Government of South Australia

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK INC

2021-22 Annual Report

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK INC

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To:

Hon Chris Picton MP

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 Riverland Mallee Coorong Local Health Network Inc by:

Wayne Champion

Chief Executive Officer

Riverland Mallee Coorong Local Health Network Inc

Date_28 September 2022_____ Signature 

From the Governing Board Chair

It is with great pleasure that I report on the third year of operation of the Riverland Mallee Coorong Local Health Network Inc (RMCLHN) that was established on 1 July 2019 following the devolution of the former Country Health SA Local Health Network Inc (CHSA), and the formation of six regional Local Health Networks (LHN).

The 2021-22 financial year has again been an extremely challenging one for all, including RMCLHN, but there have also been many achievements and highlights. I would like to express the sincere thanks of the Governing Board to all RMCLHN staff for their hard work and commitment during the stressful COVID-19 pandemic.

I have been privileged to continue to Chair the Governing Board that, under the *Health Care (Governance) Amendment Act 2018*, is required to be skills-based with experience and expertise in fields including health management, clinical governance, commercial management, finance, legal, provision of health services, and knowledge or experience in relation to Aboriginal health.

Unfortunately, this year we have had the resignation of one Board member, but continue with five highly skilled, experienced and knowledgeable Board members and I thank all for their diligence and commitment to our LHN. We are currently recruiting a Board member with Aboriginal health expertise and, until this is filled, the RMCLHN Director Aboriginal Health has been invited to attend meetings to facilitate a cultural lens being applied to Board deliberations.

The Governing Board maintained the Board committees for Finance, Clinical Governance and Audit and Risk, and these committees have continued to evolve as the organisation has matured. Terms of Reference of the committees have been reviewed and updated, and self-evaluations undertaken of the Governing Board and committees in order to continuously improve Board governance. The Board also decided to seek Ministerial support for an additional committee for Aged Care and Disability Governance given the focus in this area. It is anticipated this committee will commence in the 2022-23 financial year.

The Governing Board continued to work with Chief Executive Officer (CEO), Wayne Champion and the Executive Team of RMCLHN. There have been no changes to the team during 2021-22 and the current diverse and experienced team are an asset to the organisation.

The biggest challenge for the Governing Board, our health system and our communities, has of course been the ongoing impacts related to the COVID-19 pandemic. The RMCLHN Incident Management Team (IMT) continued throughout 2021-22 to lead the LHN through this extremely difficult time. The ongoing requirements, including those associated with the provision of testing facilities and vaccination clinics, in addition to maintaining all of our services, has

placed an enormous strain on our workforce. The Board acknowledges the significant stressors for staff during 2021-22 and is appreciative of the efforts of all staff who have continued to achieve positive outcomes for our consumers and communities.

Aged care continued to be a major focus for the Governing Board during 2021-22, with members diligently monitoring any identified deficiencies in residential aged care and supporting changes to ensure achievement of the required standards. The Governing Board continues to monitor the implementation of the recommendations from the Royal Commission into Aged Care Quality and Safety and are actively preparing for the enormous impending changes to the structure of the Aged Care system in Australia.

A number of workshop sessions with Aged Care stakeholders took place throughout the year along with work continuing to develop the RMCLHN Aged Care Strategy, which will guide our Aged Care services into the future. The new Board Aged Care and Disability Governance Committee will oversee and monitor progress in this important area.

Under the *Health Care (Governance) Amendment Act 2018*, the Governing Board is required to develop and publish both a Consumer and Community Engagement Strategy and a Clinician and Workforce Engagement Strategy. The Governing Board was pleased to honour our commitment to review both of these strategies 12 months post launch, to ensure the restrictions on consultation opportunities due to the COVID-19 pandemic did not diminish the suitability of the strategies. Both reviewed strategies were relaunched with our RMCLHN branding in April 2022.

