Government of South Australia

LIMESTONE COAST LOCAL HEALTH NETWORK

2019-20 Annual Report

LIMESTONE COAST LOCAL HEALTH NETWORK
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To:

Hon Stephen Wade MLC

Minister for Health and Wellbeing

This annual report will be presented to Parliament to meet the statutory reporting requirements of the *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*.

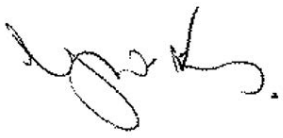
This report is verified to be accurate for the purposes of annual reporting to the Parliament of South Australia.

Submitted on behalf of the Limestone Coast Local Health Network Inc. by:

Grant King

Governing Board Chair

Limestone Coast Local Health Network

Date 25/09/2020 Signature 

Ngaire Buchanan

Chief Executive Officer

Limestone Coast Local Health Network

Date 25/09/2020 Signature 

Acknowledgement to Traditional Custodians

Limestone Coast Local Health Network acknowledges Traditional Custodians of Country throughout the region and recognises the continuing connection to lands, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures; and Elders past and present.

From the Governing Board Chair

It is a great privilege to present the first annual report for the Limestone Coast Local Health Network (LCLHN).

The LCLHN commenced operations on 1 July 2019 as part of the SA Health governance reforms, which saw the establishment of 10 Local Health Networks (LHNs), each with its own Governing Board charged with the overall governance and oversight of local service delivery, including governance of performance and budget achievement, clinical governance, safety and quality, and risk management.

Six new regional LHNs replaced Country Health SA LHN (CHSALHN), with the LCLHN established to represent the region formerly known as the South East.

We could not have predicted the period that would follow these governance reforms - a global pandemic, the magnitude of which has not been seen for generations.

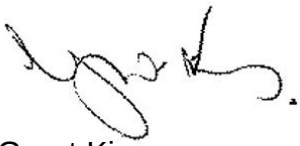
In this annual report, we reflect on our achievements over our first year as a regional local health network. The annual report outlines our contribution towards whole of government objectives of more jobs, lower costs and better services, and provides information on our corporate and financial performance, safety and quality, risk management and agency-specific objectives.

The last year has seen considerable focus on the regulatory and legislative requirements arising from the establishment of the LCLHN, its Governing Board and Committees. We are confident in the strength of our governance and risk management framework and the ability of our people to adapt to the diverse and changing healthcare needs of the Limestone Coast community.

Our goal is to be an effective and forward-thinking health network that looks for opportunities to drive innovation and translate evidence into practice in how we deliver services. Central to this is also strengthening our relationships with our partner organisations, GPs and other clinicians in our region, local government, private providers and other community representatives. Improving our engagement with consumers and our community, as well as clinicians and staff, is now an approach embedded in the *Health Care Act 2008* and a key area of work the LCLHN will focus on in the coming year. The Governing Board's Engagement Strategy Working Group has been busily working on the development of our engagement strategies, and although implementation has been delayed due to the pandemic, we are excited about rolling them out during 2021.

Our accomplishments and determination in a challenging year is a credit to each of our nearly 1,400 staff who continually go above and beyond for those in their care. I commend and thank all staff members for their contribution to the Limestone Coast community and that contribution cannot be overstated.

I would like to thank my fellow Board members, as well as all LCLHN employees, whose commitment to our core values remains essential as we strive towards our vision of being a high performing regional health service.



Grant King
Governing Board Chair
Limestone Coast Local Health Network

From the Chief Executive Officer

This year we have continued to deliver high quality and person-centred health services that meet the needs of our community, despite the immense challenges presented to our local health network due to the COVID-19 pandemic.

The unique needs of those accessing healthcare across the Limestone Coast remains central to our service planning and the care we provide. We continue to monitor key population trends in our region, including an ageing population, areas of socio-economic disadvantage and complex chronic healthcare needs.

Our performance highlights include our work to improve, achieve and maintain our emergency department 'seen on time' triage categories, and elective surgery 'timely admission' and 'overdue patient' categories.

We continue work to provide services as close to home as safely possible, with the COVID-19 pandemic seeing an increased uptake of telehealth usage across the region. The introduction of a thrombolysis service at Naracoorte Health Service and expanded Renal Dialysis Unit at Mount Gambier and Districts Health Service again underpins our commitment to growing services within the region wherever we are able.

We have also implemented the Aboriginal Health Strategic and Operational Plan 2019-2020 and Aboriginal Experts by Experience program, which demonstrates our commitment to ensuring our services meet the needs of our local Aboriginal populations.

These and other achievements listed throughout this report have only been possible through the hard work and commitment of our people, who are undoubtedly our greatest asset.

I would like to take this opportunity to thank our dedicated employees across our acute, residential, aged care, community health and mental health services. I remain ever confident that the Limestone Coast community is in safe hands.

N. G. Buchanan.

Ngaire Buchanan
Chief Executive Officer
Limestone Coast Local Health Network

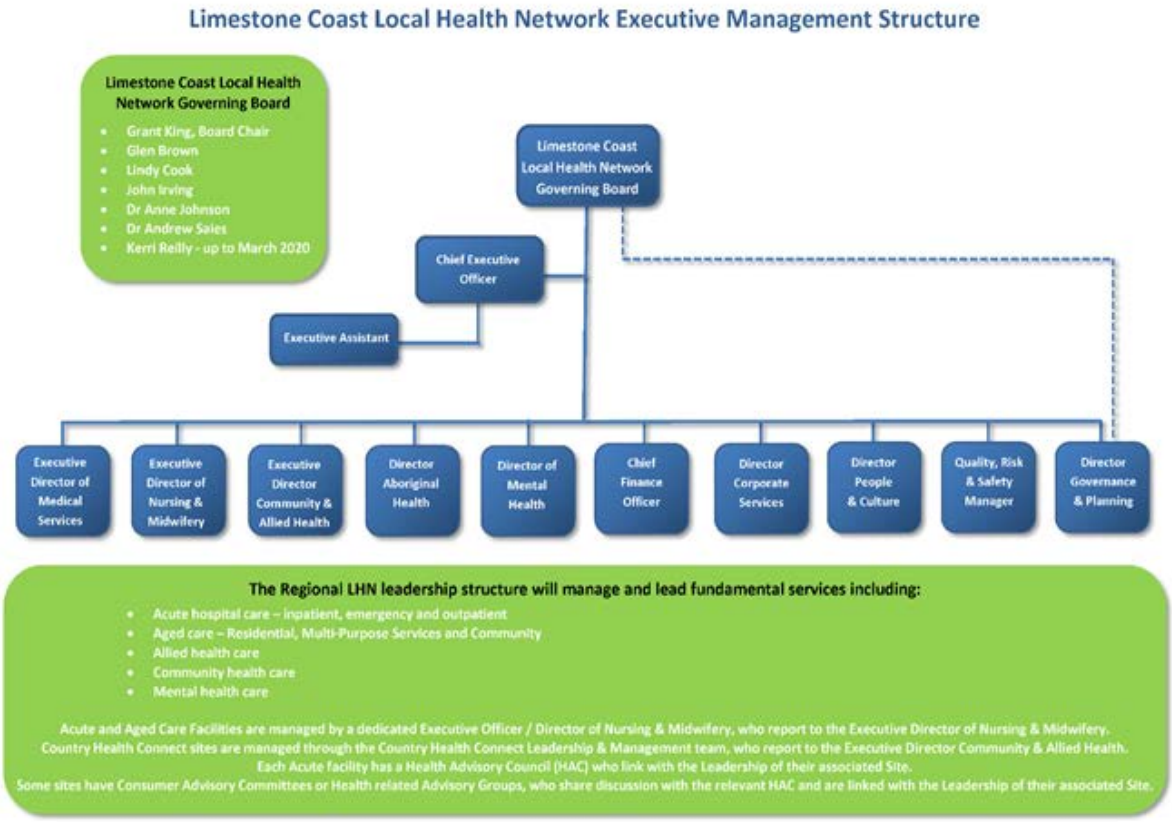
Contents

Overview: about the agency

Our strategic focus

Our Purpose	Limestone Coast Local Health Network (LCLHN) delivers a comprehensive range of public acute, residential aged care, community health and mental health services, throughout 10 public hospitals/health services in regional South Australia, according to population needs, focusing on integrating its service delivery with metropolitan hospitals and other service providers in regional locations.
Our Vision	To be the best rural health service
Our Values	Customer Focus Collaboration Caring Creativity Courage
Our functions, objectives and deliverables	Limestone Coast Local Health Network provided a wide range of public acute, residential aged care, community health and mental health services to country communities. Limestone Coast Local Health Network's key objectives were to: • build innovative and high-performing health service models that deliver outstanding consumer experience and health outcomes • pursue excellence in all that we do • create a vibrant, values-based place to work and learn • harness the power of partnerships to improve the effectiveness of services • elevate and enhance the level of health in country communities. Limestone Coast Local Health Network's key deliverables were to: • provide safe, high-quality health and aged care services • engage with the local community and local clinicians • ensure patient care respects the ethnic, cultural and religious rights, views, values and expectations of all peoples • ensure the health needs of Aboriginal people are considered in all health plans, programs and models of care • meet all legislation, regulations, Department for Health and Wellbeing policies, and agreements

Our organisational structure



Changes to the agency

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

- The State Government established the Limestone Coast Local Health Network Incorporated, and its Governing Board, on 1 July 2019. From this date Country Health SA was dissolved and its assets, rights and liabilities were transferred to six new regional LHNs, including the Limestone Coast Local Health Network.

