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**Government
of South Australia**

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK 2023-2024 Annual Report

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK

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Acknowledgement of Country

We respectfully acknowledge Barossa Hills Fleurieu Local Health Network spans across the Traditional Lands for many Peoples; for the Kaurna, for the Ngadjuri, for the Peramangk and for the Ngarrindjeri - Ramindjeri Peoples.

We acknowledge these Peoples as the Traditional Custodians of the Adelaide, Barossa, Hills and Fleurieu region and recognise their continuing connection to Lands, Waters and Communities.

We pay our respects to Elders past, present and emerging.

We acknowledge that the spiritual connection and relationship with this land is as significant today as it has been for generations of Aboriginal people.

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2023-24 ANNUAL REPORT for the Barossa Hills Fleurieu Local Health Network

To:

Chris Picton

Minister for Health and Wellbeing

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

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

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



James Hazel
Governing Board Chair

30 September 2024

From the Governing Board Chair



It is with great pride that I present the 2023-2024 Annual Report for the Barossa Hills Fleurieu Local Health Network. This year has been marked by significant achievements and progress across our network, reflecting our unwavering commitment to delivering high-quality healthcare services to our communities.

Our workforce has been instrumental in driving our success. We have continued to prioritise cultural respect and safety, with initiatives such as the #Blakout campaign and the establishment of the Allyship Community of Practice and the Anti-Racism Workforce Advisory Group. These efforts underscore our commitment to reconciliation and anti-racism.

We have made substantial advancements in our service delivery, including the opening of new emergency departments, our streamlined high school work experience program is creating a robust workforce pipeline, and collaborations with Vintage Care and Hello Home Doctor have enhanced GP services at our Residential Aged Care Facilities (RACFs).

Our corporate performance has been exemplary, with the completion of key projects such as the renovation and reactivation of Carnarvon House, the introduction of a consistent food safety program across all sites, and the commencement of significant infrastructure projects including the \$5M Commonwealth Workforce Accommodation project and the \$10M Kangaroo Island Health Service Election Commitment project.

The Rural Support Service (RSS) has also achieved notable milestones, including the coordination of the level one lymphoedema training program, the development of the allied health professional supervision framework, the successful implementation of the 2022–24 Rural GP Agreement, along with the establishment of activity based funding costing systems to enhance transparency and service growth.

These accomplishments are a testament to the dedication and hard work of our staff, partners, and community members. As we look ahead, the Board remain committed to fostering a supportive and inclusive environment, driving continuous improvement, and enabling the network to deliver exceptional healthcare services to all.

Thank you for your ongoing support and collaboration.

A stylized, handwritten signature in dark ink, appearing to read 'James Hazel'.

James Hazel
Governing Board Chair
Barossa Hills Fleurieu Local Health Network

From the Chief Executive



I am pleased to present the 2023-2024 Annual Report for the Barossa Hills Fleurieu Local Health Network. This year has been a testament to our collective resilience, innovation, and unwavering commitment to providing excellence in the healthcare services we deliver to our consumers and community.

Our achievements this year are a direct result of the dedication and hard work of our staff, partners, and community members. We have made significant strides in enhancing our service delivery, workforce development, and infrastructure. The introduction of nurse-led clinics in

Gumeracha and Strathalbyn, and the development of a sustainable birthing model through the Kangaroo Island Health Service Maternity Model of Care evaluation and transition of Victor Harbor Private Hospital to BHFLHN as a public service, are just a few examples of our ongoing commitment to improving patient care.

We have also focused on creating a supportive and inclusive work environment. Our organisational development programs have engaged over 600 participants, and we have made significant progress in implementing a new learning management system. The Transition to Professional Practice Program (TPPP) welcomed 60 graduate nurses and the implementation of the Transition to Clinical Leadership program is preparing our future leaders in Allied Health.

We have continued to strengthen our commitment to First Nations communities through the establishment of a Communities of Practice, anti-racism and investment in first nations workforce as we actively aim to close the gap in health outcomes for Aboriginal people.

Our corporate performance this year has been characterised by strategic investments and operational enhancements to reinforce our service delivery and infrastructure. We have made significant progress in our digital implementations, including the rollout of the Electronic Medical Record (EMR) system across eleven BHFLHN hospital sites and we have commenced the replacement critical infrastructure at Angaston Hospital and completed the Gawler Health Service Central Sterile Supply Department (CSSD) project. Our focus on sustainability and efficiency is further demonstrated by the successful transition to Ventia under the Across Government Facilities Management Agreement, ensuring robust facility management across our network.

The Rural Support Service (RSS) has also achieved notable milestones, including the coordination of the Level One lymphoedema training program, the development of the Allied Health Professional Supervision Framework, and the successful implementation of the 2022–24 Rural GP Agreement. The RSS social media strategy has expanded both reach and engagement, with activity based funding costing systems being established to enhance transparency and service growth.

Looking ahead, BHFLHN remain committed to fostering a culture of continuous improvement and innovation. We will continue to build on our successes, address challenges, and work collaboratively with our partners to deliver high-quality

healthcare services. Our focus will remain on improving accessibility, quality of care, and patient outcomes.

I would like to extend my heartfelt thanks to our staff, partners, and community members for their unwavering support and dedication. Together, we will continue to make a positive impact on the health and wellbeing of our consumers.

A handwritten signature in blue ink, appearing to read 'Bronwyn Masters', with a stylized, flowing script.

Bronwyn Masters
Chief Executive Officer
Barossa Hills Fleurieu Local Health Network

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Overview: about the agency

The BHFLHN service profile includes a range of in-hospital, aged care, community, disability, and mental health services through public hospitals and other health and aged care services – with 11 health service site locations at Gawler, Angaston, Tanunda, Eudunda, Kapunda, Mount Pleasant, Gumeracha, Mount Barker, Strathalbyn, Victor Harbor and Kangaroo Island.

BHFLHN oversees country-wide mental health services through the Rural and Remote Mental Health Service, based at Glenside Health Service, and the state-wide borderline personality disorder service, BPD Co., based in Unley.

BHFLHN is host of the Rural Support Service (RSS) which delivers a shared support service to the six regional local health networks and manages important clinical services to the regions.

Regardless of where consumers reside within our local health network or beyond, BHFLHN is guided by the principle that high-quality and accessible health care is a right of all people. It is at the heart of everything we do.

Our strategic focus

Our Purpose	We exist to deliver excellent health care that improves the health and wellbeing of our communities.
Our Vision	By 2025, we aspire to be acclaimed as a leading LHN, demonstrating courage in being innovative and creative as we continue to strive for excellence.
Our Values	<ul style="list-style-type: none"> • <i>Trust</i> - we are a safe and reliable pair of hands for all that we hold. • <i>Respect</i> - we stand for quality treatment and care that every person deserves, every time. • <i>Integrity</i> - we commit to own up, open up, follow up. • <i>Collaboration</i> - we recognise that sharing improves our caring. • <i>Kindness</i> - we give care and take care in providing care.

<p>Our functions, objectives and deliverables</p>	<p>Objectives:</p> <ul style="list-style-type: none"> • <i>Our Services</i> – in collaboration with our partners, we will improve the accessibility and quality of our services. We will drive improvements in mental health, recognising the increased need for services; we will drive improvements in aged care, recognising that our communities are ageing; and we will drive improvements in Aboriginal health, recognising the unique needs of Aboriginal and Torres Strait Island consumers. • <i>Our People</i> – to provide a dynamic environment that fosters learning excellence, and facilitates a positive, inclusive culture with high levels of leadership. • <i>Our Partners</i> – to establish and strengthen partnerships for a well-connected and sustainable health system. • <i>Our Governance</i> – to demonstrate excellence, agility, and accountability.
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Our organisational structure

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

James (Jim) Hazel – Chair

February 2022 - Current

Jim is an experienced company director, sitting on the boards of listed, unlisted, government and not-for-profit companies and organisations where he is regularly appointed board chair and chair of major subcommittees. He has deep experience in risk and financial management.

Current roles include ASX listed companies Bendigo and Adelaide Bank Limited and Ingenia Communities Group (Chair). He is also a Council Member and ProChancellor of the University of South Australia.

Previous board roles include Adelaide Festival Centre Trust (Chair), Motor Accident Commission and the South Australian Government Financing Authority.

Jim's executive career included time as Managing Director in an ASX listed environment (retirement living and aged care), and extensive senior executive roles in banking and finance.

Jim, who holds a degree in Economics from Adelaide University, is a Senior Fellow of the Financial Services Institute of Australasia and a Fellow of the Australian Institute of Company Directors.



Dr Helena Williams – Deputy Chair

July 2022 - Current

Chair – BHFLHN Clinical Governance Committee

Dr Helena Williams is a general practitioner (GP) and has had a rich and varied career as a GP, most recently providing a visiting GP service to the SA Refugee Health Service.

Helena is currently a Member of the Clinical Advisory Council of the SA Commission on Excellence and Innovation in Health, and is the Executive Medical Director, SA/East Coast, with the Silver Chain Group.

She brings extensive governance experience on a range of medical, health service, local health network and nursing boards, and is currently a Board Director on the Australian Commission on Safety and Quality in Health Care, for which she also chairs the national Primary Care Committee.



Rosey Batt

October 2023 - Current

Member – BHFLHN Audit & Risk Committee

Chair – Rural Support Service Governance Committee

Rosey is CEO of Rosey Batt & Associates, a firm providing legal and business services. Prior to establishing her own firm, Rosey was a Partner at Minter Ellison.

Rosey has an active portfolio of directorships including GPex Ltd, Cancer Council SA and Windmill Theatre. She is an experienced Chair and has held directorships on the ASX, private, public and not-for-personal-profit boards in the health, retail, manufacturing, transport and education sectors. Her corporate governance expertise is strengthened by 40 years of experience working as a commercial lawyer both locally and internationally, and 21 years spent facilitating the AICD Company Director course, of which she is also a Fellow.

Rosey has a Masters in Science and Technology Commercialisation from the University of Texas at Austin and the University of Adelaide.

**Pru Blackwell**

July 2019 - Current

Chair – BHFLHN Consumer and Community Engagement Committee

Member – Rural Support Service Governance Committee

Pru has long standing leadership experience in working with communities, not-for-profit groups, peak associations and local government. She has run her own consulting business in strategic planning, operational management reviews, training and mentoring.

She is currently involved in leading community action for the elimination of violence against women. Pru was the Presiding Member of the Gawler Health Advisory Council and an inaugural member of Country Health SA Presiding Member's Panel.



Jeff Fuller

October 2020 – October 2023

Chair – BHFLHN Clinical Governance Committee

Jeff is an Emeritus Professor of Nursing with Flinders University. His 40-year career in primary health care has focused on rural health, Indigenous health, integrated care and chronic disease management. He held senior leadership positions in two University Departments of Rural Health in northern South Australia and NSW.

Since retirement as Associate Dean Research in the School of Nursing and Midwifery, Flinders University, his ongoing professional involvement has included the National Nursing in Primary Care Expert Committee, Deputy Editor of the Australian Journal of Rural Health, the Adelaide Hills Health Advisory Council, and Presiding Member of the Country Health Gift Fund Health Advisory Council. He has a degree in Nursing and PhD from Flinders University and post graduate qualifications in Epidemiology and Biostatistics from the University of Newcastle. He is a graduate of the Australian Institute of Company Directors.

**Carol Gaston**

July 2019 – June 2023

Chair – BHFLHN Clinical Governance Committee

An experienced board member, Carol started her professional life as a nurse and has worked in the Victorian, Western Australian and South Australian health systems, in a remote Aboriginal community and as a volunteer in Nigeria, Bangladesh and Sabah.

She has also acted as an advisor to public, private and not-for-profit human services industries in South Australia and the Northern Territory. Carol has also worked for the World Health Organisation in the Asian, Pacific and African regions establishing health workforce plans for countries such as Vanuatu, the Philippines, Laos and Zambia.

Carol was the chief nurse in the South Australian health system and led the drive to transfer hospital training to the higher education sector. She was also the first female and nurse to chair the Board of the Royal District Nursing Service. In 2008, Carol was awarded the Member of the Order of Australia (AM) for services in health and nursing and for humanitarian work in Australia and overseas.



Greg Russell

October 2020 – Current

Chair – BHFLHN Audit & Risk Committee

Greg has held senior roles in major Australian public companies involved in mining, energy and food production and, for the last 20 years of his career, in the aviation industry.

His roles in aviation included Managing Director of Australia's air traffic provider, Airservices Australia, Director of Aviation at Sydney Airport Corporation, Chief Operating Officer at Athens International Airport, and General Manager of the regional carrier Hazelton Airlines.

He is a past deputy chair of the international air traffic organisation and chair of its Asia Pacific CEO Committee. He has held honorary roles as Chair of The Australian Aviation Associations' Forum and as a member of The Aviation Safety Advisory Panel of the Civil Aviation Safety Authority.