It has been pleasing to see the completion of the first year of the RMCLHN Operational Plan, detailing the strategies and activities to which we are committed to meet the vision and goals of the RMCLHN Strategic Plan. The Governing Board received regular monthly and quarterly reports on the progress of operational activities, with 23 activities completed throughout the year; including completion of a number of plans and strategies for the LHN, development of an Extended Emergency Care Unit at Riverland General Hospital, implementation of Wi-Fi in a number of hospitals and a review of Aboriginal Primary Health Services in the Riverland, to name a few.

To celebrate the achievements of our staff, contractors, partners, volunteers and Health Advisory Councils (HACs), the Governing Board was again delighted to be part of the RMCLHN annual Awards. This year the Awards were combined with the awarding of the 2022 NAIDOC Awards. Fortunately, easing of COVID-19 restrictions allowed us to hold a celebration on 23 June 2022 where the winners of the ten categories were announced, along with the winners of four categories for the NAIDOC Awards. This was a fantastic evening to recognise and celebrate the contributions of everyone who plays their part in providing care to our consumers and communities across the Riverland Mallee Coorong region.

HACs continue to be an important part of our health system, providing valuable support to local health units. This year we were delighted to host the inaugural

regional LHN HAC Conference welcoming participants from all parts of country South Australia to Murray Bridge.

Another key focus continues to be improving health outcomes for Aboriginal and Torres Strait Islander peoples and the Board were delighted to see the expansion of the Aboriginal Art Project with large scale artworks launched at Riverland General Hospital and Barmera Health Services during the year. Positive feedback has also been received following the launch of the RMCLHN Aboriginal Health sub brand in July 2021 with icons re-designed by local Ngarrindjeri artist Nellie Rankine. These projects contribute to our vision for reconciliation to embrace unity between Aboriginal peoples and other Australians to ensure equal health outcomes for our Aboriginal stakeholders, and an inclusive and diverse workplace that is not just culturally safe, but culturally rich and proud.

Our commitment as a Governing Board to grow our own workforce has continued with the expansion of the Riverland Academy of Clinical Excellence (RACE) throughout the 2021-22 year. Our vision for RACE is that RMCLHN is a highly sought-after training region for medical graduates. Our projected outcome is that Trainee Medical Officer (TMO) positions are consistently filled with high quality graduates who progress to Fellowship training, through to consultant positions in RMCLHN. Fifteen new junior doctors have been attracted to the region in its first year of operation and they are working in several hospitals and general practices across the region. We are excited to continue the expansion of the RACE program into a multidisciplinary team of medical, nursing and allied health professionals.

The 2021-22 year has been challenging for the RMCLHN Governing Board as we continued to evolve as an organisation while grappling with the impact of COVID-19. We look forward to continuing to work with the CEO, Executive Team, staff and clinicians, along with our consumers and communities, as we continue to develop safe, high-quality services that meet the needs of those living and working in our region.

Dr Peter Joyner OAM

Chair Governing Board

Riverland Mallee Coorong Local Health Network Inc

From the Chief Executive Officer

It is a great pleasure to present the third Annual Report for the Riverland Mallee Coorong Local Health Network (RMCLHN).

The 2021-22 financial year has been a fulfilling, yet extremely challenging, year for our organisation as we continue to grow and evolve alongside the COVID-19 pandemic. I am immensely proud of all our staff who have continued to provide the best possible care and support to our consumers and communities during this very trying time.

RMCLHN has continued to run COVID-19 testing clinics across the region in conjunction with SA Pathology to assist with the identification and treatment of COVID cases within our communities. In late 2021, we established supported accommodation units in the Riverland to ensure vulnerable consumers could safely quarantine and isolate when they had no other suitable accommodation.

We have played a significant role in the rollout of the COVID-19 vaccination program, with static and mobile clinics providing vaccination services to people across our region, including in vulnerable communities, prisons and across our aged care sites. Our COVID-19 Vaccination Team also provided Japanese Encephalitis Virus (JEV) vaccinations to priority groups as part of the national response to the JEV outbreak in Australia in early 2022.