Our Minister

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

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

Our Executive team

As at 30 June 2020 the Executive team consisted of:

- Chief Executive Officer – Ngaire Buchanan
- Executive Director of Medical Services – Dr Elaine Pretorius
- Executive Director of Nursing and Midwifery – Paul Bullen
- Executive Director of Community and Allied Health – Marcy Lopriore
- Director of Aboriginal Health – Kathryn Edwards
- Director of Mental Health – Pauline Beach
- Chief Finance Officer – Kristen Capewell
- Director of Corporate Services – Ravinder Singh
- Director of People and Culture – Peta-Maree France
- Regional Quality, Risk and Safety Manager – Hannah Morrison
- Director of Governance and Planning – Angela Miller

Legislation administered by the agency

None.

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

Barossa Hills Fleurieu Local Health Network
Central Adelaide Local Health Network
Commission on Excellence and Innovation in Health
Department for Health and Wellbeing
Eyre and Far North Local Health Network
Flinders and Upper North Local Health Network
Northern Adelaide Local Health Network
Office for Aging Well
Riverland Mallee Coorong Local Health Network
South Australian Ambulance Service
Southern Adelaide Local Health Network
Wellbeing SA
Women's and Children's Health Network
Yorke and Northern Local Health Network

The agency's performance

Performance at a glance

In 2019-20 The Limestone Coast Local Health Network (LCLHN) continued its strong reputation for achieving key performance areas including:

- Achieving and maintaining the % Emergency Department (ED) presentations 'seen on time' Key Performance Indicator (KPI) targets for triage 1 and 2 across the LCLHN
- Meeting all elective surgery 'timely admission' and 'overdue patient' categories until the COVID-19 pandemic disrupted elective surgeries across the state
- Successful implementation of the electronic medical record Sunrise EMR and PAS in September 2019 at the Mount Gambier and Districts Health Service (MGDHS) as an exemplar site. While the electronic system implementation has been successful, certain Emergency Department KPIs were impacted during the implementation stage
- The MGDHS has seen steady improvement in the Healthcare Acquired Complication Rate for overnight admissions with a 1.5% decrease from June 2019 to May 2020
- Average Length of Stay for obstetrics at the Naracoorte Health Service has steadily improved over the 2019/20 financial year
- The number of clients utilising Virtual Clinical Care services has increased from 23 clients in 2018/19 to 29 clients recorded for 2019/20
- Development of an Aboriginal Health Strategic and Operational Plan 2019-2020
- Establishment of Governing Board Performance Reporting to meet Service Agreement requirements
- The LCLHN has undertaken significant Clinical Governance Structure Reform which is currently in the process of being implemented
- The LCLHN has experienced a decline in activity in ED, inpatient, outpatient and elective surgery as a direct impact of the COVID-19 pandemic due to hospital avoidance and the restrictions on elective surgery across the state
- Service improvements have also been identified as a direct result of the COVID-19 pandemic which has included the increased uptake of services being provided using Telehealth platforms across the LCLHN, bringing specialist services even closer to home for our consumers

Agency contribution to whole of Government objectives

Key objective	Agency's contribution
More jobs	The commencement of the Rural Health Workforce Strategy was a critical achievement, contributing investment towards: • improving services for long-term, high-quality maternity care • providing further specialised training for allied health professionals • providing additional training and career opportunities for Aboriginal and Torres Strait Islander health practitioners • providing medical workforce support grants, supporting recruitment and retention of GPs in rural communities • expanding training opportunities for community support workers • providing mental health education for suicide prevention and patient management • supporting rural community nursing workforce to manage more complex clients in rural areas • providing rural dental workshops, promoting a rural career for dental professionals • expanding the Digital Telehealth Network • providing simulation and training equipment The LCLHN commenced recruitment for an Implementation Lead for the Rural Health Workforce Strategy. This role is responsible for the development and implementation of local strategies that align with the Rural Health Workforce Strategy and Local Health Network priorities. Awarding of a Rural Health Undergraduate Scholarship to a full-time student currently studying or about to commence studying in the areas of need and reside and intend to work in rural South Australia at the completion of their study. The LCLHN has been supporting efforts by local General Practitioner (GP) clinics to support an advertising campaign to attract GP Obstetricians to Mount Gambier. A one-off grant was provided as GP Obstetricians manage the majority of birthing services at the MGDHS.

Lower costs	Costs for consumers were reduced through delivering programs such as: • the Patient Assistance Transport Scheme (PATS) • timely elective surgery in rural communities • increasing access to telehealth services • increasing access to Virtual Clinical Care (VCC) • home-based chronic disease monitoring
Better Services	Implementation of the Donna Project for acute settings across the LCLHN to deliver quality, timely and compassionate care to patients approaching end of life. Comprehensive Care of the Older Person was rolled out to the LCLHN to better identify and manage dementia and delirium patients in a considered manner. #endPJparalysis was launched within the LCLHN to encourage patients to 'get up, get dressed and get moving' and to provide support for these activities. The initiative is aimed at decreasing falls, decreasing pressure injuries and decreasing the hospital length of stay, with the additional benefit of maintaining muscle strength. Implementing Goals of Care which are the clinical and personal goals for a patient's acute episode of care that are determined through a shared decision-making process. Undertaking Service Planning activities within the LCLHN at the Millicent and Districts Hospital and Health Service (MDHHS) and the Mount Gambier and Districts Health Service (MGDHS) to plan for the future health needs of the community. The LCLHN response to the COVID-19 pandemic and the establishment of an Incident Management Team has resulted in the safe management of patients, staff and the community during the pandemic. The SA Health Orthogeriatric Hip Fracture Management Model of Care was implemented within the LCLHN to ensure that all patients within the scope of the model of care, receive best practice clinical care.

	Country Stroke Thrombolysis Service has been implemented at the Naracoorte Health Service (NHS) in addition to the existing service at the MGDHS, enabling rapid stroke treatment and reducing the need for transfers. South Australian Virtual Emergency Service (SAVES) units have been installed at all acute sites within the LCLHN to enable face to face consultations via video conferencing equipment. Upgrade of the Renal Dialysis Unit at the MGDHS with increased capacity and improvements to facilities for consumers and staff. Increased availability and uptake of service delivery by Telehealth platforms during the COVID-19 pandemic and as an ongoing option.

Agency specific objectives and performance

Agency objectives	Indicators	Performance
Clinical Services Reform	• Integrated Cardiovascular Clinical Network (iCCnet) Cardiology Service average response time	• The average response time was 6:42 minutes, including 554 calls made by LCLHN General Practitioners and nurses.
	• Stroke neurologist support for country hospitals	• 47 patients accessed the SA Telestroke service and 26 transfers were potentially avoided between November 2019 to June 2020
	• Chemotherapy and cancer care activity	• There were 544 more chemotherapy treatments, 144 more cancer specialist medical consultations and 705 more cancer-related nurse activities delivered across the two chemotherapy units within the LCLHN in 2019/20 compared to the previous financial year

Improving access to health services in our communities	• Community, nursing and allied health service activity	• Approximately 30,850 community nursing and allied health occasions of services were delivered to 4932 individual clients in 2019/20
	• Avoidable hospital activity	• Better Care in the Community serviced 705 clients with chronic conditions who received community-based support, which has avoided 669 hospital admissions, avoided 32 emergency department presentations, and saved 59 occupied bed days
		• The Rapid Intensive Brokerage Service (RIBS) assisted 200 clients, which has avoided 83 hospital admissions, avoided 14 Emergency Department presentations and saved 383 occupied bed days
	• Country Access to Cardiac Health (CATCH) telephone cardiac rehabilitation program uptake/completion rates	• The CATCH program had 234 referrals, with a 69% uptake, and completion rate of 63% in 2019/20, which has helped to improve patient risk factors and morality rates
	• National Disability Insurance Scheme (NDIS) program activity	• The NDIS program had a total of 107 requested services, including 38 children and 69 adults
Hospital services	• Emergency Department (ED) activity	• There were 30,936 presentations to ED's across the LCLHN

	• Elective surgery timely admissions	• Targets were met until the COVID-19 pandemic response resulted in disruption to Elective Surgery in the LCLHN
	• Telerehabilitation consultations	• 541 telerehabilitation consultations were held in inpatient and ambulatory settings across the Digital Telehealth Network or other therapeutic applications in 2019/20, an increase from 458 consultations in 2018/19
	• Virtual Clinical Care (VCC) home tele-monitoring program admissions avoided	• Use of VCC has resulted in the avoidance of 29 hospital admissions and the avoidance 6 emergency department presentations and the saving of 1 occupied bed day from early discharge There were 29 clients in the VCC program and 2430 occasions of service in 2019/20
	• Acute inpatient activity	• 7206 same-day patients and 8988 overnight patients were admitted, and 630 babies were delivered in 2019/20
Continuous improvement of quality and safety	• Safety assessment code (SAC) 1 and 2 incidents	• There were 21 SAC 1 and 2 incidents in 2019/20, compared to 26 last year, which is a decrease of 19.3% • Overall, there was a 6.3% decrease in reporting of all patient incidents, with SAC 1 and 2 incidents accounting for 0.80% of all incidents reported in 2019/20

