide Local Health Network
- Commission on Excellence and Innovation in Health
- Controlled Substances Advisory Council
- Country Health Gift Fund Health Advisory Council Inc.
- Regional Health Advisory Councils (39 across South Australia)
- Eyre and Far North Local Health Network
- Flinders and Upper North Local Health Network
- Health and Community Services Complaints Commissioner
- Health Performance Council
- Health Services Charitable Gifts Board
- Limestone Coast Local Health Network
- Northern Adelaide Local Health Network
- Pharmacy Regulation Authority of South Australia
- Riverland Mallee Coorong Local Health Network
- SA Ambulance Service
- SA Ambulance Service Volunteers' Health Advisory Council
- SA Medical Education and Training Health Advisory Council
- South Australian Public Health Council
- Southern Adelaide Local Health Network
- Wellbeing SA
- Women's and Children's Health Network
- Veterans' Health Advisory Council
- Yorke and Northern Local Health Network

The agency's performance

Performance at a glance

In 2021-22, BHFLHN achieved key performance in the following areas:

- Launched the Strategic Plan 2021-24.
- Launched the Consumer and Community Engagement Strategy 2022-2025.
- Continued to 'live' the BHFLHN values of Trust, Respect, Integrity, Collaboration and Kindness.
- Retained Level 1 Performance rating 'Performing' with the Department for Health and Wellbeing.
- Completed the construction of Strathalbyn residential aged care precinct expansion to accommodate an extra 12 memory support unit places and 24 residential places.
- Procured a design team to undertake the design development of the Mount Barker Emergency Department.
- Engaged design consultants to develop a site development plan for the Southern Fleurieu Health Service.
- Maintained accreditation with the Aged Care Quality and Safety Commission Commonwealth for all Residential Aged Care Facilities sites.
- Onboarded 50 Transition to Professional Practice (TPPP) graduate nurses, compared to 15 in 2020-21.
- Provided ambulance smoothing on 312 days, from a possible 365 days, across all sites.
- Increased emergency department presentations, with a growth rate of 13%.
- Transferred 846 patients from metropolitan hospitals to BHFLHN hospitals to be treated closer to home.
- Transferred 185 elective surgery patients from a metropolitan waitlist to be treated in BHFLHN.
- Provided services to 17 patients through the Carepod program. Comparatively, this patient group would have a significantly longer length of stay in a metropolitan hospital. However, with the comprehensive wrap around Carepod service, these patients have been discharged after 36 days.
- Achieved six out of seven of the SA Health Work Health and Safety Injury Management (WHSIM) Performance Measures and 100% compliance for SA Health KPIs.
- Surpassed targets for emergency department 'seen on time' triage category 3.
- Exceeded interim target of 85% for emergency department length of stay < 6 Hours.
- Met, consistently, Elective Surgery Timely Admission targets with nil overdue Category 1 patients.

Agency response to COVID-19 - BHFLHN

In 2021-22, BHFLHN achieved key performance relating to COVID-19 as below:

- Opened three mass vaccination clinics, for three weeks, in Mount Barker, Gawler and Victor Harbor.
- Amongst the first to achieve 80% and 90% community vaccination rates in many local government areas, including Kangaroo Island.
- Continued to provide mobile vaccination clinics to specific cohorts including residential aged care residents and staff, First Nations communities, disability consumers, homeless populations and to vulnerable consumers in their homes.
- Administered a total of 150,700 vaccinations, the second highest number of vaccinations provided by a Local Health Network.
- Provided 191,145 COVID tests, 145% higher than the 78,179 tests conducted in the previous financial year. Testing clinics operated in Gawler, Mount Barker, Victor Harbor, Tanunda/Nuriootpa and Kangaroo Island.
- Re-located Victor Harbor and Tanunda COVID testing sites away from hospital locations, including the operation of a drive through testing clinic in Nuriootpa.
- Commissioned a 21 bed COVID hospital (Angaston and District Hospital).
- Opened separate respiratory and non-respiratory zones in Emergency Departments at Angaston, Kapunda, Kingscote and Tanunda.

Rural Support Service

In 2021-22, the RSS achieved key performance in the following areas:

- On behalf of the regional LHNs (rLHNs), successfully negotiated the new South Australian Rural General Practitioner (GP) Agreement and developed 135 contracts for rural GPs by 30 June 2022.
- Partnered with rLHNs and Department for Health and Wellbeing in the implementation of an Aged Care Strategy for regional South Australia, including leadership of an aged care costing analysis, workforce planning and infrastructure review to inform rLHN business plans.
- Delivered the Rural Health Workforce Strategy, involving the development of six comprehensive rural workforce plans and the investment of \$20 million in the rural health workforce.
- Secured \$5.5 million in funding to roll out the electronic management system for residential aged care sites to all 48 aged care facilities managed by rLHNs.

Agency response to COVID-19 – Rural Support Service

In 2021-22, Rural Support Service achieved key performance relating to COVID-19 as below:

- Provided significant support to the implementation and clinical governance of the rLHN COVID-19 vaccination programs.
- Used Integrated Cardiovascular Clinical Network (iCCnet) remote health monitoring to help primary health practitioners to manage COVID-positive patients with underlying health risk factors in their homes in rural and metropolitan areas, alleviating the burden on acute care services.
- Developed a Virtual Clinical Care (VCC) remote installation service, a rapid referral pathway to the COVID Response Care Team for high-risk patients, and extended monitoring time for clients to support isolation and at-risk patients.
- Migrated the Electronic management system for residential aged care sites to the Cloud enabling remote access for GPs and staff.
- Maintained capacity for rLHN nursing and midwifery clinical placements in the context of COVID-19 requirements.

Agency contribution to whole of Government objectives

Key Objective	Agency's contribution
More jobs	<ul style="list-style-type: none"> • Employed nurse practitioners to provide early access to care and to reduce unnecessary avoidable hospitalisations. Outcomes include improvement in the consumer experience and service level engagement. Nurse practitioner candidates have also been employed to ensure succession planning. • Employed a team of Emergency Consultants at Mount Barker Hospital to provide high-level clinical care. A Nursing Unit Manager has been appointed to lead and develop nursing staff. • Established a medical training program resulting in expanded training positions in 2023 leading to full program accreditation in 2024, supporting the learning needs of four additional junior doctors in 2023 and eight additional junior doctors expected in 2024. • Strengthened the Allied Health training and workforce pipeline through an increased focus on the Allied Health Rural Generalist program and alignment of governance and workforce structure, aimed at providing greater support for recruitment and retention of rural health workforce.
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	<ul style="list-style-type: none"> • Provided care to almost 10,000 community consumers who are avoiding hospitalisation or residential aged care admission through the provision of home based services. • Trialled a complex vascular wound care clinic in Mount Barker. • Extended Community Nursing hours in Southern Fleurieu to support emergency department avoidance. • Developed new medical workforce models at Mount Barker and Southern Fleurieu. • Supported a Priority Care Centre at Mount Barker and a Hospital in the Home program in Gawler and Mount Barker. • Increased dialysis capacity at Mount Barker. • Increased the delivery of medium complexity chemotherapy at Southern Fleurieu.

Agency specific objectives and performance

Agency objectives	Indicators	Performance
Our People	Scholarships	<ul style="list-style-type: none"> 17 regional health scholarships were awarded across rLHNs.
	Rural Generalist Program South Australia	<ul style="list-style-type: none"> Rural full-time interns increased from 12 in 2021 to 18 in 2022 (50% increase). Intern rotations from metropolitan to rural areas increased from 40 in 2021 to 47 in 2022 (17.5% increase). Positions available for PGY2+ resident medical officers increased from 12 in 2021 to 25 in 2022 (108% increase). Advanced skills training posts increased from 12 in 2021 to 20 in 2022 (67% increase) with another 3.5 FTE followed GP advanced skill trainees.
	Regional registered nurse and midwife Transition to Professional Practice (TPP) programs	<ul style="list-style-type: none"> Participants increased from 102 commencing in 2021 to more than 260 commencing in 2022 across all rLHNs.
	Emergency Nursing and Midwifery (ENAME)	<ul style="list-style-type: none"> Provided 14 regional ENAME courses. Developed and delivered six regional TPP program ENAME courses. This course tailored to specifically meet the needs of graduate nurses was successfully piloted in 2021.
	Aboriginal Workforce	<ul style="list-style-type: none"> Increased Aboriginal participation in the Regional Enrolled Nursing Cadet Program. 21 participants completed the program including two Aboriginal students.
	Emerging Leaders	<ul style="list-style-type: none"> 59 emerging leaders from across rLHNs plus 30 specifically from BHFLHN completed the Growing Leaders Program.

Improving access to health services in our community	Integrated Cardiovascular Clinical Network (iCCnet)	<ul style="list-style-type: none"> • 254 COVID-positive residents with underlying health risk factors in BHFLHN used equipment from iCCnet for daily remote home monitoring during their acute illness. • 428 COVID-positive residents with underlying health risk factors in BHFLHN received daily welfare check phone calls from iCCnet registered nurses to support them during their acute illness. • 367 technical support calls provided to sites across rLHNs and 1,294 point of care tests were performed and data transferred to iCCnet databases. • New models of five point of care testing devices rolled out to rLHN sites to ensure the most accurate patient testing and data transfer occurs. • 72 patients supported and monitored for chronic conditions. • 2,329 patients referred to Country Access to Cardiac Health (CATCH) Program. • 453 patients participated in the CATCH telephone model for cardiac rehabilitation.
	Virtual Clinical Care (VCC)	<ul style="list-style-type: none"> • 50% increase in referrals. • Avoided 130 emergency department presentations. • Avoided 259 preventable hospital admissions. • 20,184 client contacts. • 159 clients participated.