Earlier this year, at the request of the community council, RMCLHN led the response to COVID-19 outbreaks in the designated Aboriginal communities of Gerard and Raukkan, in partnership with community leaders, Moorundi Aboriginal Community Controlled Health Service, SA Police and SA Health. The response included whole of community testing, targeted vaccinations, identification and provision of monoclonal antibody infusions, and daily rounding and observations to monitor and manage symptoms, to ensure consumers could access treatment while remaining on country wherever possible. RMCLHN continues to treat COVID positive patients in our negative pressure rooms at Riverland General Hospital (RGH) and Murray Bridge Soldiers' Memorial Hospital (MBSMH).

Consumer, community and workforce engagement continues to be a priority for RMCLHN and, during 2021-22, we engaged with staff, consumers and the community in the development of a number of plans and strategies that guide the progress of our Network. This included consultation on our Organisational Development Strategy, our inaugural Reconciliation Action Plan (RAP), Disability Access and Inclusion Plan, Diversity and Inclusion Plan, and Quality and Safety Plan.

The Executive Team worked with the Governing Board to progress our Operational Plan which is structured to ensure we achieve the goals outlined under the four strategic themes in the Strategic Plan: Caring for our communities; Excellence in clinical care; Local accountability, and Investing in our people. This is a practical framework of strategies and activities that defines what needs to be done, how and

by whom, to meet the vision and goals of the Strategic Plan. The activities are charted across a three-year time horizon, with a detailed plan of work for year one, an outline of our priorities for year two and a glimpse of year three. The Governing Board has monitored the progress towards achieving its strategic objectives through regular reporting of the Operational Plan, with activities in the year one plan of work now completed.

Our Health Advisory Councils (HACs) continue to play an important role in the Network and they have provided valuable input during the year along with their ongoing advocacy role. Despite the limitations imposed by COVID-19, they have continued to raise funds for the benefit of our health services. In October 2021 we hosted the inaugural Combined Regional Local Health Network HAC conference in in Murray Bridge, bringing together representatives from 29 HACs across regional South Australia. The conference began with an evening dinner with entertainment from local Murray Bridge music group the Deadly Nannas, or Nragi Muthar, performing songs in Ngarrindjeri and English. This was followed by a full day conference, beginning with a presentation from the former Minister for Health and Wellbeing, followed by presentations covering key issues.

The LHN underwent various accreditation processes during the year. Accreditation against the Aged Care Quality Standards and Food Safety Programs were achieved during 2021-22. We also met legislative compliance by passing Triennial Fire surveys at all 12 sites and achieved compliance against the SA Health “Guidelines for the control of Legionella” by passing 12 monthly auditing.

The quality and safety of our aged care services remains a key focus area for improvement. The Aged Care Quality and Safety Commission (ACQSC) has continued their scrutiny of our facilities with Barmera, Renmark, Loxton and Mannum facilities assessed during 2021-22. Plans for Continuous Improvement have been developed to address areas identified through the assessment process and reports provided to ACQSC. Implementation of the agreed recommendations from the Royal Commission into Aged Care Quality and Safety within the specified timeframes will continue to be a focus for the Network over the coming years.

We were delighted to hold the RMCLHN Awards ceremony in June 2022 where the many achievements of our staff, volunteers and partners across the region were showcased during what has been a very difficult year. We were honoured to present a Lifetime Achievement Award to Dr Peter Joyner, Governing Board Chair, for his significant contributions to RMCLHN and the consumers and communities we support. Dr Joyner’s extensive commitment has included being a long serving and well-respected GP at Mannum, Clinical Director Emergency Services for CHSA, Chair of the CHSA Adverse Events Committee, Credentialing Committee, and South Australia Virtual Emergency Service (SAVES) project, to name but a few. We thank him for his enormous contribution to the wellbeing of our region and I personally thank him for his unwavering support and guidance as Board Chair.