Aboriginal health programs	• Aboriginal percentage of workforce	• 1.42% in June 2020 compared to 1.15% in June 2019
	• Aboriginal Experts by Experience	• The Aboriginal Experts by Experience program was implemented into the LCLHN on 1 July 2019, which now has grown to have 15 active people on it as at 30 June 2020
	• Memorandum of Understanding with Pangula Mannamurna	• A Memorandum of Understanding with Pangula Mannamurna is in draft
Improving mental health outcomes	• 28-day readmission rate to the Integrated Mental Health Inpatient Unit (IMHIU)	• 10.2% for the LCLHN for 2019/20 (target <12%)
	• Percentage of mental health clients seen by a community health service within 7 days of discharge	• 86% for the LCLHN for 2019/20 (target 80%)
	• Physical restraint and seclusion incidents per 1,000 bed days in the IMHIU	• 0% physical restraint or seclusion incidents in the IMHIU in 2019/20
Aged care	• Aged Care Assessment Program (ACAP) assessments	• 681 ACAP assessments were completed, against a baseline target of 636
	• Home Care Package occupancy rates	• Occupancy rates have increased from 135 active packages in July 2019 to 203 active packages in June 2020
	• Commonwealth Home Support Program (CHSP) client numbers	• There were 1795 CHSP clients and 14,650 service events in the LCLHN, enabling older people to remain independent in their own home for longer

Corporate performance summary

Limestone Coast Local Health Network (LCLHN) achieved key corporate performance outcomes including:

- Adoption of the Country Health SA Local Health Network (CHSALHN) Reconciliation Action Plan in July 2019, the LCLHN is developing a localised version of the plan in 2020
- Embedding the Management Operating System at a regional level. This is currently in the process of being rolled out to all sites within the LCLHN and focuses on risk identification, management and escalation
- Commencing planning and implementation of significant capital investments, including investing in existing assets to address important repairs/maintenance in hospitals and health services within the region
- Regionalising Aboriginal Health Impact Statements to support culturally respectful engagement with Aboriginal stakeholders
- 279 employees have completed the Management of Actual or Potential Aggression (MAPA) Training
- 12 employees have completed the Growing Leaders Program
- 25 employees have commenced Clinical Costing Fundamentals and Analyses training
- A total number of 1330 staff received a seasonal Influenza Vaccination during 2019-20, which is 90% of the workforce
- Achievement of Performance Level 1 against the 2019-20 LCLHN Service Agreement
- Establishment of the Audit & Risk, Clinical Governance and Finance & Performance Committees
- Two scholarships have been awarded to employees to support their post graduate study (Masters of Nursing – High Dependency and Midwifery)
- The LCLHN participated in the National Safety and Quality Health Service (NSQHS), National Disability Insurance Scheme (NDIS) & Aged Care accreditation processes

Employment opportunity programs

Program name	Performance
Skilling SA	Under the Skilling SA Program, LCLHN identified three (3) existing employees for upskilling and enrolment in Certificate IV qualification.

Agency performance management and development systems

Performance management and development system	Performance
Performance review and development is a process for supporting continuous improvement of the work performance of employees to assist them to meet the organisation's values and objectives.	89.99% of employees had a performance review and development discussion.

Work health, safety and return to work programs

Program name	Performance
Prevention and management of musculoskeletal injury (MSI)	Ongoing manual task local facilitator model on all sites and workgroups to assist in reduction of MSI injuries resulted in a decrease of 23% in MSI claims.
Prevention and Management of Psychological injury (PSY)	Implemented Mental Health First Aid Officer accredited training to assist and guide their peers towards better mental health. Developed a suite of COVID-19 Wellbeing resources to support worker wellbeing and resilience during the COVID-19 pandemic and associated disruption.

Workplace injury claims	2019-20	2018-19	% Change (+ / -)
Total new workplace injury claims	30	28	+ 7%
Fatalities	0	0	0%
Seriously injured workers*	0	0	0%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	14.1	20.5	-31%

**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	2019-20	2018-19	% Change (+ / -)
Number of notifiable incidents (*Work Health and Safety Act 2012, Part 3)*	1	2	-50%
Number of provisional improvement, improvement and prohibition notices (*Work Health and Safety Act 2012 Sections 90, 191 and 195*)	1	0	+ 100%

Return to work costs**	2019-20	2018-19	% Change (+ / -)
Total gross workers compensation expenditure ($)	$532,345	$700,504	-23%
Income support payments – gross ($)	$190,161	$182,196	+4%

***before third party recovery*

With effect from 1 July 2019, six new Regional LHNs replaced Country Health SA Local Health Network.

To access data published for reporting periods prior to 2019-20, please see: https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network

Executive employment in the agency

Executive classification	**Number of executives**
SAES1	1

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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 2019-20 are attached to this report.

Statement of Comprehensive Income	2019-20 Budget $000s	2019-20 Actual $000s	Variation $000s	2018-19 Actual $000s
Total Income	162,428	164,222	1,794	N/A
Total Expenses	162,054	163,516	(1,462)	N/A
Net result	**374**	**706**	**332**	**N/A**
Total Comprehensive Result	**374**	**706**	**332**	**N/A**

Statement of Financial Position	2019-20 Budget $000s	2019-20 Actual $000s	Variation $000s	2018-19 Actual $000s
Current assets	N/A	28,941	28,941	N/A
Non-current assets	N/A	128,427	128,427	N/A
Total assets	**N/A**	**157,368**	**157,368**	**N/A**
Current liabilities	N/A	36,574	36,574	N/A
Non-current liabilities	N/A	60,372	60,372	N/A
Total liabilities	**N/A**	**96,946**	**96,946**	**N/A**
Net assets	**N/A**	**60,422**	**60,422**	**N/A**
Equity	**N/A**	**60,422**	**60,422**	**N/A**

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

Consultancies	Purpose	$ Actual payment
All consultancies below $10,000 each - combined	Various	$ 0

Consultancies with a contract value above $10,000 each

Consultancies	Purpose	$ Actual payment
AsiaAustralis	Mount Gambier Private Hospital Review	$ 35,000
AsiaAustralis	Keith & District Hospital Review	$ 20,000
	Total	$ 55,000

With effect from 1 July 2019, six new Regional LHNs replaced Country Health SA Local Health Network.

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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

Contractors	Purpose	$ Actual payment
All contractors below $10,000 each - combined	Various	$ 27,677

Contractors with a contract value above $10,000 each

Contractors	Purpose	$ Actual payment
Healthcare Australia Pty Ltd (HCA)	Agency	$ 1,013,628
Your Nursing Agency Pty Ltd (YNA)	Agency	$ 83,602
Allied Employment Group Pty Ltd	Agency	$ 80,919
Randstad Pty Ltd	Agency	$ 61,807
Medrecruit Pty Ltd	Agency	$ 40,270
Rural Locum Scheme Pty Ltd	Agency	$ 37,501
Homecare Plus	Personal Care & Domestic Assistance	$ 23,990
Zeep Medical Pty Ltd	Agency	$ 18,229
Hays Specialist Recruitment (Australia) Pty Ltd	Agency	$ 17,727
	Total	$ 1,377,673

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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 information

Not applicable.

Risk management

Risk and audit at a glance

On 29 July 2019, the LCLHN Governing Board endorsed the formation of the LCLHN Risk Management and Audit Committee (renamed Audit and Risk Committee on 25 May 2020 to be consistent with Committees across the State). This Committee reports directly to the LCLHN Governing Board.

The purpose of the Audit and Risk Committee (the Committee) is to assist the LCLHN Governing Board (the Board) in fulfilling its oversight responsibilities for the:

- Integrity of the financial statements,
- Compliance with legal and regulatory requirements,
- Independent auditor's qualification and independence,
- Performance of the internal audit function, and
- Efficient and effective management of all aspects of risk.

The Committee consists of at least 2 members of the Board, one of which acts as Chair, and 1 external (independent) qualified member. All Committee members are appointed by the Board. Standing Invitees include selected LCLHN Executive, the Risk Management Consultant, Rural Support Service (RSS), the Group Director, Risk and Assurance Services from the Department for Health and Wellbeing (as an independent observer); and a representative from the Auditor-General's Department. Meetings of the Committee are held quarterly at which time a review of Risk Management, Internal Control, Financial Statements, Compliance Requirements, Internal Audit, External Audit, Audit Reporting Matters, Corruption Control and business arising are reviewed.

The LCLHN Board formally adopted the SA Health Risk Appetite Statement on 29 July 2019.

LCLHN have developed and implemented a local Risk Management Procedure which is consistent with the System-Wide Risk Management Policy Directive, providing staff with specific guidance on context, identification, analysis, evaluation, treatment, monitoring and communication of risk.

A consistent Audit Charter has been developed by the RSS and implemented in the LCLHN enabling the internal audit function to be delivered by the RSS. The Charter provides guidance and authority for audit activities.

Fraud detected in the agency

Category/nature of fraud	Number of instances
Nil	0

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

Strategies implemented to control and prevent fraud

The Limestone Coast Local Health Network (LCLHN) Governing Board has established an Audit and Risk Committee and a Finance and Performance Committee to ensure oversight of operational process relating to the risk of fraud. These Committees meet on a regular basis and review reports regarding financial management, breaches and risk management. The Chair of the LCLHN Audit and Risk Committee is a Board member who liaises closely with SA Health's Group Director Risk & Assurance Services and a representative from the Auditor Generals Department. The Audit and Risk Committee additionally has an external (independent) member as part of the membership and who is a Certified Fraud Examiner.