	Ageing and Disability	<ul style="list-style-type: none"> • 11% increase in the number of client Home Care Packages (HCP) across rLHNs, with revenue increasing by 17%. • Decrease in the number of National Disability Insurance Scheme (NDIS) packages of 13%, with an 18% reduction in revenue across all rLHNs, likely due to COVID impacts.
	Oncology	<ul style="list-style-type: none"> • 65% increase in medical oncologists across rLHNs. • 100% of new referrals presented to multidisciplinary teams. • Secured funding for regional McGrath metastatic breast nurse. • 100% of medical oncologist leave covered. • Submitted closure report for Expanding Country Cancer Services with all targets exceeded.
	Palliative Care	<ul style="list-style-type: none"> • Secured ongoing funding (\$963,000) for regional LHN palliative care telehealth services and extended end of life choices packages. • Secured funding to 2024 to continue provision of residential aged care facility Hospice in Aged Care Program. • Partnered with Country SA and Adelaide PHNs to provide GP ECHO medical education program. • Implemented statewide GP monthly education program for palliative care and oncology.
	Renal Services	<ul style="list-style-type: none"> • Increased renal dialysis access with additional chairs commissioned for activity at Mount Barker.

	Aboriginal Health	<ul style="list-style-type: none"> • 39 Yarning Circles were undertaken in BHFLHN: <ul style="list-style-type: none"> ○ 16 - community and consumers – topics included Community and Consumer Engagement Strategy, Rural Aboriginal Workforce plan, ED re-development, Relationship building with community, Kangaroo Island healing project, and Kangaroo Island nurse practitioner. ○ 2 - Aboriginal Workforce Network. ○ 2 - Child Health and Development team. ○ 1 - Governing Board and Executive. ○ 5 - Cultural Safety Training. ○ 9 - Aboriginal Health Committee. ○ 4 - Aboriginal Family Birthing Program.
Hospital Services	Diabetes Services	<ul style="list-style-type: none"> • Supported growth for the adult telehealth diabetes specialist service, Berri (RMCLHN), and Lyell McEwin Hospital. • Key contributor in the EFNLHN Foot Health Alliance Project, which built referral pathways, established relationships with Aboriginal community controlled health organisations and a monitored foot phone and telehealth service. • Key contributor to SAHMRI Aboriginal Health Chronic Disease Collaborative – specifically in the Foot Complications Project and the Aboriginal Informed Diabetes Workforce Program.
	BloodMove Program	<ul style="list-style-type: none"> • Achieved an average year to date red blood cell wastage rate well below the national target of 2.0%, in conjunction with key partners, SA Pathology, rLHNs and metropolitan LHNs, • Developed guidelines and procedures to enable fibrinogen concentrate use for critical bleeds in regional hospitals where limited blood and blood products are available.

	South Australian Virtual Emergency Service (SAVES)	<ul style="list-style-type: none"> Continued SAVES with extended hours, operating between 7pm – 7am, with 3,683 calls in 2021-22.
	Nursing and Maternity Services	<ul style="list-style-type: none"> Secured a Parkinson's Disease Nurse Consultant. Progressed initiatives to strengthen the regional voice and develop stronger linkages with state midwifery directors with a shared aim that SA lead best practice maternity services. Supported initiatives to establish new nurse practitioner and nurse practitioner candidate positions in mental health, aged care and emergency practice areas.
	Elective Surgery	<ul style="list-style-type: none"> Transferred 185 Elective Surgery patients from a metropolitan waitlist to be treated in BHFLHN. Met, consistently, Elective Surgery Timely Admission targets with nil overdue Category 1 patients.
Allied Health	Country Allied Health Clinical Enhancement Program plus (CAHCEP+)	<ul style="list-style-type: none"> Provided 795 occasions of learning for allied health professionals working in rLHNs.
	Child Health and Development	<ul style="list-style-type: none"> Commenced Improving regional Early Childhood Outcomes (IrECO) project.

Corporate performance summary

BHFLHN achieved key corporate performance outcomes including:

- Completed fire service upgrades at Eudunda and Kapunda.
- Received a \$5m Commonwealth grant for on-site staff accommodation at the Kangaroo Island Health Service.
- Completed the Kapunda Central Sterile Supply Department (CSSD) project.
- Completed 50 High Street Strathalbyn office accommodation project.
- Replaced the vertical lift at Kangaroo Island.
- Installed a nurse call system at Strathalbyn.
- Completed the Gawler CSSD, Birthing and Theatre Air-conditioning project.
- Completed a generator upgrade at Strathalbyn.
- Implementation of the Operating Room Management Information System (ORMIS) at Angaston, Gawler, Kapunda, Mount Barker and Southern Fleurieu.
- Implemented complete connectivity Wi-Fi at Strathalbyn and Mount Barker and partial at all other sites.
- Increased Bandwidth at all sites.
- Established a microwave bandwidth connection for Kangaroo Island Health Service.
- Achieved 12 month Food Safety accreditation achieved at 10 of 11 sites.
- Facilitated a Seasonal Preparedness workshop for leadership.

The RSS achieved key corporate performance outcomes including:

- Provided revenue and claiming services for rLHN delivery of ageing and disability programs and identified cost saving opportunities.
- Provided Commonwealth aged care and disability business support to optimise revenue and program compliance.
- Provided regular financial and data analysis and interpretation of trends and key performance indicators (KPIs) to support rLHNs maximise revenue.
- Implemented new Commonwealth Home Care Package (HCP) claiming reforms.
- Secured \$500,000/year seed funding initially to June 2023 through a collaborative commissioning submission to assist child health and development service improvements for rLHNs.
- Completed general paediatrician self-sufficiency clinical plan for rLHNs identifying workforce requirements, service demand, future projections and potential unmet need.
- Established three trial sites for the Aboriginal Children's Pathway including new Aboriginal child health and development practitioner roles and developed culturally responsive clinical handouts and therapy resources.

- Rural Clinical Lead – Stroke visited regional sites (Port Pirie, Wallaroo, Port Augusta, Whyalla) and delivered webinar education sessions to Riverland General and Mount Gambier hospital medical and nursing staff.
- Provided rHNs with detailed analysis of patient data and KPIs for SA Telestroke service.
- Launched Phase 1 and Phase 3 of the “Zeus” Telehealth platform for SA Telestroke neurologists.
- Delivered Acute Stroke Education Workshop.
- Produced educational video for Recognition of Stroke in the Emergency Room (ROSIER) specifically for regional healthcare professionals.
- SA Health Award finalist in collaboration with rLHNs in the category ‘Out of Hospital Strategies and Care’ for Bridging Gaps in Regional Palliative Care with Telehealth.
- Implemented regional multidisciplinary meetings in oncology enabling discussion of 100% of new patients by a broad range of specialists.
- Partnered with GenesisCare to provide radiation oncology advice.
- Increased medical oncology FTE by 65% enabling increased numbers of patients to be seen closer to home.
- Implemented a remote locum service in oncology to provide a consistently high-quality service and enable cover of services where the oncologist is in a very fractional role.
- Submitted Expanding Country Cancer Services closure report. Target of doubling chemotherapy treatments in regional SA was met with 107% increase in treatment and 127% increase in medical oncologist consultations across the funding period.
- Facilitated a multidisciplinary approach to recovery and integration of care for cardiac patients across regional and remote areas in South Australia through the Country Access to Cardiac Health (CATCH) Program. The CATCH telephone model allows patients to access a cardiac rehabilitation service within their own homes, reducing strain on hospital-based programs, as well as providing secondary prevention strategies to reduce hospital readmissions.
- Developed residential aged care facility diabetes hypoglycaemic management training module.
- Expanded the Emergency Teams Education Channel subscription to 1558 regional clinicians.
- Co-designed Mount Gambier District Health Service Plan 2022-27.
- Commenced Health Service Planning for Coober Pedy and Roxby Downs using co-design approach with regional LHNs.
- Completed service profiles, incorporating latest demographic and health service activity, for each rLHN and their respective health services.

- Processed on average, 20,000 revenue, fee for service, rights of private practice and medical officer professional development claims every four weeks, representing more than \$5.2 million in fee for service claim payments for GPs and specialists engaged under contractual arrangements.
- Operationalised new Medical Indemnity Insurance Grant Scheme assessment and payment process including the creation of the new fee for service grant and audit position to lead the team.
- Collaborated with DHW Professional Development Team to develop a consistent process for medical officer professional development leave recording and reporting.
- Delivered internal audit function according to the Internal Audit Plan.
- Coordinated the use of the DTN for 46,284 clinical and non-clinical video conferencing sessions during 2021-22.
- Established a virtual home monitoring program in collaboration with Gawler Aboriginal health team.
- Assisted with building the capacity of Aboriginal health workers to support clients through virtual home monitoring.
- Reviewed and approved 50 research projects for commencement in rLHNs.
- Continued to enable telehealth adoption and increase access to specialist rehabilitation services for our community through the provision of more than 100 multidisciplinary education and training sessions over the past year.
- Delivered more than 10,000 telerehabilitation consultations statewide, now increasing to greater than 30% of rehabilitation consultations delivered through video enabled consultations.

Work Health and Safety, and Injury Management

- 100% of required staff have completed Defined Officer induction.
- 100% of Work Health and Safety Due Diligence reports completed.
- 100% of worksite inspections are undertaken at the designated frequency.
- 100% of injuries are reported within two business days to the 1800 Injury Reporting line.

Employment opportunity programs

Program name	Performance
Traineeship Programs	One new trainee (Gawler), identified as Aboriginal or Torres Strait Islander.
Aboriginal Employment Program	13 people identified as Aboriginal or Torres Strait Islander were employed.
Transition to Care Professional Practice Nurse Graduate Program	42 nursing graduates commenced the program.
Enrolled Nurse Cadet Program	Two students commenced the program.
Growing Leaders	42 emerging leaders from BHFLHN and RSS.
Scholarships	17 Scholarships were awarded across rLHNs as part of the 2021 scholarship intake (with 15 actualised), including: <ul style="list-style-type: none">• Six Rural Undergraduates with one awarded from each LHN• One Margaret Tobin Mental Health Scholarship• 10 rLHN 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.	81% of employees had a Performance Review and Development discussion.