Alexander Zimmermann

July 2023 – Current

Member – BHFLHN Audit & Risk Committee

Member – BHFLHN Community & Consumer Engagement Committee

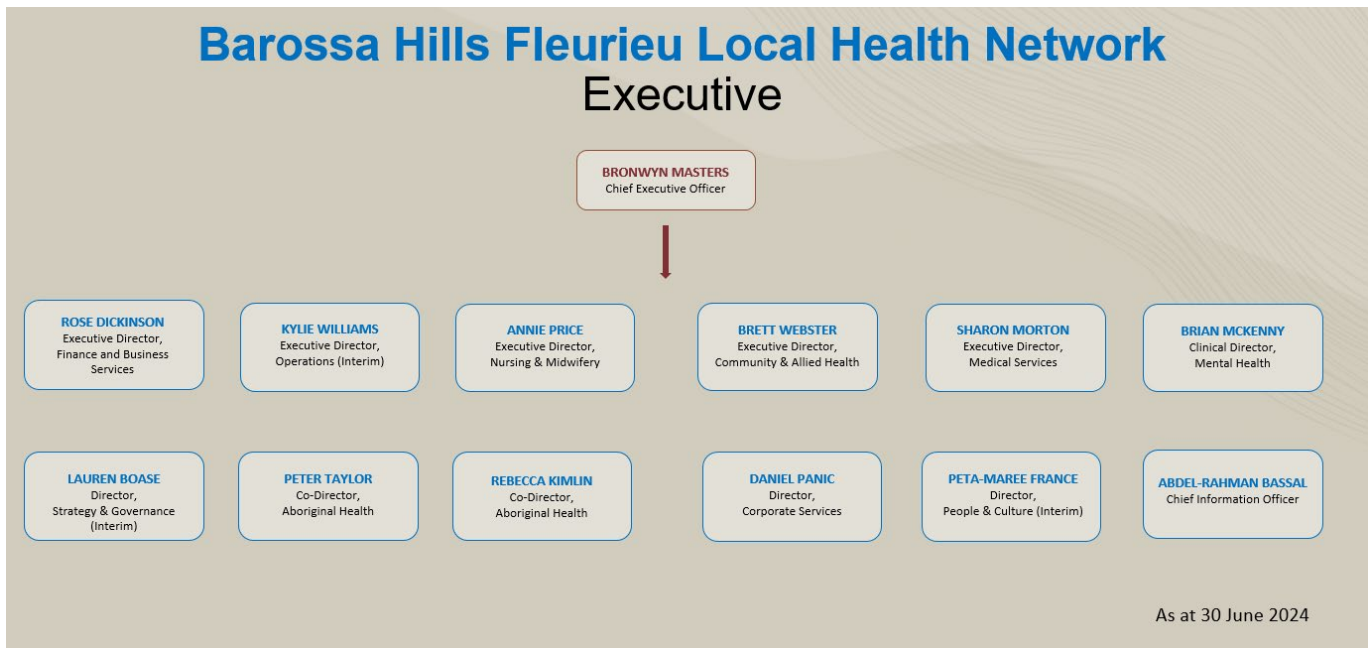
Alex brings extensive corporate governance experience to BHFLHN having been involved in Boards for nearly 30 years.

He has been Chair of the Boards for two major South Australian organisations – Workskil Australia and the Police Credit Union SA/NT. Alex has previously served as Deputy Chair of Regional Development Australia (Barossa) and whilst a member of these organisations has chaired or been a member of sub-committees such as Audit, Risk and Governance and Remuneration. Alex's working career included 45 years at SAPOL, 27 years of which as a senior manager, during which time he served in many diverse positions including Internal Investigation and Anti-Corruption.

Alex is a Fellow of the Australian Institute of Company Directors, Governance Institute of Australia and the Governor's Leadership Foundation.



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



Rural Support Service (RSS) Organisational Structure:

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

The RSS is hosted within BHFLHN and the BHFLHN Governing Board has the responsibility for the overall governance of the RSS. The Executive Director reports to the CEO, BHFLHN. The RSS Governance Committee is a Tier 1 committee of the BHFLHN Governing Board.

Functions were delivered across the work streams below:



Changes to the agency

During 2023-24 no changes were made to the agency's structures and objectives as a result of internal reviews or machinery of government changes.

Our Minister




Hon Chris Picton MP is the Minister for Health and Wellbeing in South Australia.





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








Our Executive team

Barossa Hills Fleurieu Local Health Network

<p><u>Chief Executive Officer</u></p> <p>Bronwyn Masters is accountable to the Governing Board for the provision, management and administration of health services and achieving the overall performance of the public health system for BHFLHN.</p>	
<p><u>Aboriginal Health – Co-Director</u></p> <p>Peter Taylor, the Cultural Lead, is responsible for assisting facilitating the Cultural Respect Training the annual face to face Cultural Awareness Presentations to BHFLHN staff.</p> <p>Peter works with Rural and Remote Mental Health to engage with Aboriginal consumers on the ward and also to educate staff around strategies when engaging with Aboriginal consumers.</p>	
<p><u>Aboriginal Health – Co-Director</u></p> <p>Rebecca Kimlin is responsible for the operational oversight of the BHFLHN Aboriginal Health directorate.</p> <p>Rebecca oversees the BHFLHN Aboriginal Health Strategy, by evaluating, planning implementing coordinating and delivering Aboriginal Health services LHN wide. This includes projects targeted at Community and Consumer Engagement, Closing the Gap, First Nations Workforce Initiatives, Cultural Safety and Allyship which work towards improving health outcomes of First Nations people.</p>	

<p><u>Chief Information Officer</u></p> <p>Abdel-rahman Bassal is responsible for Digital Health and Information Technology. Abdel is tasked with leading the implementation of technology solutions that improve our engagement with consumers, simplify workforce processes and deliver innovative solutions in collaboration with key partners across SA Health and beyond.</p>	
<p><u>Community and Allied Health - Executive Director</u></p> <p>Brett Webster is responsible for the efficient and effective management of Community Health Services resulting in the provision of a range of community and hospital-based health services responsive to the identified needs of BHFLHN.</p>	
<p><u>Corporate Services - Director</u></p> <p>Daniel Panic is responsible for managing, planning, developing, coordinating, and innovating significant and critical, corporate, emergency and business services that support the effective operation of health units and services, improving the experience and outcomes for customers and consumers.</p>	
<p><u>Finance and Business Services - Executive Director</u></p> <p>Rose Dickinson is responsible for the provision of comprehensive financial services across BHFLHN and the Rural Support Service (RSS).</p>	

<p><u>Medical Services - Executive Director</u></p> <p>Sharon Morton is responsible for the delivery of all medical services, engagement with and management of our GP Agreements and leads the Medical training pipeline work in BHFLHN.</p>	
<p><u>Mental Health - Clinical Director</u></p> <p>Dr Brian McKenny is responsible for the management of the Rural and Remote Mental Health Service within BHFLHN and Mental Health Clinical Governance for regional LHNs in country South Australia.</p>	
<p><u>Nursing and Midwifery - Executive Director</u></p> <p>Annie Price is responsible for the delivery of Nursing and Midwifery professional services and also leads the Quality, Risk and Safety Team and directs the Residential Aged Care Services.</p>	
<p><u>Operations - Executive Director (Interim)</u></p> <p>Kylie Williams is responsible for clinical operations with a specific focus on leading the eleven hospitals to perform to agreed standards and levels of performance. Kylie is also Network Commander and is the lead for service planning, capital developments and health network performance.</p>	
<p><u>People and Culture – Director (Interim)</u></p> <p>Peta-Maree France is responsible for leading and managing the delivery of best practice human resources services within a business partnering framework, implementing proactive workforce strategies and interventions within services in order to drive continuous improvement, performance and accountability of workforce goals and objectives.</p>	

Strategy and Governance – Director (Interim)

Lauren Boase is accountable for the provision of high quality and timely support to the Chief Executive Officer and the Governing Board. Lauren is also responsible for the Strategy and Governance team which delivers secretariat support to board governance committees, corporate compliance, project management, ministerials, communications and Freedom of Information (FOI).



Rural Support Service

Executive Director

Debbie Martin was responsible for the RSS delivering a comprehensive range of services that support regional LHNs and some statewide services for and with all ten LHNs in South Australia.



Legislation administered by the agency

Nil.

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

- Central Adelaide Local Health Network
- Commission on Excellence and Innovation in Health
- Controlled Substances Advisory Council
- Country Health Gift Fund Health Advisory Council Inc.
- Regional Health Advisory Councils (39 across South Australia)
- Eyre and Far North Local Health Network
- Flinders and Upper North Local Health Network
- Health and Community Services Complaints Commissioner
- Health Performance Council
- Health Services Charitable Gifts Board
- Limestone Coast Local Health Network
- Northern Adelaide Local Health Network
- Pharmacy Regulation Authority of South Australia
- Riverland Mallee Coorong Local Health Network

- SA Ambulance Service
- SA Ambulance Service Volunteers' Health Advisory Council
- SA Medical Education and Training Health Advisory Council
- South Australian Public Health Council
- Southern Adelaide Local Health Network
- Wellbeing SA
- Women's and Children's Health Network
- Veterans' Health Advisory Council
- Yorke and Northern Local Health Network

The agency's performance

Performance at a glance

In 2023-24, BHFLHN achieved key performance highlights across our four strategic areas.

Our Governance

"We will demonstrate excellence, agility and accountability."

In the past year BHFLHN has made significant strides and achievements in demonstrating excellence, agility and accountability for our network. We successfully met six out of seven SA Health Work Health and Safety Injury Management (WHSIM) Performance Measures and achieved 100% compliance with SA Health KPIs. Our commitment to reconciliation was underscored by the launch of the BHFLHN Reflect Reconciliation Action Plan in May 2024, and the implementation of the BHFLHN Aboriginal Health Strategy, First Nations Map, and the establishment of the New Mount Barker Aboriginal Health Team in July 2023.

BHFLHN achieved successful accreditations in:

- Australian Council of Healthcare Standards (ACHS),
- National Disability Insurance Scheme (NDIS),
- South Australian Medical Education and Training (SAMET),
- Community Aged Care Standards
- Aged Care Accreditation
- Baby Friendly Health Initiative (BFHI)
- Australian College of Emergency Medicine (ACEM) and RANZCOG (Obstetric and Gynaecology) - Mount Barker,
- SA Health Food Safety Program

We enhanced our governance structure by adding new Tier 3 Committees, including the Closing the Gap Oversight Committee, Aboriginal Health Clinical Committee, and the Aboriginal Health Directorate Yarning Circles. Our Challenging Behaviour Education Framework has been a pivotal initiative in promoting a safer and more supportive environment. The BHFLHN Emergency Department Service Plan, Model of Care, and workforce model, introduced in December 2023, have further strengthened our emergency services.

We ensured 24/7 Registered Nurse cover and Care Minute requirements at all Residential Aged Care Facilities (RACF) sites, and bolstered midwifery leadership with the onboarding of a Midwifery Director and a new reporting structure. Our new Community Health meeting structure has improved connectivity across the network, and reorienting cost structures in Community Health programs has enhanced financial integrity and accountability.

Additionally, we planned a Palliative Care Roadmap to support home-based end-of-life care for the next three years and successfully relocated community health services and 180 staff during the construction of the New Mount Barker Hospital. Our IT implementations have been extensive, including the rollout of the Electronic Medical Record (EMR) system across 11 BHFLHN hospital sites, a digital patient engagement platform at Gawler Health Service, the State-wide Inter-facility Transfer

(SIFT) system at Adelaide Hills sites, the Operating Room Management Information System (ORMIS) at Kangaroo Island Health Service, and the ProVation Endoscopy Software across the network. These achievements reflect our dedication to delivering high-quality healthcare and fostering continuous improvement.

Our Services

“In collaboration with our partners, we will improve the accessibility of our service and the quality of our services. We will drive improvements in mental health, aged care and Aboriginal Health.”

The past financial year has witnessed remarkable service milestones. We delivered 1,207 babies, attended to 72,398 individuals in our Emergency Departments, performed 7,961 elective surgeries, and saw a 10% increase in community mental health contacts. Our new Emergency Departments at Mount Barker and Gawler Health Service have significantly enhanced our capacity, with Gawler Health Service and Mount Barker ED seeing a 17% and 13% increase in presentations, respectively. The design of the new Mount Barker Hospital has progressed with active community engagement, and the Southern Fleurieu Health Service has finalized the design for its new Emergency Department.

Victor Harbour Private Hospital transitioned to increase public ward capacity, and after-hours nurse-led clinics were established in Gumeracha and Strathalbyn. The Priority Care Centre in Mount Barker improved radiology access and received support for an additional 12 months. We reopened birthing services on Kangaroo Island and redeveloped Carnavon House. Eudunda Hostel and Kapunda Homes both received 5-star ratings for aged care. Our SA Nursing and Midwifery Excellence Awards recognized the BIRCH Team for excellence in aged care.

We developed a comprehensive Midwifery Model of Care (MMoC), ensuring all women have access to a known midwife, and commenced its implementation. The KIHS Maternity Model of Care showed favourable outcomes in its 12-month evaluation. Our nutrition and hydration project in Strathalbyn, participation in MPS reform, and ongoing planning for improved aged care standards highlight our commitment to quality care. We increased CHSP Community Aged Care Services by 38%, reduced ACAT waitlists, and enhanced specialist nursing models. Our collaboration with the Barossa Ostomy Support Group and Aboriginal Health and Midwifery at Gawler has strengthened our service delivery, ensuring zero removals of neonates at Gawler. We consistently meet critical aged care assessment targets and have redesigned the KI Nursing Outreach model to better meet community demands.

Our People

“We will provide a dynamic environment that fosters learning excellence and facilitates a positive inclusive culture with high levels of leadership.”

As of June 2024, the Barossa Hills Fleurieu Local Health Network (BHFLHN) workforce comprises 3,229 dedicated individuals, with Aboriginal and/or Torres Strait Islander staff representing 2.04% of our team. We have continued our commitment

to cultural respect and safety, emphasizing reconciliation and anti-racism through initiatives like the #Blakout campaign. Our efforts include establishing the Allyship Community of Practice and the Anti-Racism Workforce Advisory Group to support these values.

Our organizational development programs have engaged over 600 participants in courses such as Creating a Collaborative and Respectful Workplace Culture, Wellbeing and Resilience, and Crucial Conversations. We have also added 240 general practitioners to our learning management system (LMS) and made significant progress in implementing a new LMS. The Transition to Professional Practice Program (TPPP) welcomed 60 graduate nurses, and we reformed our Community Aged Care Structure.

We have expanded Allied Health and Community Nursing Services, including new models of care for emergency departments and residential aged care. Our 'Transition to Clinical Leadership' program is preparing future leaders in Allied Health. Training initiatives, such as dysphagia and food choice training for catering staff, and the recruitment of a permanent BFHI portfolio coordinator, demonstrate our commitment to quality care.

Key recruitments include a new Midwifery Director, a Midwifery Educator, a Paediatric Educator, and a Perioperative Educator. We have also implemented new Midwifery Skills training days and increased RMTPPP numbers for early career midwives. Our first cohort of 10 medical interns began in January 2024, and we have invested in new simulation and teaching tools to enhance clinician learning.

Our new Geriatrician at Strathalbyn and the rollout of a new general medicine model of care across periurban sites highlight our focus on specialized care. We have also been recognized as a finalist in the Australian Institute of Health & Safety (AIHS) Awards 2024 for our "Fostering a Psychologically Healthy and Safe Workplace with FlourishDX" program. These achievements reflect our dedication to fostering a supportive and inclusive work environment.