The SA Health Corruption Control Policy and Public Interest Disclosure Policy Directives are followed relating to risk of fraud. Any allegations of fraud, including financial delegation breaches, are reported to the Board by Management. Shared Services SA provide a report to the LCLHN Chief Finance Officer providing details of any expenditure that has occurred outside of procurement and approved delegations. These breaches are reviewed and reported to the Board. The Audit and Risk Committee's reporting calendar ensures compliance with Fraud & Corruption policy and procedure and are reviewed on a regular basis.

All Board members and senior management are required to declare any actual, potential or perceived conflict of interest and the register of interest is reviewed regularly.

The Audit and Risk Committee Terms of Reference define the Scope and Function as below:

The Committee will:

- Advise on the adequacy of the financial statements, having regard to the following:
    - the appropriateness of the accounting practices used;
    - compliance with prescribed accounting standards under the Public Finance and Audit Act 1987;
    - external audits of the financial statements; and
    - information provided by Limestone Coast Local Health Network about the accuracy and completeness of the financial statements.
- Monitor LCLHN's compliance with its obligation to establish and maintain an internal control structure and systems of risk management, including whether the LCLHN has appropriate policies and procedures in place and is complying with them
- To monitor and advise the Board on the internal audit function in line with the requirements of relevant legislation
- Oversee LCLHN's liaison with the South Australian Auditor-General's Department in relation to LCLHN's proposed audit strategies and plans including compliance to any performance management audits undertaken

- Assess external audit reports of LCLHN and the adequacy of actions taken by LCLHN as a result of the reports
- Monitor the adequacy of LCLHN's management of legal and compliance risks and internal compliance systems, including the effectiveness of the systems in monitoring compliance by LCLHN with relevant laws and government policies
- Undertake any other function given to the Committee by the Board, if the function is not inconsistent with the above

With effect from 1 July 2019, six new Regional LHNs replaced Country Health SA Local Health Network.

To access data published for reporting periods prior to 2019-20, please see: https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network

Public interest disclosure

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

One (1)

With effect from 1 July 2019, six new Regional LHNs replaced Country Health SA Local Health Network.

To access data published for reporting periods prior to 2019-20, please see:: https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network

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

Reporting required under any other act or regulation

Act or Regulation	Requirement
Nil	Not Applicable

Reporting required under the *Carers' Recognition Act* 2005

Limestone Coast Local Health Network had a comprehensive consumer engagement strategy and regularly consulted with health advisory councils, the Health Consumers Alliance of South Australia and other representative groups when developing policies and programs that affect consumers or carers when undertaking strategic or operational planning.

Limestone Coast Local Health Network actively encouraged consumer and carer engagement in health services and actively sought feedback from consumers and carers about the services that we provided.

Public complaints

Number of public complaints reported

Complaint categories	Sub-categories	Example	Number of Complaints 2019-20
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency	33
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided	0
Professional behaviour	Staff knowledge	Lack of service specific knowledge; incomplete or out-of-date knowledge	0
Communication	Communication quality	Inadequate, delayed or absent communication with customer	28
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly	2
Service delivery	Systems/ technology	System offline; inaccessible to customer; incorrect result/information provided; poor system design	6
Service delivery	Access to services	Service difficult to find; location poor; facilities/ environment poor standard; not accessible to customers with disabilities	23
Service delivery	Process	Processing error; incorrect process used; delay in processing application; process not customer responsive	0
Policy	Policy application	Incorrect policy interpretation; incorrect policy applied; conflicting policy advice given	0
Policy	Policy content	Policy content difficult to understand; policy unreasonable or disadvantages customer	0

Complaint categories	Sub-categories	Example	Number of Complaints 2019-20
Service quality	Information	Incorrect, incomplete, out dated or inadequate information; not fit for purpose	1
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	11
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security service/ premises; poor cleanliness	27
Service quality	Service responsiveness	Service design doesn't meet customer needs; poor service fit with customer expectations	43
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate	0
Treatment	Treatment	Inadequate treatment; Coordination of treatment; Wrong/inappropriate treatment; Withdrawal/denial of treatment; Adverse outcome; Diagnosis; Negligent treatment	38
Costs	Costs	Billing practices; Government subsidies	4
Administration	Administration	Administrative services; Lost property	3
		Total	219

Additional Metrics	Total
Number of positive feedback comments	395
Number of negative feedback comments	219
Total number of feedback comments	618
% complaints resolved within policy timeframes	92%

With effect from 1 July 2019, six new Regional LHNs replaced Country Health SA Local Health Network.

To access data published for reporting periods prior to 2019-20, please see: https://data.sa.gov.au/data/dataset/department-for-health-and-wellbeing

Service Improvements resulting from complaints or consumer suggestions over 2019-2020

- End of Life care in Acute - The Donna Project (refer Agency contribution to whole of Government objectives)
- Car Parking - The secure carpark expansion at MGDHS was driven by ongoing negative consumer experience around car parking at the site
- Culturally welcoming spaces and services - We are committed to ongoing enhancement of culturally welcoming spaces and services across the LHN. Across 2019-2020 we have commissioned and displayed Aboriginal artwork, printed local Aboriginal Elders CORKA Mob artwork on our volunteer t-shirts and the volunteer guide welcoming station at the entrance of MGDHS, implemented Aboriginal Health Impact Statements for all new or changed programs, developed and implemented the LCLHN Aboriginal Health Strategic Operational Plan, LCLHN Aboriginal Workforce Plan, and the LCLHN Reconciliation Action Plan. The LCLHN Aboriginal Experts by Experience register is in place, with members consulted for varying projects. Sites in LCLHN are actively involved in Reconciliation week, NAIDOC and other ceremonies, whether by holding events or participating in events. Aboriginal flags flying at all sites, and smaller flags including Aboriginal and Torres Strait on display. Aboriginal Health Impact Statements are considered and developed for all projects. 'Are you of Aboriginal and/or Torres Strait Islander origin' posters have been developed specifically for our region, utilised in conjunction with programs to promote self-identification
- Patient Centred Care in Acute – the implementation of consumer driven Goals of Care (refer Agency contribution to whole of Government objectives)
- Expansion of Dialysis Services - Renal Dialysis Unit upgrade at MGDHS (refer Agency contribution to whole of Government objectives)
- Paediatric Ward upgrade at MGDHS – guided by consumer feedback and suggestion, the Paediatric Ward has upgraded the play area, outside spaces and is in development of a 'treatment room' to ensure that any painful treatment is undertaken away from the child's bedside, ensuring that their bed remains a safe place
- Naracoorte Health Service (NHS) Maternity upgrade – the upgrade to the Maternity area has been informed and guided by consumer feedback and input
- Millicent Aged Care Hair Salon – the upgrade and beautification of the Hairdressing Salon in the Sheoak Lodge Residential Aged Care facility was driven and guided by the residents and families
- Family support and involvement – development of the LCLHN Family Are Not Visitors initiative

Appendix: Audited financial statements 2019-20

Government of South Australia
Auditor-General's Department

Our ref: A20/039

Level 9
State Administration Centre
200 Victoria Square
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24 September 2020

Mr G King
Board Chair
Limestone Coast Local Health Network Incorporated
PO Box 267
MOUNT GAMBIER SA 5290

Dear Mr King

Audit of Limestone Coast Local Health Network Incorporated for the year to 30 June 2020

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

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

1 Independent Auditor's Report

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

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

2 Audit management letter

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

Significant matters related to:

- delays in medical officers submitting timesheets
- high dollar value call-back allowances that appear to be consistent with a shift rather than a call back

- invoices paid without purchase orders
- insufficient system access restrictions
- contracts not established for some regular services
- no recalculation of compensable patient invoicing.

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

What the audit covered

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

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

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

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

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

Yours sincerely

Andrew Richardson
Auditor-General

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INDEPENDENT AUDITOR'S REPORT

Government of South Australia
Auditor-General's Department

Level 9
State Administration Centre
200 Victoria Square
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To the Board Chair
Limestone Coast Local Health Network Incorporated

Opinion

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

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

The financial report comprises:

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

Basis for opinion

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

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

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

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

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

Auditor's responsibilities for the audit of the financial report

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

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

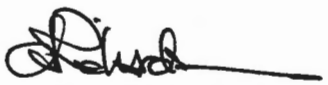
As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

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

- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

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



Andrew Richardson
Auditor-General
24 September 2020

Certification of the financial statements

We certify that the:

- financial statements of the Limestone Coast 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 Limestone Coast Local Health Network Inc. over its financial reporting and its preparation of the financial statements have been effective throughout the financial year.

