Government of South Australia

EYRE AND FAR NORTH LOCAL HEALTH NETWORK

2019-20 Annual Report

Eyre and Far North Local Health Network

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Eyre and Far North Local Health Network

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Date presented to Minister: 30 September 2020

To:

Hon Stephen Wade MLC

Minister for Health and Wellbeing

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

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

Submitted on behalf of the Eyre and Far North Local Health Network by:

Verity Paterson
Chief Executive Officer
Eyre and Far North Local Health Network

Date: 30 September 2020 Signature 

Michele Smith
Chair Governing Board
Eyre and Far North Local Health Network

Date: 30 September 2020 Signature 

From the Board Chair

I am proud to be the inaugural Chair of the Eyre and Far North Local Health Network (EFNLHN), which has done an exceptional job in its first year in the face of COVID-19, natural disasters and the challenges of delivering services to remote and rural communities across a third of South Australia.

The EFNLHN Governing Board took over responsibility and accountability for this Local Health Network on 1 July 2019 as part of reforms to the governance of the SA Health system.

I would like to thank each Member of the new Governing Board for the skill, wisdom, and subject expertise they have brought to Board deliberations and to recognise the contribution of Tina Miller, the Aboriginal Health Member, who resigned from the Board at the end of 2019.

The Board focused this year on identifying and setting the LHN's strategic priorities, commissioning the development of a five-year Strategic Plan, which has been informed by extensive consultation with communities, clinicians, staff and partners, and will be released in early 2020-21. We have also developed and approved a Consumer and Community Engagement Strategy and are well progressed with the development of a Clinician Engagement Strategy. Both these strategies will ensure that our decision making is shaped by our communities and clinicians.

From a performance perspective, EFNLHN has had a successful first year, balancing its budget and meeting the key performance targets we are measured against, except when COVID-19 restrictions prevented that. We have also retained the highest performance management rating (Level One) from the Department for Health and Wellbeing. But these measures tell only half the story.

Leadership of public health services is challenging at the best of times; health is a complex and high-risk business. In a vast geographical area like the Eyre and Far North, those challenges are compounded multiple times, particularly when an unprecedented challenge like COVID-19 emerges.

We have grappled through the year with funding models that have not kept pace with the needs of remote communities nor the costs and additional requirements of delivering health services to very remote and isolated communities. The Board will continue to seek recognition of these costs.

The Board recognised this year that the biggest risk facing the LHN is the ongoing doctor recruitment and retention crisis so prioritised a program of work to lay the foundations for fundamental reform in this area, supported by the Rural Health Workforce Strategy and Rural Medical Workforce Plan, released during the year.

The Board is particularly proud of work to redesign and re-establish the Ceduna Birthing Service, which provides a key service not just to local communities but to Aboriginal communities further inland.

The willingness of the LHN to think creatively, involve partners, and explore a new and ground-breaking midwifery model of care, along with success at recruiting medical services, made it possible.

We acknowledge the injustices and racism that continues to impact on the health and wellbeing of Aboriginal people, children, families and communities. We see the inequity in access to good health care and have set a strategic priority going forward that Aboriginal health is everyone's business. We will not tolerate racism. We also acknowledge that more effort needs to be made to build the capacity and capability of our workforce who identify as Aboriginal. It is deeply regrettable that we did not achieve the four per cent target set this year for Aboriginal participation in our workforce and we will work hard to rectify that.

In terms of strategic priorities, the Board also focused on aged care governance. We have more aged care beds than hospital beds and recognised early the need to protect our elderly and vulnerable patients in our COVID-19 preparations. The Board has monitored the progress of the Royal Commission into Aged Care Safety and Quality so we are prepared for the recommendations, when they are released.

On behalf of the Board, I would like to thank the Chief Executive, Executive Team, clinicians, contractors and staff for their achievements this year; it is hard to convey concisely how complex and challenging this first year has been but the new LHN team has shown itself more than up to the task. We look forward to building on these achievements as we move into our second year.

Michele Smith

Board Chair

Eyre and Far North Local Health Network

From the Chief Executive Officer

I am pleased to present the 2019-20 Annual Report from the Eyre and Far North Local Health Network (EFNLHN).

At the start of this reporting period, the Eyre and Far North LHN became operational, following the devolution of Country Health SA Local Health Network to six regional Local Health Networks (LHNs).

Our new LHN has benefitted from being able to build on the strong foundations provided by the previous organisation whilst developing as an independent statutory authority with our own culture and ways of working.

Eyre and Far North LHN is one of the largest Local Health Networks, by geography, in Australia yet has one of the smallest populations. Planning and delivering services to remote and rural parts of South Australia can pose enormous challenges but also drives us to find new ways of working and to innovate.

There is no better example than the outbreak of COVID-19 in early 2020, which tested our staff, facilities, systems and processes. With hospital and aged care beds at 10 or our 11 hospital sites, we chose to prioritise the protection of vulnerable and elderly patients. We developed a strong coalition of partners, including District Councils, Aboriginal Community Controlled Health Organisations, emergency services organisations, the SA Ambulance Service, the Royal Flying Doctors Service, SA Pathology and others. We embraced the use of technology and new ways of working, and an enduring legacy will be expansion of the use of telehealth consultations to ensure our residents have access to the medical consultations that they need.

Despite the threat of COVID-19, we maintained acute and aged care services at all our sites without interruption and met our main key performance targets except in relation to elective surgery, which was postponed as part of the COVID-19 response state-wide. We balanced our budget despite a small reduction in activity at Port Lincoln Hospital, which was offset by a significant increase in the uptake of home and community care packages and disability services at home. This was achieved without increasing staffing and while our community nurses also visited people at home to provide COVID-19 swabbing and testing.

I would like to thank the LHN Governing Board for its support and our new Executive Team, who in their first year showed courage and determination in adapting to their new roles while planning and preparing for COVID-19. I pay tribute to our staff and contractors, including the General Practitioners we partner with to provide services in our hospitals, for their collaboration and resilience in what has been a challenging year. COVID-19 has perhaps overshadowed other crises, like the bushfire that threatened Port Lincoln and damage to Port Lincoln Hospital as the result of a storm at the start of 2020.

Over 2019-20 we conducted an extensive consultation to inform a new five-year Strategic Plan for the EFNLHN which will be released early in 2020-21. I would particularly like to thank local communities who participated in the consultation and provided us with feedback and insights about what they value most about health services, which has formed the basis of our new Strategic Plan.

In our first year, we have deliberately sought to change perceptions about the services we provide – in the past there has been a tendency to view the work of a Local Health Network as focused on hospitals, when in reality we have more aged care beds than hospital beds, and provide more care to people in the community than we have aged care beds.

We also manage the majority of Aboriginal health contracts in the SA Health system, as well as the Aboriginal Family Birthing Service and the Trachoma Program, which has made significant improvements to the health and wellbeing of communities it has worked with. Continuing to improve access to health services and outcomes for Aboriginal communities was a key focus this year and will continue to be a cornerstone of our work going forwards.

Redesigning and re-establishing the Ceduna Birthing Service was a key achievement in 2019-20 which will support that objective.

By the measures we report against, we have had a successful first year. There is always room for improvement, we have made a good start and look forward to working with our communities, staff, contractors and partners as we move into our second year.