- BHFLHN data includes Rural Support Service.

Work health, safety and return to work programs

Program name	Performance
Workers Compensation overall claim numbers	23% decrease (77 to 59) in claims lodged compared with 2019/20, with a reduction of 34% of new claims per 1,000 FTE.
Psychological Claims	40% decrease (15 to 9) in psychological claims lodged compared with 2019/20, with 8 of the claims rejected as they did not meet provisions of the Return to Work Act, 2014.
Musculoskeletal Claims	30% decrease (44 to 31) in musculoskeletal claims lodged compared with 2019/20.

- BHFLHN data includes Rural Support Service.

Workplace injury claims	Current year 2021-22	Past year 2020-21	% Change (+ / -)
Total new workplace injury claims	59	77	-23.4%
Fatalities	0	0	0.0%
Seriously injured workers*	0	0	0.0%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	14.74	22.99	-35.9%

- BHFLHN data includes Rural Support Service.

* 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)

Work health and safety regulations	Current year 2021-22	Past year 2020-21	% Change (+ / -)
Number of notifiable incidents (<i>Work Health and Safety Act 2012, Part 3</i>)	4	4	0.0%
Number of provisional improvement, improvement and prohibition notices (<i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i>)	0	0	0.0%

- BHFLHN data includes Rural Support Service.

Return to work costs**	Current year 2021-22	Past year 2020-21	% Change (+ / -)
Total gross workers compensation expenditure (\$)	\$1383,410	\$1,024,204	+35.1%
Income support payments – gross (\$)	655,676	\$467,655	+40.2%

- BHFLHN data includes Rural Support Service.

**before third party recovery

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/barossa-hills-fleurieu-local-health-network-bhflhn>

Executive employment in the agency

Executive classification	Number of executives
Executive Level C	1
SAES1	3

- BHFLHN data includes Rural Support Service.

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/barossa-hills-fleurieu-local-health-network-bhflhn>

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

The following is a brief summary of the overall financial position of the agency. The information is unaudited. Full audited financial statements for 2021-2022 are attached to this report.

Statement of Comprehensive Income	2021-22 Budget \$000s	2021-22 Actual \$000s	Variation \$000s	Past year 2020-21 Actual \$000s
Total Income	351 785	345 726	(6 059)	319 179
Total Expenses	337 988	355 648	(17 660)	297 248
Net Result	13 797	(9 922)	(23 719)	21 931
Total Comprehensive Result	13 797	(9 922)	(23 719)	21 931

Statement of Financial Position	2021-22 Budget \$000s	2021-22 Actual \$000s	Variation \$000s	Past year 2020-21 Actual \$000s
Current assets	-	44 472	-	46 651
Non-current assets	-	152 625	-	158 872
Total assets	-	197 097	-	205 523
Current liabilities	-	75 908	-	57 162
Non-current liabilities	-	37 222	-	37 383
Total liabilities	-	113 130	-	94 545
Net assets	-	83 967	-	110 978
Equity	-	83 967	-	110 978

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	\$47,696

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

- BHFLHN data includes Rural Support Service.

Consultancies	Purpose	\$ Actual payment
Destravis Australia Pty Ltd	Development of BHFLHN Clinical Service Plan 2021-2035	\$121,713
Ernst & Young	Development of new legislative, financial, workforce, governance and risk structures for the RSS	\$117,800
Zed Management Consulting	Development of the RSS strategic plan	\$74,075
BDO Services Pty Ltd	GP Database	\$56,887
Pricewaterhousecoopers Indigenous Consulting Pty Ltd	Rural Aboriginal health workforce project	\$56,585
Aginic Holdings Pty Ltd	Data warehouse review and strategic plan	\$50,000
Health Q Consulting	Evaluation of the Rural Health Workforce Strategy	\$48,500
Health Q Consulting	Development of a model and business case for the payment of Allied Health Attraction/Retention Allowance in rLHNs	\$48,000
Zed Management Consulting	Rural GP Negotiations - project closure review	\$47,160
Zed Management Consulting	Development of BHFLHN operational plan	\$44,575
BDO Advisory (Sa) Pty Ltd	Rural Support Service structure review	\$41,000
Leadershp Pty Ltd	Development of BHFLHN Strategic Plan and	\$39,540

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2021-22 ANNUAL REPORT for the Barossa Hills Fleurieu Local Health Network

Consultancies	Purpose	\$ Actual payment
	clinician and workforce engagement strategy	
BDO Advisory (Sa) Pty Ltd	Indemnity Insurance grant modelling	\$36,425
BDO Advisory (Sa) Pty Ltd	Build Medical Indemnity Insurance calculation methodology tool	\$30,238
Power Solutions Dtd Pty Ltd	Aged care costing study	\$27,544
Jucaro Pty Ltd	Facilitator for GP fee for service negotiation	\$22,000
Destravis Australia Pty Ltd	RSS Paediatrician outpatient planning	\$19,890
Standards Wise Australia	Consultancy support	\$18,941
Stewartbrown	Aged care reform project	\$18,591
Flinders University	Allied and scientific health clinical leadership model	\$18,000
BDO Advisory (Sa) Pty Ltd	GP fee for service costing review	\$16,399
Board Accord	BHFLHN Board review	\$16,000
BDO Services Pty Ltd	Undertake a review and provide a proposal regarding office accommodation at Mt Barker DSM Hospital	\$15,000
Johnstaff Advisory Pty Ltd	Kangaroo Island birthing review	\$12,600
	Total	\$1,045,159

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/barossa-hills-fleurieu-local-health-network-bhflhn>

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	\$95,170

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

- BHFLHN data includes Rural Support Service.

Contractors	Purpose	\$ Actual payment
Lancasters Aus Pty Ltd	Cleaning and Maintenance contract staff	\$422,967
S.E.M. Traffic Control Pty Ltd	Traffic Control - COVID Clinic	\$380,762
Victoria Road Medical Clinic	Chief Obstetric Consultant	\$144,673
Flinders University	E-Health Research - A/Prof N Bidargaddi Parameshwar	\$103,000
Boandik Lodge Inc	Transition Care Program	\$54,800
Christine Dennis	Safety, Quality and Risk Services	\$54,625
FBE Pty Ltd	Provision of Biomedical Technician	\$47,943
Trimast Pty Ltd	Provision of Executive Operations Leadership including incident command (Emergency Management)	\$40,680
The Clare Medical Service Trust	Anaesthetics expertise - Dr P Gribble	\$35,419

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2021-22 ANNUAL REPORT for the Barossa Hills Fleurieu Local Health Network

Contractors	Purpose	\$ Actual payment
Resthaven Inc	Country Transitional Care Program	\$30,490
Elizabeth Pengilly	Services provided for Barossa Hills Fleurieu Region Community Health Clients	\$24,456
Matthew Flinders Home Inc	Transitional Care Packages	\$21,920
Avancii	Services provided to Barossa Hills Fleurieu Region	\$18,900
Hyunjin Kim	Administration Services	\$17,373
Catherine King	Clinical Nurse	\$16,878
Michael Beckoff	Clinical Advisor	\$14,947
People Vision Pty Ltd	Claims Management Service	\$11,987
Celeste Schammer	Dietetic Services	\$11,814
Aurora Meliora Pty Ltd	Provision of strategic organisational development advice, coaching and facilitation	\$11,484
	Total	\$1,560,288

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/barossa-hills-fleurieu-local-health-network-bhflhn>

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.](#)

Other financial information

Nil.

The Other information

Nil.

Risk management

Risk and audit at a glance

BHFLHN has an established 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).

Fraud detected in the agency

Category/nature of fraud	Number of instances
Nil.	

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:

- 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, organisation finance are reviewed monthly at multiple levels including Executive Committee and Finance and Business Development Committee.
- The Finance and Business Development Committee 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.

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/barossa-hills-fleurieu-local-health-network-bhflhn>

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

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/barossa-hills-fleurieu-local-health-network-bhflhn>

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 released the BHFLHN Consumer and Community (CCE) Strategy 2022 – 2025 (the Strategy).
- The Strategy was developed in consultation with the community and staff, including online surveys and most successfully, First Nations Yarning Circles.
- This strategy speaks to people from all backgrounds, but particularly Aboriginal and Torres Strait Islander people, and it replaces the former Country Health SA Aboriginal Community and Consumer Engagement Strategy.
- BHFLHN actively encourages consumer and carer engagement and seeks feedback from consumers and carers about the services that we provide.
- While respecting consumer choice, 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 wellbeing. 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 wellbeing is also acknowledged and catered for. An example of this is 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 sites ensure support when requiring access to external providers to assist with care provision or advocacy.
- Where the carer of a consumer identifies as Aboriginal or Torres Strait Islander, resources are allocated to ensure consumers feel culturally safe. Staff are provided with cultural safety training which is mandatory, ensuring appropriate recognition and response in health service delivery.
- BHFLHN is particularly interested in health care environments and how consumers and their carers interact with these spaces. BHFLHN continues to engage with Dementia Support Australia in order to provide holistic consumer centred care, which is also culturally safe for all, ensuring all are able to reach their full potential to contribute to the community and feel valued as an individual.
- BHFLHN has a staff orientation and induction program and a mandatory staff training program that ensures staff are educated about the Carers Charter.
- BHFLHN regularly consults with Health Advisory Councils and other representative groups when developing services and programs that affect consumers or carers.