Aboriginal health and collaboration with Aboriginal communities continues to be an important area of focus for the Network. The Governing Board, with members of Executive, listened to the voices of our Aboriginal communities during the annual

Aboriginal Community Forums held across the region. We have continued to focus on increasing employment opportunities for Aboriginal people, including Aboriginal Hospital Liaison Officers, Project Officers including Aboriginal Workforce and Close the Gap, as well as offering ongoing employment in roles which directly support care of Aboriginal consumers performed by Aboriginal staff.

RMCLHN launched its inaugural Reflect RAP during National Reconciliation Week 2022. Our vision for Reconciliation is to embrace unity between Aboriginal peoples and other Australians to ensure equal health outcomes for our Aboriginal stakeholders, and an inclusive and diverse workplace that is not just culturally safe, but culturally rich and proud.

This year we also became the first rLHN to launch an Aboriginal health sub brand. The sub-brand features reimagined RMCLHN icons, with Aboriginal artwork by local Ngarrindjeri artist Nellie Rankine. This artwork is now featured on all RMCLHN Aboriginal health documents and collateral and is also featured on lanyards and infection control curtains at our hospitals and health sites. This year we unveiled two new large-scale Aboriginal artworks at RGH and Barmera Health Service painted by local Ngarrindjeri artists Shane Karpany and Daniel Giles. There are now three large-scale artworks in RMCLHN that promote a culturally welcoming and safe environment for Aboriginal peoples, and we look forward to unveiling additional artworks in years to come

In 2021-22 we continued to invest in projects to either replace, upgrade or repair equipment, minor building refurbishments, asset sustainment projects and biomedical equipment across the LHN. We were also successful in obtaining Commonwealth Multi-Purpose Service grant funding for upgrades to dementia friendly accommodation at Waikerie Health Service. This funding will enable the upgrade of three aged care rooms to become dementia specific rooms to cater for the growing need in dementia services.

The Riverland Academy of Clinical Excellence (RACE) has continued to gain momentum over the 2021-22 year. RACE has attracted more than 15 new junior doctors to the region in its first year of operation, working in hospitals and general practices in Mannum, Murray Bridge, Waikerie, Loxton, Barmera, Renmark, and Berri. RACE articulates RMCLHN's ambition to be a centre of excellence in rural healthcare and highlights our commitment to medical education in our region and counteracting medical workforce shortages in line with the SA Rural Health Workforce Strategy, SA Rural Medical Workforce Plan and the National Rural Generalist Pathway. RACE will also enable us to further develop our culture of quality improvement and deliver on our commitment to excellence in clinical care. We are excited to watch this grow further into a multidisciplinary division including medical, nursing and allied health teaching, education, research and clinical care.

Under the umbrella of RACE, RMCLHN developed and launched CARES (Country Access to Remote Emergency Support) telehealth system, which is now used to support emergency medical care throughout the region and has on occasion also provided support to other LHNs when their workforce has been depleted due to COVID-19.

In late 2021 we launched the inaugural RMCLHN Staff Survey, to assist us to define priorities and understand the issues that are important to our staff. We received responses from approximately 300 staff members across different sites and work areas, who indicated favourable areas and highlighted priority areas to focus on. Action plans have been developed at all sites to monitor the implementation of these results.

We were excited to introduce the Midwifery Group Practice Model of Care (MoC) pilot at Riverland General Hospital (RGH) in late 2021. The new MoC is a continuity of care model, where midwives are allocated a caseload of women to care for and support throughout their pregnancy and up to six weeks postpartum. This allows the formation of a trusted ongoing relationship between the pregnant woman and midwife. Research shows this type of model is attractive to, and has many positive benefits for women, their families, and midwives. The model is being piloted at RGH for 12 months and will then be launched at Murray Bridge Soldiers' Memorial Hospital. The University of South Australia and the Rosemary Bryant Foundation have been engaged to undertake an evaluation of the MoC.

Financially, it has again been a challenging 12 months and RMCLHN finished the year in a less than favourable financial position. Costs associated with changing models for the provision of emergency medical services, implementation of RACE, continuing the commitment of additional resources for aged care, and the costs involved in responding to COVID-19 are the primary contributors to the financial position. Staff are to be commended for their efforts to achieve savings in other areas.