Verity Paterson

Chief Executive Officer

Eyre and Far North Local Health Network

Contents

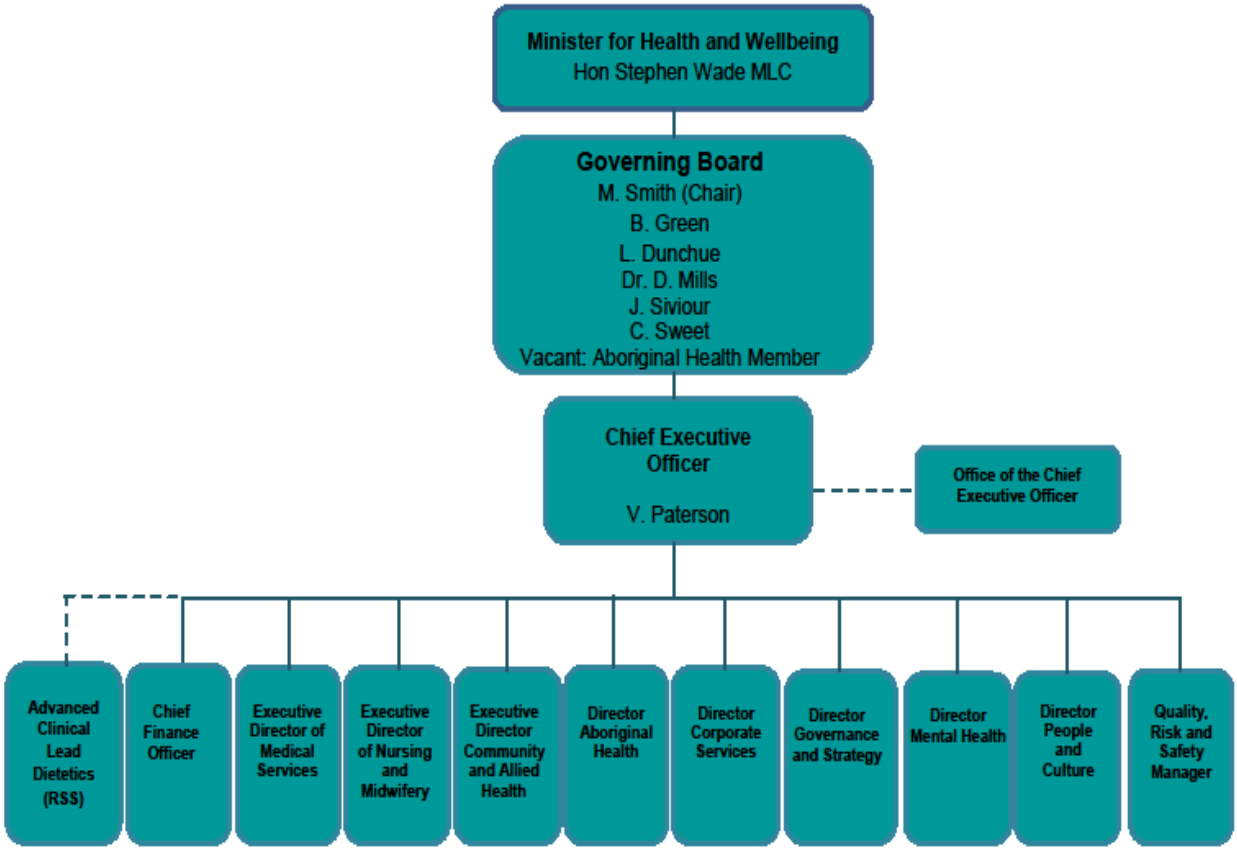
Overview: about the agency

Our strategic focus

Our Purpose	EFNLHN adopted the strategic purpose of Country Health SA LHN in its first year – to deliver a safe, reliable and consumer focused-health service, meeting changing needs and strengthening health outcomes for all.
Our Vision	EFNLHN adopted the Vision of the Country Health SA LHN in its first year – to be the best rural health service.
Our Values	EFNLHN adopted the Values of the Country Health SA LHN in its first year - Customer Focus; Collaboration; Caring; Creativity; Courage.
Our functions, objectives and deliverables	The Eyre and Far North Local Health Network provides hospital and community-based services including aged care, community health, disability and mental health to residents of the Eyre and Far North. The LHN's objectives were to: • Build innovative and high performing health service models that deliver outstanding consumer experience and health outcomes. • Pursue excellence in all that we do. • Create vibrant, values-based place to work and learn. • Harness the power of partnerships to improve the effectiveness of services. • Elevate and enhance the level of health in Eyre and Far North communities. The LHN's key deliverables were to: • Provide safe, high quality health and aged care services. • Engage with the local community and local clinicians. • Ensure patient care respects the ethnic, cultural and religious rights, views, values and expectations of all people. • Ensure the health needs of Aboriginal people are considered in all health plans, programs and models of care. • Meet legislation, regulations, Department for Health and Wellbeing policies and agreements.

Our organisational structure

The Eyre and Far North Local Health Network (EFNLHN) is led by a Governing Board which is accountable to the Minister for Health and Wellbeing. The Chief Executive Officer is accountable to the Governing Board and leads an Executive Team as described in the organisation chart below.



Changes to the agency

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

- Governance of the SA Health system was reformed to introduce Governing Boards to lead the Local Health Networks from 1 July 2019.
- Country Health SA LHN was dissolved on 30 June 2019 and six new Local Health Networks established on 1 July 2016, including the Eyre and Far North Local Health Network, with a Governing Board and Chief Executive Officer.

Our Minister

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

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

Our Governing Board

The Governing Board is responsible and accountable to the Minister for Health and Wellbeing for setting strategic priorities, performance, compliance and local decision-making.

Michele Smith, Chair of the Governing Board Michele is the Chief Executive Officer of the North Eastern Community Hospital and previously spent 11 years as the Regional Director of the Eyre and Far North Region for Country Health SA Local Health Network. Michele maintains registration as a Registered Nurse and is a Fellow of the Australasian College of Health Service Management. She has close family connections to the Eyre and Far North.	
Leanne Dunchue, Governing Board Member Leanne is the finance expert on the Board. She is a self-employed Public Accountant living in Streaky Bay, with previous experience in the banking sector. She holds a Bachelor of Commerce and is a Fellow of the Institute of Public Accountants.	
Bruce Green, Governing Board Member Bruce is the governance and business expert on the Board. He is a former Mayor of the City of Port Lincoln Council and served two terms as Mayor of Port Lincoln Council. Previously he has served as Chairman of Darling Downs Bacon, which returned to a position of financial viability under his leadership, as well as a Board Director on the Port Lincoln Health Advisory Council, West Coast Youth and Community Support and the Local Government Association of SA.	

Tina Miller, Governing Board Member (resigned 28/12/2019) Tina is the Aboriginal Health expert on the Board. She is a Wirangu women from Ceduna, holding a Bachelor of Nursing, a Diploma in Aboriginal Primary Health and Certificate IV in Indigenous Leadership. Tina resigned from the Board at the end of 2019. The Aboriginal Health member position on the Board had not been filled as at 30 June 2020.	
Dr David Mills, Governing Board Member David is the medical expert on the Board. He has worked as a GP on the Eyre Peninsula since 1988 and is a committed undergraduate and postgraduate teacher. He has worked in the Port Lincoln Aboriginal Health Service, served on the Eyre Regional Health Board and at the time of his appointment, was Associate Professor and Director of the Adelaide Rural Clinical School at the University of Adelaide.	
Jamie Siviour, Governing Board Member James is the consumer expert on the Board. He is a self-employed cropping and livestock farmer from Lock on the Centre Eyre Peninsula. He was awarded a Medal of the Order of Australia in 2018 for services to the local community with an emphasis on rural health. Previously he has been involved with the Port Lincoln Hospital Inc Board, the Port Lincoln Health Advisory Council and the Lock Health Centre Advisory Committee. He is a Justice of the Peace and a Graduate of the Australian Institute of Company Directors.	
Chris Sweet, Governing Board Member Chris is the legal expert on the Board. He is a partner with Finlaysons law firm, with extensive experience in health professional disciplinary matters, claims management, clinical risk management and coronial inquests. He served as an independent member of the Clinical Risk and Audit Committee of the Women's and Children's Health Network between 2010 and 2018.	

Our Executive

Chief Executive Officer Verity Paterson is accountable to the Governing Board for the provision, management and administration of health services and achieving the overall performance of the Eyre and Far North Local Health Network.
Executive Director, Nursing and Midwifery Julie Marron is responsible for the delivery of Nursing and Midwifery professional services and is Executive lead for residential aged care services and quality, risk and safety.
Executive Director, Medical Services Dr Susan Merrett is responsible for the professional leadership of and practice standards for medical services.
Executive Director, Allied and Community Health Lisa Campbell is responsible for Allied and Community Health Services which provide a wide range of community, home and hospital-based services covering community health, aged and disability care.
Chief Finance Officer Hudson Vieira is responsible for the delivery of comprehensive financial services and reporting, as well as the provision of strategic financial advice and leadership.
Director, Aboriginal Health Sharon Bilney is responsible for the management of Commonwealth and State Aboriginal health contracts as well as Aboriginal Health programs and providing strategic advice and leadership.
Director, Corporate Services Malinda Watson is responsible for corporate and business services that support the effective and safe operation of health units across the LHN.
Director, Governance and Strategy Jane Robinson is responsible for governance, including the operations of the Board and Office of the CEO, and is the Executive lead for strategy, performance, communications, and project management.
Director, Mental Health Services Martin Brueker is responsible for the delivery of mental health services within the LHN.
Director People and Culture Joanne (Jo) Eaton is responsible for Human Resources, workforce services and strategies, strengthening culture and leading organisational development within the LHN.
Manager, Quality Risk and Safety (QRS) Rebecca Kavanagh is responsible for the quality, risk and safety function, supporting sites and services to provide safe and quality consumer-focused care that is also compliant with national and state standards and requirements.

Legislation administered by the agency

Nil

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

Department for Health and Wellbeing

Central Adelaide Local Health Network

Flinders and Upper North Local Health Network

Limestone Coast Local Health Network

Northern Adelaide Local Health Network

Riverland Mallee Coorong Local Health Network

Southern Adelaide Local Health Network

Women's and Children's Health Network

Yorke and Northern Local Health Network

South Australian Ambulance Service

The agency's performance

Performance at a glance

In 2019-20 Eyre and Far North LHN achieved key performance areas including:

- Meeting targets for all emergency department 'seen on time' triage categories.
- Meeting targets for emergency department patients who left at their own risk.
- Meeting all elective surgery timely admissions and overdue patient categories prior to the introduction of COVID-19 elective surgery restrictions.
- Meeting targets for Mental Health services including post discharge community follow up rate.
- Achieving targets for positive responses to key consumer experience questions.
- Achieving targets in safety and quality performance indicators including potentially preventable admissions, hand hygiene compliance rates and hospital acquired complications rates.
- Delivering services tailored specifically to the needs of local Aboriginal populations such as the Aboriginal Family Birthing Program, Trachoma Program and Aboriginal Community and Consumer Engagement Strategy.
- Significantly expanding the delivery of community, in-home and disability services under the Country Health Connect brand within existing staffing.
- All sites accredited under the Australian Council Healthcare Standards.
- Effective transition to new governance arrangements from 1 July 2019.