Grant King	Ngaire Buchanan	Kristen Capewell
Board Chair	Chief Executive Officer	Chief Finance Officer

Date 15/09/2020

LIMESTONE COAST LOCAL HEALTH NETWORK
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2020

	Note	Consolidated 2020 $'000	Parent 2020 $'000
Income			
Revenues from SA Government	12	123,702	123,702
Fees and charges	7	17,788	17,788
Grants and contributions	8	20,684	20,814
Interest		375	352
Resources received free of charge	9	1,427	1,427
Other revenues/income	11	246	127
Total income		**164,222**	**164,210**
Expenses			
Staff benefits expenses	2	96,493	96,493
Supplies and services	3	57,972	57,972
Depreciation and amortisation	17,18	6,136	4,755
Grants and subsidies	4	1,310	1,310
Borrowing costs	5	863	863
Net loss from disposal of non-current and other assets	10	29	29
Impairment loss on receivables	14	373	373
Other expenses	6	340	355
Total expenses		**163,516**	**162,150**
Net result		**706**	**2,060**
Total comprehensive result		**706**	**2,060**

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

LIMESTONE COAST LOCAL HEALTH NETWORK
STATEMENT OF FINANCIAL POSITION
As at 30 June 2020

	Note	Consolidated 2020 $'000	Parent 2020 $'000
Current assets			
Cash and cash equivalents	13	5,431	4,533
Receivables	14	3,468	3,466
Other financial assets	15	19,354	18,164
Inventories	16	688	688
Total current assets		**28,941**	**26,851**
Non-current assets			
Receivables	14	402	402
Property, plant and equipment	18	128,025	98,671
Total non-current assets		**128,427**	**99,073**
Total assets		**157,368**	**125,924**
Current liabilities			
Payables	20	4,696	4,696
Financial liabilities	21	3,137	3,137
Staff benefits	22	13,136	13,136
Provisions	23	708	708
Contract liabilities and other liabilities	24	14,897	14,897
Total current liabilities		**36,574**	**36,574**
Non-current liabilities			
Payables	20	636	636
Financial liabilities	21	42,280	42,280
Staff benefits	22	16,513	16,513
Provisions	23	943	943
Total non-current liabilities		**60,372**	**60,372**
Total liabilities		**96,946**	**96,946**
Net assets		**60,422**	**28,978**
Equity			
Retained earnings		52,492	28,978
Asset revaluation surplus		7,930	-
Total equity		**60,422**	**28,978**

The accompanying notes form part of these financial statements. The total equity is attributable to the SA Government as owner.

LIMESTONE COAST LOCAL HEALTH NETWORK
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2020

CONSOLIDATED

	Note	Asset revaluation surplus $ '000	Retained earnings $ '000	Total equity $ '000
Balance at 30 June 2019		-	-	-
Net assets received from an administrative restructure	1.6	-	54,058	54,058
Net assets received on first time consolidation	1.6	7,930	24,868	32,798
Adjustments on initial adoption of Accounting Standards	1.8	-	(27,140)	(27,140)
Adjusted balance at 1 July 2019		7,930	51,786	59,716
Net result for 2019-20		-	706	706
Total comprehensive result for 2019-20		-	706	706
Balance at 30 June 2020		7,930	52,492	60,422

PARENT

	Note	Asset revaluation surplus $ '000	Retained earnings $ '000	Total equity $ '000
Balance at 30 June 2019		-	-	-
Net assets received from an administrative restructure	1.6	-	54,058	54,058
Adjustments on initial adoption of Accounting Standards	1.8	-	(27,140)	(27,140)
Adjusted balance at 1 July 2019		-	26,918	26,918
Net result for 2019-20		-	2,060	2,060
Total comprehensive result for 2019-20		-	2,060	2,060
Balance at 30 June 2020		-	28,978	28,978

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

LIMESTONE COAST LOCAL HEALTH NETWORK
STATEMENT OF CASH FLOWS
For the year ended 30 June 2020

	Note	Consolidated 2020 $'000	Parent 2020 $'000
Cash flows from operating activities			
Cash inflows			
Fees and charges		16,752	16,752
Grants and contributions		20,146	20,274
Interest received		232	232
Residential aged care bonds received		4,245	4,245
GST recovered from ATO		3,562	3,562
Other receipts		1,022	903
Receipts from SA Government		120,661	120,661
Cash generated from operations		**166,620**	**166,629**
Cash outflows			
Staff benefits payments		(94,408)	(94,408)
Payments for supplies and services		(58,705)	(58,705)
Payments of grants and subsidies		(1,429)	(1,429)
Interest paid		(863)	(863)
Residential aged care bonds refunded		(3,098)	(3,098)
Other payments		(402)	(402)
Cash used in operations		**(158,905)**	**(158,905)**
Net cash provided by operating activities		**7,715**	**7,724**
Cash flows from investing activities			
Cash inflows			
Proceeds from sale/maturities of investments		32	-
Cash generated from investing activities		**32**	**-**
Cash outflows			
Purchase of property, plant and equipment		(1,957)	(1,957)
Purchase of investments		(50)	(50)
Cash used in investing activities		**(2,007)**	**(2,007)**
Net cash used in investing activities		**(1,975)**	**(2,007)**
Cash flows from financing activities			
Cash inflows			
Cash received from restructuring activities		2,961	2,086
Cash generated from financing activities		**2,961**	**2,086**
Cash outflows			
Repayment of lease liability		(3,146)	(3,146)
Repayment of borrowings		(124)	(124)
Cash used in financing activities		**(3,270)**	**(3,270)**
Net cash provided used in financing activities		**(309)**	**(1,184)**
Net increase in cash and cash equivalents		**5,431**	**4,533**
Cash and cash equivalents at the beginning of the period		-	-
Cash and cash equivalents at the end of the period	13	**5,431**	**4,533**
Non-cash transactions	25		

The accompanying notes form part of these financial statements.

1. About Limestone Coast Local Health Network

Limestone Coast 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 and accompanying notes include all controlled activities of the Hospital

Parent Entity
The Parent Entity consists of the following:

- Bordertown Memorial Hospital
- Bordertown Charla Lodge
- Integrated Mental Health Inpatient Units
- Kingston Soldiers Memorial Hospital Multi-Purpose Service
- Limestone Coast Country Health Connect
- Mental Health Intensive Community Program
- Millicent and Districts Hospital and Health Service
- Millicent Sheoak Lodge
- Mount Gambier and Districts Health Service
- Naracoorte Health Service
- Naracoorte Moreton Bay House
- Penola War Memorial Hospital Multi-Purpose Service

Consolidated Entity
The Consolidated entity includes the Parent entity, the Incorporated Health Advisory Councils (HACs) and the Incorporated HAC Gift Fund Trusts (GFTs) as listed in note 33.

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.

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 33.

1.1 Objectives and activities

The Hospital is committed to a health system that produces positive health outcomes by focusing on health promotion, illness prevention, early intervention and achieving equitable health outcomes for the Limestone Coast region.

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

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

1.3 Taxation

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

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

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

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

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

1.4 Continuity of operations

As at 30 June 2020, the Hospital had working capital deficiency of $7.633 million. The SA Government is committed to continuing the delivery of hospital services to country and regional SA and accordingly it has demonstrated a commitment to the ongoing funding of the hospital.

1.5 Equity

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

1.6 Changes to reporting entity

CHSALHN was dissolved on 1 July 2019. Six new entities were established to provide hospital, health and aged care services to country and regional SA. As per the *Health Care (Local Health Networks) Proclamation 2019* contained in the South Australian Government Gazette No 30, dated 27th June 2019, assets, rights and liabilities were transferred to the relevant entity, effective 1 July 2019. This resulted in the transfer of 1,530 employees and net assets of $86.856 million tothe Hospital as detailed below:

Assets and liabilities transferred in were:	Consolidated 2020 $'000	Parent 2020 $'000
Cash	2,961	2,086
Receivables	3,994	3,989
Property, plant and equipment	112,375	81,657
Other assets	19,862	18,662
Total assets	**139,192**	**106,394**
Payables	4,553	4,553
Staff benefits	28,164	28,164
Provisions	1,390	1,390
Other liabilities	18,229	18,229
Total liabilities	**52,336**	**52,336**
Total net assets transferred in	**86,856**	**54,058**

1.7 Impact of COVID-19 pandemic on SA Health

COVID-19 has been classified as a global pandemic by the World Health Organisation. SA Health is the Control Agency in SA for human disease pursuant to the *State Emergency Management Plan*. As at 30 June 2020, SA has had a total of 444 confirmed COVID cases. Noteworthy, between April 22 and 30 June, SA had only five new cases. Accordingly SA has minimised transmission of the virus and maintained containment of COVID-19 infection.
As the lead agency, SA Health has:

- activated COVID-19 clinics in metro and regional SA

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

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

- Additional financial assistance of $0.317 million was received from the Commonwealth Government to assist the Hospital with its COVID-19 response for Residential Aged Care and Multi-Purpose sites. This funding was for all residential aged care providers to support the additional costs of caring for the health and wellbeing of residents.
- Hospital staff accessing special leave with pay for up to 15 days for absences related to COVID-19 situations $0.067 million.
- Additional costs associated with public health activities (eg preparation of hospitals to respond and establishing testing clinics), purchases of personal protective equipment for staff, and non-clinical costs (eg additional hospital cleaning costs) were $0.754 million.

Business continuity information is at note 1.4, impairment information is at note 14.1, estimates and judgements are at note 14.1, 20, 22.2 and 23.

1.8 Change in accounting policy

AASB 16 *Leases*
AASB 16 *Leases* sets out a comprehensive model for lessee accounting that addresses recognition, measurement, presentation and disclosure of leases. Lessor accounting is largely unchanged. AASB 16 replaces AASB 117 *Leases* and related interpretations.