Public complaints

Number of public complaints reported

Complaint categories	Sub-categories	Example	Number of Complaints 2021-22
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency	54
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided	8
Professional behaviour	Staff knowledge	Lack of service specific knowledge; incomplete or out-of-date knowledge	6
Communication	Communication quality	Inadequate, delayed or absent communication with customer	20
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly	8
Service delivery	Systems/technology	System offline; inaccessible to customer; incorrect result/information provided; poor system design	0
Service delivery	Access to services	Service difficult to find; location poor; facilities/ environment poor standard; not accessible to customers with disabilities	25
Service delivery	Process	Processing error; incorrect process used; delay in processing application; process not customer responsive	4
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

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2021-22 ANNUAL REPORT for the Barossa Hills Fleurieu Local Health Network

Complaint categories	Sub-categories	Example	Number of Complaints 2021-22
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	0
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	2
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security service/ premises; poor cleanliness	17
Service quality	Service responsiveness	Service design doesn't meet customer needs; poor service fit with customer expectations	25
Corporate Services		Administrative services; lost property; grounds; car parking; leisure and lifestyle	28
Treatment		Coordination of treatment; inadequate treatment	128
Cost		Billing practices; information; overcharging	10
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate	17
		Total	352

- BHFLHN data includes RSS and Rural and Remote Mental Health Service

Additional Metrics	Total
Number of positive feedback comments	576
Number of negative feedback comments	352
Total number of feedback comments	957
% complaints resolved within policy timeframes	64.01%

- BHFLHN data includes Rural Support Service and Rural and Remote Mental Health Service and BHFLHN Community Mental Health.

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/barossa-hills-fleurieu-local-health-network-bhflhn>

Service Improvements

Improvements that have occurred following complaints or consumer suggestions include:

- Improved processes to check and monitor aids for daily living.
- Increased completion of medical record forms recording consumer valuables on presentation/admission.
- Planned for Maggie Beer Foundation program implementation.
- Provided regular training to staff at COVID-19 testing sites about swabbing techniques.
- Collaborated with Dementia Australia to increase capacity of staff to positively intervene with consumers living with dementia to improve/enrich daily life and activities.
- Increased cleaning schedule for consumer private spaces with regular audits.
- Reviewed and reduced documentation required at COVID-19 testing sites.
- Improved signage of waste containers for specific items e.g. rubbish bins for face masks.
- Installation of heaters in consumer bathrooms.
- Changed menu choices.
- Added hot breakfast menu items.
- Amended process for after hours recording of consumer appointments.
- Launched and implemented the BHFLHN Connecting with Purpose framework.
- Provision of Speaking Up for Safety™ program facilitated by Cognitive Institute.

Compliance Statement

Barossa Hills Fleurieu Local Health Network is compliant with Premier and Cabinet Circular 039 – complaint management in the South Australian public sector	Y
Barossa Hills Fleurieu Local Health Network has communicated the content of PC 039 and the agency's related complaints policies and procedures to employees.	Y

Appendix:

Appendix A – Audited Financial Statements 2021-22

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Government of South Australia

Auditor-General's Department

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www.audit.sa.gov.au

Our ref: A22/034

Ms C Gaston
Board Chair
Barossa Hills Fleurieu Local Health Network Incorporated
PO Box 42
MOUNT BARKER SA 5251
email: jim.hazel@sa.gov.au
health.BHFLHNCEOCorrespondence@sa.gov.au

Dear Ms Gaston

**Audit of the Barossa Hills Fleurieu Local Health Network Incorporated
for the year to 30 June 2022**

We have completed the audit of your accounts for the year ended 30 June 2022. 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 report for the 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 report.

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.

We have received a response to our letter and will follow these up in the 2022-23 audit.

I have also included summary comments about these matters in my annual report. These identify areas we assessed as not meeting a sufficient standard of financial management, accounting and control.

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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.

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

Yours sincerely

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

Andrew Richardson

Auditor-General

20 September 2022

enc

INDEPENDENT AUDITOR'S REPORT



Government of South Australia
Auditor-General's Department

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To the Board Chair Barossa Hills Fleurieu Local Health Network Incorporated

Opinion

I have audited the financial report of the 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 2022.

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 2022, their financial performance and their 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 2022
- a Statement of Financial Position as at 30 June 2022
- a Statement of Changes in Equity for the year ended 30 June 2022
- a Statement of Cash Flows for the year ended 30 June 2022
- notes, comprising material accounting policies and other explanatory information
- a Certificate from the Board Chair, the Chief Executive Officer and the Executive Director Finance.

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 the 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 issues under the provisions of the *Public Finance and Audit Act 1987* and the 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 is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Chief Executive Officer is responsible for assessing the entity's and consolidated entity's ability to continue as a going concern, taking into account any policy or funding decisions the government has made which affect the continued existence of the entity. The Chief Executive Officer is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the assessment indicates that it is not appropriate.

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* and section 36(2) of the *Health Care Act 2008*, I have audited the financial report of the Barossa Hills Fleurieu Local Health Network Incorporated and its controlled entities for the financial year ended 30 June 2022.

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 internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Chief Executive Officer
- conclude on the appropriateness of the Chief Executive Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify the opinion. My conclusion is based on the audit evidence obtained up to the date of the auditor's report. However, future events or conditions may cause an entity to cease to continue as a going concern
- 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 and the Board 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.



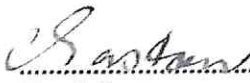


Andrew Richardson
Auditor-General

20 September 2022

**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	Rebecca Graham Chief Executive Officer	Rose Dickinson Executive Director Finance

Date: 14 September 2022

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
STATEMENT OF COMPREHENSIVE INCOME
For the period ended 30 June 2022

		Consolidated		Parent	
	Note	2022 \$'000	2021 \$'000	2022 \$'000	2021 \$'000
Income					
Revenues from SA Government	2	255,837	236,370	255,837	236,370
Fees and charges	3	18,677	18,262	18,677	18,262
Grants and contributions	4	34,824	32,843	35,111	33,049
Interest		79	162	58	94
Resources received free of charge	5	3,204	3,196	3,134	3,046
Other revenues/income	7	33,105	28,346	32,921	28,056
Total income		345,726	319,179	345,738	318,877
Expenses					
Staff benefits expenses	8	203,466	176,606	203,466	176,606
Supplies and services	9	140,770	109,676	140,754	109,672
Depreciation and amortisation	16,17	9,229	8,808	4,619	4,443
Grants and subsidies	10	360	426	288	297
Borrowing costs	20	32	43	32	43
Net loss from disposal of non-current and other assets	6	-	14	-	14
Impairment loss on receivables	13.1	(135)	814	(135)	814
Other expenses	11	1,926	861	18,804	2,197
Total expenses		355,648	297,248	367,828	294,086
Net result		(9,922)	21,931	(22,090)	24,791
Total comprehensive result		(9,922)	21,931	(22,090)	24,791

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
As at 30 June 2022

		Consolidated		Parent	
	Note	2022	2021	2022	2021
		\$'000	\$'000	\$'000	\$'000
Current assets					
Cash and cash equivalents	12	17,079	18,238	14,705	16,929
Receivables	13	4,272	4,732	4,384	4,749
Other financial assets	14	21,945	22,578	16,981	16,461
Inventories	15	1,176	1,103	1,176	1,103
Total current assets		44,472	46,651	37,246	39,242
Non-current assets					
Receivables	13	1,084	756	1,084	756
Property, plant and equipment	16,17	151,541	158,116	74,621	77,865
Total non-current assets		152,625	158,872	75,705	78,621
Total assets		197,097	205,523	112,951	117,863
Current liabilities					
Payables	19	16,037	8,596	14,630	8,596
Financial liabilities	20	1,075	1,106	1,075	1,106
Staff benefits	21	29,130	24,912	29,130	24,912
Provisions	22	1,608	1,522	1,608	1,522
Contract liabilities and other liabilities	23	28,058	21,026	28,058	21,026
Total current liabilities		75,908	57,162	74,501	57,162
Non-current liabilities					
Payables	19	1,259	1,268	1,259	1,268
Financial liabilities	20	1,390	2,117	1,390	2,117
Staff benefits	21	30,319	31,992	30,319	31,992
Provisions	22	4,254	2,006	4,254	2,006
Total non-current liabilities		37,222	37,383	37,222	37,383
Total liabilities		113,130	94,545	111,723	94,545
Net assets		83,967	110,978	1,228	23,318
Equity					
Retained earnings		61,030	84,679	1,228	23,318
Asset revaluation surplus		22,937	26,299	-	-
Total equity		83,967	110,978	1,228	23,318

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 period ended 30 June 2022

CONSOLIDATED

	Note	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2020		26,299	62,748	89,047
Net result for 2020-21		-	21,931	21,931
Total comprehensive result for 2020-21		-	21,931	21,931
Balance at 30 June 2021		26,299	84,679	110,978
Net result for 2021-22		-	(9,922)	(9,922)
Total comprehensive result for 2021-22		-	(9,922)	(9,922)
Transfer between equity components		(3,362)	3,362	-
Transactions with SA Government as owner				
Net assets transferred out as a result of an administrative restructure	1.6	-	(17,089)	(17,089)
Balance at 30 June 2022		22,937	61,030	83,967

PARENT

	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2020	-	(1,473)	(1,473)
Net result for 2020-21	-	24,791	24,791
Total comprehensive result for 2020-21	-	24,791	24,791
Balance at 30 June 2021	-	23,318	23,318
Net result for 2021-22	-	(22,090)	(22,090)
Total comprehensive result for 2021-22	-	(22,090)	(22,090)
Balance at 30 June 2022	-	1,228	1,228