Looking ahead, 2022-23 will no doubt also be another interesting and challenging year. The situation in relation to COVID-19 will continue to evolve as we keep working towards a business as usual model while new variants continue to challenge our communities. Sustaining our medical workforce models will also continue to be a challenge but we are excited by what 2022-23 will bring through the further development of RACE. The significant focus on aged care will also continue as the implementation of recommendations from the Royal Commission come into effect.

I wish to thank the RMCLHN Governing Board for their enthusiasm, and the knowledge and skills they bring to our organisation. I also want to thank the Executive Team for their expertise and support throughout the year. Most importantly, I acknowledge and thank all our staff, volunteers, contractors and partners for their commitment to ensuring RMCLHN continues to provide safe, high-quality services for our communities.

Wayne Champion

Chief Executive Officer

Riverland Mallee Coorong Local Health Network Inc

Contents

Overview: about the agency

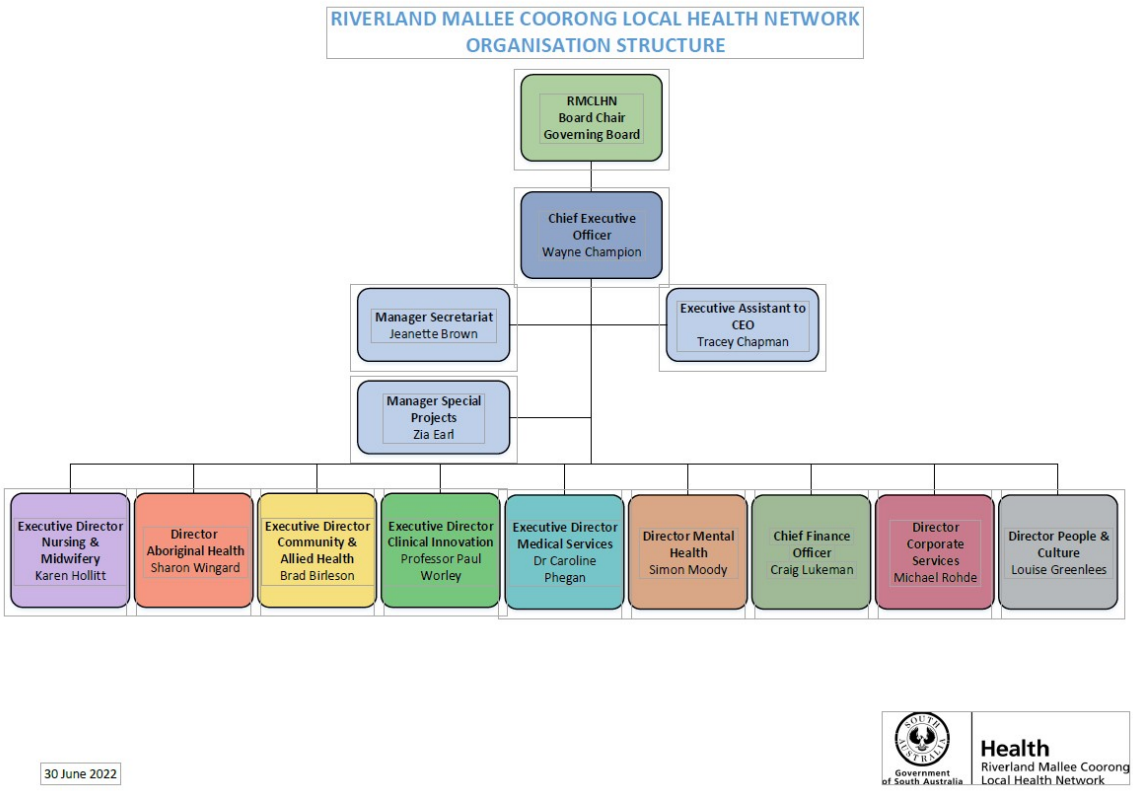
Our strategic focus

Our Purpose	**Our people caring for our communities** We will work together to care for local communities. We will support people in the Riverland Mallee Coorong Local Health Network region to have the best possible quality of life, by providing high quality care that promotes dignity, respect, choice, independence and social connection.
Our Vision	**Our Vision for our communities** **Aged Care** We will support older people to have the best possible quality of life in a safe and home like environment, while providing high quality care that promotes dignity, respect, choice, independence and social connection. **Mental Health** We will support people in our communities to have the best possible quality of life by providing high quality specialist mental health services that promote dignity, respect, choice, independence and social connection. **Community Health** We will support people in our communities to have the best possible quality of life in their own home, while providing high quality care that promotes dignity, respect, choice, independence and social connection. **Aboriginal Health** We will support Aboriginal people to have the best possible quality of life by providing high quality, culturally appropriate care that promotes dignity, respect, choice, independence and social connection. **Acute Care** We will support people in our communities to have the best possible quality of life by providing high quality care that promotes dignity, respect, choice, independence and social connection.
Our Values	**RMC CARES** **Respectful -** We treat everyone as equals and value each other's sense of worth.