Our Partners

"We will establish and strengthen partnerships for a well-connected and sustainable health system."

In the past year, the Barossa Hills Fleurieu Local Health Network (BHFLHN) has made significant strides in enhancing our services and workforce development. We partnered with LHMS to implement the Well Newborn Assessment training, enabling our midwives to conduct assessments for midwifery-led newborn discharge. This initiative, supported by multidisciplinary clinicians from LHMS, has also engaged BHFLHN medical officers at two sites to facilitate this training, fostering self-sufficiency in continuing education within our network. The KIHS Maternity Model of Care evaluation, developed in partnership with WCHN, has been shared to promote a sustainable birthing model.

We commenced a streamlined high school work experience program, creating a workforce pipeline across all areas and disciplines within the LHN. Collaborations with Vintage Care and Hello Home Doctor have enhanced GP services at Strathalbyn and Gumeracha RACFs, respectively. Additionally, we are actively

planning new services in collaboration with DHW, ensuring continuous improvement and expansion of our healthcare offerings. These initiatives reflect our commitment to providing high-quality care and fostering a skilled and resilient workforce.

Rural Support Service

In 2023-24, the RSS achieved key performance in the following areas:

- **Credentiailling** – engaged independent consultants to undertake an internal review of current medical credentialling processes to identify and address inefficiencies, gaps and risks, to support improvements to the current system whilst awaiting completion of a broader external review. Successfully implemented the credentialling process for Aboriginal Health Practitioners with the committee recommending the credentialling applications of six Aboriginal Health Practitioners.
- **Successful implementation of the 2022–24 Rural GP Agreement** – all known GPs delivering services are now contracted under a General Practitioner Agreement (GPA).
- **Workforce projects** – delivered the second Rural Workforce Think Tank in December 2023. A Think Tank outcomes report focusing on investment priorities and recommendations across four key themes (Rural Generalism, Education and Training, Digital Technology and Specialist Workforce) was submitted to the Minister. Implementation of rural workforce plans continues to be supported, with a particular focus on the rural Aboriginal Health workforce. Implementation of the election commitment to recruit and retain ten specialists to country SA over four years (2022–26) is progressing with 3.97/10 FTE recruited to date.
- **s19(2) Exemption Initiative** – Wallaroo and Lameroo sites are generating MBS revenue under the COAG s19(2) exemption initiative with funds being reinvested back into the region to improve primary health care services for local communities. Karoonda District Soldiers' Memorial Hospital, the co-located General Practice, and the Pinnaroo Soldiers' Memorial Hospital have been successful in obtaining a COAG s19(2) exemption from the Commonwealth.
- A new **SA Single Employer Model (SEM) trial** proposal was developed and submitted to the Commonwealth in December 2023. The proposal was approved and formally announced by the Federal Minister in May 2024. The new South Australian SEM trial will cover all five-remaining regional LHNs not included in the existing RMCLHN RACE SEM and provide an additional 60 medical trainee places. Implementation planning of the trial has commenced with a SEM Trial Working Party established by the RSS to support operational implementation across the regional LHNs.

- **Rural Deployment Program** – deployment of 100 metropolitan staff to regional LHN sites in times of workforce shortage and provided career development and regional experience for metropolitan LHN employees. This program has expanded to support the Statewide Nursing & Midwifery deployments.
- **Regional Aged Care Reforms** - Collaborative reform initiatives were implemented to assist regional Local Health Networks in meeting Commonwealth reforms. These initiatives included the Virtual Community Aged Care Project, the Multi-Purpose Service Reform Program, and the discovery phase of the Commonwealth Assistive Technology Loan Scheme.

The BHFLHN Governing Board held 11 meetings during the reporting period.

Member attendance was as follows.

Board Member	Governing Board Meeting attendance 2023-24
James (Jim) Hazel (Chair)	10
Rosemary Batt (appointed October 2023)	5
Pru Blackwell	10
Jeff Fuller (ended Nov 2023)	5
Carol Gaston	9
Gregory Russell	11
Helena Williams	10
Alexander Zimmermann	11

Agency specific objectives and performance - BHFLHN

Agency objectives	Indicators	Performance
Our People	Aboriginal Workforce	<ul style="list-style-type: none"> • Strong focus on recruitment and building culturally safe workforce through allyship. • The BHFLHN Reflect Reconciliation, Aboriginal Health Strategy, First Nations Map and New Mount Barker Aboriginal Health Team, signifying our commitment to be deliberate and intentional in our efforts to foster positive change and strengthen the bonds of reconciliation with First Nations peoples.
Improving Access to Health Services in Our Community	Aboriginal Health	<ul style="list-style-type: none"> • 39 Yarning Circles were undertaken in BHFLHN: <ul style="list-style-type: none"> ◦ 16 x community and consumers – topics included Community and Consumer Engagement Strategy, Rural Aboriginal Workforce plan, ED re-development, relationship building with community, Kangaroo Island healing project, and Kangaroo Island nurse practitioner. ◦ 2 x Aboriginal Workforce Network. ◦ 2 x Child Health and Development team. ◦ 1 x Governing Board and Executive. ◦ 5 x Cultural Safety Training. ◦ 9 x Aboriginal Health Committee. ◦ 4 x Aboriginal Family Birthing Program.
	Ageing and Disability	<ul style="list-style-type: none"> • Salaried Geriatrician at Strathalbyn servicing the GEM and Outpatients (more FTE in place than recharged to SALHN) • Provided services to 266 NDIS consumers. • 2,951 Commonwealth Home Support Program (CHSP) clients. • 1,751 Aged Cared Assessments (ACAT). • Home Care Package (HSP) services to 291 clients. • 189 clients on Transitional Care Packages.

Agency objectives	Indicators	Performance
	Palliative Care	<ul style="list-style-type: none"> 780 Palliative Care Clients, including supporting 200 clients to die at home.
	Mount Barker Emergency Department (ED) Redevelopment	<ul style="list-style-type: none"> Opened New ED June 2023. Increased treatment bays from 12 to 17.
	Gawler Health Service (GHS) Emergency Department Redevelopment	<ul style="list-style-type: none"> Completed and Opened New Emergency Department
	Southern Fleurieu Health Service (SFHS) Re-development	<ul style="list-style-type: none"> Commenced enabling works.
	New Barossa Hospital (and Health Service) Full Business Case	<ul style="list-style-type: none"> Drafted the New Barossa Hospital Full Business Case.
	GP Agreements	<ul style="list-style-type: none"> New GP Agreements for 2024-2028 are complete
Election Commitments	New Mount Barker Hospital (and Health Service) Development	<ul style="list-style-type: none"> The Concept Design for the New Mount Barker Hospital expected completion-August 2024. The Concept Design was developed through extensive engagement and input by our workforce and community and further information will be provided to the public pending final Government endorsement. Engagement with our BHF Community has occurred through the New Mount Barker Hospital Community and Consumer Reference Group, and through First Nations and Peramangk Yarning Circles. Targeted consultation has also occurred with specific interest groups in relation to key components of the design, this has included immediate neighbours, Duck Flat Community Gardeners, the Adelaide Hills Palliative Care Interest Group, local members, and the Veterans' Health Advisory Council.

Agency objectives	Indicators	Performance
		<ul style="list-style-type: none"> On site construction works will proceed over the 24/25 Financial Year, including the commencement of enabling works in Q4 2024 and the commencement of the main hospital construction works in Q2 2025.
	Kangaroo Island Health Service	<ul style="list-style-type: none"> Incoming Government Election commitment (2022) \$10M – commenced project of a new kitchen, laundry, and supply warehouse, and the demolition of the adjacent former Island Resort Motel. Commenced the \$5M Commonwealth Workforce Accommodation project for the Kangaroo Island Health Service, which when complete will deliver 8 workforce accommodation units. Multi-Purpose Services (MPS) grant (2022) \$515k for Carnarvon House - Completed the renovation and reactivation, funded \$515k Commonwealth contribution and a \$300k CFS contribution
	Country Specialists	<ul style="list-style-type: none"> Election commitment for 2024 includes 0.5 FTE for Mt Barker Paediatric consultant and Psychiatrist for Glenside.

Agency specific objectives and performance - RSS

Agency objectives	Indicators	Performance
Our People	Rural Generalist Program South Australia	<ul style="list-style-type: none"> Rural full-time interns remained at 18 in 2023-24. Increased intern rotations from metropolitan (includes Road2Rural and other metro rotations) to rural areas from 77 in 2022 to 104 in 2023 (35% increase) or about 21 FTE.

Agency objectives	Indicators	Performance
		<ul style="list-style-type: none"> Rural full-time PGY2+ has increased from 14.8 FTE in 2022 to 21.5 in 2023 (46% increase). Advanced skills training posts has seen a decrease in FTE from 17.5 in 2022 to 14 in 2023 for Registrars and from 3.8 in 2022 to 2.8 in 2023 for Fellowed GPs. This decrease was largely due to an increase in part-time positions rather than trainee numbers.
	Nursing and Midwifery Education	<ul style="list-style-type: none"> Development of education platform has increased clinician access to targeted education relevant for the regional context and increased provision of webinars by subject matter experts. Expansion of suite of education resources including resources for care of the older person, blood safe, emergency, clinical teaching, mental health, midwifery and palliative care.
	Emergency Nursing and Midwifery (ENAME)	<ul style="list-style-type: none"> Provided 34 regional ENAME courses, including 18 regional Transitions to Professional Practice Program ENAME courses tailored to meet the needs of graduate nurses.
	Aboriginal Workforce	<ul style="list-style-type: none"> Three Aboriginal students successfully graduated in the Regional Enrolled Nursing Cadet program in Port Augusta, Roxby Downs and Port Pirie. Four Aboriginal students are currently undertaking the Regional Enrolled Nursing Cadet program in Gawler, Wallaroo, and Port Pirie.
	Mental Health First Aid	<ul style="list-style-type: none"> Facilitated 24 RSS managers and staff to become accredited Mental Health First Aiders.
Improving Access to Health	Virtual Clinical Care (VCC)	<ul style="list-style-type: none"> Regional areas where chronic condition services were previously limited are now receiving VCC service

Agency objectives	Indicators	Performance
Services in Our Community		<ul style="list-style-type: none"> • 2% increase in number of clients being monitored daily • Avoided 152 emergency department presentations. • Avoided 225 preventable hospital admissions. • 22,166 client contacts. • 161 clients participated. • 19 bed days saved.
	iCCnet	<ul style="list-style-type: none"> • Referred 4778 patients to the Cardiac Rehabilitation CATCH Program – up 35% from 2022-23 • Referred 528 regional patients to the Telephone CATCH program – up 53% from 2022-23 • 320 patients commenced Telephone CATCH program & 277 completed – 86% completion rate in 2023-24.
	Ageing and Disability	<ul style="list-style-type: none"> • Home Care Packages - 4% increase in the number of new packages being established across regional LHNs, with revenue increasing by 9%. • 16% decrease in discharges, many of whom transition to residential aged care. • Increased activity in preparing and verifying HCP Aged Care Quarterly Financial Reporting. • National Disability Insurance Scheme (NDIS) – 6% decrease in the number of packages, with a 5% decrease in revenue across all regional LHNs.
	Oncology - Regional Cancer Services	<ul style="list-style-type: none"> • Delivered equity in service and quality across a clinically complex, geographically challenging system. • Increased existing medical oncologist clinics by one session each to support

Agency objectives	Indicators	Performance
		<p>growth in Port Lincoln, Port Pirie and Berri.</p> <ul style="list-style-type: none"> Supported regional LHN iQemo implementation with clinical resource and board representation. Provided expertise into the development of the South Australia Cancer Plan as member of the Cancer Board. Provided advocacy on behalf of regional LHNs on the Cancer Clinical Network. Provided advocacy and regional representation on the development of the Bragg Comprehensive Cancer Centre program. Provided expertise into the feasibility study for radiation therapy in Mt Gambier Worked in partnership with BHFLHN to successfully seek approvals for a new Gawler medical oncology outpatient clinic to open in July 2024. <p>2023-24 initiatives included:</p> <ul style="list-style-type: none"> Embedded financially and clinically sustainable remote locum model to cover oncologists leave. Continued monitoring of weekly new patient meetings where 100% referrals are discussed by multi-disciplinary team and treatment agreed collaboratively. Continued monitoring of Morbidity and Mortality meeting to review deaths and learning opportunities. Continued work to embed robust cancer therapy governance model. Provision of a 24/7 specialist medical oncologist on-call service so advice can be given to any health professional in regional LHNs.

Agency objectives	Indicators	Performance
		<ul style="list-style-type: none"> • Provision of a specialist pharmacist on-call service to support regional LHNs • Establishment of a clinical trials governance committee and two applications for regional drug trials. • Provided “metro equivalent” collegial opportunities for oncologists and teams to engage in learning. Including regular journal clubs and assigning each oncologist a portfolio to lead on behalf of all regional SA. • Developed clinical escalation tools to ensure patients presenting unwell are discussed with a specialist immediately. • Associate investigator on a Medical Research Future Fund research grant in collaboration with Deakin university for the establishment of evidence-based pathways for regional cancer patients. • 24% increase in medical oncologists across regional LHNs and regional oncology is now one of 3 services across Australia who conforms to the MOGA safe medical workforce guidelines • 24% more patients have been seen locally and avoided travel to see specialists in Adelaide – this saw 9,451 individual medical oncology consultations and 9,764 chemotherapy treatments given (includes multiple individual patient visits). • Regional Cancer Services is now collectively the size of a metropolitan tertiary hospital with all expected quality, safety and activity measures. Regional Cancer Services is collectively now 50% self-sufficient in medical oncology. • 100% of new referrals presented to multidisciplinary teams.