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 period ended 30 June 2022

	Note	Consolidated		Parent	
		2022	2021	2022	2021
		\$'000	\$'000	\$'000	\$'000
Cash flows from operating activities					
Cash inflows					
Receipts from SA Government		238,110	223,128	238,110	223,128
Fees and charges		19,015	15,818	20,327	15,817
Grants and contributions		35,463	33,584	35,750	33,790
Interest received		54	130	46	92
Residential aged care bonds received		8,962	4,979	8,962	4,979
GST recovered from ATO		7,569	6,074	7,569	6,074
Other receipts		513	598	329	309
Cash generated from operations		309,686	284,311	311,093	284,189
Cash outflows					
Staff benefits payments		(197,987)	(176,528)	(197,987)	(176,528)
Payments for supplies and services		(101,278)	(87,723)	(102,670)	(87,568)
Payments of grants and subsidies		(368)	(437)	(296)	(308)
Interest paid		(31)	(41)	(31)	(41)
Residential aged care bonds refunded		(5,909)	(5,827)	(5,909)	(5,827)
Other payments		(796)	(384)	(796)	(384)
Cash used in operations		(306,369)	(270,940)	(307,689)	(270,656)
Net cash provided by operating activities		3,317	13,371	3,404	13,533
Cash flows from investing activities					
Cash inflows					
Proceeds from sale/maturities of investments		1,967	31	631	-
Cash generated from investing activities		1,967	31	631	-
Cash outflows					
Purchase of property, plant and equipment		(3,933)	(765)	(3,934)	(765)
Purchase of investments		(1,320)	(1,275)	(1,150)	(1,225)
Cash used in investing activities		(5,253)	(2,040)	(5,084)	(1,990)
Net cash provided by/(used in) investing activities		(3,286)	(2,009)	(4,453)	(1,990)
Cash outflows					
Cash transferred as a result of restructuring activities		(15)	-	-	-
Repayment of lease liabilities		(1,175)	(1,193)	(1,175)	(1,193)
Cash used in financing activities		(1,190)	(1,193)	(1,175)	(1,193)
Net cash provided by/(used in) financing activities		(1,190)	(1,193)	(1,175)	(1,193)
Net increase/(decrease) in cash and cash equivalents		(1,159)	10,169	(2,224)	10,350
Cash and cash equivalents at the beginning of the period		18,238	8,069	16,929	6,579
Cash and cash equivalents at the end of the period	12	17,079	18,238	14,705	16,929
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 period ended 30 June 2022

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
- 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, located at Gumeracha and Mount Pleasant
- Strathalbyn & District Aged Care Facility
- Barossa Hills Fleurieu Kangaroo Island Community Health Service
- Rural and Remote Mental Health
- Rural Support Service

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.

Incorporated HACs and GFTs are separate reporting entities within our health service. Since 2008 the Hospital has hosted a number of 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 Inc Gift Fund Trust. These HACs are now incorporated and the transfer of their net assets to the respective Local Health Network is at various stages of completion. Refer to notes 1.6 and 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 period ended 30 June 2022

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 and Kangaroo Island regions. 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 and Kangaroo Island regions. In addition, some services are provided at a state wide level, for example the Rural and Remote Health Service and the Rural Support Service.

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.

The Hospital has early adopted AASB 2021-2 Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definition of Accounting Estimates which clarifies the requirements for disclosure of material accounting policy information and clarifies the distinction between accounting policies and accounting estimates. There has been no impact on the Hospital's financial statements.

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 2022, the Hospital had working capital deficiency of \$31.436 million (\$10.511 million). The SA Government is committed and has consistently demonstrated a commitment to ongoing funding of the Hospital to enable it to perform its functions. This ongoing commitment is ultimately outlined in the annually produced and published State Budget Papers which presents the SA Government's current and estimated future economic performance, including forward estimates of revenue, expenses and performance by Agency.

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 period ended 30 June 2022

1.6 Changes to reporting entity

Administrative Restructure - Transferred Out

2021-22

On 27 May 2021 the Minister declared the incorporation of Far North Health Advisory Council, Port Lincoln Health Advisory Council, Hawker District Memorial Health Advisory Council, Port Augusta, Roxby Downs, Woomera Health Advisory Council, Quorn Health Services Health Advisory Council, The Whyalla Hospital and Health Services Health Advisory Council, Port Pirie Health Service Advisory Council and Southern Flinders Ranges Health Advisory Council. These were previously unincorporated HACs with their net assets vested in Country Health Gift Fund Health Advisory Council Inc and its associated GFT and reported as part of the Hospital.

Net assets transferred out from the consolidated entity consist of land and buildings (\$15.668 million) and cash (\$0.015 million). In addition, the Hospital is reporting a payable of \$1.406 million of the balances held in GFT bank accounts, the control of which has passed to the newly incorporated entities, but the physical transfer of cash will occur in 2022-23.

The transfer of the net assets of the GFTs associated with Far North Health Advisory Council, Port Lincoln Health Advisory Council and The Whyalla Hospital and Health Services Health Advisory Council is expected to be finalised in 2022-23. These net assets remain reported as part of the Hospital.

Leigh Creek Health Advisory Council elected to not be incorporated and was dissolved effective 23 June 2022

2020-21

There were no administrative restructures during this period.

1.7 Impact of COVID-19 pandemic on the Hospital

The COVID-19 pandemic continues to have an impact on the Hospital's operations. This includes an increase in costs associated with COVID capacity and preparation, the readiness of COVID-19 testing clinics, establishment of vaccine clinics, increased demand for personal protective equipment, increased staffing costs (including agency) to ensure necessary compliance measures are followed. Net COVID-19 specific costs for the Hospital was \$24.816 million (\$7.049 million).

1.8 Changes in accounting policy

The Hospital did not change any of its accounting policies during the year.

2. Revenues from SA Government

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Capital projects funding	19,048	17,069	19,048	17,069
Operational funding	236,789	219,301	236,789	219,301
Total revenues from SA Government	255,837	236,370	255,837	236,370

The Department provides recurrent and capital funding under a service 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.

3. Fees and charges

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Commissions revenue	2	-	2	-
Patient and client fees	3,805	4,117	3,805	4,117
Private practice fees	483	504	483	504
Fees for health services	3,520	3,712	3,520	3,712
Residential and other aged care charges	5,746	5,274	5,746	5,274
Sale of goods - medical supplies	1,995	1,485	1,995	1,485
Other user charges and fees	3,126	3,170	3,126	3,170
Total fees and charges	18,677	18,262	18,677	18,262

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2022

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. All contracts with customers recognised goods and services transferred at a point in time, when 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). Similarly, if the Hospital satisfies a performance obligation before it receives the consideration, the Hospital recognises either a contract asset or a receivable, depending on whether something other than the passage of time is required before the consideration is due (refer to note 13).

The Hospital recognises revenue (contract from customers) 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 recognised 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.

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 recognised as it's collected as per the Rights of Private Practice Agreement.

Residential and other aged care charges

Residential aged care 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. Residents 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.

Fees for health services

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. These fees can relate to the recharge of salaries and wages or various goods and services. Revenue is recognised on a time-and-material basis as provided. Any amounts remaining unpaid at the end of the reporting period are treated as an accounts receivable.

4. Grants and contributions

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Commonwealth grants and donations	20,217	19,073	20,214	19,005
Commonwealth aged care subsidies	11,919	11,131	11,919	11,131
SA Government capital contributions	15	-	35	59
Other SA Government grants and contributions	180	2,226	450	2,441
Private sector capital contributions	130	-	130	-
Private sector grants and contributions	2,363	413	2,363	413
Total grants and contributions	34,824	32,843	35,111	33,049

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

Of the \$34,824 million (\$32,843 million) provided during the reporting period for grants and contributions, \$30.350 million (\$30.657 million) was provided for specific purposes such as aged care, community health services and other related health services.

5. Resources received free of charge

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Land and buildings	70	150	-	-
Plant and equipment	-	12	-	12
Services	3,134	3,034	3,134	3,034
Total resources received free of charge	3,204	3,196	3,134	3,046

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2022

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 valued at \$2.210 million (\$2.133 million) and ICT services from the Department of the Premier and Cabinet (DPC) valued at \$0.924 million (\$0.901 million).

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 and community advocacy.

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

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Plant and equipment:				
Proceeds from disposal	-	-	-	-
Less carrying amount of assets disposed	-	(14)	-	(14)
Net gain/(loss) from disposal of plant and equipment	-	(14)	-	(14)

Gains or losses on disposal are recognised at the date control of the asset is passed from the Hospital and are determined after deducting the carrying amount of the asset from the proceeds at that time. When revalued assets are disposed, the revaluation surplus is transferred to retained earnings.

7. Other revenues/income

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Donations	253	422	82	145
Health recoveries	32,604	27,771	32,604	27,771
Insurance recoveries	12	12	12	12
Other	236	141	223	128
Total other revenues/income	33,105	28,346	32,921	28,056

8. Staff benefits expenses

	Note	Consolidated		Parent	
		2022	2021	2022	2021
		\$'000	\$'000	\$'000	\$'000
Salaries and wages		162,325	143,491	162,325	143,491
Targeted voluntary separation packages	8.5	304	522	304	522
Long service leave		1,578	1,837	1,578	1,837
Annual leave		16,287	13,289	16,287	13,289
Skills and experience retention leave		923	764	923	764
Staff on-costs - superannuation*		18,021	15,110	18,021	15,110
Workers compensation		3,749	1,312	3,749	1,312
Board and committee fees		279	217	279	217
Other staff related expenses		-	64	-	64
Total staff benefits expenses		203,466	176,606	203,466	176,606

* 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.

8.1 Key Management Personnel

Key management personnel (KMP) of the consolidated and parent entity includes the Minister, the seven (seven) members of the Governing Board, the Chief Executive of the Department, the Chief Executive Officer of the Hospital and the thirteen (eleven) members of the Executive Management Group.

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

- The Minister for Health and Wellbeing. 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

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
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- 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	2022 \$'000	2021 \$'000
Salaries and other short term employee benefits	3,442	2,964
Post-employment benefits	457	366
Other long-term employment benefits	1	-
Total	3,900	3,330

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.

8.2 Remuneration of Boards and Committees

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

	2022 No. of Members	2021 No. of Members
\$0 - \$20,000	4	11
\$20,001 - \$40,000	5	4
\$40,001 - \$60,000	2	1
Total	11	16

The total remuneration received or receivable by members was \$0.281 million (\$0.207 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 related fringe benefits tax. 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.