The adoption of AASB 16 from 1 July 2019 resulted in adjustments to the amounts recognised from a lessee perspective in the financial statements and changes to accounting policies:

- AASB 117 required the recognition of an asset and liability in relation to only finance leases (not operating leases). AASB 16 will result in leases previously classified as an operating lease having right-of-use assets and lease liability being recognised in the Statement of Financial Position.
- AASB 117 required lessors to classify sublease arrangements on the basis of whether substantially all the risks and rewards incidental to ownership of the underlying asset had been transferred to the sublessee. Under AASB 16 classification is made on the basis of whether substantially all the risks and rewards associated with the right of use asset arising from the head lease have been transferred to the lessee. AASB 16 has resulted in the Hospital continuing to classify sub leases arrangements as operating leases.
- AASB 117 resulted in operating lease payments being recognises as an expense under Supplies and Services. AASB 16 largely replaces this with depreciation expense that represents the right-of-use asset and borrowing costs that represent the cost associated with financing the right-of-use asset.

AASB offers additional guidance on the definition of a lease term, along with the requirement to revalue an asset when the lease liability is revalued, which has required the hospital to reassess the lease liability transferred from the dissolved CHSALHN.

The impact on the Hospital was as below:

	Consolidated 2020	Parent 2020
AASB 117	**$'000**	**$'000**
Buildings Under Finance Lease	31,736	31,736
Current Finance Lease Liability	(1,723)	(1,723)
Non Current Finance Lease Liability	(3,332)	(3,332)
GST relating to finance lease	459	459
Impact on Equity	**27,140**	**27,140**
AASB 16		
Right of Use Building	46,840	46,840
Current Lease Liability	(2,541)	(2,541)
Non Current Lease Liability	(44,299)	(44,299)
Impact on Equity	-	-
Net Impact on Equity	**27,140**	**27,140**

1.9 Changes in presentation of financial statements

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

2. Staff benefits expenses

	Consolidated 2020 $'000	Parent 2020 $'000
Salaries and wages	78,117	78,117
Targeted voluntary separation packages (refer 2.5)	49	49
Long service leave	1,624	1,624
Annual leave	7,139	7,139
Skills and experience retention leave	360	360
Staff on-costs - superannuation*	8,174	8,174
Workers compensation	787	787
Board and committee fees	171	171
Other staff related expenses	72	72
Total staff benefits expenses	**96,493**	**96,493**

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

2.1 Key Management Personnel

Key management personnel (KMP) of the consolidated and parent entity includes the Minister, the governing board chair, the six members of the governing board, the Chief Executive of the Department, the Chief Executive Officer of the Hospital and the ten members of the Executive Management Group who have responsibility for the strategic direction and management of the Hospital.

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

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

Compensation	**2020 $'000**
Salaries and other short term employee benefits	1,508
Post-employment benefits	251
Total	**1,759**

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

2.2 Remuneration of Boards and Committees

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

	2020 No. of Members
$0	1
$20,001 - $40,000	5
$40,001 - $60,000	1
Total	**7**

The total remuneration received or receivable by members was $0.186 million. Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits and fringe benefits and any fringe benefits tax paid or payable in respect of those benefits. In accordance with the Premier and Cabinet Circular No. 016, government employees did not receive any remuneration for board/committee duties during the financial year unless so exempted by the Minister.

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 34 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.

2.3 Remuneration of staff

The number of staff whose remuneration received or receivable falls within the following bands:	Consolidated 2020 Number	Parent 2020 Number
$155,000 - $174,999	9	9
$175,000 - $194,999	4	4
$195,000 - $214,999	1	1
$215,000 - $234,999	2	2
$275,000 - $294,999	3	3
$295,000 - $314,999	1	1
$335,000 - $354,999	2	2
$395,000 - $414,999	1	1
$415,000 - $434,999	2	2
$455,000 - $474,999	1	1
$475,000 - $494,999	1	1
$535,000 - $554,999	1	1
$615,000 - $634,999	1	1
$635,000 - $654,999	2	2
Total number of staff	**31**	**31**

The table includes all staff who received remuneration equal to or greater than the base executive remuneration level during the year. Remuneration of staff reflects all costs of employment including salaries and wages, payments in lieu of leave, superannuation contributions, salary sacrifice benefits and fringe benefits and any fringe benefits tax paid or payable in respect of those benefits.

2.4 Remuneration of staff by classification

The total remuneration received by staff included above:

	Consolidated 2020		Parent 2020	
	No.	$'000	No.	$'000
Medical (excluding Nursing)	21	7,625	21	7,625
Executive	1	235	1	235
Nursing	9	1,565	9	1,565
Total	**31**	**9,425**	**31**	**9,425**

2.5 Targeted voluntary separation packages

Amount paid/Payable to separated staff:	Consolidated 2020 $'000	Parent 2020 $'000
Targeted voluntary separation packages	49	49
Leave paid/payable to separated employees	57	57
Net cost to the Hospital	**106**	**106**

The number of staff who received a TVSP during the reporting period	2	2

3. Supplies and services

	Consolidated 2020 $'000	Parent 2020 $'000
Administration	96	96
Advertising	20	20
Communication	411	411
Computing	1,956	1,956
Consultants	55	55
Contract of services	173	173
Contractors	45	45
Contractors - agency staff	2,449	2,449
Drug supplies	2,312	2,312
Electricity, gas and fuel	1,693	1,693
Fee for service*	15,325	15,325
Food supplies	1,770	1,770
Housekeeping	1,310	1,310
Insurance	1,274	1,274
Internal SA Health SLA payments	6,544	6,544
Legal	48	48
Medical, surgical and laboratory supplies	11,171	11,171
Minor equipment	569	569
Motor vehicle expenses	367	367
Occupancy rent and rates	281	281
Patient transport	1,304	1,304
Postage	188	188
Printing and stationery	489	489
Repairs and maintenance	4,382	4,382
Security	89	89
Services from Shared Services SA	1,273	1,273
Short term lease expense	82	82
Training and development	472	472
Travel expenses	360	360
Other supplies and services	1,464	1,464
Total supplies and services	**57,972**	**57,972**

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

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

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

	Consolidated 2020		Parent 2020	
	No.	$'000	No.	$'000
Above $10,000	2	55	2	55
Total	**2**	**55**	**2**	**55**

4. Grants and subsidies

The Hospital provided $1.310 million in funding to non-government organisations to assist in maintaining vital health services in the Limestone coast region.

5. Borrowing costs

	Consolidated 2020 $'000	Parent 2020 $'000
Lease costs	858	858
Interest paid/payable	5	5
Total borrowing cost	**863**	**863**

The Hospital does not capitalise borrowing costs. The total borrowing costs from financial liabilities not at fair value through the profit and loss was $0.866 million.

6. Other expenses

	Consolidated 2020 $'000	Parent 2020 $'000
Debts written off	124	124
Bank fees and charges	3	3
Donated assets expense	-	15
Other*	213	213
Total other expenses	**340**	**355**

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

* Includes Audit fees paid or payable to the Auditor-General's Department relating to work performed under the *Public Finance and Audit Act* of $0.148 million. No other services were provided by the Auditor-General's Department. Payments to Galpins Accountants Auditors and Business Consultants were $0.031 million for HAC and aged care audit services.

7. Fees and charges

	Consolidated 2020 $'000	Parent 2020 $'000
Insurance recoveries	16	16
Patient and client fees	6,051	6,051
Private practice fees	556	556
Recoveries	6,264	6,264
Residential and other aged care charges	4,104	4,104
Sale of goods - medical supplies	584	584
Other user charges and fees	213	213
Total fees and charges	**17,788**	**17,788**

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

The Hospital recognises contract liabilities for consideration received in respect of unsatisfied performance obligations and reports these amounts as other liabilities (refer to note 24).

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

Patient and Client Fees
Public health care is free for medicare eligible customers. Non-medicare eligible customers pay in arrears to stay overnight in a public hospital and to receive medical assessment, advice, treatment and care from a health professional. These charges may include doctors, surgeons, anesthetist, 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.

Residential and other aged care charges
Long stay nursing home fees include daily care fee and daily accommodation fees. Residents pay fortnightly in arrears for services rendered and accommodation supplied. Any amounts remaining unpaid or unbilled at the end of the reporting period are treated as an accounts receivable.

Recoveries
Where the Hospital has incurred an expense on behalf of another entity, payment is recovered from the other entity by way of a recharge of the cost incurred. Recoveries can relate to the recharge of salaries and wages or various goods and services. Revenue from these services are recognised on a time-and-material basis as services are provided.

8. Grants and contributions

	Consolidated 2020 $'000	Parent 2020 $'000
Commonwealth grants	12,085	12,085
Commonwealth aged care subsidies	7,796	7,796
SA Government capital contributions	-	16
Other SA Government grants and contributions	705	819
Private sector grants and contributions	98	98
Total grants and contributions	**20,684**	**20,814**

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

The $20.684 million received during the reporting period was provided for specific purposes such as aged care, community health services and other related health services.

9. Resources received free of charge

	Consolidated 2020 $'000	Parent 2020 $'000
Plant and equipment	166	166
Services	1,261	1,261
Total resources received free of charge	**1,427**	**1,427**

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

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

In addition, although not recognised, the Hospital receives volunteer services from around 350 volunteers whom provide patient and staff support services to individuals using the Hospitals services. The services include but are not limited to: social support groups, Meals on Wheels, administrative assistance and patient visitations.

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

The hospital disposed of assets with a value of $0.029 million for nil consideration.