Agency objectives	Indicators	Performance
		<ul style="list-style-type: none"> • 100% of medical oncologist leave covered.
	Palliative Care	<ul style="list-style-type: none"> • Secured 2024-25 funding (\$650,000) for regional LHN palliative care Regional Aged Care Facility Hospice services • Secured funding to 2024 to continue provision of residential aged care facility Hospice in Aged Care Program • Continue to support regional LHNs to monitor Voluntary Assisted Dying program • Provided expertise on Palliative Care Clinical Network and Palliative Care navigation service model
Hospital, Aged Care and Community Services	Diabetes Services	<ul style="list-style-type: none"> • Co-investigator of the South Australian Inpatient Diabetes Survey. Findings presented at the Australasian Diabetes Congress in August 2023. • 14% increase in number of direct clinical service hours provided by Nurse Practitioner for people with diabetes. • 243 medical, nursing, midwifery and allied health clinicians attended 15 additional training sessions in addition to core training programs. • Led the development of new regional perioperative clinical and consumer resources including online training packages for medical, nursing and midwifery staff.

Agency objectives	Indicators	Performance
	BloodMove Program	<ul style="list-style-type: none"> • Achieved an average year to date red blood cell wastage rate of 1.0%, well below the national target of 2.0%. • Monitored and provided education to ensure procedures are followed to eliminate preventable wastage. • Completion of the BloodMove Intech project across SA, enabling real time blood fridge temperature monitoring in 35 regional hospital sites to improve the monitoring of blood storage conditions in regional sites. • Ongoing participation and governance of the Fibrinogen Concentrate Project has enabled regional consumers to access FC for use in critical bleed events. • Prothrombinex to Beriplex transition project, communication, education, resource update, and stock transition completed for regional LHNs.
	South Australian Virtual Emergency Service (SAVES)	<ul style="list-style-type: none"> • Continued SAVES with operating hours between 7pm – 7am, with 4,967 calls across four regional LHNs.
	Leecare	<ul style="list-style-type: none"> • Completed the roll out of Leecare and Leecare medication to all 47 regional LHN aged care facilities. • Actioning of 2713 Service requests which include 1447 new user requests by the Application Support team • Completion of 80 system Change Requests which range creation of new role permissions to updating assessments to meet industry standard • Two system updates completed introducing nearly 66 different enhancements to the system, and some minor bug fixes • Trial of Painchek at all 48 aged care facilities, and the delivery and support

Agency objectives	Indicators	Performance
		<p>of 250 iPADS across all aged care facilities</p> <ul style="list-style-type: none"> • eNPMC grant funding round applied for by the RSS on behalf of the aged care facilities, with a successful outcome. • Roll over of Keith into Leecare, as one of the first new sites to come on board after the Leecare Expansion Project
	Renal Dialysis	<ul style="list-style-type: none"> • Implemented new RSS renal nursing structure employing specialist renal nurses. • Changes will increase support for all six regional LHNs, the Renal Truck and development and provision of education for regional LHN dialysis nurses.
	Nursing and Maternity Services	<ul style="list-style-type: none"> • Progressed initiatives to strengthen the regional voice and develop stronger linkages with state midwifery directors with a shared aim that SA lead best practice maternity services. • Supported initiatives to establish new nurse practitioner and nurse practitioner candidate positions in mental health, diabetes, aged care and emergency practice areas. • Provided support of the immunisation nurses and midwives involved in administering vaccines to newborns, pregnant women, residents, inpatients, staff, students and volunteers. • Provided education and support for all regional LHN Infection Prevention and Control (IPC) staff. Delivered four workshops with specific RSS facilitated training tailored for Healthcare Associated Infection Surveillance and IPC for staff new to the role. • Progressed extensive work writing, updating and reviewing clinical procedures and protocols to support safe assessment, management, and

Agency objectives	Indicators	Performance
		<p>evidenced based care across the regions.</p> <ul style="list-style-type: none"> Coordinated and/or provided 126 webinars and 69 face to face education sessions for regional clinicians. Webinars had 1577 views.
Allied Health	Country Allied Health Clinical Enhancement Program plus (CAHCEP+)	<ul style="list-style-type: none"> 270 program applications (246 individual and 24 group applications). 236 eligible applications were funded. These comprised 216 individual and 20 group applications, fully utilising available funds. New CAHCEP Framework Developed following Allied and Scientific Health Office Rescinding Policy.
	Child Health and Development	<ul style="list-style-type: none"> Completed Year 2 of Improving regional Early Childhood Outcomes (IrECO) project with six Pick up and Go packages developed for regional LHN clinicians, improved access to services for Aboriginal Children and increased support for Paediatrician services in regional LHNs.
	Prevention and response to violence, abuse and neglect (PRVAN)	<ul style="list-style-type: none"> Implementation plan developed and endorsed by the PRVAN Steering Committee. Ask/Assess/Respond (AAR) orientation package developed on behalf of regional LHNs reflecting changes to child protection related legislative requirements. This has been shared with the regional LHNS and uploaded to SharePoint. The RSS continue to facilitate/lead regional education and support. A project manager was recruited to lead a review across all regional LHNs on regional responses to sexual assault. A draft model of care is in development for submission in November 2024.

Corporate performance summary

In the 2023-24 financial year BHFLHN has achieved significant corporate performance milestones.

We completed the renovation and reactivation of Carnarvon House in Kingscote, funded by a \$515k Commonwealth contribution and a \$300k CFS contribution. Our new and consistent Food Safety Program was introduced across all BHFLHN sites, resulting in all 11 sites achieving the maximum 12-month Food Safety Program Accreditation for 2023-2024. We commenced a \$900k renovation of 19 resident rooms at Kapunda Homes, fully funded by the Kapunda Eudunda HAC, and began the separation of services and boundary realignment for the former Kalimna Hostel at Strathalbyn, with completion expected by mid-2025.

Additionally, we completed the demolition of the former Island Resort Motel in Kingscote and initiated the \$5M Commonwealth Workforce Accommodation project for the Kangaroo Island Health Service, which will deliver eight workforce accommodation units. We also started the \$10M Kangaroo Island Health Service Election Commitment project for a new kitchen, laundry, and warehouse. New heliports are being developed at the Southern Fleurieu Health Service, Kapunda Hospital, and Kingscote, with completion scheduled for late-2024.

Our Gawler Health Service Accommodation Review Project is on track for completion in October 2024. We successfully transitioned to Ventia under the Across Government Facilities Management Agreement and completed the Gawler Health Service Central Sterile Supply Department (CSSD) project, as well as the replacement and upgrade of vertical lifts. The replacement generator and electrical distribution project for Angaston Hospital is underway. We completed all 2023/24 Minor Works approved projects, maintained Fire Triennial Certification for all sites, facilitated an annual Seasonal Preparedness workshop for leadership, completed bushfire preparedness activities, and conducted site security and lighting audits. Additionally, we facilitated the SA Health Hospital Major Incident Medical Management Support (HMIMMS) exercise and training, ensuring our readiness for major incidents.

In the 2023-24 financial year RSS has achieved significant corporate performance milestones.

We coordinated the Level One lymphoedema training program for regional LHN clinicians, hosted the Lymphoedema Community of Practice, and developed the regional LHN Lymphoedema Model of Care. Our delivery of lymphoedema theory and video training modules has supported the management of consumers with lymphoedema. We also introduced Advanced Scope of Practice Guidelines and practical training for physiotherapists working towards advanced scope of practice for serial casting.

The Driver Assessor Training Framework was developed and endorsed, and we released the INVEST Clinical Leadership Framework and the Allied and Scientific Health Workforce Pipeline Framework. Our new Allied Health Professional Supervision Framework, supported by comprehensive online eLearning modules and written resources, has been a significant addition. The Rural GP Hub was

introduced, providing a dedicated intranet for contracted doctors and practice managers, and we maintained strong readership of our monthly rural doctors and LHNs newsletters.

Our social media strategy saw the introduction of a Facebook page, achieving 632 followers and strong engagement. We also introduced a new reconciliation brand to showcase our efforts in achieving the actions set out in our Innovate Reconciliation Action Plan. We established Activity Based Funding costing systems and supported the transition of historically block-funded intermediate care activity to activity-based funding, enhancing transparency and service growth.

Operationally, we transitioned all BHFLHN, LCLHN, and FUNLHN sites' Clinical Workforce Finance payments onto DocPay and supported various service plans across multiple locations. The Statewide Telerehabilitation Program continued to support quality telerehabilitation and telehealth services. We delivered the 2023-24 Biomedical Capital Replacement Program and implemented the IntelliSpace Perinatal monitoring system and Provation Endoscopy reporting system. The Gawler Central Sterilising Supply Department and Emergency Department redevelopments were completed, and Virtual Clinical Care saw a 20% increase in daily monitored clients.

We provided 97 ProAct training sessions and promoted career opportunities in regional LHNs through various expos and developed regionalised career flyers and Aboriginal workforce promotional videos. These achievements reflect our commitment to improving healthcare services and supporting our workforce

Agency performance management and development systems

Performance management and development system	Performance
Performance Review and Development is a process for supporting continuous improvement of employee's work performance to assist them to meet SA Health's Values and objectives.	86% of employees had a Performance Review and Development discussion.

Work health, safety and return to work programs

Workplace injury claims	Current year 2023-24	Past year 2022-23	% Change (+ / -)
Total new workplace injury claims	64	50	+28.0%
Fatalities	0	0	0.0%
Seriously injured workers*	0	1	-100.0%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	11.54	13.01	-11.3%

- BHFLHN data includes Rural Support Service.

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

Work health and safety regulations	Current year 2023-24	Past year 2022-23	% Change (+ / -)
Number of notifiable incidents (<i>Work Health and Safety Act 2012, Part 3</i>)	5	5	0.0%
Number of provisional improvement, improvement and prohibition notices (<i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i>)	3	2	+50.0%

Return to work costs**	Current year 2023-24	Past year 2022-23	% Change (+ / -)
Total gross workers compensation expenditure (\$)	\$2,195,037	\$1,486,259	+47.7%
Income support payments – gross (\$)	\$501,201	\$607,932	-17.6%

***before third party recovery*

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

Executive employment in the agency

Executive classification	Number of executives
Executive Level	1
SAES1	3

- BHFLHN data includes Rural Support Service.

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

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

Financial performance

Financial performance at a glance

The following is a brief summary of the overall financial position of the agency. The information is unaudited. Full audited financial statements for 2023-2024 are attached to this report.

Statement of Comprehensive Income	2023-24 Budget \$000s	2023-24 Actual \$000s	Variation \$000s	Past year 2022-23 Actual \$000s
Total Income	403,268	435,748	32,480	412,198
Total Expenses	383,536	428,165	(44,629)	397,986
Net Result	19,732	7,583	(12,149)	14,212
Total other comprehensive income		47,973	47,973	
Total Comprehensive Result	19,732	55,556	35,824	14,212

Statement of Financial Position	2023-24 Budget \$000s	2023-24 Actual \$000s	Variation \$000s	Past year 2022-23 Actual \$000s
Current assets	0	60,697	0	55,150
Non-current assets	0	226,115	0	166,776
Total assets	0	286,812	0	221,926
Current liabilities	0	90,553	0	84,581
Non-current liabilities	0	42,739	0	39,381
Total liabilities	0	133,292	0	123,962
Net assets	0	153,520	0	97,964
Equity	0	153,520	0	97,964

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	\$38,505

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

Consultancies	Purpose	Actual Payment
ZED Management Consulting	Rural Support Service remote health monitoring functions	\$90,625
Workplace Solutions	Industrial Relations expert in support of the GP negotiations	\$61,500
ZED Management Consulting	Rural Support Service review of internal medical and dental credentialling functions	\$52,850
BDO Services Pty Ltd	Rural Support Services GP agreement	\$32,890
Willson Coaching and Consulting	BHFLHN organisational development consultancy	\$29,400
Dementia Australia Ltd	Birch Program - consulting with families, residents and staff in relation to building a model of care for the Memory Support Unit. Provide education to staff and facilitate monthly meetings related to projects that were created/undertaken.	\$26,667
GPEX Limited	Palliative care masterclass educational dinners	\$18,805
Futureability Pty Ltd	Employment and position management build plan	\$16,920
Aurora Meliora Pty Ltd	BHFLHN Executive Leadership organisation development	\$15,257
Henderson Horrocks Risk Services Pty Ltd	Conduct investigation Gawler WISP	\$10,478
Merindah Ward	Enhancing Barossa's mental health project	\$10,000
	Total	\$403,897

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

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

Contractors disclosure

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

Contractors with a contract value below \$10,000

Contractors	Purpose	Actual Payment
All contractors below \$10,000 each - combined	Various	\$124,264

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

Contractors	Purpose	Actual Payment
Barossa Village Incorporated	Transition Care Program and Barossa Home Care services	\$839,555
Shamus Cogan-Briata	Finance and activity reporting	\$119,200
Rapid Circle	Regional Health Hub Set-up	\$106,500
Randstad Pty Limited	Agency Staff - Team Coordinator	\$103,301
Boandik Lodge Inc	Transition Care Program	\$94,223
The Clare Medical Service Trust	Anaesthetics expertise - Dr P Gribble	\$81,736
Dr Stephen Holmes	Chief Obstetric Consultant	\$81,736
Skilled Medical Pty Ltd	Locum Director Medical Services and Clinical Governance	\$77,120
Anas Alawawdeh	Medical Oncologist service	\$37,800
Abilities Occupational Therapy Service	Occupational therapy	\$32,586
Powerhealth Solutions	Software development	\$32,505
Kompletecare Community and Home Care Services	Client personal care, domestic assistance and respite	\$30,697
Community Living Australia	Provide respite, personal care, social support services for HCP clients	\$29,050
FBE Pty Ltd	Biomedical Technician	\$23,604
Southern Cross Care (SA, NT & Vic) Incorporated	Respite Flexible - Outing/Social	\$20,781

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Contractors	Purpose	Actual Payment
Sally Williams	Visiting Medical Specialist Services RSS to support delivery of shared care within Regional RACF	\$18,329
Activot Kangaroo Island	Occupational therapy	\$16,793
Lauren Stribley	Dietician services	\$14,121
Michael Beckoff	Clinical Advisor	\$10,753
	Total	\$1,894,654

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

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

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

Risk management

Risk and audit at a glance

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

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

The Governing Board reviews its Risk Appetite Statement (RAS) annually and BHFLHN have implemented a Risk Management Framework, 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.

BHFLHN reviews, records and reports on risks using an online tool, Risk Console.