8.3 Remuneration of staff

The number of staff whose remuneration received or receivable falls within the following bands:

	Consolidated		Parent	
	2022 Number	2021 Number	2022 Number	2021 Number
\$154,001 - \$157,000*	n/a	2	n/a	2
\$157,001 - \$177,000	20	14	20	14
\$177,001 - \$197,000	4	5	4	5
\$197,001 - \$217,000	4	2	4	2
\$217,001 - \$237,000	4	2	4	2
\$237,001 - \$257,000	1	3	1	3
\$257,001 - \$277,000	1	2	1	2
\$277,001 - \$297,000	2	2	2	2
\$297,001 - \$317,000	5	3	5	3
\$317,001 - \$337,000	1	2	1	2
\$337,001 - \$357,000	1	5	1	5
\$357,001 - \$377,000	8	-	8	-
\$377,001 - \$397,000	-	3	-	3
\$397,001 - \$417,000	3	3	3	3
\$417,001 - \$437,000	3	4	3	4
\$437,001 - \$457,000	2	1	2	1
\$477,001 - \$497,000	3	1	3	1
\$497,001 - \$517,000	1	2	1	2
\$517,001 - \$537,000	1	-	1	-
\$537,001 - \$557,000	1	-	1	-
\$577,001 - \$597,000	1	1	1	1
\$597,001 - \$617,000	-	1	-	1
\$617,001 - \$637,000	1	-	1	-
\$637,001 - \$657,000	1	-	1	-
\$657,001 - \$677,000	-	1	-	1
\$697,001 - \$717,000	1	-	1	-

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2022

	Consolidated		Parent	
	2022	2021	2022	2021
	Number	Number	Number	Number
The number of staff whose remuneration received or receivable falls within the following bands:				
\$717,001 - \$737,000	-	1	-	1
Total number of staff	69	60	69	60

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 related fringe benefits tax. This does not include any offsets or recharges to other entities.

*The \$154,001 to \$157,000 band has been included for the purposes of reporting comparative figures based on the executive base level remuneration rate for 2020-21.

8.4 Remuneration of staff by classification

The total remuneration received by staff included above:

	Consolidated				Parent			
	2022		2021		2022		2021	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Executive	4	884	3	687	4	884	3	687
Medical (excluding Nursing)	48	17,182	40	14,481	48	17,182	40	14,481
Non-medical (i.e. administration)	3	500	4	883	3	500	4	883
Nursing	14	2,404	13	2,154	14	2,404	13	2,154
Total	69	20,970	60	18,205	69	20,970	60	18,205

8.5 Targeted voluntary separation packages

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Amount paid/payable to separated staff:				
Targeted voluntary separation packages	304	522	304	522
Leave paid/payable to separated employees	200	192	200	192
Net cost to the Hospital	504	714	504	714

The number of staff who received a TVSP during the reporting period	4	5	4	5
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9. Supplies and services

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Administration	3,599	512	3,598	511
Advertising	637	429	637	429
Communication	2,295	1,817	2,295	1,817
Computing	5,190	3,135	5,190	3,135
Consultants	1,045	353	1,045	353
Contract of services	8,951	8,604	8,951	8,604
Contractors	1,561	1,151	1,561	1,151
Contractors - agency staff	16,963	11,205	16,963	11,205
Drug supplies	2,453	3,084	2,453	3,084
Electricity, gas and fuel	1,799	1,767	1,799	1,767
Fee for service ⁽¹⁾	27,334	22,987	27,334	22,987
Food supplies	2,695	2,390	2,695	2,390
Housekeeping	2,218	2,111	2,218	2,111
Insurance	2,360	2,621	2,358	2,621
Internal SA Health SLA payments	1,595	1,556	1,595	1,556
Legal	64	32	64	32
Medical, surgical and laboratory supplies	21,240	14,112	21,240	14,112
Minor equipment	2,741	1,951	2,737	1,951
Motor vehicle expenses	658	601	658	601
Occupancy rent and rates ⁽²⁾	893	1,471	891	1,471
Patient transport ⁽³⁾	12,667	13,291	12,667	13,291
Postage	720	614	720	614
Printing and stationery	1,051	930	1,051	930
Repairs and maintenance	6,937	5,477	6,934	5,476

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	Consolidated		Parent	
	2022	2021	2022	2021
Security	1,978	685	1,978	685
Services from Shared Services SA	2,252	2,153	2,252	2,153
Short term lease expense	588	230	588	230
Training and development	4,974	1,755	4,974	1,755
Travel expenses	901	825	901	825
Other supplies and services	2,411	1,827	2,407	1,825
Total supplies and services	140,770	109,676	140,754	109,672

- (1) Fee for Service primarily relates to medical services provided by doctors not employed by the Hospital.
- (2) Part of the Hospital's accommodation is provided by the Department for Infrastructure and Transport (DIT) under a Memorandum of Administrative Arrangement issued in accordance with Government wide accommodation policies, these arrangements do not meet the definition of a lease and accordingly are disclosed within Occupancy rent and rates.
- (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) and leases for which the underlying asset is low value (less than \$15,000) 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				Parent			
	2022		2021		2022		2021	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Below \$10,000	9	48	2	3	9	48	2	3
Above \$10,000	24	997	6	350	24	997	6	350
Total	33	1,045	8	353	33	1,045	8	353

10. Grants and subsidies

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Subsidies	2	2	2	2
Funding to non-government organisations	286	295	286	295
Other	72	129	-	-
Total grants and subsidies	360	426	288	297

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.

11. Other expenses

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Debts written off	466	79	466	79
Bank fees and charges	12	12	12	12
Donated assets expense	1,179	518	18,057	1,854
Other*	269	252	269	252
Total other expenses	1,926	861	18,804	2,197

Donated assets expense includes transfer of buildings and improvements and plant and equipment and is recorded as expenditure at their fair value. For the Parent donated assets for 2022 relate to the transfer of completed works in progress to the HAC asset class and the Central Adelaide Local Health Network (CALHN). The transfers to HAC eliminate on consolidation. Refer to note 17 for further details.

* Includes Audit fees paid/payable to the Auditor-General's Department relating to work performed under the *Public Finance and Audit Act* of \$0.114 million (\$0.119 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 \$0.043 million (\$0.050 million) for audits of the HACs and aged care.

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12. Cash and cash equivalents

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Cash at bank or on hand	5,241	2,045	2,867	736
Deposits with Treasurer: general operating	11,825	16,183	11,825	16,183
Deposits with Treasurer: special purpose funds	13	10	13	10
Total cash and cash equivalents	17,079	18,238	14,705	16,929

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 \$17.079 million (\$18.238 million) held, \$2.407 million (\$0.000 million) relates to aged care refundable deposits.

13. Receivables

Current	Note	Consolidated		Parent	
		2022	2021	2022	2021
		\$'000	\$'000	\$'000	\$'000
Patient/client fees: compensable		129	237	129	237
Patient/client fees: aged care		866	688	866	688
Patient/client fees: other		452	585	452	585
Debtors		1,092	1,889	1,093	1,890
Less: allowance for impairment loss on receivables	13.1	(1,019)	(1,154)	(1,019)	(1,154)
Prepayments		284	401	284	401
Interest		27	16	23	12
Grants		109	-	109	-
Workers compensation provision recoverable		576	445	576	445
Sundry receivables and accrued revenue		1,520	1,456	1,634	1,476
GST input tax recoverable		236	169	237	169
Total current receivables		4,272	4,732	4,384	4,749
Non-current					
Debtors		104	39	104	39
Workers compensation provision recoverable		980	717	980	717
Total non-current receivables		1,084	756	1,084	756
Total receivables		5,356	5,488	5,468	5,505

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 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 an allowance matrix as a practical expedient to measure the impairment provision.

Movement in the allowance for impairment loss on receivables:

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	1,154	340	1,154	340
Increase/(Decrease) in allowance recognised in profit or loss	(135)	814	(135)	814
Carrying amount at the end of the period	1,019	1,154	1,019	1,154

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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 and parent entity holds term deposits of \$21.945 million (\$22.578 million) and \$16.981 million (\$16.461 million) respectively. Of these deposits \$15.636 million (\$14.997 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	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Drug supplies	346	400	346	400
Medical, surgical and laboratory supplies	693	579	693	579
Food and hotel supplies	110	101	110	101
Engineering supplies	1	1	1	1
Other	26	22	26	22
Total current inventories - held for distribution	1,176	1,103	1,176	1,103

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

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.

Depreciation and amortisation are calculated on a straight line basis. Property, plant and equipment depreciation and amortisation are 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	2 - 5
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	2 - 3

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).

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Revaluation of non-current assets or a group of assets is only performed when the owned asset's fair value at the time of acquisition is greater than \$1.5 million and the estimated useful life exceeds three years. Revaluations are undertaken on a regular cycle. Non-current tangible assets that are acquired between revaluations are held at cost until the next valuation, where they are revalued to fair value. If at any time management considers that the carrying amount of an asset greater than \$1.5 million materially differs from its fair value, then the asset will be revalued regardless of when the last revaluation took place.

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 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 for property, plant and equipment as at 30 June 2022.

16.5 Land and buildings

An independent valuation of land and buildings owned by the Hospital was performed in March 2018, within the regular valuation cycle, by a certified practising valuer from AssetVal as at June 2018. Consistent with *Treasurer's Instructions*, a public authority must at least every 6 years obtain a valuation appraisal from a qualified valuer, the timing and process of which will be considered in the 2022-23 financial year.

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 by applying an adjustment to reflect the restriction.

Fair value of buildings and other land was determined using depreciated replacement cost due to there not being an active market. The depreciated replacement cost considered the need for ongoing provision of government services; specialised nature and 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.

16.6 Plant and equipment

The value of plant and equipment has not been revalued and in accordance with APS 116D the carrying value is deemed to approximate fair value. These assets are classified in Level 3 as there have been no subsequent adjustments to their value, except for management assumptions about the asset condition and remaining useful life.

16.7 Leased property, plant and equipment

Right-of-use assets (including concessional arrangements) leased by the Hospital as lessee are measured at cost and there were no indications of impairment. Short-term leases of 12 months or less and low value leases, where the underlying asset value is less than \$15,000 are not recognised as right-of-use assets. The associated lease payments are recognised as an expense and disclosed in note 9.