11. Other revenues/income

	Consolidated 2020 $'000	Parent 2020 $'000
Donations	182	66
Other	64	61
Total other revenues/income	**246**	**127**

12. Revenues from SA Government

	Consolidated 2020 $'000	Parent 2020 $'000
Capital funding	4,831	4,831
Recurrent funding	118,871	118,871
Total revenues from SA Government	**123,702**	**123,702**

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

13. Cash and cash equivalents

	Consolidated 2020 $'000	Parent 2020 $'000
Cash at bank or on hand	2,613	1,715
Deposits with Treasurer: general operating	2,477	2,477
Deposits with Treasurer: special purpose funds	341	341
Total cash	**5,431**	**4,533**

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 $5.431 million held, $1.591 million relates to aged care refundable deposits

14. Receivables

Current	Consolidated 2020 $'000	Parent 2020 $'000
Patient/client fees: compensable	902	902
Patient/client fees: aged care	273	273
Patient/client fees: other	891	891
Debtors	887	887
Less: allowance for impairment loss on receivables	(480)	(480)
Prepayments	6	6
Interest	34	32
Workers compensation provision recoverable	234	234
Sundry receivables and accrued revenue	622	622
GST input tax recoverable	99	99
Total current receivables	**3,468**	**3,466**
Non-current		
Debtors	11	11
Workers compensation provision recoverable	391	391
Total non-current receivables	**402**	**402**
Total receivables	**3,870**	**3,868**

Receivables arise in the normal course of selling goods and services to other agencies and to the public. The Hospitals 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.

14.1 Impairment loss on receivables

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

Movement in the allowance for impairment loss on receivables:

	Consolidated 2020 $'000	Parent 2020 $'000
Transfer from administrative restructure	**107**	**107**
Increase in allowance recognised in profit or loss	373	373
Carrying amount at the end of the period	**480**	**480**

Impairment losses related to receivables arising from contracts with customers that are external to the SA Government Refer to note 31 for details regarding credit risk and the methodology for determining impairment.

15. Other financial assets

The consolidated entity holds term deposits of $19.354 million ($18.164 million parent) of which $11.549 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.

16. Inventories

	Consolidated 2020 $'000	Parent 2020 $'000
Drug supplies	152	152
Medical, surgical and laboratory supplies	411	411
Food and hotel supplies	87	87
Engineering supplies	11	11
Other	27	27
Total current inventories - held for distribution	**688**	**688**

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.

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

17.1 Acquisition and recognition

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.

17.2 Depreciation and amortisation

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

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

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

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

Non-current tangible assets that are acquired between revaluations are held at cost until the next valuation, where they are revalued to fair-value.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amounts of the assets and the net amounts are restated to the revalued amounts of the asset. Upon disposal or derecognition, any asset revaluation surplus relating to that asset is transferred to retained earnings.

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

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

For land classified as restricted in use, fair value was determined using and adjustment to factors to reflect the restriction.

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

17.6 Plant and equipment
Value of plant and equipment is deemed to approximate fair value.

17.7 Right-of-use assets
Right-of-use assets are recorded at cost and there were no indications of impairment. Additions to right-of-use assets during 2019-20 were $0.877 million.

18. Reconciliation of property, plant and equipment

The following table shows the movement:
Consolidated

2019-20	Land and buildings:				Plant and equipment:					
	Land $'000	Buildings $'000	Right-of-use buildings $'000	Capital works in progress land and buildings $'000	Accommodation 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	Total $'000
Acquisitions through administrative restructuring	**4,154**	**56,679**	**47,200**	**926**	**16,277**	**1,592**	**1,013**	**430**	**-**	**128,271**
Additions	-	207	373	4,371	23	236	47	504	16	**5,777**
Assets received free of charge	-	-	-	-	-	76	90	-	-	**166**
Disposals	-	-	-	-	-	-	(29)	(24)	-	**(53)**
Subtotal:	**4,154**	**56,886**	**47,573**	**5,297**	**16,300**	**1,904**	**1,121**	**910**	**16**	**134,161**
Gains/(losses) for the period recognised in net result:										
Depreciation and amortisation	-	(2,837)	(1,910)	-	(420)	(501)	(147)	(321)	-	**(6,136)**
Subtotal:	**-**	**(2,837)**	**(1,910)**	**-**	**(420)**	**(501)**	**(147)**	**(321)**	**-**	**(6,136)**
Carrying amount at the end of the period	**4,154**	**54,049**	**45,663**	**5,297**	**15,880**	**1,403**	**974**	**589**	**16**	**128,025**
Gross carrying amount										
Gross carrying amount	4,154	58,374	47,492	5,297	16,300	2,285	1,121	839	16	**135,878**
Accumulated depreciation / amortisation	-	(4,325)	(1,829)	-	(420)	(882)	(147)	(250)	-	**(7,853)**
Carrying amount at the end of the period	**4,154**	**54,049**	**45,663**	**5,297**	**15,880**	**1,403**	**974**	**589**	**16**	**128,025**

All property, plant and equipment are classified in the level 3 fair value hierarchy except capital works in progress (not classified). Refer to note 21 for details about the lease liability for right-of-use assets.

Parent

2019-20	Land and buildings:				Plant and equipment:					
	Land $'000	Buildings $'000	Right-of-use buildings $'000	Capital works in progress land and buildings $'000	Accommodation 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	Total $'000
Acquisitions through administrative restructuring	**2,517**	**27,596**	**47,200**	**926**	**16,277**	**1,592**	**1,013**	**430**	**-**	**97,551**
Additions	-	207	373	4,371	23	236	47	504	16	**5,777**
Assets received free of charge	-	-	-	-	-	76	90	-	-	**166**
Disposals	-	-	-	-	-	-	(29)	(24)	-	**(53)**
Donated assets disposal	-	(15)	-	-	-	-	-	-	-	**(15)**
Subtotal:	**2,517**	**27,788**	**47,573**	**5,297**	**16,300**	**1,904**	**1,121**	**910**	**16**	**103,426**
Gains/(losses) for the period recognised in net result:										
Depreciation and amortisation	-	(1,456)	(1,910)	-	(420)	(501)	(147)	(321)	-	**(4,755)**
Subtotal:	**-**	**(1,456)**	**(1,910)**	**-**	**(420)**	**(501)**	**(147)**	**(321)**	**-**	**(4,755)**
Carrying amount at the end of the period	**2,517**	**26,332**	**45,663**	**5,297**	**15,880**	**1,403**	**974**	**589**	**16**	**98,671**
Gross carrying amount										
Gross carrying amount	2,517	27,788	47,492	5,297	16,300	2,285	1,121	839	16	**103,655**
Accumulated depreciation / amortisation	-	(1,456)	(1,829)	-	(420)	(882)	(147)	(250)	-	**(4,984)**
Carrying amount at the end of the period	**2,517**	**26,332**	**45,663**	**5,297**	**15,880**	**1,403**	**974**	**589**	**16**	**98,671**

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 21 for details about the lease liability for right-of-use assets.

19. 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 million or an estimated useful life that was less than three years are deemed to approximate fair value.

Refer to notes 17 and 19.2 and for disclosure regarding fair value measurement techniques and inputs used to develop fair value measurements for non-financial assets.

19.1 Fair value hierarchy

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

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

19.2 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.

20. Payables

	Consolidated	Parent
	2020	2020
Current	$'000	$'000
Creditors and accrued expenses	3,379	3,379
Paid Parental Leave Scheme	38	38
Staff on-costs*	1,205	1,205
Other payables	74	74
Total current payables	**4,696**	**4,696**
Non-current		
Staff on-costs*	636	636
Total non-current payables	**636**	**636**
Total payables	**5,332**	**5,332**

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

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

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

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

Refer to note 31 for information on risk management.

21. Financial liabilities

	Consolidated	Parent
	2020	2020
Current	$'000	$'000
Borrowings from SA Government	81	81
Lease liabilities	3,056	3,056
Total current financial liabilities	**3,137**	**3,137**
Non-current	$'000	$'000
Lease liabilities	42,280	42,280
Total non-current financial liabilities	**42,280**	**42,280**
Total financial liabilities	**45,417**	**45,417**

The Hospital measures financial liabilities including borrowings at amortised cost. Lease Liabilities have been measured via discounting lease payments using either the interest rate implicit in the lease (where it is readily determined) or Treasury's incremental borrowing rate. There were no defaults or breaches on any of the above liabilities throughout the year.

Refer to note 31 for information on risk management.

21.1 Leasing activities
The Hospital has a number of lease agreements. Lease terms vary in length from 1 to 35 years.
Major lease activities include the use of:

- Properties – buildings are mainly leased from the private sector for office space or accommodation for clients, locums and students. Generally property leases are non-cancellable with many having the right of renewal. Rent is payable in arrears, with increases generally linked to CPI increases. Prior to renewal, most lease arrangements undergo a formal rent review linked to market appraisals or independent valuers.
- Health Facilities – Mt Gambier Hospital lease commenced in June 1997 and is for 25 years with an option to renew for 10 years. After 35 years the land and buildings revert to the Hospital. The base rental for the 25 year term increases according to CPI each quarter. For the 10 year renewal, the rental is set out as part of the new lease agreement, .
- 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 entered into two sub-lease arrangements outside of SA Health, which have continued to be recognised as operating leases.

Refer note 17 and 18 for details about the right of use assets (including depreciation) and note 5 for financing costs associated with these leasing activities.