Fraud detected in the agency

Category/nature of fraud	Number of instances
Nil	

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

Strategies implemented to control and prevent fraud

Processes implemented to help control and prevent fraud include:

- Audit and Risk Committee providing advice directly to the Governing Board about any instances of fraud reported to the Independent Commission Against Corruption and to the Department for Health and Wellbeing's Risk and Audit Branch.
- Internally, organisational finance is reviewed monthly at multiple levels including the Executive Committee and Corporate Services Committee.
- An annual Financial Controls Self-Assessment is undertaken to ensure that controls are in place to avoid fraud.

- An Annual Declaration of Interests Procedure and registers exist to monitor any conflicts of interest.

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

Public interest disclosure

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

Nil

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

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

Reporting required under any other act or regulation

NIL

Reporting required under the *Carers' Recognition Act 2005*

BHFLHN services partner with carers and are compliant with the Carers Recognition Act 2005. Carers are acknowledged through our admissions and enrolments processes at our health sites and services. Care plans are developed and evaluated with carers where appropriate.

The Mental Health Services Consumer and Carer Participation Program incorporates the YES and CES surveys, develops the welcome packs for consumers, and provides information and support to staff wishing to better engage consumers and carers in their service planning and delivery.

Carers are recognised as valued members of the consumer and community stakeholder cohort.

We actively encourage consumer and carer engagement and seek feedback from consumers and carers about the services that we provide.

BHFLHN's approach to engagement with carers, consumers and communities is to "engage because we want to, not because we have to". The values of BHFLHN - Trust, Respect, Integrity, Collaboration, and Kindness - leads how staff care and partner with consumers and carers.

The BHFLHN values empower the way the LHN supports the seven principles in the SA Carers Charter:

- Carers have choices within their carer role.
- Carers' health and wellbeing are critical to the community.
- Carers play a critical role in maintaining the fabric of society.
- Services providers work in partnership with carers.
- Carers in Aboriginal and Torres Strait Islander communities need specific consideration.
- All children and young people have the right to enjoy life and reach their potential.
- Resources are available to provide timely, appropriate, and adequate assistance to Carers.

Public complaints

Number of public complaints reported

Complaint categories	Sub-categories	Example	Number of Complaints 2023-24
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency	43
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided	31
Professional behaviour	Staff knowledge	Lack of service specific knowledge; incomplete or out-of-date knowledge	5
Communication	Communication quality	Inadequate, delayed or absent communication with customer	3
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly	9
Service delivery	Systems/technology	System offline; inaccessible to customer; incorrect result/information provided; poor system design	25
Service delivery	Access to services	Service difficult to find; location poor; facilities/ environment poor standard; not accessible to customers with disabilities	20
Service delivery	Process	Processing error; incorrect process used; delay in processing application; process not customer responsive	7
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

OFFICIAL

2023-24 ANNUAL REPORT for the Barossa Hills Fleurieu Local Health Network

Complaint categories	Sub-categories	Example	Number of Complaints 2023-24
Service quality	Information	Incorrect, incomplete, out-dated or inadequate information; not fit for purpose	0
Service quality	Access to information	Information difficult to understand, hard to find or difficult to use; not plain English	5
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	4
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security service/ premises; poor cleanliness	146
Service quality	Service responsiveness	Service design doesn't meet customer needs; poor service fit with customer expectations	26
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate	0
		Total	324

Additional Metrics	Total
Number of positive feedback comments	860
Number of negative feedback comments	345
Total number of feedback comments	1205
% complaints resolved within policy timeframes	78.38%

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

Service Improvements

Improvements that have occurred following complaints or consumer suggestions include:

- Engaged contractors to assist with garden maintenance. Included on the Regular Preventative Maintenance Schedule. Undertaking audit of the irrigation system in the garden area to ensure the system continues to work.
- Implementation of iapply on-line consumer feedback form to assist making the consumer experience more efficient.
- Ongoing education and discussion with rostering to improve systems and ensure clients are not negatively affected by changes.
- Bottled water made available in all areas on hot days.
- Improved processes to ensure a good understanding of the policies and procedures related to confidentiality, respectful behaviour and triage processes.
- Applied privacy film to windows.
- Improved processes following through on actions and responding to patient requests through the huddle communication process.
- Improved signage of specific items e.g., COVID, Emergency entrance is now the front door.
- New menus choices.
- Consumer Escalated Care process worked well. Good documentation captures care provided.

Compliance Statement

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

Appendix: Audited financial statements 2023-24



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To the Board Chair Barossa Hills Fleurieu Local Health Network Incorporated

Qualified opinion

I have audited the financial report of the Barossa Hills Fleurieu Local Health Network Incorporated and the consolidated entity comprising the Barossa Hills Fleurieu Local Health Network Incorporated and its controlled entities for the financial year ended 30 June 2024.

In my opinion, except for the possible effects of the matter described in the 'Basis for qualified opinion' section of my report, the accompanying financial report gives a true and fair view of the financial position of the Barossa Hills Fleurieu Local Health Network Incorporated and its controlled entities as at 30 June 2024, their financial performance and their cash flows for the year then ended in accordance with relevant Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and Australian Accounting Standards.

The financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 2024
- a Statement of Financial Position as at 30 June 2024
- a Statement of Changes in Equity for the year ended 30 June 2024
- a Statement of Cash Flows for the year ended 30 June 2024
- notes, comprising material accounting policy information and other explanatory information
- a Certificate from the Board Chair, the Chief Executive Officer and the Chief Finance Officer.

Basis for qualified opinion

Procurement reporting disclosure

The Barossa Hills Fleurieu Local Health Network Incorporated were required by the Treasurer's Instructions (Accounting Policy Statements) to include a disclosure reporting the value of procurement with South Australian and non-South Australian businesses for 2023-24. This requirement uses a framework established by the Treasurer's Instructions (Accounting Policy Statements) and definitions within Treasurer's Instruction 18 *Procurement*.

The Barossa Hills Fleurieu Local Health Network Incorporated included that disclosure in note 9.1 to the financial report.

My review of the processes used by the Barossa Hills Fleurieu Local Health Network Incorporated identified that it did not have an effective process to meet the requirements of the framework which has been established for procurement reporting under the Treasurer's Instructions.

As such, I am not able to obtain sufficient appropriate audit evidence for the amounts disclosed in note 9.1.

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

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

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

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

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

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

Auditor's responsibilities for the audit of the financial report

As required by section 31(1)(b) of the *Public Finance and Audit Act 1987* and section 36(2) of the *Health Care Act 2008*, I have audited the financial report of the Barossa Hills Fleurieu Local Health Network Incorporated and its controlled entities for the financial year ended 30 June 2024.

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

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

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Barossa Hills Fleurieu Local Health Network Incorporated's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Chief Executive Officer
- conclude on the appropriateness of the Chief Executive Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern.. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify the opinion. My conclusion is based on the audit evidence obtained up to the date of the auditor's report. However, future events or conditions may cause an entity to cease to continue as a going concern
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation

- obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the group to express an opinion on the group financial report. I am responsible for the direction, supervision and performance of the group audit. I remain solely responsible for my audit opinion.

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

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



Andrew Blaskett
Auditor-General

23 September 2024

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
STATEMENT OF COMPREHENSIVE INCOME
For the period ended 30 June 2024

		Consolidated		Parent	
	Note	2024	2023	2024	2023
		\$'000	\$'000	\$'000	\$'000
Income					
Revenues from SA Government	2	327,661	310,669	327,661	310,669
Fees and charges	3	23,364	26,317	23,364	26,317
Grants and contributions	4	47,545	42,223	47,956	42,424
Interest		1,739	921	1,544	823
Resources received free of charge	5	3,735	3,297	3,735	3,297
Other revenues/income	7	31,704	28,771	30,719	28,742
Total income		435,748	412,198	434,979	412,272
Expenses					
Staff related expenses	8	258,175	234,883	258,175	234,883
Supplies and services	9	158,767	154,175	158,747	154,150
Depreciation and amortisation	16,17	10,179	8,671	4,837	5,022
Grants and subsidies	10	181	149	181	136
Borrowing costs	21	57	33	57	33
Net loss from disposal of non-current and other assets	6	395	124	16	124
Impairment loss on receivables	13.1	(179)	(406)	(179)	(406)
Other expenses	11	590	357	1,227	15,689
Total expenses		428,165	397,986	423,061	409,631
Net result		7,583	14,212	11,918	2,641
Other Comprehensive Income					
Items that will not be reclassified to net result					
Changes in property, plant and equipment asset revaluation surplus		47,973	-	8,782	-
Total other comprehensive income		47,973	-	8,782	-
Total comprehensive result		55,556	14,212	20,700	2,641

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

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
STATEMENT OF FINANCIAL POSITION
As at 30 June 2024

		Consolidated		Parent	
	Note	2024	2023	2024	2023
		\$'000	\$'000	\$'000	\$'000
Current assets					
Cash and cash equivalents	12	19,930	22,333	17,460	21,554
Receivables	13	7,240	7,498	7,474	7,478
Other financial assets	14	31,978	23,997	27,917	19,117
Inventories	15	1,549	1,322	1,549	1,322
Total current assets		60,697	55,150	54,400	49,471
Non-current assets					
Receivables	13	1,386	1,702	1,386	1,702
Property, plant and equipment	16,17	224,704	165,061	116,907	91,371
Intangible assets	16,18	25	13	25	13
Total non-current assets		226,115	166,776	118,318	93,086
Total assets		286,812	221,926	172,718	142,557
Current liabilities					
Payables	20	15,866	13,296	15,810	13,110
Financial liabilities	21	612	928	612	928
Staff related liabilities	22	40,567	35,830	40,567	35,830
Provisions	23	1,599	1,916	1,599	1,916
Contract liabilities and other liabilities	24	31,909	32,611	31,909	32,610
Total current liabilities		90,553	84,581	90,497	84,394
Non-current liabilities					
Financial liabilities	21	971	1,037	971	1,037
Staff related liabilities	22	35,837	32,481	35,837	32,481
Provisions	23	5,931	5,863	5,931	5,863
Total non-current liabilities		42,739	39,381	42,739	39,381
Total liabilities		133,292	123,962	133,236	123,775
Net assets		153,520	97,964	39,482	18,782
Equity					
Retained earnings		82,536	75,027	30,700	18,782
Asset revaluation surplus		70,984	22,937	8,782	-
Total equity		153,520	97,964	39,482	18,782

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

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
STATEMENT OF CHANGES IN EQUITY
For the period ended 30 June 2024

CONSOLIDATED

	Note	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2022		22,937	61,030	83,967
Net result for 2022-23		-	14,212	14,212
Total comprehensive result for 2022-23		-	14,212	14,212
Transactions with SA Government as owner				
Net assets transferred out as a result of an administrative restructure	1.6	-	(215)	(215)
Balance at 30 June 2023		22,937	75,027	97,964
Net result for 2023-24		-	7,583	7,583
Gain/(loss) on revaluation of land and buildings	17	47,973	-	47,973
Total comprehensive result for 2023-24		47,973	7,583	55,556
Transfer between equity components		74	(74)	-
Balance at 30 June 2024		70,984	82,536	153,520

PARENT

	Note	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2022		-	16,141	16,141
Net result for 2022-23		-	2,641	2,641
Total comprehensive result for 2022-23		-	2,641	2,641
Balance at 30 June 2023		-	18,782	18,782
Net result for 2023-24		-	11,918	11,918
Gain/(loss) on revaluation of land and buildings	17	8,782	-	8,782
Total comprehensive result for 2023-24		8,782	11,918	20,700
Balance at 30 June 2024		8,782	30,700	39,482

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

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
STATEMENT OF CASH FLOWS
For the period ended 30 June 2024

	Note	Consolidated		Parent	
		2024	2023	2024	2023
		\$'000	\$'000	\$'000	\$'000
Cash flows from operating activities					
Cash inflows					
Receipts from SA Government		306,392	290,618	306,392	290,618
Fees and charges		15,891	13,424	15,636	13,523
Grants and contributions		48,520	43,347	48,931	43,548
Interest received		1,249	546	1,182	529
Residential aged care bonds received		10,920	11,363	10,920	11,363
GST recovered from ATO		9,512	8,318	9,512	8,318
Other receipts		1,332	374	347	344
Cash generated from operations		393,816	367,990	392,920	368,243
Cash outflows					
Staff benefits payments		(250,234)	(228,213)	(250,234)	(228,213)
Payments for supplies and services		(124,244)	(122,106)	(124,094)	(120,859)
Payments of grants and subsidies		(198)	(168)	(198)	(155)
Interest paid		(57)	(33)	(57)	(33)
Residential aged care bonds refunded		(8,096)	(4,700)	(8,096)	(4,700)
Other payments		(595)	(418)	(595)	(418)
Cash used in operations		(383,424)	(355,638)	(383,274)	(354,378)
Net cash provided by operating activities		10,392	12,352	9,646	13,865
Cash flows from investing activities					
Cash inflows					
Proceeds from sale/maturities of investments		1,445	2,456	500	-
Cash generated from investing activities		1,445	2,456	500	-
Cash outflows					
Purchase of property, plant and equipment		(3,956)	(3,738)	(3,956)	(3,738)
Purchase of intangible assets		(12)	(13)	(12)	(13)
Purchase of investments		(9,240)	(4,423)	(9,240)	(2,100)
Cash used in investing activities		(13,208)	(8,174)	(13,208)	(5,851)
Net cash provided by/(used in) investing activities		(11,763)	(5,718)	(12,708)	(5,851)
Cash flows from financing activities					
Cash outflows					
Cash transferred as a result of restructuring activities		-	(215)	-	-
Repayment of lease liabilities		(1,032)	(1,165)	(1,032)	(1,165)
Cash used in financing activities		(1,032)	(1,380)	(1,032)	(1,165)
Net cash provided by/(used in) financing activities		(1,032)	(1,380)	(1,032)	(1,165)
Net increase/(decrease) in cash and cash equivalents		(2,403)	5,254	(4,094)	6,849
Cash and cash equivalents at the beginning of the period		22,333	17,079	21,554	14,705
Cash and cash equivalents at the end of the period	12	19,930	22,333	17,460	21,554

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2024

1. About Barossa Hills Fleurieu Local Health Network

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

The Parent Entity

The Parent Entity consists of the following:

- Angaston District Hospital
- Eudunda Hospital
- Gawler Health Service
- Gumeracha District Soldiers' Memorial Hospital
- Kangaroo Island Health Service
- Kapunda Hospital
- Mount Barker District Health Service
- Mount Pleasant District Hospital
- Tanunda War Memorial Hospital
- Southern Fleurieu Health Service, located in Victor Harbor
- Strathalbyn and District Health Service
- Eudunda Senior Citizens Hostel
- Kapunda Homes
- Torrens Valley Aged Care, located at Gumeracha and Mount Pleasant
- Strathalbyn & District Aged Care Facility
- Barossa Hills Fleurieu Kangaroo Island Community Health Service
- Rural and Remote Mental Health Service
- Rural Support Service

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

The Consolidated Entity

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

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

Incorporated HACs and GFTs are separate reporting entities within our health service. Since 2008 the Hospital has hosted a number of unincorporated HACs and GFTs (on behalf of Eyre and Far North Local Health Network, Flinders and Upper North Local Health Network and Yorke and Northern Local Health Network) via the Country Health Gift Fund Health Advisory Council Inc and the Country Health Gift Fund Health Advisory Council Inc Gift Fund Trust. These HACs are now incorporated and the transfer of their net assets to the respective Local Health Network is at various stages of completion. Refer to notes 1.6 and 33 for details.