Agency contribution to whole of Government objectives

Key objective	Agency's contribution
More jobs	• Establishment of a stand-alone Local Health Network, one of the biggest employers in the Eyre and Far North. • Addition of an LHN Chief Executive Officer, as well as Executive Team and Risk and Compliance Manager positions.
Lower costs	Costs for consumers were reduced through delivering programs such as: • COVID-19 testing at home. • Timely elective surgery. • Increasing access to Telehealth services, including for specialist consultations. • Home-based chronic disease monitoring.
Better Services	EFNLHN has delivered: • COVID-19 testing – with drive through clinics at Port LincoIn, Ceduna and Coober Pedy, and home testing by community-based nurses. • Re-opening of Ceduna Birthing Services with a new midwifery-focused model of care to strengthen quality and safety. • Expansion of renal services at Ceduna Hospital. • Introduction of medium level chemotherapy at Port Lincoln Hospital. • Funding secured for a GP/Obstetrician and GP/Anaesthetist to be based in GP practices in Port Lincoln. • 22 per cent increase in Home Care Packages, including 48 per cent increase in number of Aboriginal clients accessing those services. • A 45% increase in the value of packages for clients accessing National Disability Insurance Scheme (NDIS) services - growth from $1.3 million to $2 million.

Agency specific objectives and performance

Agency objectives	Indicators	Performance
Improving access to health services in our community	• Specialist nursing and allied health activity service activity	• 4,851 clients and 23,453 occasions of service in 2019-20
	• Avoidable hospital activity	• 478 clients and 8,560 occasion of service in 2019-20
	• Potentially preventable admissions	• 9.2% potentially preventable admissions, an increase from 8.4% in 2018-19
	• National Disability Insurance Scheme (NDIS) program activity	• 165 clients and 6,230 occasions of service in 2019-20
Hospital services	• Emergency departments seen on time	• Targets met across all triage levels
	• Elective surgery timely admissions	• Targets met prior to COVID-19 elective surgery restrictions were implemented
	• Acute inpatient activity	• 4,776 same day patients, 5,048 overnight patients, 315 babies delivered (for whole of Eyre and Far North LHN in 2019-20)
Continuous improvement of quality and safety	• Safety assessment code (SAC) 1 and 2 incidents	• 29 SAC 1 and 2 incidents, compared to 19 the previous year (a 53% increase)
		• Overall, an increase of 66 patient incidents reported, with SAC 1 and 2 incidents accounting for 1.53% of all incidents reported

	• Hospital acquired complications (HAC)	• 1.2% of total overnight episodes where one or more HAC's were present; an increase from 0.8% on the previous year
Aboriginal Health	• Aboriginal Health – Left ED at own risk	• 1.7% (target less than 3%); a reduction from 2.4% the previous year
	• Aboriginal Health – left against medical advice (inpatient)	• 6.7% (target less than 4.5%); an increase from 6.3% the previous year
	• Aboriginal percentage of workforce	• Target of 4% not met, 3.17% in June
	• Trachoma	• 919 Aboriginal children aged 1 to 14 years old were screened for trachoma. Four cases of trachoma were detected in the 10-14 age group. The overall prevalence of active trachoma in Aboriginal children aged 1-14 years screened was 0.4%
	• Trichiasis	• 1,371 Aboriginal adults aged 15 years and over were screened for trichiasis. 4 cases of trichiasis detected and referred to the ophthalmologist. The prevalence of trichiasis in adults aged 15 years and over was 0.3%
Improving Mental Health Outcomes	• Restraint incidents per 1,000 bed days	• Not applicable
	• Seclusion incidents per 1,000 bed days	• Not applicable
	• Percentage of Mental Health clients seen by a	• Not applicable

	community health service within 7 days of discharge	
Aged Care	• Residential aged care occupancy • Aged Care Assessment Program (ACAP) assessments • Home Care Package occupancy rates • Commonwealth Home Support Program (CHSP) client numbers	• Not applicable • 387 assessments completed • Occupancy rates increased from 107 to 136 between July 2019 and June 2020 • 1,573 CHSP clients providing 27,510 occasions of service, enabling older people to remain independent in their own home for longer

Corporate performance summary

The Eyre and Far North Local Health Network achieved key performance outcomes including:

- Introduction of effective governance framework to support the work of the new Governing Board.
- Highest (Level 1) performance against Department for Health and Wellbeing annual contract achieved and maintained.
- Completion of a security review at the two largest sites – Port Lincoln and Ceduna.
- National Disability Insurance Scheme accreditation achieved.
- Aged care staffing review undertaken to improve the safety of care.
- Target for employees having an annual performance review and development discussion met.
- Large number of staff supported to pursue professional development opportunities.
- Country Health SA Reconciliation Action Plan for 2018-2020 adopted and development of the Eyre and Far North Local Health Network's Reconciliation Action Plan commenced.

Employment opportunity programs

Program name	Performance
Skilling SA	EFNHN supported 6 employees to undertake training relevant to their discipline including 1 staff member undertaking Cert IV in Work Health and Safety and 5 staff undertaking Diploma of Practice Management.
Growing Leaders	EFNLHN supported 9 employees to undertake the Growing Leaders Program.
Manager Essentials	Via the SA Leadership Academy, EFNLHN supported 4 staff to undertake this program.
Enrolled Nurse (EN) Cadets	3 x EN Cadets commenced employment with the EFNLHN. Cadets commenced at Streaky Bay, Cleve and Coober Pedy, although 1 resigned before completing the cadetship.
Transition to Professional Practice Program (TPPP)	9 Registered Nurses and 3 Registered Midwives commenced employment as TPPP's within EFNLHN. 4 RNs and 3 RMs commenced at Port Lincoln 2 RNs commenced at Wudinna 1 RN commenced at Kimba 1 RN commenced at Cowell 1 RN commenced at Ceduna

Agency performance management and development systems

Performance management and development system	Performance
Performance review and development supports continuous improvement of the work performance of employees to assist them to meet the organisation's values and objectives.	• 90.33% of staff had an annual performance review and development discussion. • 63.78% of staff had a 6 monthly performance review and development discussion.
EFNLHN has a strong commitment to the recruitment and retention of Aboriginal employees, striving to continue to build workforce capacity and capability to achieve a positive impact on the care provided to Aboriginal patients and families within a culturally safe environment.	As at 30/06/20, 3.21% of employees within the Eyre and Far North Local Health Network identified as Aboriginal & Torres Strait Islander. 8 – Nursing 12 – Salaried 14 – Weekly Paid 2 – Other
Mandatory Training Compliance	As at 30/06/20, EFNLHN identified 66% compliance.
Criminal History & Relevant Screening	As at 30/06/20, EFNLHN identified 99.56% compliance.
Flu Vax	As at 30/06/20, EFNLHN identified 63% compliance.
Immunisation Compliance	As at 30/06/20, Immunisation Compliance was: Cat A – 100% Cat B – 100% Cat C – 100%

Work health, safety and return to work programs

Program name	Performance
Prevention and management of musculoskeletal injury (MSI)	EFNLHN recorded 13 new MSI claims in 2019-20. This was 1 less than 14 in 2018-19, a decrease of 7%. New MSI claims accounted for 42% of new claims submitted.
Prevention and management of psychological injury	4 new PSY claim were received in 2019-20. This was 1 more than the previous year of 3 claims, an increase of 33%. PSY claims accounted for 13% of new claims.
Prevention and management of slips, trips and falls (ST&Fs)	5 new STF claim received in 2019-20. This was 1 more than the previous year of 4. New STF claims accounted for 16% of new claims.

Workplace injury claims	Current year 2019-20	Past year 2018-19	% Change (+ / -)
Total new workplace injury claims	31	25	+24.0%
Fatalities	0	0	0.0%
Seriously injured workers*	0	0	0.0%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	24.14	16.79	+43.8%

**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 2019-20	Past year 2018-19	% Change (+ / -)
Number of notifiable incidents (*Work Health and Safety Act 2012, Part 3)*	1	4	-75.0%
Number of provisional improvement, improvement and prohibition notices (*Work Health and Safety Act 2012 Sections 90, 191 and 195*)	1	8	-87.5%

Return to work costs**	Current year 2019-20	Past year 2018-19	% Change (+ / -)
Total gross workers compensation expenditure ($)	$426,666	$417,937	+2.1%
Income support payments – gross ($)	$259,698	$93,789	+176.9%

***before third party recovery*

Data for previous years is available at: https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network

Executive employment in the agency

Executive classification	**Number of executives**
SAES1	1
RN6A06	1
MD029G	1

Data for previous years is available at: https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network

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

Financial performance

Financial performance at a glance

The following is a brief summary of the overall financial position of the agency. The information is unaudited. Full audited financial statements for 2019-20 are attached to this report.