21.2 Concessional lease arrangements
The Hospital has no concessional lease arrangements.

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

	Consolidated	Parent
	2020	2020
Lease Liabilities	**$'000**	**$'000**
1 to 3 years	7,577	7,577
3 to 5 years	7,877	7,877
5 to 10 years	22,007	22,007
More than 10 years	9,919	9,919
Total lease liabilities (undiscounted)	**47,380**	**47,380**

22. Staff benefits

	Consolidated 2020	Parent 2020
Current	**$'000**	**$'000**
Accrued salaries and wages	2,977	2,977
Annual leave	8,100	8,100
Long service leave	1,495	1,495
Skills and experience retention leave	564	564
Total current staff benefits	**13,136**	**13,136**
Non-current		
Long service leave	16,513	16,513
Total non-current staff benefits	**16,513**	**16,513**
Total staff benefits	**29,649**	**29,649**

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

22.1 Salaries and wages, annual leave, skills and experience retention leave and sick leave
The liability for salary and wages is measured as the amount unpaid at the reporting date at remuneration rates current at the reporting date.

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

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

22.2 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 staff 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 staff departures and periods of service. These assumptions are based on staff data over SA Government entities and the health sector across government.

AASB 119 requires the use of the yield on long-term Commonwealth Government bonds as the discount rate in the measurement of the long service leave liability. The yield on long-term Commonwealth Government bonds is 0.75%, which is used as the rate to discount future long service leave cash flows. The actuarial assessment performed by DTF determined the salary inflation rate to be 2.5% for long service leave liability and 2.0% for annual leave and skills, experience and retention leave liability.

23. Provisions

Provisions represent workers compensation

Reconciliation of workers compensation (statutory and non-statutory)

	Consolidated 2020 $'000	Parent 2020 $'000
Transfer through administrative restructuring	1,390	1,390
Increase in provisions recognised (per calculation)	400	400
Reductions arising from payments/other sacrifices of future economic benefits	(139)	(139)
Carrying amount at the end of the period	**1,651**	**1,651**

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

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

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

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

The workers compensation non-statutory provision is an actuarial assessment of the outstanding claims liability, provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment. There is a high level of uncertainty as to the valuation of the liability (including future claim costs), this is largely due to the enterprise bargaining agreements and industrial awards being in place for a short period of time and the emerging experience is unstable. The average claim size has been estimated based on applications to date and this may change as more applications are made. As at 30 June 2020 the Hospital recognised a workers compensation non-statutory provision of $0.076 million.

24. Contract liabilities and other liabilities

	Consolidated 2020 $'000	Parent 2020 $'000
Current		
Contract liabilities	1,751	1,751
Residential aged care bonds	13,137	13,137
Other	9	9
Total contract liabilities and other liabilities	**14,897**	**14,897**

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.

25. Cash flow reconciliation

Reconciliation of cash and cash equivalents at the end of the reporting period	Consolidated 2020 $'000	Parent 2020 $'000
Cash and cash equivalents disclosed in the Statement of Financial Position	5,431	4,533
Cash as per Statement of Financial Position	**5,431**	**4,533**
Balance as per Statement of Cash Flows	**5,431**	**4,533**
Reconciliation of net cash provided by operating activities to net result:		
Net cash provided by operating activities	7,715	7,724
Add/less non-cash items		
Asset donated free of charge	-	(15)
Capital revenues	3,043	3,043
Depreciation and amortisation expense of non-current assets	(6,136)	(4,755)
Gain/(loss) on sale or disposal of non-current assets	(29)	(29)
Resources received free of charge	166	166
Interest credited directly to investments	179	161
Movement in assets/liabilities		
Increase/(decrease) in inventories	(17)	(17)
Increase/(decrease) in receivables	(125)	(128)
(Increase)/decrease in other liabilities	(1,928)	(1,928)
(Increase)/decrease in payables and provisions	(677)	(677)
(Increase)/decrease in staff benefits	(1,485)	(1,485)
Net result	**706**	**2,060**

Total cash outflows for leases is $4.006 million.

26. Unrecognised contractual commitments

26.1 ***Expenditure commitments***

Expenditure commitments	Consolidated 2020 $'000	Parent 2020 $'000
Within one year	2,057	2,057
Later than one year but not longer than five years	1,124	1,124
Total other expenditure commitments	**3,181**	**3,181**

The Hospital expenditure commitments are for agreements for goods and services ordered but not received. The Hospital also has commitments to provide funding to various non-government organisations in accordance with negotiated service agreements in regards to the maintenance of the Mt Gambier Hospital. The value of these commitments as at 30 June 2020 has not been quantified.

27. Trust funds

The Hospital holds money in trust on behalf of consumers that reside in LHN facilities whilst the consumer is receiving residential aged care services. As the Hospital only performs a 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.

	2020 $'000
Transfers in from administrative restructure	**3**
Client trust receipts	4
Client trust payments	(1)
Carrying amount at the end of the period	**6**

28. 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.

28.1 Contingent Assets

The Hospital is not aware of any contingent assets.

28.2 Contingent Liabilities

Under the Act, all real property except for property associated with Crown Land of the former Hospitals and Health Centre entities was to be transferred to the associated HAC. To date a limited number of real properties have not transferred to the HACs as the vesting instruments have not been finalised or there is a requirement to seek clarification from Crown Law regarding encumbrances on some properties and whether a HAC can hold property that is encumbered. Given the uncertainty of the outcome of the advice sought from Crown Law it is not possible to reliably measure the value of the real property that could transfer to the HACs in the future. Similarly, it is not possible to determine when the vesting instruments will be finalised or to reliably measure the value of the real property that will transfer to the HACs at that time.

28.3 Guarantees

The Hospital has made no guarantees.

29. Events after balance date

Adjustments are made to amounts recognised in the financial statements, where an event occurs after 30 June and before the date the financial statements are authorised for issue, where those events provide information about conditions that existed at 30 June.

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

30. Impact of Standards not yet implemented

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

- AASB 1059 *Service Concession Arrangements: Grantors* applies from 1 July 2020 - The Hospital has assessed the Mount Gambier public private partnership arrangements under the new standard and formed the view that these arrangements are not service concession arrangements as the Hospital (the Grantor) provides the public service and not the operator. Accordingly this standard will not have an impact on the Hospitals financial statements.
- Amending Standards AASB 2018-6 and AASB 2018-7 will apply from 1 July 2020 and AASB 2014-10, AASB 2015-10, AASB 2017-5 will apply from 1 July 2022. Although applicable to the Hospital, these amending standards are not expected to have an impact on the Hospital's financial statements. SA Health will update its policies, procedures and work instructions, where required, to reflect changes to the definition of a business, definition of materiality, and the additional clarification of requirements for a sale or contribution of assets between an investor and its associate or joint venture.

31. Financial instruments/financial risk management

31. 1 Financial risk management

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

Liquidity Risk

The Hospital is funded principally from appropriation by the SA Government. The Hospital works with DTF to determine the cash flows associated with the SA Government approved program of work and to ensure funding is provided through SA Government budgetary processes to meet the expected cash flows. Refer to note 1.4, 20 and 21 for further information.

Credit risk

The Hospital has policies and procedures in place to ensure that transactions occur with customers with appropriate credit history. The Hospital has minimal concentration of credit risk. No collateral is held as security and no credit enhancements relate to financial assets held by the Hospital. Refer to notes 14 and 15 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. The Hospital's residential aged care refundable deposits become interest bearing once a refunding event occurs as per Note 24. There is no exposure to foreign currency or other price risks.

31.2 Categorisation of financial instruments

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

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 $3.140 million and $3.323 million respectively.

31.3 Credit risk exposure and impairment of financial assets

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

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

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

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

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

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

	30 June 2020		
	Expected credit loss rate(s) %	Gross carrying amount $'000	Expected credit losses $'000
Days past due			
Current	0.2-3.5%	1,025	23
<30 days	0.4-5%	283	9
31-60 days	2.2-11.1%	201	12
61-90 days	3.8-13.1%	149	11
91-120 days	4.4-17.3%	178	26
121-180 days	6-22.4%	229	43
181-360 days	6.6-39.1%	379	120
361-540 days	27.4-70.6%	183	84
>540 days	33-80.9%	241	152
Total		**2,868**	**480**

32. 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 12), and incurred significant expenditure via the Department for medical, surgical and laboratory supplies, computing and insurance (note 3). The Department transferred capital works in progress of $3.043 million to the Hospital. The Hospital incurred significant expenditure with the Department of Planning, Transport and Infrastructure (DPTI) for property repairs and maintenance of $2.048 million (note 3). As at 30 June the outstanding balance payable to DPTI was $0.584 million (note 20).

33. 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 associated 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 HAC have no powers to direct or make decisions with respect to the management and administration of Limestone Coast Local Health Network.

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.

Health Advisory Council		
Incorporated HACs and GFTs		
Bordertown and District Health Advisory Council Inc	Kingston/Robe Health Advisory Council Inc	Millicent and Districts Health Advisory Council Inc
Mount Gambier and Districts Health Advisory Council Inc	Naracoorte Area Health Advisory Council Inc	Penola and Districts Health Advisory Council Inc
Bordertown and District Health Advisory Council Inc Gift Fund Trust	Kingston/Robe Health Advisory Council Inc Gift Fund Trust	Millicent and Districts Health Advisory Council Inc Gift Fund Trust
Mount Gambier and Districts Health Advisory Council Inc Gift Fund Trust	Naracoorte Area Health Advisory Council Inc Gift Fund Trust	Penola and Districts Health Advisory Council Inc Gift Fund Trust

34. 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
Limestone Coast Local Health Network Governing Board	2	King G (Chair), Brown, G, Cook L, Irving J, Johnson A

Refer to note 2.2 for remuneration of board and committee members