The Hospital has a number of lease agreements including concessional. 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.
- 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.

The lease liabilities related to the right-of-use assets (and the maturity analysis) are disclosed at note 20. Expenses related to right-of-use assets including depreciation and interest expense are disclosed at note 17 and 20. Cash outflows related to right-of-use assets are disclosed at note 24.

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17. Reconciliation of property, plant and equipment

The following table shows the movement:

Consolidated

2021-22

	Land and buildings:			Plant and equipment:						Total \$'000
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Accommod- ation and Leasehold improve- ments \$'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	
Carrying amount at the beginning of the period	13,611	120,189	2,362	16,667	271	2,085	1,633	771	527	158,116
Additions	-	-	-	17,304	-	889	-	389	821	19,403
Assets received free of charge	-	70	-	-	-	-	-	-	-	70
Disposals	-	-	-	-	-	-	-	(5)	-	(5)
Donated assets disposal	-	-	-	(1,179)	-	-	-	-	-	(1,179)
Acquisition / (disposal) through administrative restructuring	(790)	(14,878)	-	-	-	-	-	-	-	(15,668)
Transfers between asset classes	-	20,288	-	(20,257)	-	16	-	-	(47)	-
Remeasurement	-	-	33	-	-	-	-	-	-	33
Subtotal:	12,821	125,669	2,395	12,535	271	2,990	1,633	1,155	1,301	160,770
Gains/(losses) for the period recognised in net result:										
Depreciation and amortisation	-	(6,813)	(677)	-	(105)	(868)	(265)	(501)	-	(9,229)
Subtotal:	-	(6,813)	(677)	-	(105)	(868)	(265)	(501)	-	(9,229)
Carrying amount at the end of the period*	12,821	118,856	1,718	12,535	166	2,122	1,368	654	1,301	151,541
Gross carrying amount										
Gross carrying amount	12,821	139,109	3,568	12,535	367	5,247	2,171	1,397	1,301	178,516
Accumulated depreciation / amortisation	-	(20,253)	(1,850)	-	(201)	(3,125)	(803)	(743)	-	(26,975)
Carrying amount at the end of the period	12,821	118,856	1,718	12,535	166	2,122	1,368	654	1,301	151,541

*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.

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Consolidated

2020-21

	Land and buildings:		Plant and equipment:							Total \$'000
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Accommod- ation and Leasehold improve- ments \$'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	
Carrying amount at the beginning of the period	12,511	123,947	1,777	4,427	-	2,360	1,914	871	630	148,437
Additions	1,100	400	1,199	14,630	-	462	-	500	528	18,819
Assets received free of charge	-	150	-	-	-	-	-	-	12	162
Disposals	-	-	-	-	-	(9)	(5)	(6)	-	(20)
Donated assets disposal	-	-	-	-	-	(83)	-	-	(435)	(518)
Transfers between asset classes	-	2,023	-	(2,390)	367	208	-	-	(208)	-
Remeasurement	-	-	44	-	-	-	-	-	-	44
Subtotal:	13,611	126,520	3,020	16,667	367	2,938	1,909	1,365	527	166,924
Gains/(losses) for the period recognised in net result:										
Depreciation and amortisation	-	(6,331)	(658)	-	(96)	(853)	(276)	(594)	-	(8,808)
Subtotal:	-	(6,331)	(658)	-	(96)	(853)	(276)	(594)	-	(8,808)
Carrying amount at the end of the period*	13,611	120,189	2,362	16,667	271	2,085	1,633	771	527	158,116
Gross carrying amount										
Gross carrying amount	13,611	137,444	3,535	16,667	367	4,342	2,171	1,556	527	180,220
Accumulated depreciation / amortisation	-	(17,255)	(1,173)	-	(96)	(2,257)	(538)	(785)	-	(22,104)
Carrying amount at the end of the period	13,611	120,189	2,362	16,667	271	2,085	1,633	771	527	158,116

*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.

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Parent
2021-22

	Land and buildings:				Plant and equipment:					Total \$'000
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Accommod- ation and Leasehold improve- ments \$'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	
Carrying amount at the beginning of the period	4,178	49,371	2,362	16,667	271	2,085	1,633	771	527	77,865
Additions	-	-	-	17,305	-	889	-	389	821	19,404
Disposals	-	-	-	-	-	-	-	(5)	-	(5)
Donated assets disposal	-	-	-	(18,026)	-	-	-	-	(31)	(18,057)
Transfers between asset classes	-	3,411	-	(3,411)	-	16	-	-	(16)	-
Remeasurement	-	-	33	-	-	-	-	-	-	33
Subtotal:	4,178	52,782	2,395	12,535	271	2,990	1,633	1,155	1,301	79,240
Gains/(losses) for the period recognised in net result:										
Depreciation and amortisation	-	(2,203)	(677)	-	(105)	(868)	(265)	(501)	-	(4,619)
Subtotal:	-	(2,203)	(677)	-	(105)	(868)	(265)	(501)	-	(4,619)
Carrying amount at the end of the period*	4,178	50,579	1,718	12,535	166	2,122	1,368	654	1,301	74,621
Gross carrying amount										
Gross carrying amount	4,178	56,712	3,568	12,535	367	5,247	2,171	1,397	1,301	87,476
Accumulated depreciation / amortisation	-	(6,133)	(1,850)	-	(201)	(3,125)	(803)	(743)	-	(12,855)
Carrying amount at the end of the period	4,178	50,579	1,718	12,535	166	2,122	1,368	654	1,301	74,621

*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.

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Parent

2020-21

	Land and buildings:				Plant and equipment:					Total \$'000
	Land \$'000	Buildings \$'000	Right-of-use buildings \$'000	Capital works in progress land and buildings \$'000	Accommod- ation and Leasehold improve- ments \$'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	
Carrying amount at the beginning of the period	3,078	50,250	1,777	4,427	-	2,360	1,914	871	630	65,307
Additions	1,100	400	1,199	14,630	-	462	-	500	528	18,819
Assets received free of charge	-	-	-	-	-	-	-	-	12	12
Disposals	-	-	-	-	-	(9)	(5)	(6)	-	(20)
Donated assets disposal	-	-	-	(1,336)	-	(83)	-	-	(435)	(1,854)
Transfers between asset classes	-	687	-	(1,054)	367	208	-	-	(208)	-
Remeasurement	-	-	44	-	-	-	-	-	-	44
Subtotal:	4,178	51,337	3,020	16,667	367	2,938	1,909	1,365	527	82,308
Gains/(losses) for the period recognised in net result:										
Depreciation and amortisation	-	(1,966)	(658)	-	(96)	(853)	(276)	(594)	-	(4,443)
Subtotal:	-	(1,966)	(658)	-	(96)	(853)	(276)	(594)	-	(4,443)
Carrying amount at the end of the period*	4,178	49,371	2,362	16,667	271	2,085	1,633	771	527	77,865
Gross carrying amount										
Gross carrying amount	4,178	53,301	3,535	16,667	367	4,342	2,171	1,556	527	86,644
Accumulated depreciation / amortisation	-	(3,930)	(1,173)	-	(96)	(2,257)	(538)	(785)	-	(8,779)
Carrying amount at the end of the period	4,178	49,371	2,362	16,667	271	2,085	1,633	771	527	77,865

*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.

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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 non-financial assets with a fair value at the time of acquisition that was less than \$1.5 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 2021 and 2022, 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.

19. Payables

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Current				
Creditors and accrued expenses	11,441	6,050	11,441	6,050
Paid Parental Leave Scheme	66	27	66	27
Staff on-costs*	2,904	2,357	2,904	2,357
Other payables	1,626	162	219	162
Total current payables	16,037	8,596	14,630	8,596
Non-current				
Staff on-costs*	1,259	1,268	1,259	1,268
Total non-current payables	1,259	1,268	1,259	1,268
Total payables	17,296	9,864	15,889	9,864

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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 and are settled when the respective employee benefits that they relate to is discharged. 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 portion of long service leave taken as leave is unchanged at 38% and the average factor for the calculation of employer superannuation on-costs has increased from the 2021 rate (10.1%) to 10.6% to reflect the increase in super guarantee. These rates are used in the staff on-cost calculation. The net financial effect of the changes in the current financial year is an increase in the staff on-cost liability and staff benefits expenses of \$0.165 million. The estimated impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

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 30 for information on risk management.

20. Financial liabilities

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Current				
Lease liabilities	1,075	1,106	1,075	1,106
Total current financial liabilities	1,075	1,106	1,075	1,106
Non-current				
Lease liabilities	1,390	2,117	1,390	2,117
Total non-current financial liabilities	1,390	2,117	1,390	2,117
Total financial liabilities	2,465	3,223	2,465	3,223

Lease liabilities have been measured via discounting lease payments using either the interest rate implicit in the lease (where it is readily determined) or DTF's incremental borrowing rate. Borrowing costs of \$0.032 million (\$0.043 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.

Refer note 16 and 17 for details about the right of use assets (including depreciation).

20.1 Maturity analysis

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

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Lease Liabilities				
1 to 3 years	892	1,510	892	1,510
3 to 5 years	207	215	207	215
5 to 10 years	360	411	360	411
Total lease liabilities (undiscounted)	1,459	2,136	1,459	2,136

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21. Staff benefits

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Current				
Accrued salaries and wages	6,034	5,212	6,034	5,212
Annual leave	18,876	15,569	18,876	15,569
Long service leave	2,683	2,812	2,683	2,812
Skills and experience retention leave	1,508	1,307	1,508	1,307
Other	29	12	29	12
Total current staff benefits	29,130	24,912	29,130	24,912
Non-current				
Long service leave	30,319	31,992	30,319	31,992
Total non-current staff benefits	30,319	31,992	30,319	31,992
Total staff benefits	59,449	56,904	59,449	56,904

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

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.