Statement of Comprehensive Income	**2019-20 Budget $000s**	**2019-20 Actual $000s**	**Variation $000s**	**2018-19 Actual $000s**
Total Income	111,501	121,415	9,914	n/a
Total Expenses	115,970	123,900	7,930	n/a
Net result	**(4,469)**	**(2,485)**	**1,984**	**n/a**
Total Comprehensive Result	**(4,469)**	**(2,485)**	**1,984**	**n/a**

Statement of Financial Position	**2019-20 Budget $000s**	**2019-20 Actual $000s**	**Variation $000s**	2019-19 **Actual $000s**
Current assets	n/a	30,602	n/a	n/a
Non-current assets	n/a	146,330	n/a	n/a
Total assets	n/a	**176,932**	n/a	n/a
Current liabilities	n/a	29,626	n/a	n/a
Non-current liabilities	n/a	12,584	n/a	n/a
Total liabilities	n/a	**42,210**	n/a	n/a
Net assets	n/a	**134,722**	n/a	n/a
Equity	n/a	**134,722**	n/a	n/a

Consultants disclosure

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

Consultancies with a contract value below $10,000 each

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

Consultancies with a contract value above $10,000 each

Consultancies	Purpose	$ Actual payment
System Solution Engineering	Storm rectification Engineering Services	$10,000
Leadership Pty Ltd	Delivery of Stakeholder Consultation	$15,700
	Total	$25,700

Data for previous years is available at: https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network

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

Contractors disclosure

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

Contractors with a contract value below $10,000

Contractors	Purpose	$ Actual payment
All contractors below $10,000 each - combined	Various	$42,798

Contractors with a contract value above $10,000 each

Contractors	Purpose	$ Actual payment
HCA – Health Care Australia	Agency	$851,192
Rural Locum Scheme Pty Ltd	Agency	$89,452
Your Nursing agency Pty Ltd	Agency	$85,386
Allied Employment group Pty Ltd	Agency	$35,077

Contractors	Purpose	$ Actual payment
Workpac Group	Agency	$19,153
Port Lincoln Aboriginal Health Service Inc	Aged Care Services	$64,530
BDO Advisory (SA) Pty Ltd	Financial Advice/Support Secondment	$46,798
Alan Morris Celebrancies & Business Services	Professional Services provided in the role of Manager, Risk & Compliance	$25,980
Daniel Ross	Services provided for Mid West - Country Health Connect Clients	$24,465
Susanne Rendell	Services Provided for Clients	$22,356
David Wolf	Services Provided for Clients	$15,289
Barry Nash	Services Provided for Clients	$12,687
	Total	$1,292,365

Data for previous years is available at: https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network

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

The website also provides details of across government contracts.

Risk management

Risk and audit at a glance

EFNLHN established an Audit and Risk Committee (A&RC) with an external independent Chair to advise and support the Board in fulfilling its responsibilities regarding risk management, audit and assurance.

The A&RC meets quarterly and receives risk reports from EFNLHN as well as audit reports conducted by the Auditor-General's Department, Department for Health and Wellbeing (DHW), and Internal Audits by the Rural Support Service (RSS).

EFNHN has implemented a local *Ward to Board Risk Management Procedure* which is consistent with the SA Health *System-Wide Risk Management Policy Directive*, providing staff with specific guidance on context, identification, analysis, evaluation, treatment, monitoring and communication of risk.

The EFNLHN Governing Board developed and agreed a Risk Appetite Statement (RAS) during the year; the Risk Register adopted from the previous entity, Country Health SA LHN, was reviewed and aligned with the RAS, resulting in the consolidation and redrafting of risks, treatment and controls, to ensure the EFNLHN Risk Register is fit for purpose.

An Internal Audit Charter was developed by the Rural Support Service and approved by the EFNLHN Audit and Risk Committee and Governing Board, enabling an Internal Audit Function in the Rural Support Service to support the six regional LHNs, including EFNLHN. The Charter provides guidance and authority for audit activities.

Fraud detected in the agency

Category/nature of fraud	Number of instances
Misconduct	0

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

Strategies implemented to control and prevent fraud

EFNLHN processes implemented to help control and prevent fraud include the following:

- Establishment of an Audit and Risk Committee to provide advice directly to the Governing Board about any instances of fraud reported to the Independent Commission Against Corruption and to the Department for Health and Wellbeing's Risk and Audits Branch.
- Monthly reviews of organisational finances, financial management and performance by an operational Finance and Performance Committee,

chaired by the Chief Finance Officer, and reporting monthly to the Board's Finance and Performance Committee.

- Annual review of Financial Controls Self-Assessment by the Audit and Risk Committee to ensure controls are in place to avoid fraud.
- Annual Declaration of Interests procedure and registers to monitor and report on Conflicts of Interest.
- Regular reporting by Shared Services SA to the EFNLHN Chief Finance Officer detailing any expenditure outside of procurement and approved delegations, reported to the Audit and Risk Committee and to the Board.

Data for previous years is available at: https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network

Public interest disclosure

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

0

Data for previous years is available at: https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network

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

Reporting required under any other act or regulation

Act or Regulation	Requirement
Nil	

Reporting required under the *Carers' Recognition Act* 2005

The EFNLHN Governing Board approved a Consumer and Community Engagement Strategy during the year, after extensive consultation with consumers, carers, and local communities, involving the six Health Advisory Councils in the Eyre and Far North.

The Strategy is underpinned by the *EFNLHN Consumer and Community Engagement Framework 2020-2023* (CCEF), the South Australian Health and Community Services Complaints Commission (HSCC) *Charter for Health and Community Services Rights* (2011) and the *SA Carer Recognition Act (*2005).

The Strategy supports the seven principles in the SA Carers Charter:

- Carers have choices within their carer role.
- Carers' health and well-being is 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 lie and reach their potential.
- Resources are available to provide timely, appropriate and adequate assistance to Carers.

It also is consistent with the SA Health Consumer and Community Engagement Strategic Framework (CCESF) 2020-23 Principles of Engagement which include that "consumers, carers and the community must be active in service design and decision making".

EFNLHN's approach is guided by five core enablers:

1: Inclusive of diversity

Strengthening health system participation and partnership with diverse communities and engaging effectively with these diverse groups.

2: Accessible and informed opportunities to participate

Promoting engagement opportunities that are accessible to the broadest range of consumers, carers and community groups to meaningfully participate.

3: Partnering in co-design, planning and evaluation

Partnering with consumers, carers and the community in planning, implementation and evaluation of its service.

4: Systems, strategies and mechanisms for active engagement

Ensuring systems, strategies and mechanisms to actively engage with consumers, carers and the community.

5: Consumer centred best practice

Ensuring consumer, carer and community engagement practices meet national standards and are informed by best practice.

For people with or supporting someone with a mental illness, the Rural and Remote Mental Health Consumer and Carer Participation Program has been created to assist teams to achieve co-design with consumers; this is delivered to teams in a range of ways including through direct contact by the Experts by Experience team.

EFNLHN maintains an Aboriginal Health Experts by Experience Register to assist services to engage with Aboriginal people living in country South Australia. The Register acknowledges the lived experience of Aboriginal people and the wealth of knowledge that comes with their life experience.

EFNLHN also encourages the use of tools like the SA Health *Guide for Engaging with Aboriginal People* to support staff to engage Aboriginal people and their carers in a culturally respectful and effective way.

Public complaints

Number of public complaints reported (as required by the Ombudsman)

A whole of SA Health response will be provided in the 2019-20 Department for Health and Wellbeing Annual report, which can be accessed on the SA Health website

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

Complaint categories	**Sub-categories**	**Example**	**Number of Complaints 2019-20**
Policy	Policy content	Policy content difficult to understand; policy unreasonable or disadvantages customer	Not applicable
Service quality	Information	Incorrect, incomplete, out dated or inadequate information; not fit for purpose	Not applicable
Service quality	Access to information	Information difficult to understand, hard to find or difficult to use; not plain English	Not applicable
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	Not applicable
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security service/ premises; poor cleanliness	Not applicable
Service quality	Service responsiveness	Service design doesn't meet customer needs; poor service fit with customer expectations	Not applicable
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate	Not applicable
		Total	0

Note: the section below is mandated

Additional Metrics	**Total**
Number of positive feedback comments	112
Number of negative feedback comments	76
Total number of feedback comments	188
% complaints resolved within policy timeframes	22% (17) complaints not acknowledged within 2 working days 19% (15) complaints not responded to within 35 working days

Data for previous years is available at: https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network

Service Improvements resulting from complaints or consumer suggestions over 2019-20 (current year)

- Improved access to services, with staff able to consult with GPs and Community and Allied Health staff via teleconference and videoconference, in response to COVID-19 and consumer feedback about lack of access, and waiting lists.
- Occupational Therapy Service model developed and trial planned to increase service frequency by utilising telehealth and a delegated care model involving the Allied Health Assistant workforce, in response to consumer feedback that the frequency of service was not meeting care needs.
- Care planning practice has been reviewed and supporting resources for clinicians developed to guide how to increase consumer participation in care planning, in response to consumer feedback.