The Victor Harbor Private Hospital ceased operations from 19th April 2024 and services transitioned to the Hospital.

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.

Administered items

The Hospital has administered activities and resources. Transactions and balances relating to administered resources are presented separately and disclosed in note 35. Except as otherwise disclosed, administered items are accounted for on the same basis and using the same accounting principles as for the Hospital's transactions.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2024

1.1 Objectives and activities

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

The Hospital is part of the SA Health portfolio providing health services for the Barossa Hills Fleurieu and Kangaroo Island regions. The Hospital is structured to contribute to the outcomes for which the portfolio is responsible by providing health and related services across the Barossa Hills Fleurieu and Kangaroo Island regions. In addition, some services are provided at a statewide level, for example the Rural and Remote Health Service and the Rural Support Service.

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

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

1.2 Basis of preparation

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

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

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

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

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

1.3 Taxation

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

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

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

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

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

1.4 Continuity of operations

As at 30 June 2024, the Hospital had working capital deficiency of \$29.856 million (\$29.430 million). The SA Government is committed to and has consistently demonstrated a commitment to ongoing funding of the Hospital to enable it to perform its functions. This ongoing commitment is ultimately outlined in the annually produced and published State Budget Papers which presents the SA Government's current and estimated future economic performance, including forward estimates of revenue, expenses and performance by Agency.

1.5 Equity

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

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2024

1.6 Changes to reporting entity

Administrative Restructure - Transferred Out

2023-24

The transfer of cash from the Country Health Gift Fund Health Advisory Council Inc GFT to Port Lincoln Health Advisory Council Inc GFT (\$0.130 million) occurred in 2023-24; the transfer of cash to Far North Health Advisory Council Inc GFT (\$0.019 million) and Hawker District Memorial Health Advisory Council Inc GFT (\$0.035 million) is expected to occur in 2024-25. The Country Health Gift Fund Health Advisory Council Inc GFT is expected to dissolve in 2024-25, following the transfer of cash.

2022-23

The net assets of the GFT associated with The Whyalla Hospital and Health Services Health Advisory Council (\$0.066 million) was transferred from the Country Health Gift Fund Health Advisory Council in 2022-23. Control of the net assets of the GFT's associated with the Far North Health Advisory Council (\$0.019 million) and Port Lincoln Health Advisory Council (\$0.130 million) were also transferred but the physical transfer of cash will occur in 2023-24. Although control of the net assets of Hawker District Memorial Health Advisory Council Inc GFT transferred in 2021-22, the physical transfer of cash (\$0.035 million) is expected to occur in 2023-24.

2. Revenues from SA Government

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Capital projects funding	21,554	22,675	21,554	22,675
Operational funding	306,107	287,994	306,107	287,994
Total revenues from SA Government	327,661	310,669	327,661	310,669

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

3. Fees and charges

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Commissions revenue	13	19	13	19
Patient and client fees	5,356	4,293	5,356	4,293
Private practice fees	859	672	859	672
Fees for health services	3,800	3,950	3,800	3,950
Residential and other aged care charges	7,219	6,579	7,219	6,579
Sale of goods - medical supplies	1,642	1,569	1,642	1,569
Training revenue	3	4	3	4
Other user charges and fees	4,472	9,231	4,472	9,231
Total fees and charges	23,364	26,317	23,364	26,317

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

The Hospital recognises contract liabilities for consideration received in respect of unsatisfied performance obligations and reports these amounts as other liabilities (refer to note 24). Similarly, if the Hospital satisfies a performance obligation before it receives the consideration, the Hospital recognises either a contract asset or a receivable, depending on whether something other than the passage of time is required before the consideration is due (refer to note 13).

The Hospital recognises revenue (contract from customers) from the following major sources:

Patient and Client Fees

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

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2024

Private practice fees

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

Residential and other aged care charges

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

Fees for health services

Where the Hospital has incurred an expense on behalf of another entity, payment is recovered from the other entity by way of a recharge of the cost incurred. These fees can relate to the recharge of salaries and wages or various goods and services. Revenue is recognised on a time-and-material basis as provided. Any amounts remaining unpaid at the end of the reporting period are treated as an accounts receivable.

4. Grants and contributions

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Commonwealth grants and contributions	22,386	21,685	22,386	21,685
Commonwealth aged care subsidies	21,871	16,599	21,871	16,599
SA Government capital contributions	-	15	233	76
Other SA Government grants and contributions	-	319	178	459
Private sector capital contributions	125	-	125	-
Private sector grants and contributions	3,163	3,605	3,163	3,605
Total grants and contributions	47,545	42,223	47,956	42,424

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

Of the \$47.545 million (\$42.223 million) provided during the reporting period for grants and contributions, \$47.562 million (\$41.894 million) was provided for specific purposes such as aged care, community health services and other related health services.

5. Resources received free of charge

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Services	3,735	3,297	3,735	3,297
Total resources received free of charge	3,735	3,297	3,735	3,297

Contributions of services are recognised only when a fair value can be determined reliably and the services would be purchased if they had not been donated. The Hospital receives Financial Accounting, Taxation, Payroll, Accounts Payable and Accounts Receivable services from Shared Services SA free of charge valued at \$2.447 million (\$2.408 million) and ICT services from the Department of the Premier and Cabinet (DPC) valued at \$1.288 million (\$0.889 million), following Cabinet's approval to cease intra-government charging.

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

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

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Land and buildings:				
Proceeds from disposal	-	-	-	-
Less carrying amount of assets disposed	(379)	(55)	-	(55)
Net gain/(loss) from disposal of plant and equipment	(379)	(55)	-	(55)

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Plant and equipment:

Proceeds from disposal	-	-	-	-
Less carrying amount of assets disposed	(16)	(69)	(16)	(69)
Total net gain/(loss) from disposal of assets	(16)	(69)	(16)	(69)

Total assets:

Total proceeds from disposal	-	-	-	-
Less total carrying amount of assets disposed	(395)	(124)	(16)	(124)
Total net gain/(loss) from disposal of assets	(395)	(124)	(16)	(124)

Gains or losses on disposal are recognised at the date control of the asset is passed from the Hospital and are determined after deducting the carrying amount of the asset from the proceeds at that time.

7. Other revenues/income

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Donations	1,097	103	129	91
Health recoveries	30,398	28,410	30,398	28,410
Other	209	258	192	241
Total other revenues/income	31,704	28,771	30,719	28,742

8. Staff related expenses

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Salaries and wages	202,276	185,426	202,276	185,426
Long service leave	8,157	5,209	8,157	5,209
Annual leave	19,703	17,948	19,703	17,948
Skills and experience retention leave	1,001	967	1,001	967
Staff on-costs - superannuation*	24,697	21,620	24,697	21,620
Workers compensation	1,917	3,381	1,917	3,381
Board and committee fees	238	313	238	313
Other staff related expenses	186	19	186	19
Total staff related expenses	258,175	234,883	258,175	234,883

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

8.1 Key Management Personnel

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

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

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

Compensation	2024	2023
	\$'000	\$'000
Salaries and other short term employee benefits	3,534	3,249
Post-employment benefits	459	433
Total	3,993	3,682

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.

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8.2 Remuneration of Boards and Committees

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

	2024	2023
	No. of	No. of
	Members	Members
\$0 - \$20,000	10	9
\$20,001 - \$40,000	5	6
\$40,001 - \$60,000	1	1
Total	16	16

The total remuneration received or receivable by members was \$0.242 million (\$0.316 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits, fringe benefits and related fringe benefits tax. In accordance with the Premier and Cabinet Circular No. 016, government employees did not receive any remuneration for board/committee duties during the financial year.

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

Refer to note 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.

8.3 Staff remuneration

	Consolidated		Parent	
	2024	2023	2024	2023
	Number	Number	Number	Number
The number of staff whose remuneration received or receivable falls within the following bands:				
\$160,001 - \$166,000*	n/a	10	n/a	10
\$166,001 - \$186,000	36	23	36	23
\$186,001 - \$206,000	8	3	8	3
\$206,001 - \$226,000	5	5	5	5
\$226,001 - \$246,000	6	3	6	3
\$246,001 - \$266,000	2	4	2	4
\$266,001 - \$286,000	6	5	6	5
\$286,001 - \$306,000	10	4	10	4
\$306,001 - \$326,000	4	2	4	2
\$326,001 - \$346,000	3	-	3	-
\$346,001 - \$366,000	10	9	10	9
\$366,001 - \$386,000	2	4	2	4
\$386,001 - \$406,000	2	2	2	2
\$406,001 - \$426,000	1	2	1	2
\$426,001 - \$446,000	2	3	2	3
\$446,001 - \$466,000	5	2	5	2
\$466,001 - \$486,000	2	2	2	2
\$486,001 - \$506,000	2	-	2	-
\$506,001 - \$526,000	2	4	2	4
\$526,001 - \$546,000	-	2	-	2
\$546,001 - \$566,000	2	-	2	-
\$566,001 - \$586,000	1	1	1	1
\$586,001 - \$606,000	-	1	-	1
\$606,001 - \$626,000	2	1	2	1
\$626,001 - \$646,000	1	-	1	-
\$646,001 - \$666,000	1	2	1	2
Total number of staff	115	94	115	94

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

*The \$160,001 to \$166,000 band has been included for the purposes of reporting comparative figures based on the executive base level remuneration rate for 2022-23.

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8.4 Staff remuneration by classification

The total remuneration received by staff included above:

	Consolidated				Parent			
	2024		2023		2024		2023	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Executive	4	1,005	4	1,019	4	1,005	4	1,019
Medical (excluding Nursing)	79	26,721	64	22,550	79	26,721	64	22,550
Non-medical (i.e. administration)	5	1,049	3	518	5	1,049	3	518
Nursing	27	4,823	23	3,921	27	4,823	23	3,921
Total	115	33,598	94	28,008	115	33,598	94	28,008

9. Supplies and services

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Administration	1,201	2,031	1,193	2,022
Advertising	266	727	262	726
Communication	2,342	2,525	2,342	2,525
Computing	6,454	6,346	6,454	6,346
Consultants	404	773	394	765
Contract of services	4,855	11,007	4,855	11,007
Contractors	1,894	2,455	1,894	2,455
Contractors - agency staff	20,949	17,853	20,949	17,853
Drug supplies	1,988	2,222	1,988	2,222
Electricity, gas and fuel	2,233	2,160	2,233	2,160
Fee for service ⁽¹⁾	34,606	29,563	34,606	29,563
Food supplies	3,295	2,992	3,295	2,992
Housekeeping	2,551	2,318	2,551	2,318
Insurance	3,358	2,910	3,358	2,910
Internal SA Health SLA payments	1,820	1,751	1,820	1,751
Interstate patient transfers	7	-	7	-
Legal	86	42	86	42
Medical, surgical and laboratory supplies	27,520	24,487	27,520	24,487
Minor equipment	2,656	2,568	2,656	2,568
Motor vehicle expenses	694	918	694	918
Occupancy rent and rates ⁽²⁾	1,403	984	1,399	980
Patient transport ⁽³⁾	18,680	14,864	18,680	14,864
Postage	708	766	708	766
Printing and stationery	832	1,026	832	1,026
Repairs and maintenance	6,602	6,170	6,602	6,170
Security	789	1,353	789	1,353
Services from Shared Services SA	2,460	2,412	2,460	2,412
Short term lease expense	355	493	355	493
Training and development	3,342	5,465	3,342	5,465
Travel expenses	1,744	2,012	1,744	2,012
Other supplies and services	2,673	2,982	2,679	2,979
Total supplies and services	158,767	154,175	158,747	154,150

- (1) Fee for Service primarily relates to medical services provided by doctors not employed by the Hospital.
- (2) Part of the Hospital's accommodation is provided by the Department for Infrastructure and Transport (DIT) under a Memorandum of Administrative Arrangement issued in accordance with Government wide accommodation policies, these arrangements do not meet the definition of a lease and accordingly are disclosed within Occupancy rent and rates.
- (3) Patient transport includes costs incurred under the Patient Assisted Transport Scheme (PATs), a transport subsidy scheme established to assist rural and remote residents to access medical specialist care not available locally. This service is provided across all regional SA as part of RSS.

The Hospital recognises lease payments associated with short term leases (12 months or less) and leases for which the underlying asset is low value (less than \$15,000) as an expense on a straight line basis over the lease term. Lease commitments for short term leases is similar to short term lease expenses disclosed.

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9.1 Expenditure – SA business and non-SA business

The following table includes all expenditure in relation to contracts above \$55,000 (GST inclusive) resulting from a procurement as defined in *Treasurer's Instructions 18 – Procurement* (TI 18). Arrangements between public authorities and arrangements with other governments are not included.

Expenditure is inclusive of non-recoverable GST.