As a result of the actuarial assessment performed by DTF, the salary inflation rate has decreased from the 2021 rate (2.0%) to 1.50% for annual leave and skills and experience retention leave liability. As a result, there is a decrease in the employee staff benefits liability and employee benefits expenses of \$0.106 million.

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 has increased from 2021 (1.50%) to 3.75%. This increase in the bond yield, which is used as the rate to discount future long service leave cash flows, results in a decrease in the reported long service leave liability. The actuarial assessment performed by DTF left the salary inflation rate at 2.5% for long service leave liability. As a result, there is no net financial effect resulting from changes in the salary inflation rate.

The net financial effect of the changes to actuarial assumptions is a decrease in the long service leave liability of \$5.759 million, payables (staff on-costs) of \$0.232 million and staff benefits expense of \$5.991 million. The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions – a key assumption being the long-term discount rate.

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22. Provisions

22.1 Workers Compensation

Reconciliation of workers compensation (statutory and non-statutory)

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	3,528	3,191	3,528	3,191
Increase in provisions recognised	2,492	480	2,492	480
Reductions arising from payments/other sacrifices of future economic benefits	(158)	(143)	(158)	(143)
Carrying amount at the end of the period	5,862	3,528	5,862	3,528

Workers compensation

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.

Accordingly, a liability has been reported to reflect unsettled workers compensation claims (statutory and additional compensation schemes).

The workers compensation provision is based on an actuarial estimate of the outstanding liability as at 30 June 2022 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment.

The additional compensation scheme provides continuing benefits to workers who have suffered eligible work-related injuries and whose entitlements have ceased under the statutory workers compensation scheme. Eligible injuries are non-serious injuries sustained in circumstances which involved, or appeared to involve, the commission of a criminal offence, or which arose from a dangerous situation.

There is a significant degree of uncertainty associated with estimating future claims and expense payments, and also around the timing of future payments due to the variety of factors involved. The liability is impacted by the agency claim experience relative to other agencies, average claim sizes and other economic and actuarial assumptions. In addition to these uncertainties, the additional compensation scheme is impacted by the limited claims history and the evolving nature of the interpretation of, and evidence required to meet, eligibility criteria. Given these uncertainties, the actual cost of additional compensation claims may differ materially from the estimate.

Measurement of the workers compensation provision as at 30 June 2022 includes the impacts of the decision of the Full Court of the Supreme Court of South Australia in *Return to Work Corporation of South Australia vs Summerfield* (Summerfield decision). The Summerfield decision increased the liabilities of the Return to Work Scheme (the Scheme) and the workers compensation provision across government.

Legislation to reform the Return to Work Act 2014 was proclaimed in July 2022, with the reforms expected to reduce the overall liability of the Scheme. The impacts of these reforms on the workers compensation provision will be considered when measuring the provision as at 30 June 2023.

23. Contract liabilities and other liabilities

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Current				
Unclaimed monies	3	5	3	5
Contract liabilities	9,686	5,985	9,686	5,985
Residential aged care bonds	18,352	15,027	18,352	15,027
Other	17	9	17	9
Total contract liabilities and other liabilities	28,058	21,026	28,058	21,026
Total contract liabilities and other liabilities	28,058	21,026	28,058	21,026

A contract liability is recognised for revenue relating to home care packages, training programs and other health programs received in advance and is realised as agreed milestones have been achieved. All performance obligations from these existing contracts (deferred service income) will be satisfied during the next reporting period and accordingly all amounts will be recognised as revenue.

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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.

24. Cash flow reconciliation

Reconciliation of cash and cash equivalents at the end of the reporting period	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Cash and cash equivalents disclosed in the Statement of Financial Position	17,079	18,238	14,705	16,929
Cash as per Statement of Financial Position	17,079	18,238	14,705	16,929
Balance as per Statement of Cash Flows	17,079	18,238	14,705	16,929
Reconciliation of net cash provided by operating activities to net result:				
Net cash provided by (used in) operating activities	3,317	13,371	3,404	13,533
Add/less non-cash items				
Asset donated free of charge	(1,179)	(518)	(18,057)	(1,854)
Capital revenues	15,002	15,776	15,002	15,776
Depreciation and amortisation expense of non-current assets	(9,229)	(8,808)	(4,619)	(4,443)
Gain/(loss) on sale or disposal of non-current assets	-	(14)	-	(14)
Interest credited directly to investments	14	51	1	3
Resources received free of charge	70	162	-	12
Movement in assets/liabilities				
Increase/(decrease) in inventories	73	222	73	222
Increase/(decrease) in receivables	1,274	84	(37)	103
(Increase)/decrease in other liabilities	(7,032)	465	(7,032)	463
(Increase)/decrease in payables and provisions	(9,687)	711	(8,280)	561
(Increase)/decrease in staff benefits	(2,545)	429	(2,545)	429
Net result	(9,922)	21,931	(22,090)	24,791

Total cash outflows for leases is \$1.207 million (\$1.237) million.

25. Unrecognised contractual commitments

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

25.1 Expenditure commitments

Expenditure commitments	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Within one year	15,931	11,959	15,931	11,959
Later than one year but not longer than five years	751	380	751	380
Total expenditure commitments	16,682	12,339	16,682	12,339

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

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25.2 Capital commitments

Capital commitments	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Within one year	85	349	85	349
Total capital commitments	85	349	85	349

The Hospital capital commitments are for agreements for goods and services ordered but not received and are disclosed at nominal amounts.

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.

	Consolidated		Parent	
	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000
Carry amount at the beginning of period	11	14	11	14
Client trust payments	-	(3)	-	(3)
Carrying amount at the end of the period	11	11	11	11

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

The Hospital is not aware of any material events occurring between the end of the reporting period and when the financial statements were authorised

29. Impact of Standards not yet implemented

The Hospital continues to assess 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 Standard AASB 2020-1 *Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-current* will apply from 1 July 2023. The Hospital continues to assess liabilities eg LSL and whether or not the Hospital has a substantive right to defer settlement. Where applicable these liabilities will be classified as current. Application of this standard is not expected to have a material impact.

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 by the SA Government. The Hospital works with the SA Government 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, 19 and 20 for further information.

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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 13 and 14 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. 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, maturity analysis 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 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 \$3.158 million (\$3.712 million) and \$12.910 million (\$6.042 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.

The Hospital uses an allowance matrix to measure the expected credit loss of receivables from non-government debtors. The expected credit loss 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, subsequent recoveries of amounts previously written off are credited against the same line item.

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 Hospital.

To measure the expected credit loss, receivables are grouped based on shared risks characteristics and the days past due. When estimated expected credit loss, the Consolidated entity considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis, based on the Hospital's historical experience and informed credit assessment, including the forward-looking information.

The assessment of the correlation between historical observed default rates, forecast economic conditions and expected credit losses is a significant estimate. The Hospital's historical credit loss experience and forecast of economic conditions may 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 expected credit loss for non-government debtors:

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CONSOLIDATED AND PARENT	30 June 2022			30 June 2021		
	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000
Days past due						
Current	0.1 – 8.0%	877	14	0.1 – 5.3 %	613	6
<30 days	0.7 – 10.1%	384	7	0.7 – 6.4 %	223	3
31-60 days	1.5 – 15.4%	166	11	1.5 – 8.3 %	95	3
61-90 days	2.0 – 20.5%	362	12	1.9 – 9.9 %	112	5
91-120 days	2.3 – 22.7%	102	10	2.2 – 11.1 %	84	4
121-180 days	3.0 – 30.3%	155	20	2.9 – 16.1 %	126	13
181-360 days	5.7 – 62.6%	310	85	5.5 – 100 %	349	142
361-540 days	7.7 – 84.9%	224	90	7.4 – 100%	271	271
>540 days	9.0 – 100%	770	770	8.7 – 100%	707	707
Total		3,350	1,019		2,580	1,154

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 2), and incurred significant expenditure via the Department for medical, surgical and laboratory supplies, computing and insurance (note 9). The Department transferred capital works in progress of \$14.957 million (\$15.776 million) to the Hospital. The Hospital incurred significant expenditure with the Department for Infrastructure and Transport (DIT) for property repairs and maintenance of \$0.544 million (\$1.096 million) (note 9) and occupancy rent and rates \$0.319 million (\$0.796 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 HACs have no powers to direct or make decisions with respect to the management and administration of the Hospital.

The Hospital also has effective control over, and a 100% interest in, the net assets of the associated GFTs. The GFT's were established by virtue of a deed executed between the Department for Health and Wellbeing and the individual HAC.

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Health Advisory Council		
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		

Gift Fund Trusts		
Incorporated GFTs		
The trustee for Country Health Gift Fund Health Advisory Council Inc Gift Fund Trust *	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	Port Lincoln Health Advisory Council Gift Fund Trust	Whyalla Hospital and Health Services Health Advisory Council Gift Fund Trust

*Country Health Gift Fund Health Advisory Council Inc and its associated GFT will be dissolved following the finalisation of the transfer of net assets from the GFTs associated with the previously unincorporated HACs. Refer to Note 1.6.

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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	-	Fuller J, Mackay M, Mcarthur A.
Barossa Hills Fleurieu Local Health Network Governing Board	-	Blackwell P, Cantley K (resigned 30/06/2022), Curran J, Hazel J (appointed 14/02/2022), Fuller J, Gaston C (Chair), Russell G, Sexton R (resigned 31/03/2022)
Barossa Hills Fleurieu Risk Management and Audit Committee	-	Powell, D (Chair) *

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

Refer to note 8.2 for remuneration of board and committee members

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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 individual Rights of Private Practice Deeds of Agreement.

	2022	2021
	\$'000	\$'000
Revenue from fees and charges	3,855	4,392
Other expenses	(3,936)	(4,372)
Net result	(81)	20
Cash and cash equivalents	260	341
Receivables	-	2
Payables	-	(1)
Net assets	260	342
Cash at 1 July	341	319
Cash inflows	3,855	4,393
Cash outflows	(3,936)	(4,371)
Cash at 30 June	260	341