Appendix: Audited financial statements 2019-20

Government of South Australia
Auditor-General's Department

Our ref: A20/035

Level 9
State Administration Centre
200 Victoria Square
Adelaide SA 5000
Tel +618 8226 9640
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audgensa@audit.sa.gov.au
www.audit.sa.gov.au

24 September 2020

Ms M Smith
Board Chair
Eyre and Far North Local Health Network Incorporated
PO Box 630
PORT LINCOLN SA 5606

Dear Ms Smith

Audit of Eyre and Far North Local Health Network Incorporated for the year to 30 June 2020

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

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

1 Independent Auditor's Report

We are returning the financial statements for Eyre and Far North Local Health Network Incorporated, with the Independent Auditor's Report. This report is unmodified.

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

2 Audit management letter

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

Significant matters related to:

- financial authorities in the payment system not in line with approved delegations
- invoices paid without purchase orders
- ineffective follow-up of long outstanding patient debtors

- contracts not established for some regular services
- no recalculation of compensable patient invoicing
- insufficient system access restrictions
- bank account signatories include former employees.

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

What the audit covered

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

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

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

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

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

Yours sincerely

Andrew Richardson
Auditor-General

enc

INDEPENDENT AUDITOR'S REPORT

Government of South Australia
Auditor-General's Department

Level 9
State Administration Centre
200 Victoria Square
Adelaide SA 5000

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To the Board Chair
Eyre and Far North Local Health Network Incorporated

Opinion

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

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

The financial report comprises:

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

Basis for opinion

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

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

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

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

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

Auditor's responsibilities for the audit of the financial report

As required by section 31(1)(b) of the *Public Finance and Audit Act 1987* and section 36(20) of the *Health Care Act 2008,* I have audited the financial report of Eyre and Far North Local Health Network Incorporated and its controlled entities for the financial year ended 30 June 2020.

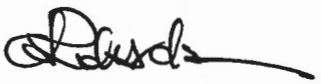
My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an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

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

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

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

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



Andrew Richardson
Auditor-General
24 September 2020

Government of South Australia
Health
Eyre and Far North Local Health Network

Doc No: A2305670

Postal address:
Chief Executive Officer
Eyre and Far North Local Health Network

PO Box 630
PORT LINCOLN SA 5606

Tel 08 8683 2777
ABN 34 412 710 120

www.sahealth.sa.gov.au/eyreandfarnorthlhn

Certification of the Financial Statements

We certify that the:

- Financial statements of the Eyre and Far North 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 Eyre and Far North Local Health Network Inc. over its financial reporting and its preparation of the financial statements have been effective throughout the financial year.

.....	.....	.....
Michele Smith	Verity Paterson	Hudson Vieira
Board Chair	Chief Executive Officer	Chief Finance Officer

Dated: 15 September 2020

EYRE AND FAR NORTH LOCAL HEALTH NETWORK
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2020

	Note	Consolidated 2020 $'000	Parent 2020 $'000
Income			
Revenues from SA Government	11	82,836	82,836
Fees and charges	6	10,636	10,636
Grants and contributions	7	25,966	26,008
Interest		309	298
Resources received free of charge	8	1,391	1,391
Other revenues/income	10	277	267
Total income		**121,415**	**121,436**
Expenses			
Staff benefits expenses	2	67,893	67,893
Supplies and services	3	45,825	45,825
Depreciation and amortisation	16,17	7,163	4,112
Grants and subsidies	4	1,878	1,877
Borrowing costs	20	18	18
Net loss from disposal of non-current and other assets	9	9	9
Impairment loss on receivables	13	244	244
Other expenses	5	870	897
Total expenses		**123,900**	**120,875**
Net result		**(2,485)**	**561**
Total comprehensive result		**(2,485)**	**561**

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

EYRE AND FAR NORTH LOCAL HEALTH NETWORK
STATEMENT OF FINANCIAL POSITION
For the year ended 30 June 2020

	Note	Consolidated 2020 $'000	Parent 2020 $'000
Current assets			
Cash and cash equivalents	12	5,742	5,437
Receivables	13	5,980	5,979
Other financial assets	14	17,749	17,265
Inventories	15	1,131	1,131
Total current assets		**30,602**	**29,812**
Non-current assets			
Receivables	13	250	250
Other financial assets	14	70	-
Property, plant and equipment	16,17	146,010	81,515
Total non-current assets		**146,330**	**81,765**
Total assets		**176,932**	**111,577**
Current liabilities			
Payables	19	4,036	4,036
Financial liabilities	20	315	315
Staff benefits	21	8,953	8,953
Provisions	22	439	439
Contract liabilities and other liabilities	23	15,883	15,883
Total current liabilities		**29,626**	**29,626**
Non-current liabilities			
Payables	19	421	421
Financial liabilities	20	661	661
Staff benefits	21	10,916	10,916
Provisions	22	586	586
Total non-current liabilities		**12,584**	**12,584**
Total liabilities		**42,210**	**42,210**
Net assets		**134,722**	**69,367**
Equity			
Retained earnings		118,637	69,367
Asset revaluation surplus		16,085	-
Total equity		**134,722**	**69,367**

The total equity is attributable to the SA Government as owner

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

EYRE AND FAR NORTH LOCAL HEALTH NETWORK
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2020

CONSOLIDATED

	Note	Asset revaluation surplus $ '000	Other reserves $'000	Retained earnings $ '000	Total equity $ '000
Balance at 30 June 2019		-	-	-	-
Net assets received from an administrative restructure	1.6	-	-	68,806	**68,806**
Net assets received on first time consolidation	1.6	16,085	-	52,316	**68,401**
Adjusted balance at 1 July 2019		**16,085**	-	**121,122**	**137,207**
Net result for 2019-20		-	-	**(2,485)**	**(2,485)**
Total comprehensive result for 2019-20		-	-	(2,485)	(2,485)
Balance at 30 June 2020		**16,085**	-	**118,637**	**134,722**

PARENT

	Note	Asset revaluation surplus $ '000	Other reserves $'000	Retained earnings $ '000	Total equity $ '000
Balance at 30 June 2019		-	-	-	-
Net assets received from an administrative restructure	1.6	-	-	68,806	**68,806**
Adjusted balance at 1 July 2019		-	-	**68,806**	**68,806**
Net result for 2019-20		-	-	**561**	**561**
Total comprehensive result for 2019-20		-	-	**561**	**561**
Balance at 30 June 2020		-	-	**69,367**	**69,367**

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

EYRE AND FAR NORTH LOCAL HEALTH NETWORK
STATEMENT OF CASH FLOWS
For the year ended 30 June 2020

	Note	Consolidated 2020 $'000	Parent 2020 $'000
Cash flows from operating activities			
Cash inflows			
Fees and charges		5,827	5,827
Grants and contributions		24,749	24,791
Interest received		130	126
Residential aged care bonds received		3,754	3,754
GST recovered from ATO		2,758	2,758
Other receipts		3,341	3,331
Receipts from SA Government		81,021	81,021
Cash generated from operations		**121,580**	**121,608**
Cash outflows			
Staff benefits payments		(64,851)	(64,851)
Payments for supplies and services		(48,034)	(48,034)
Payments of grants and subsidies		(2,038)	(2,036)
Interest paid		(18)	(18)
Residential aged care bonds refunded		(3,601)	(3,601)
Other payments		(439)	(439)
Cash used in operations		**(118,981)**	**(118,979)**
Net cash provided by operating activities		**2,599**	**2,629**
Cash outflows			
Purchase of property, plant and equipment		(600)	(600)
Purchase of investments		(750)	(750)
Cash used in investing activities		**(1,350)**	**(1,350)**
Net cash provided by/(used in) investing activities		**(1,350)**	**(1,350)**
Cash flows from financing activities			
Cash inflows			
Cash received from restructuring activities		4,914	4,579
Cash generated from financing activities		**4,914**	**4,579**
Cash outflows			
Repayment of lease liability		(421)	(421)
Cash used in financing activities		**(421)**	**(421)**
Net cash provided by/(used in) financing activities		**4,493**	**4,158**
Net increase in cash and cash equivalents		**5,742**	**5,437**
Cash and cash equivalents at the end of the period	12	**5,742**	**5,437**
Non-cash transactions	24		

The accompanying notes form part of these financial statements.

1. About Eyre and Far North Local Health Network

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

Parent Entity
The Parent Entity consists of the following:

- Ceduna District Health Services
- Cleve Campus - Eastern Eyre Health and Aged Care
- Cowell Campus - Eastern Eyre Health and Aged Care
- Coober Pedy Hospital
- Country Health Connect — Coober Pedy
- Cummins Hospital
- Elliston Hospital
- Kimba Campus - Eastern Eyre Health and Aged Care
- Country Health Connect — Lock
- Oodnadatta Health Service
- Port Lincoln Health Service
- Streaky Bay Hospital and Mid West Health
- Tumby Bay Hospital and Lower Eyre Health Service
- Wudinna Hospital
- Ceduna, Cleve, Kimba Independent Living Units

Consolidated Entity
The Consolidated entity includes the Parent entity, the Incorporated Health Advisory Councils (HACs) and the Incorporated HAC Gift Fund Trusts (GFTs) as listed in note 32.