	Consolidated		Parent	
	2024	Proportion SA and non-SA businesses	2024	Proportion SA and non-SA businesses
	\$'000		\$'000	
Total expenditure with South Australian businesses	82,528	67%	82,528	67%
Total expenditure with non-South Australian businesses	41,425	33%	41,425	33%
Total expenditure in relation to contracts above \$55,000	123,953	100%	123,953	100%

Classification as SA business or non-SA business is generally based on circumstances as at the time of entering into a contract. For contracts entered into before 20 February 2023, where sufficient evidence of an assessment made under previous procurement requirements is known to the Hospital, this was used to determine classification. For contracts where such evidence of prior assessment is not available and for all other contracts, classification is based on the definition of an SA business provided in TI 18.

TI 18 defines a business as being South Australian where it operates in South Australia and more than 50% of the workforce delivering the contract resulting from the procurement on behalf of the business are South Australian residents.

The disclosure for expenditure with SA businesses reflects the total spent on contracts within the TI 18 definition and in some instances includes the cost of goods sourced from outside South Australia.

In many cases, the determination has been made on the basis of representations made by suppliers at a point in time which has not been subject to independent verification.

10. Grants and subsidies

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Funding to non-government organisations	181	136	181	136
Other	-	13	-	-
Total grants and subsidies	181	149	181	136

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

11. Other expenses

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Debts written off	272	73	272	73
Bank fees and charges	11	10	11	10
Donated assets expense	-	1	637	15,333
Other*	307	273	307	273
Total other expenses	590	357	1,227	15,689

Donated assets expense includes transfer of buildings and improvements and plant and equipment and is recorded as expenditure at their fair value. For the Parent donated assets relate to the transfer of completed works in progress to the HAC asset class. Refer to note 17 for further details.

* Includes Audit fees paid/payable to the Audit Office of South Australia relating to work performed under the *Public Finance and Audit Act* of \$0.127 million (\$0.126 million). No other services were provided by the Audit Office of South Australia. Also includes fees paid or payable to Galpins Accountants Auditors and Business Consultants of \$0.040 million (\$0.037 million) for audits of the HACs and aged care.

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12. Cash and cash equivalents

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Cash at bank or on hand	5,180	8,953	2,710	8,174
Deposits with Treasurer: general operating	14,682	13,358	14,682	13,358
Deposits with Treasurer: special purpose funds	68	22	68	22
Total cash and cash equivalents in the Statement of Financial Position	19,930	22,333	17,460	21,554
Total cash and cash equivalents in the Statement of Cash Flows	19,930	22,333	17,460	21,554

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 \$19.930 million (\$22.333 million) held, \$0.985 million (\$6.944 million) relates to aged care refundable deposits.

13. Receivables

		Consolidated		Parent	
		2024	2023	2024	2023
Current		\$'000	\$'000	\$'000	\$'000
Patient/client fees: compensable		126	184	126	184
Patient/client fees: aged care		1,402	1,185	1,402	1,185
Patient/client fees: other		861	855	861	855
Debtors		1,510	1,661	1,508	1,662
Less: allowance for impairment loss on receivables	13.1	(434)	(613)	(434)	(613)
Prepayments		402	593	402	593
Interest		621	317	583	281
Workers compensation provision recoverable		347	806	347	806
Sundry receivables and accrued revenue		2,213	2,258	2,487	2,273
GST input tax recoverable		192	252	192	252
Total current receivables		7,240	7,498	7,474	7,478
Non-current					
Debtors		137	126	137	126
Workers compensation provision recoverable		1,249	1,576	1,249	1,576
Total non-current receivables		1,386	1,702	1,386	1,702
Total receivables		8,626	9,200	8,860	9,180

Receivables arise in the normal course of selling goods and services to other agencies and to the public. The Hospital's trading terms for receivables are generally 30 days after the issue of an invoice or the goods/services have been provided under a contractual arrangement. Receivables, prepayments and accrued revenues are non-interest bearing. Receivables are held with the objective of collecting the contractual cash flows and they are measured at amortised cost.

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

13.1 Impairment of receivables

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

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Movement in the impairment loss on receivables:

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	613	1,019	613	1,019
Increase/(Decrease) in allowance recognised in profit or loss	(179)	(406)	(179)	(406)
Carrying amount at the end of the period	434	613	434	613

Impairment losses relate 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.

14. Other financial assets

The consolidated and parent entity holds term deposits of \$31.978 million (\$23.997 million) and \$27.917 million (\$19.117 million) respectively. Of these deposits \$26.476 million (\$17.736 million) relates to aged care refundable deposits, with the remaining funds primarily relating to aged care. These deposits are measured at amortised cost. There is no impairment on term deposits.

15. Inventories

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Drug supplies	528	439	528	439
Medical, surgical and laboratory supplies	859	746	859	746
Food and hotel supplies	130	109	130	109
Other	32	28	32	28
Total current inventories - held for distribution	1,549	1,322	1,549	1,322

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

16. Property, plant and equipment and intangible assets

16.1 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.

16.2 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 the expected useful life or the expected pattern of consumption of future economic benefits embodied in the asset are accounted for prospectively by changing the time period or method, as appropriate.

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

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<u>Class of asset</u>	<u>Useful life (years)</u>
Buildings and improvements	30 - 120
Right-of-use buildings	2 - 5
Plant and equipment:	
• Medical, surgical, dental and biomedical equipment and furniture	2 - 20
• Computing equipment	3 - 5
• Vehicles	2 - 20
• Other plant and equipment	3 - 30
Right-of-use plant and equipment	2 - 3
Intangibles	5 - 10

16.3 Revaluation

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

The scope of the valuation of property, plant and equipment included all: land, buildings, site improvements, site infrastructure and plant and equipment with an acquisition greater than \$1.5 million and useful life greater than three years. Revaluations are undertaken on a regular cycle. Non-current tangible assets that are acquired between revaluations are held at cost until the next valuation, where they are revalued to fair-value. If at any time management considers that the carrying amount of an asset greater than \$1.5 million materially differs from its fair value, then the asset will be revalued regardless of when the last revaluation took place.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amounts of the assets and the net amounts are restated to the revalued amounts of the asset.

16.4 Impairment

The Hospital holds its property, plant and equipment and intangible assets for their service potential (value in use). Specialised assets would rarely be sold and typically any costs of disposal would be negligible, accordingly the recoverable amount will be closer to or greater than fair value. Where there is an indication of impairment, the recoverable amount is estimated. Fair value is assessed each year. There were no indications of impairment for property, plant and equipment or intangibles as at 30 June 2024.

16.5 Intangible assets

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

The acquisition of, or internal development of, software is capitalised only when the expenditure meets the definition criteria and recognition criteria and when the amount of expenditure is greater than or equal to \$10,000. Capitalised software is amortised over the useful life of the asset.

16.6 Land and buildings

Consistent with Treasurer's Instructions, a public authority must at least every 6 years obtain a valuation appraisal from a qualified valuer. An independent valuation of land and buildings owned by the Hospital was performed between March to June 2024, by a certified practising valuer from Marsh Advisory Pacific, as at 1 June 2024.

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

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

16.7 Plant and equipment

The value of plant and equipment has not been revalued and in accordance with APS 116D, the carrying value is deemed to approximate fair value.

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16.8 Leased property, plant and equipment

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

The Hospital has a number of lease agreements including concessional. Major lease activities include the use of:

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

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

The lease liabilities related to the right-of-use assets (and the maturity analysis) are disclosed at note 21. Expenses related to right-of-use assets including depreciation and interest expense are disclosed at note 17 and 21. Cash outflows related to right-of-use assets are disclosed at note 25.

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17. Reconciliation of property, plant and equipment

The following table shows the movement:
Consolidated

2023-24	Land and buildings:			Plant and equipment:			
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Accommod- ation and Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other equip \$'000
Carrying amount at the beginning of the period	12,821	127,948	1,072	16,894	61	2,600	
Additions	-	-	-	20,136	-	753	
Disposals	-	(379)	-	-	-	(14)	
Transfers between asset classes	-	20,942	-	(20,927)	22	603	
Subtotal:	12,821	148,511	1,072	16,103	83	3,942	
Gains/(losses) for the period recognised in net result:							
Depreciation and amortisation	-	(7,698)	(486)	-	(79)	(1,085)	
Subtotal:	-	(7,698)	(486)	-	(79)	(1,085)	
Gains/(losses) for the period recognised in other comprehensive income:							
Revaluation increment / (decrement)	6,264	41,709	-	-	-	-	
Subtotal:	6,264	41,709	-	-	-	-	
Carrying amount at the end of the period*	19,085	182,522	586	16,103	4	2,857	
Gross carrying amount							
Gross carrying amount	19,085	183,293	3,568	16,103	389	7,833	
Accumulated depreciation / amortisation	-	(771)	(2,982)	-	(385)	(4,976)	
Carrying amount at the end of the period	19,085	182,522	586	16,103	4	2,857	

*All property, plant and equipment are classified in the level 2 or level 3 fair value hierarchy except for capital works in progress (not classified). Ref for right-of-use assets.

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Consolidated

2022-23

Land and buildings:

Plant and equipment:

	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Accommod- ation and Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other equip \$'000
Carrying amount at the beginning of the period	12,821	118,506	1,718	12,535	166	2,122	
Additions	-	-	-	20,024	-	584	
Disposals	-	-	-	(55)	-	(6)	
Donated assets disposal	-	-	-	(1)	-	-	
Transfers between asset classes	-	15,314	-	(15,609)	-	1,032	
Subtotal:	12,821	133,820	1,718	16,894	166	3,732	
Gains/(losses) for the period recognised in net result:							
Depreciation and amortisation	-	(5,872)	(646)	-	(105)	(1,132)	
Subtotal:	-	(5,872)	(646)	-	(105)	(1,132)	
Carrying amount at the end of the period*	12,821	127,948	1,072	16,894	61	2,600	
Gross carrying amount							
Gross carrying amount	12,821	154,073	3,568	16,894	367	6,799	
Accumulated depreciation / amortisation	-	(26,125)	(2,496)	-	(306)	(4,199)	
Carrying amount at the end of the period	12,821	127,948	1,072	16,894	61	2,600	

*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 of-use assets.

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For the period ended 30 June 2024

Parent

2023-24

Land and buildings:

Plant and equipment:

	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Accommod- ation and Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other equip \$'000
Carrying amount at the beginning of the period	4,178	62,901	1,072	16,894	61	2,600	
Additions	-	-	-	20,136	-	753	
Disposals	-	-	-	-	-	(14)	
Donated assets disposal	-	-	-	(637)	-	-	
Transfers between asset classes	-	20,305	-	(20,290)	22	603	
Subtotal:	4,178	83,206	1,072	16,103	83	3,942	
Gains/(losses) for the period recognised in net result:							
Depreciation and amortisation	-	(2,356)	(486)	-	(79)	(1,085)	
Subtotal:	-	(2,356)	(486)	-	(79)	(1,085)	
Gains/(losses) for the period recognised in other comprehensive income:							
Revaluation increment / (decrement)	(628)	9,410	-	-	-	-	
Subtotal:	(628)	9,410	-	-	-	-	
Carrying amount at the end of the period*	3,550	90,260	586	16,103	4	2,857	
Gross carrying amount							
Gross carrying amount	3,550	90,787	3,568	16,103	389	7,833	
Accumulated depreciation / amortisation	-	(527)	(2,982)	-	(385)	(4,976)	
Carrying amount at the end of the period	3,550	90,260	586	16,103	4	2,857	

*All property, plant and equipment are classified in the level 2 or level 3 fair value hierarchy except for capital works in progress (not classified). Ref for right-of-use assets.

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Parent

2022-23

Land and buildings:

Plant and equipment:

	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Accommod- ation and Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other equip \$'000
Carrying amount at the beginning of the period	4,178	65,142	1,718	12,535	166	2,122	
Additions	-	-	-	20,024	-	584	
Disposals	-	-	-	(55)	-	(6)	
Donated assets disposal	-	-	-	(15,281)	-	-	
Transfers between asset classes	-	(18)	-	(329)	-	1,032	
Subtotal:	4,178	65,124	1,718	16,894	166	3,732	
Gains/(losses) for the period recognised in net result:							
Depreciation and amortisation	-	(2,223)	(646)	-	(105)	(1,132)	
Subtotal:	-	(2,223)	(646)	-	(105)	(1,132)	
Carrying amount at the end of the period*	4,178	62,901	1,072	16,894	61	2,600	
Gross carrying amount							
Gross carrying amount	4,178	71,409	3,568	16,894	367	6,799	
Accumulated depreciation / amortisation	-	(8,508)	(2,496)	-	(306)	(4,199)	
Carrying amount at the end of the period	4,178	62,901	1,072	16,894	61	2,600	

*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 of-use assets.

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18. Reconciliation of intangible assets

The following table shows the movement:

Consolidated

		2023-24	
	Computer software \$'000	Capital works in progress intangibles \$'000	Total \$'000
Carrying amount at the beginning of the period	-	13	13
Additions	-	12	12
Other movements	-	-	-
Carrying amount at the end of the period	-	25	25

Gross carrying amount

Gross carrying amount	765	25	790
Accumulated amortisation	(765)	-	(765)
Carrying amount at the end of the period	-	25	25

Parent

Carrying amount at the beginning of the period	-	13	13
Additions	-	12	12
Other movements	-	-	-
Carrying amount at the end of the period	-	25	25

Gross carrying amount

Gross carrying amount	765	25	790
Accumulated amortisation	(765)	-	(765)
Carrying amount at the end of the period	-	25	25

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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 scope of the valuation of property, plant and equipment included all: land, buildings, site improvements, site infrastructure and plant and equipment with an acquisition greater than \$1.5 million and useful life greater than three years.

Refer to notes 16 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.

Fair value measurements at 30 June 2024

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Recurring fair value measurements (Note 17)						
Land	19,085	-	19,085	3,550	-	3,550
Buildings and improvements	1,323	181,199	182,522	-	90,260	90,260
Total recurring fair value measurements	20,408	181,199	201,607	3,550	90,260	93,810

Fair value measurements at 30 June 2023

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Recurring fair value measurements (Note 17)						
Land	-	12,821	12,821	-	4,178	4,178
Buildings and improvements	-	127,948	127,948	-	62,901	62,901
Total recurring fair value measurements	-	140,769	140,769	-	67,079	67,079

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. Valuation techniques and inputs used to derive Level 2 and 3 fair values are at note 16 and 19.2.

During 2023 and 2024, the Hospital had no valuations categorised into Level 1.