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 may be incorporated or unincorporated. Incorporated HACs in country South Australia hold assets, manage bequests and provide advice on local health service needs and priorities. The Country Health Gift Fund Health Network Advisory Council Incorporated holds assets on behalf of unincorporated HACs and is reported under Barossa Hills Fleurieu North Local Health Network (BHFLHN). The Hospital's unincorporated HAC's reported under BHFLHN are listed in note 32.

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.

Administered items
The Hospital has administered activities and resources. Transactions and balances relating to administered resources are presented separately and disclosed in Note 33. 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.

1.1 Objectives and activities
The Hospital is committed to a health system that produces positive health outcomes by focusing on health promotion, illness prevention, early intervention and achieving equitable health outcomes for the Eyre and Far North region.

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

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

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

1.2 Basis of preparation

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

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

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

Assets and liabilities that are to be sold, consumed or realised as part of the normal operating cycle have been classified as current assets or current liabilities. All other assets and liabilities are classified as non-current. Significant accounting policies are set out below or throughout the notes.

1.3 Taxation

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

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

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

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

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

1.4 Continuity of operations

As at 30 June 2020, the Hospital had a working capital deficiency of $0.170 million. The SA Government is committed to continuing the delivery of hospital services to regional SA and has demonstrated a commitment to the ongoing funding of the hospital.

1.5 Equity

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

1.6 Changes to reporting entity

CHSALHN was dissolved on 1 July 2019. Six new entities were established to provide hospital, health and aged care services to country and regional SA. As per the *Health Care (Local Health Networks) Proclamation 2019* contained in the South Australian Government Gazette No 30, dated 27th June 2019, assets, rights and liabilities were transferred from CHSALHN to the relevant entity, effective 1 July 2019. This resulted in the transfer of 1,123 employees, and net assets of $137.207 million as detailed below.

Assets transferred in for the Hospital were:	Consolidated 2020 $'000	Parent 2020 $'000
Cash	4,914	4,579
Receivables	2,827	2,827
Property, plant and equipment	149,255	81,742
Other assets	17,908	17,355
Total assets	**174,904**	**106,503**
Liabilities:		
Payables	3,614	3,614
Staff benefits	18,283	18,283
Provisions	838	838
Other liabilities	14,962	14,962
Total liabilities	**37,697**	**37,697**
Total net assets transferred in	**137,207**	**68,806**

1.7 Impact of COVID-19 pandemic on the Hospital

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

As the lead agency, SA Health has:

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

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

- Additional financial assistance from the Commonwealth and State Governments to assist the COVID-19 response by the Hospital, including at Residential Aged Care and Multi-Purpose sites. This funding was for additional costs incurred by the Hospital and all residential aged care providers in responding to the COVID-19 outbreak, including the diagnosis and treatment of patients with or suspected of having COVID-19, and efforts to minimise the spread in the Australian community.
- Hospital staff accessing special leave with pay for up to 15 days for absences related to COVID-19 situations $0.049 million.
- Additional costs associated with public health activities (eg preparation of hospitals to respond and establishing testing clinics), purchases of personal protective equipment for staff, and non-clinical costs (eg additional hospital cleaning costs) were $0.634 million.

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

1.8 Changes in presentation of financial statements

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

2. Staff benefits expenses

	Consolidated 2020 $'000	Parent 2020 $'000
Salaries and wages	54,624	54,624
Long service leave	1,187	1,187
Annual leave	5,082	5,082
Skills and experience retention leave	234	234
Staff on-costs - superannuation*	5,953	5,953
Workers compensation	607	607
Board and committee fees	194	194
Other staff related expenses	12	12
Total staff benefits expenses	**67,893**	**67,893**

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

2.1 Key Management Personnel

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

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

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

Compensation	**2020 $'000**
Salaries and other short term employee benefits	1,847
Post-employment benefits	288
Total	**2,135**

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

2.2 Remuneration of Boards and Committees

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

	2020 No. of Members
$1 - $20,000	2
$20,001 - $40,000	5
$40,001 - $60,000	1
Total	**8**

Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits and fringe benefits and any fringe benefits tax paid or payable in respect of those benefits. The total remuneration received or receivable by members was $0.211 million. 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.

2.3 Remuneration of staff

The number of staff whose remuneration received or receivable falls within the following bands:	Consolidated 2020 Number	Parent 2020 Number
$155,000 - $174,999	7	7
$195,000 - $214,999	1	1
$435,000 - $454,999	1	1
Total number of staff	**9**	**9**

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

2.4 Remuneration of staff by classification

The total remuneration received by staff included above:

	Consolidated 2020		Parent 2020	
	No.	$'000	No.	$'000
Medical (excluding Nursing)	1	439	1	439
Executive	1	213	1	213
Nursing	7	1,123	7	1,123
Total	**9**	**1,775**	**9**	**1,775**

3. Supplies and services

	Consolidated 2020 $'000	Parent 2020 $'000
Administration	95	95
Advertising	35	35
Communication	496	496
Computing	1,999	1,999
Consultants	26	26
Contract of services	5,505	5,505
Contractors	251	251
Contractors - agency staff	1,925	1,925
Drug supplies	1,092	1,092
Electricity, gas and fuel	1,803	1,803
Fee for service*	11,309	11,309
Food supplies	1,412	1,412
Housekeeping	518	518
Insurance	976	976
Internal SA Health SLA payments	4,338	4,338
Legal	9	9
Medical, surgical and laboratory supplies	4,159	4,159
Minor equipment	666	666
Motor vehicle expenses	432	432
Occupancy rent and rates	500	500
Patient transport	393	393
Postage	176	176
Printing and stationery	360	360
Repairs and maintenance	4,610	4,610
Security	195	195
Services from Shared Services SA	1,031	1,031
Short term lease expense	28	28
Training and development	179	179
Travel expenses	476	476
Other supplies and services	831	831
Total supplies and services	**45,825**	**45,825**

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

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

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

	Consolidated 2020		Parent 2020	
	No.	$'000	No.	$'000
Above $10,000	2	26	2	26
Total	**2**	**26**	**2**	**26**

4. Grants and subsidies

	Consolidated 2020	Parent 2020
	$'000	$'000
Funding to non-government organisations	1,196	1,196
Other	682	681
Total grants and subsidies	**1,878**	**1,877**

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

5. Other expenses

	Consolidated 2020	Parent 2020
	$'000	$'000
Debts written off	177	177
Bank fees and charges	3	2
Donated assets expense	38	73
Net loss on revaluation of investments	7	-
Other*	645	645
Total other expenses	**870**	**897**

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

* Includes Audit fees paid or payable to the Auditor-General's Department relating to work performed under the *Public Finance and Audit Act* of $0.128 million. No other services were provided by the Auditor-General's Department. Payments to Galpins Accountants Auditors and Business Consultants of $0.031 million for the audit of HAC's and Aged Care.

6. Fees and charges

	Consolidated 2020	Parent 2020
	$'000	$'000
Insurance recoveries	106	106
Patient and client fees	2,653	2,653
Recoveries	1,203	1,203
Residential and other aged care charges	3,693	3,693
Sale of goods - medical supplies	12	12
Other user charges and fees	2,969	2,969
Total fees and charges	**10,636**	**10,636**

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

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

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

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

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

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

7. Grants and contributions

	Consolidated 2020 $'000	Parent 2020 $'000
Commonwealth grants	20,915	20,915
SA Government capital contributions	239	251
Other SA Government grants and contributions	1,462	1,492
Private sector grants and contributions	3,350	3,350
Total grants and contributions	**25,966**	**26,008**

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

All grants and contributions received were provided for specific purposes such as aged care, community health services and other related health services.

8. Resources received free of charge

	Consolidated 2020 $'000	Parent 2020 $'000
Land and buildings	13	13
Plant and equipment	347	347
Services	1,031	1,031
Total resources received free of charge	**1,391**	**1,391**

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

Although not recognised, the Hospital receives volunteer services from around 50 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, transport, community activities, gardening and community advocacy.

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

During the year, the Hospital disposed of plant and equipment with a $0.009 million carrying value for nil consideration.

10. Other revenues/income

	Consolidated 2020 $'000	Parent 2020 $'000
Donations	263	254
Other	14	13
Total other revenues/income	**277**	**267**

11. Revenues from SA Government

	Consolidated 2020 $'000	Parent 2020 $'000
Capital funding	2,000	2,000
Recurrent funding	80,836	80,836
Total revenues from SA Government	**82,836**	**82,836**

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

12. Cash and cash equivalents

	Consolidated 2020 $'000	Parent 2020 $'000
Cash at bank or on hand	3,026	2,721
Deposits with Treasurer: general operating	2,716	2,716
Total cash and cash equivalents	**5,742**	**5,437**

Cash is measured at nominal amounts. The Hospital operates through the Department's general operating account held with the Treasurer and does not earn interest on this account. Interest is earned on HAC and GFT bank accounts and accounts holding aged care funds, including refundable deposits. Of the $5.742 million held, $1.330 million relates to aged care refundable deposits.

13. Receivables

Current	Note	Consolidated 2020 $'000	Parent 2020 $'000
Patient/client fees: compensable		249	249
Patient/client fees: aged care		115	115
Patient/client fees: other		423	423
Debtors		3,648	3,648
Less: allowance for impairment loss on receivables	13.1	(337)	(337)
Prepayments		63	63
Interest		32	31
Workers compensation provision recoverable		146	146
Sundry receivables and accrued revenue		1,527	1,527
GST input tax recoverable		114	114
Total current receivables		**5,980**	**5,979**
Non-current			
Debtors		7	7
Workers compensation provision recoverable		243	243
Total non-current receivables		**250**	**250**
Total receivables		**6,230**	**6,229**

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

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

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

Movement in the allowance for impairment of receivables:

	Consolidated 2020 $'000	Parent 2020 $'000
Net assets transferred from administrative restructure	**93**	**93**
Increase in allowance recognised in profit or loss	244	244
Carrying amount at the end of the period	**337**	**337**

Refer to note 30 for details regarding credit risk and the methodology for determining impairment.

14. Other financial assets

	Consolidated 2020 $'000	Parent 2020 $'000
Current		
Term deposits	17,749	17,265
Total current other financial assets	**17,749**	**17,265**
Non-current		
Joint venture	70	-
Total non-current other financial assets	**70**	**-**
Total other financial assets	**17,819**	**17,265**

The Hospital holds term deposits of $17.749 million ($17.265 million parent) of which $9.527 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.

The Hospital has a 12.28% equity interest in property at Whyte Street, Cleve in the State of South Australia by way of a mortgage on certificate of title volume 5902 folio 901. The registered proprietor of the property is Cornerstone Housing Ltd, formerly Lutheran Community Housing Support Unit Inc. During 2019-20 the property was revalued downward. The hospitals share of the decline in value is reported in note 5.

15. Inventories

	Consolidated 2020 $'000	Parent 2020 $'000
Drug supplies	267	267
Medical, surgical and laboratory supplies	710	710
Food and hotel supplies	117	117
Other	37	37
Total current inventories - held for distribution	**1,131**	**1,131**

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

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

16.1 Acquisition and recognition

Property, plant and equipment owned by the Hospital is 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 expected useful life or the expected pattern of consumption of future economic benefits embodied in the asset are accounted for prospectively by changing the time period or method, as appropriate.

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

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

16.3 Revaluation

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

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

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

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

16.4 Impairment
The Hospital holds its property, plant and equipment and intangible assets for their service potential (value in use). Specialised assets would rarely be sold and typically any costs of disposal would be negligible, accordingly the recoverable amount will be closer to or greater than fair value. Where there is an indication of impairment, the recoverable amount is estimated. For revalued assets, an impairment loss is offset against the revaluation surplus for that class of assets, to the extent that the impairment loss does not exceed the amount in the respective asset revaluation surplus. There were no indications of impairment of property, plant and equipment or intangibles as at 30 June 2020.

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

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

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

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

16.7 Right-of-use assets
Right-of-use assets (including concessional arrangements) are recorded at cost and there were no indications of impairment. Additions to right-of-use assets during 2019-20 were $0.379 million.

17. Reconciliation of property, plant and equipment

The following table shows the movement:
Consolidated

2019-20	Land and buildings:				Plant and equipment:				
	Land $'000	Buildings $'000	Right-of-use buildings $'000	Capital works in progress land and buildings $'000	Medical/ surgical/ dental/ biomedical $'000	Other plant and equipment $'000	Right-of-use plant and equipment $'000	Capital works in progress plant and equipment $'000	Total $'000
Acquisitions through administrative restructuring	**6,874**	**140,510**	**567**	**-**	**734**	**1,103**	**455**	**34**	**150,277**
Additions	-	59	86	1,455	287	27	293	379	**2,586**
Assets received free of charge	-	-	-	13	316	31	-	-	**360**
Disposals	-	-	-	-	-	(9)	(3)	-	**(12)**
Donated assets disposal	-	-	-	-	(38)	-	-	-	**(38)**
Transfers between asset classes	-	-	-	-	34	-	-	(34)	**-**
Subtotal:	**6,874**	**140,569**	**653**	**1,468**	**1,333**	**1,152**	**745**	**379**	**153,173**
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(6,234)	(133)	-	(351)	(149)	(296)	-	**(7,163)**
Subtotal:	**-**	**(6,234)**	**(133)**	**-**	**(351)**	**(149)**	**(296)**	**-**	**(7,163)**
Carrying amount at the end of the period	**6,874**	**134,335**	**520**	**1,468**	**982**	**1,003**	**449**	**379**	**146,010**
Gross carrying amount									
Gross carrying amount	6,874	143,818	616	1,468	2,184	1,152	668	379	**157,159**
Accumulated depreciation / amortisation	-	(9,483)	(96)	-	(1,202)	(149)	(219)	-	**(11,149)**
Carrying amount at the end of the period	**6,874**	**134,335**	**520**	**1,468**	**982**	**1,003**	**449**	**379**	**146,010**

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

Parent

2019-20	Land and buildings:				Plant and equipment:				
	Land $'000	Buildings $'000	Right-of-use buildings $'000	Capital works in progress land and buildings $'000	Medical/ surgical/ dental/ biomedical $'000	Other plant and equipment $'000	Right-of-use plant and equipment $'000	Capital works in progress plant and equipment $'000	Total $'000
Acquisitions through administrative restructuring	**3,097**	**76,776**	**567**	**-**	**734**	**1,103**	**455**	**34**	**82,766**
Additions	-	59	86	1,455	287	27	293	379	**2,586**
Assets received free of charge	-	-	-	13	316	31	-	-	**360**
Disposals	-	-	-	-	-	(9)	(3)	-	**(12)**
Donated assets disposal	-	(35)	-	-	(38)	-	-	-	**(73)**
Transfers between asset classes	-	-	-	-	34	-	-	(34)	-
Subtotal:	**3,097**	**76,800**	**653**	**1,468**	**1,333**	**1,152**	**745**	**379**	**85,627**
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(3,183)	(133)	-	(351)	(149)	(296)	-	**(4,112)**
Subtotal:	**-**	**(3,183)**	**(133)**	**-**	**(351)**	**(149)**	**(296)**	**-**	**(4,112)**
Carrying amount at the end of the period	**3,097**	**73,617**	**520**	**1,468**	**982**	**1,003**	**449**	**379**	**81,515**
Gross carrying amount									
Gross carrying amount	3,097	76,800	616	1,468	2,184	1,152	668	379	**86,364**
Accumulated depreciation / amortisation	-	(3,183)	(96)	-	(1,202)	(149)	(219)	-	**(4,849)**
Carrying amount at the end of the period	**3,097**	**73,617**	**520**	**1,468**	**982**	**1,003**	**449**	**379**	**81,515**

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

18. Fair value measurement

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

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

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

Refer to notes 16 and 18.1 for disclosure regarding fair value measurement techniques and inputs used to develop fair value measurements for non-financial assets.

18.1 Fair value hierarchy

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

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

18.2 Valuation techniques and inputs

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

Unobservable inputs used to arrive at final valuation figures included:

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

19. Payables

	Consolidated	Parent
	2020	2020
Current	$'000	$'000
Creditors and accrued expenses	3,142	3,142
Paid Parental Leave Scheme	28	28
Staff on-costs*	831	831
Other payables	35	35
Total current payables	**4,036**	**4,036**
Non-current		
Staff on-costs*	421	421
Total non-current payables	**421**	**421**
Total payables	**4,457**	**4,457**

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

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

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

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

Refer to note 30 for information on risk management.

20. Financial liabilities

The hospital has lease liabilities to the value of $0.976 million for right of use assets. Lease liabilities have been measured via discounting lease payments using either the interest rate implicit in the lease (where it is readily determined) or Treasury's incremental borrowing rate. There were no defaults or breaches on any of the above liabilities throughout the year. Borrowing costs on lease liabilities were $0.018 million. Refer to note 30 for information on risk management.

20.1 Leasing activities

The Hospital has a number of lease agreements including concessional. Lease terms vary in length from 2 to 10 years.
Major lease activities include the use of:

- Properties – are health clinics generally leased from the private sector. Generally property leases are non-cancellable with many having the right of renewal. Rent is payable in arrears, with increases generally linked to CPI increases. Prior to renewal, most lease arrangements undergo a formal rent review linked to market appraisals or independent valuers.
- 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 SA Health. Refer note 16 and 17 for details about the right of use assets (including depreciation).

20.2 Concessional lease arrangements

The Hospital has four concessional lease arrangements as lessee with other government entities (eg local council and the Commonwealth government), and with not-for-profit entities. These leases have not been brought to account.