19.2 Valuation techniques and inputs

Land fair values were derived by using the market approach, being recent sales transactions of other similar land holdings within the region, adjusted for differences in key attributes such as property size, zoning and any restrictions on use, and then adjusted with a discount factor.

Due to the predominantly specialised nature of health service assets, the majority of building valuations 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.

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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, recent construction costs, 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	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Current				
Creditors and accrued expenses	15,572	12,916	15,570	12,914
Paid Parental Leave Scheme	37	19	37	19
Other payables	257	361	203	177
Total current payables	15,866	13,296	15,810	13,110

Payables are measured at nominal amounts. Creditors and accruals are recognised for all amounts owed and unpaid. Contractual payables are normally settled within 30 days from the date the invoice is first received. All payables are non-interest bearing. The carrying amount of payables approximates net fair value due to their short term nature.

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	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Current				
Lease liabilities	612	928	612	928
Total current financial liabilities	612	928	612	928
Non-current				
Lease liabilities	971	1,037	971	1,037
Total non-current financial liabilities	971	1,037	971	1,037
Total financial liabilities	1,583	1,965	1,583	1,965

Lease liabilities have been measured via discounting lease payments using either the interest rate implicit in the lease (where it is readily determined) or DTF's incremental borrowing rate. Borrowing costs of \$0.057 million (\$0.033 million) relate to interest on lease liabilities. There were no defaults or breaches on any of the above liabilities throughout the year.

Refer to note 31 for information on risk management.

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

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21.1 Maturity analysis

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

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Lease Liabilities				
Within one year	644	956	644	956
Later than one year but not longer than five years	856	816	856	816
Later than five years	142	253	142	253
Total lease liabilities (undiscounted)	1,642	2,025	1,642	2,025

22. Staff related liabilities

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Current				
Accrued salaries and wages	8,669	7,112	8,669	7,112
Annual leave	22,977	20,823	22,977	20,823
Long service leave	3,154	2,814	3,154	2,814
Skills and experience retention leave	1,601	1,620	1,601	1,620
Staff on-costs	4,166	3,429	4,166	3,429
Other	-	32	-	32
Total current staff related liabilities	40,567	35,830	40,567	35,830
Non-current				
Long service leave	34,299	31,132	34,299	31,132
Staff on-costs	1,538	1,349	1,538	1,349
Total non-current staff related liabilities	35,837	32,481	35,837	32,481
Total staff related liabilities	76,404	68,311	76,404	68,311

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

As a result of the actuarial assessment performed by DTF, the salary inflation rate has increased from the 2023 rate (2.0%) to 2.4% for annual leave and skills and experience retention leave liability. As a result, there is an increase in the staff related liabilities and staff related expenses of \$0.096 million. The impact on future periods is impractical to estimate.

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 employees up to the end of the reporting period using the projected unit credit method. The expected timing and amount of long service leave payments is determined through whole-of-government actuarial calculations which, are based on actuarial assumptions on expected future salary and wage levels, experience of employee departures and periods of service. These assumptions are based on employee data over SA Government entities and the health sector across government.

The discount rate used in measuring the liability is reflective of the yield on long-term Commonwealth Government bonds. The yield on long-term Commonwealth Government bonds has increased from 2023 (4.00%) to 4.25%. This increase in the bond yield results in a decrease in the reported long service leave liability.

The net financial effect of the changes to actuarial assumptions in the current financial year is a decrease in the long service leave liability of \$1.787 million, payables (staff on-costs) of \$0.078 million and staff related expenses of \$1.865 million. The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of demographical and financial assumptions – including the long-term discount rate.

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The actuarial assessment performed by DTF increased the salary inflation rate from 2.50% to 3.50% for long service leave liability resulting in an increase in the reported long service leave liability.

The split of long service leave between current and non-current is based on the best estimate of the amount to be paid based on leave taken in prior years.

22.3 Staff on-costs

Staff on-costs include Return to Work SA levies and superannuation contributions and are settled when the respective staff related liabilities that they relate to are discharged. These on-costs primarily relate to the balance of leave owing to staff. Estimates as to the proportion of long service leave estimate to be taken as leave, rather than paid on termination, affects whether certain on-costs are recognized as a consequence of long service leave liabilities.

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

As a result of an actuarial assessment performed by DTF, the portion of long service leave taken as leave is unchanged from 38% and the average factor for the calculation of employer superannuation on-costs has increased from the 2023 rate (11.1%) to 11.5% to reflect the increase in super guarantee. These rates are used in the staff on-cost calculation. The net financial effect of the changes in the current financial year is an increase in the staff on-cost liability and staff related expenses of \$0.128 million. The estimated impact on future periods is impracticable to estimate.

23. Provisions

Provisions represent workers compensation.

Reconciliation of workers compensation (statutory and non-statutory)

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	7,779	5,862	7,779	5,862
Payments	(1,933)	(1,020)	(1,933)	(1,020)
Remeasurement	(38)	(581)	(38)	(581)
Additions	1,722	3,518	1,722	3,518
Carrying amount at the end of the period	7,530	7,779	7,530	7,779

Workers compensation

The Hospital is an exempt employer under the *Return to Work Act 2014*. Under a scheme arrangement, the Hospital is responsible for the management of workers rehabilitation and compensation, and is directly responsible for meeting the cost of workers' compensation claims and the implementation and funding of preventive programs. Accordingly, a liability has been reported to reflect unsettled workers compensation claims (statutory and additional compensation schemes).

The workers compensation provision is based on an actuarial estimate of the outstanding liability as at 30 June 2024 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment.

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

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

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24. Contract liabilities and other liabilities

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Current				
Unclaimed monies	-	3	-	3
Contract liabilities	3,696	7,457	3,696	7,456
Residential aged care bonds	28,161	25,120	28,161	25,120
Other	52	31	52	31
Total contract liabilities and other liabilities	31,909	32,611	31,909	32,610

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

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 and Aged Care. The majority of residential aged care bonds are held in term deposits with the remainder primarily held as cash. Refer to note 12.

25. Cash flow reconciliation

Reconciliation of net cash provided by operating activities in the net result:	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Net cash provided by (used in) operating activities	10,392	12,352	9,646	13,865
Add/less non-cash items				
Asset donated free of charge	-	(1)	(637)	(15,333)
Capital revenues	17,556	18,035	17,556	18,035
Depreciation and amortisation expense of non-current assets	(10,179)	(8,671)	(4,837)	(5,022)
Gain/(loss) on sale or disposal of non-current assets	(395)	(124)	(16)	(124)
Interest credited directly to investments	186	85	60	36
Movement in assets/liabilities				
Increase/(decrease) in inventories	227	146	227	146
Increase/(decrease) in receivables	(574)	3,844	(320)	3,712
(Increase)/decrease in other liabilities	702	(4,553)	701	(4,552)
(Increase)/decrease in payables and provisions	(2,239)	(2,817)	(2,369)	(4,038)
(Increase)/decrease in staff benefits	(8,093)	(4,084)	(8,093)	(4,084)
Net result	7,583	14,212	11,918	2,641

Total cash outflows for leases is \$1.025 million (\$1.198) million.

26. Unrecognised contractual commitments

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

26.1 Other contractual commitments

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Expenditure commitments				
Within one year	13,987	9,468	13,987	9,468
Later than one year but not longer than five years	4,738	844	4,738	844
Later than five years	1,128	-	1,128	-
Total expenditure commitments	19,853	10,312	19,853	10,312

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

26.2 Contractual commitments to acquire property, plant & equipment

Capital commitments	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Within one year	-	135	-	135
Total capital commitments	-	135	-	135

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

27. Trust funds

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

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Carry amount at the beginning of period	12	11	12	11
Client trust receipts	18	1	18	1
Client trust payments	(16)	-	(16)	-
Carrying amount at the end of the period	14	12	14	12

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.

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

29. Events after balance date

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

30. Impact of Standards not yet implemented

The Hospital has assessed the impact of the new and changed Australian Accounting Standards and Interpretations not yet effective.

AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities* will apply from 1 July 2024. There is complexity and significant level of judgement required in applying AASB 13 and the new amending standard. The Department on behalf of the Hospital engaged a valuer to assist in determining the impact, which is not material.

The Hospital does not expect any other standards issued but not yet effective to have a material impact on the financial statements.

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

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Credit risk

The Hospital has policies and procedures in place to ensure that transactions occur with customers with appropriate credit history. The Hospital has minimal concentration of credit risk. No collateral is held as security and no credit enhancements relate to financial assets held by the Hospital. Refer to notes 13 and 14 for further information.

Market risk

The Hospital does not engage in hedging for its financial assets. Exposure to interest rate risk may arise through interest bearing liabilities, including borrowings. There is no exposure to foreign currency or other price risks.

31.2 Categorisation of financial instruments

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

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

Financial assets and financial liabilities are measured at amortised cost. Amounts relating to statutory receivables and payables (e.g. Commonwealth taxes; audit fees etc.) and prepayments are excluded as they are not financial assets or liabilities. Receivables and Payables at amortised cost are \$6.271 million (\$5.829 million) and \$15.665 million (\$13.113 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.

The Hospital uses an allowance matrix to measure the expected credit loss of receivables from non-government debtors. The expected credit loss of government debtors is considered to be nil based on the external credit ratings and nature of the counterparties. Impairment losses are presented as net impairment losses within net result, subsequent recoveries of amounts previously written off are credited against the same line item.

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

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

The assessment of the correlation between historical observed default rates, forecast economic conditions and expected credit losses is a significant estimate. The Hospital's historical credit loss experience and forecast of economic conditions may not be representative of customers' actual default in the future.

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

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2024

CONSOLIDATED AND PARENT

	30 June 2024			30 June 2023		
	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000
Days past due						
Current	0.1-5.0%	1,126	15	0.1-7.1%	1,564	20
<30 days	0.6-6.0%	520	15	0.7-8.9%	475	15
31-60 days	1.6-8.1%	156	9	1.5-14%	183	11
61-90 days	3.7-11.8%	137	10	2-18.7%	195	14
91-120 days	4.5-15.0%	278	25	2.3-21%	114	10
121-180 days	5.7-20.4%	173	19	3-29.2%	93	12
181-360 days	8.2-63.1%	340	121	5.7-64.5%	281	84
361-540 days	21.0-94.2%	148	87	7.7-90.8%	123	51
>540 days	24.1-100%	231	132	9-100%	472	396
Total		3,109	433		3,500	613

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 2), and incurred significant expenditure via the Department for medical, surgical and laboratory supplies, computing and insurance (note 9). The Department transferred capital works in progress of \$18.765 million (\$16.234 million) to the Hospital. The Hospital incurred significant expenditure with the Department for Infrastructure and Transport (DIT) for occupancy rent and rates \$0.650 million (\$0.437 million) (note 9). The value of unrecognised contractual expenditure commitments for accommodation with DIT is \$3.621 million (\$0.173 million) (note 26.1).

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 HACs. The HACs were established as a consequence of the Act being enacted and certain assets, rights and liabilities of the former Hospitals and Incorporated Health Centres were vested in them with the remainder being vested in the Hospital.

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

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

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

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

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
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For the period ended 30 June 2024

Health Advisory Council		
Incorporated HACs		
Barossa and Districts Health Advisory Council Inc	Country Health Gift Fund Health Advisory Council Inc*	Eudunda Kapunda Health Advisory Council Inc
Gawler District Health Advisory Council Inc	Hills Area Health Advisory Council Inc	Kangaroo Island Health Advisory Council Inc
Southern Fleurieu Health Advisory Council Inc		

Gift Fund Trusts		
Incorporated GFTs		
The trustee for Country Health Gift Fund Health Advisory Council Inc Gift Fund Trust *	The trustee for Barossa and Districts Health Advisory Council Inc Gift Fund Trust	The trustee for Eudunda Kapunda Health Advisory Council Inc Gift Fund Trust
The trustee for Gawler District Health Advisory Council Inc Gift Fund Trust	The trustee for Hills Area Health Advisory Council Inc Gift Fund Trust	The trustee for Kangaroo Island Health Advisory Council Inc Gift Fund Trust
The trustee for Southern Fleurieu Health Advisory Council Inc Gift Fund Trust		

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

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
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For the period ended 30 June 2024

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

Board/Committee name:	Government	
	employee members	Other members
Country Health Gift Fund Health Advisory Council Inc	-	Fuller J (Chair), Mackay M, Mearthur A.
Barossa Hills Fleurieu Local Health Network Governing Board	-	Hazel J (Chair), Batt R (appointed 12/10/2023 30/06/2023)**, Fuller J (resigned 11/10/2023) Williams H, Zimmermann A (appointed 01/07/2023)
Barossa Hills Fleurieu Local Health Network Audit and Risk Committee*	-	Russell G (Chair), Powell D (resigned 31/12/2023)
Barossa Hills Fleurieu Local Health Network Consumer and Community Engagement Committee*	-	Blackwell P (Chair), Zimmermann A, Brooks J
Barossa Hills Fleurieu Local Health Network Clinical Governance Committee*	-	Williams H (Chair), Gaston C (resigned 30/6/2023)
Rural Support Service Governance Committee*	-	Batt R (Chair), Cook L, Ottaway M, Voumard J

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

** resigned 2022-23 but final payment made in 2023-24

Refer to note 8.2 for remuneration of board and committee members

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2024

35. Administered items

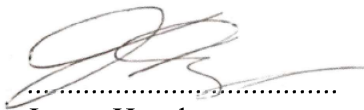
The Hospital administers Private Practice arrangements. This represents funds billed on behalf of salaried medical officers. The Net assets will be subsequently distributed to the Hospital and salaried medical officers according to individual Rights of Private Practice Deeds of Agreement.

	2024	2023
	\$'000	\$'000
Revenue from fees and charges	4,721	3,834
Other expenses	(4,785)	(3,701)
Net result	(64)	133
Cash and cash equivalents	328	386
Receivables	4	7
Payables	(3)	-
Net assets	329	393
Cash at 1 July	386	260
Cash inflows	4,724	3,827
Cash outflows	(4,782)	(3,701)
Cash at 30 June	328	386

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

We certify that the:

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



James Hazel
Board Chair



Bronwyn Masters
Chief Executive Officer



Rose Dickinson
Chief Finance Officer

Date 11/09/2024