Right of use asset	Nature of arrangements	Details
Land	Terms are up to 10 years Payment is nominal	Concessional land arrangements include land used for a country hospital carparking (overflow), hardstand storage and parklands frontage
Buildings and improvements	Terms are up to 50 years Payments range from $0 - $1	Concessional building arrangements include the use of premises for community health services

20.3 Maturity analysis

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

	Consolidated 2020	Parent 2020
Lease Liabilities	**$'000**	**$'000**
1 to 3 years	358	358
3 to 5 years	147	147
5 to 10 years	184	184
Total lease liabilities (undiscounted)	**689**	**689**

21. Staff benefits

	Consolidated 2020	Parent 2020
Current	**$'000**	**$'000**
Accrued salaries and wages	2,047	2,047
Annual leave	5,493	5,493
Long service leave	988	988
Skills and experience retention leave	425	425
Total current staff benefits	**8,953**	**8,953**
Non-current		
Long service leave	10,916	10,916
Total non-current staff benefits	**10,916**	**10,916**
Total staff benefits	**19,869**	**19,869**

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

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

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

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

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

21.2 Long service leave

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

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

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

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

22. Provisions

Provisions represent workers compensation

Reconciliation of workers compensation (statutory and non-statutory)

	Consolidated 2020 $'000	Parent 2020 $'000
Net assets transferred from administrative restructure	586	586
Increase in provisions recognised (per calculation)	373	373
Reductions arising from payments/other sacrifices of future economic benefits	(66)	(66)
Carrying amount at the end of the period	**1025**	**1025**

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

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

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

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

The workers compensation non-statutory provision is an actuarial assessment of the outstanding claims liability, provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment. There is a high level of uncertainty as to the valuation of the liability (including future claim costs), this is largely due to the enterprise bargaining agreements and industrial awards being in place for a short period of time and the emerging experience is unstable. The average claim size has been estimated based on applications to date and this may change as more applications are made. As at 30 June 2020 the Hospital recognised a workers compensation non-statutory provision of $0.047 million.

23. Contract liabilities and other liabilities

	Consolidated 2020 $'000	Parent 2020 $'000
Current		
Contract liabilities	1,996	1,996
Residential aged care bonds	13,821	13,821
Other	66	66
Total contract liabilities and other liabilities	**15,883**	**15,883**

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.

24. Cash flow reconciliation

Reconciliation of cash and cash equivalents at the end of the reporting period	Consolidated 2020 $'000	Parent 2020 $'000
Cash and cash equivalents disclosed in the Statement of Financial Position	5,742	5,437
Cash as per Statement of Financial Position	**5,742**	**5,437**
Balance as per Statement of Cash Flows	**5,742**	**5,437**
Reconciliation of net cash provided by operating activities to net result:		
Net cash provided by (used in) operating activities	2,599	2,629
Add/less non-cash items		
Asset donated free of charge	(38)	(73)
Capital revenues	1,426	1,426
Depreciation and amortisation expense of non-current assets	(7,163)	(4,112)
Gain/(loss) on sale or disposal of non-current assets	(9)	(9)
Interest credited directly to investments	147	140
Resources received free of charge	360	360
Revaluation of investments	(7)	-
Movement in assets/liabilities		
Increase/(decrease) in inventories	150	150
Increase/(decrease) in receivables	3,402	3,402
(Increase)/decrease in other liabilities	(921)	(921)
(Increase)/decrease in payables and provisions	(845)	(845)
(Increase)/decrease in staff benefits	(1,586)	(1,586)
Net result	**(2,485)**	**561**

Total cash outflows for leases is $0.439 million.

25. Unrecognised contractual commitments

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

25.1 ***Expenditure commitments***

Expenditure commitments	Consolidated 2020 $'000	Parent 2020 $'000
Within one year	3,565	3,565
Later than one year but not longer than five years	89	89
Total other expenditure commitments	**3,654**	**3,654**

The Hospital expenditure commitments are for agreements for goods and services ordered but not received.

26. Trust funds

The Hospital holds money in trust on behalf of consumers that reside in LHN facilities whilst the consumer is receiving residential aged care services. As the Hospital only performs custodial role in respect of trust monies, they are excluded from the financial statements as the Hospital cannot use these funds to achieve its objectives. At the end of the reporting period, the Hospital held $0.015 milllion on behalf of consumers.

	Consolidated 2020 $'000	Parent 2020 $'000
Transfer in through administrative restructure	7	7
Client trust receipts	8	8
Client trust payments	-	-
Carrying amount at the end of the period	**15**	**15**

27. Contingent assets and liabilities

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

27.1 Contingent Assets

The Hospital is not aware of any contingent assets.

27.2 Contingent Liabilities

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

27.3 Guarantees

The Hospital has made no guarantees.

28. Events after balance date

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

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

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

29. Impact of Standards not yet implemented

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

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

30. Financial instruments/financial risk management

30. 1 Financial risk management

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

Liquidity Risk

The Hospital is funded principally from appropriation by the SA Government. The Hospital works with DTF to determine the cash flows associated with the SA Government approved program of work and to ensure funding is provided through SA Government budgetary processes to meet the expected cash flows. Refer to notes 1.4, 19 and 20 for further information.

Credit risk

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

Market risk

The Hospital does not engage in high risk hedging for its financial assets. Exposure to interest rate risk may arise through interest bearing liabilities, including borrowings. The Hospital's interest bearing liabilities relate to refunable aged care bonds when a refunding event occurs as per note 23. There is no exposure to foreign currency or other price risks.

30.2 Categorisation of financial instruments

Details of the significant accounting policies and methods adopted including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised with respect to each class of financial asset, financial liability and equity instrument are disclosed in 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 liabilities are measured at amortised cost. Amounts relating to statutory receivables and payable (e.g. Commonwealth taxes; Auditor-General's Department audit fees etc) and prepayments are exluded as they are not financial assets or liabilities. Receivables and Payables at amortised cost are $5.583 million and $3.068 million respectively.

30.3 Credit risk exposure and impairment of financial assets

Loss allowances for receivables are measured at an amount equal to lifetime expected credit loss using the simplified approach in AASB 9. A provision matrix is used to measure the ECL of receivables from non-government debtors. The ECL of government debtors is considered to be nil based on the external credit ratings and nature of the counterparties. Impairment losses are presented as net impairment losses within net result.

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

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

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

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

	30 June 2020		
	Expected credit loss rate(s) %	**Gross carrying amount $'000**	**Expected credit losses $'000**
Days past due			
Current	0.2 -6.4 %	350	15
<30 days	1.3 -7.5 %	78	5
31-60 days	2.4 -13.3 %	58	6
61-90 days	2.7 -22.9 %	22	2
91-120 days	2.9 -29.7 %	26	4
121-180 days	3.1 - 37 %	34	8
181-360 days	8 – 52.6 %	133	48
361-540 days	19.9 – 79 %	41	20
>540 days	21.6 - 95.9 %	360	229
Total		**1,102**	**337**

31. Significant transactions with government related entities

The Hospital is controlled by the SA Government.

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

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

The Hospital received funding from the SA Government via the Department (note 11), and incurred significant expenditure via the Department for medical, surgical and laboratory supplies, computing and insurance (note 3). The Department transferred capital works in progress of $1.426 million to the Hospital. The Hospital incurred significant expenditure with the Department of Planning, Transport and Infrastructure (DPTI) for property repairs and maintenance of $3.334 million (note 3). As at 30 June the outstanding balance payable to DPTI was $0.738 million (note 25).

32. Interests in other entities

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

Controlled Entities

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

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

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

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

The HAC have no powers to direct or make decisions with respect to the management and administration of Eyre and Far North Local Health Network Incorporated.

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

The net assets of the GFTs associated with unincorporated HACs are vested in the Country Health Gift Fund Health Advisory Council Inc Gift Fund Trust, and are reported as part of Barossa Hills Fleurieu Local Health Network Inc.

Health Advisory Councils and associated Gift Fund Trusts		
Incorporated HACs and GFTs		
Ceduna District Health Services Health Advisory Council Inc	Eastern Eyre Health Advisory Council Inc	Ceduna District Health Services Health Advisory Council Inc Gift Fund Trust
Lower Eyre Health Advisory Council Inc	Mid West Health Advisory Council Inc	Lower Eyre Health Advisory Council Inc Gift Fund Trust
Eastern Eyre Health Advisory Council Inc Gift Fund Trust	Mid West Health Advisory Council Inc Gift Fund Trust	
Unincorporated HACs and GFTs		
Port Lincoln Health Advisory Council	Far North Health Advisory Council	Port Lincoln Health Advisory Council Gift Fund Trust
Far North Health Advisory Council Gift Fund Trust		

33. Administered Items

The Hospital administers arrangements at the Mid Eyre Medical and Ceduna Family Medical Centre. Fees and charges are collected on behalf of doctors who work in the Hospital-owned medical centre. The Hospital cannot use these administered funds for the achievement of its objectives.

	2020 $'000
Revenue from fees and charges	1,812
Other expenses	(1,806)
Net result	**6**
Cash and cash equivalents	1,057
Payables	(1,051)
Net Assets	**6**
Cash at the beginning of period	**869**
Medical Centre cash inflows	1,812
Medical Centre cash outflows	(1,624)
Net increase/(decrease) in cash held	**188**
Cash at the end of period	**1,057**

34. Board and committee members

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

Board/Committee name:	Government employee members	Other members
Eyre and Far North Local Health Network Governing Board	-	Smith M (Chair), Dunchue L, Green B, Miller T (resigned 28/12/2019), Mills P, Sivior J, Sweet C.
Audit and Risk Management Committee*	-	Van der Wel O

*Only independent members are entitled to receive remuneration for being a member on this Committee.

Refer to note 2.2 for remuneration of board and committee members.