	Motivated - We are driven to excel and provide the best quality care to our consumers and communities, when and where they need it. **Compassionate -** We take care of others and act with kindness, empathy, patience and understanding, in all that we do. **Consumer Focused -** We partner and collaborate with consumers, their families, carers and communities, to ensure the planning, delivery and evaluation of our health services is tailored to their needs. **Accountable -** We are dedicated to fulfilling our duties and obligations as a public health service, and endeavour to act with honesty and integrity in all that we do. **Resourceful -** We are agile, adaptable and able to deal skilfully, creatively and promptly with new situations and challenges. **Excellence -** We will strive to continually improve and refine processes, exceed standards and expectations, and deliver access to high quality contemporary care for people in our communities. **Service -** We serve people and our communities courteously, fairly and effectively.
Our functions, objectives and deliverables	RMCLHN supports approximately 70,000 people living in the Riverland, and the Murray River, Lakes and Coorong areas of South Australia, extending east to the Victorian Border. This includes the towns and surrounds of Renmark, Paringa, Berri, Barmera, Waikerie, Loxton, Pinnaroo, Lameroo, Karoonda, Mannum, Murray Bridge, Tailem Bend, Meningie, Tintinara and Coonalpyn. Our wide range of health care services include: • accident and emergency • day and inpatient surgery • Aboriginal health • mental health • obstetric services • chemotherapy • renal dialysis services • community and allied health services • aged care services. The key strategic themes for RMCLHN are: • Caring for our Communities • Excellence in Clinical Care

	• Local Accountability • Investing in our People. In RMCLHN we strive to: • Provide safe, high-quality health and aged care services • Engage with the local community and local clinicians • Ensure consumer care respects the ethnic, cultural and religious rights, views, values and expectations of all peoples • Ensure the health needs of Aboriginal people are considered in all health plans, programs and models of care • Meet all relevant legislation, regulations, Department for Health and Wellbeing policies, and agreements.

Our organisational structure



Changes to the agency

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

Our Minister

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

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

Our Executive team

As at 30 June 2022 the Executive team consisted of:

Chief Executive Officer – Wayne Champion

The CEO is accountable to the Governing Board for the provision, management and administration of health services and achieving the overall performance of the public health system for RMCLHN. The position manages operational planning, implementation, staffing, budgets and resources to ensure the provision of coordinated health services for the overall performance of the Network. The position provides operational leadership for RMCLHN and is responsible for the sound governance and management of the Network.

Executive Director Nursing and Midwifery – Karen Hollitt

The role provides professional nursing advice and has leadership of nursing across RMCLHN. The role provides strategic, transformational and innovative leadership, governance, and direction for the Network. The focus is to deliver the highest quality of care through the development and implementation of frameworks and systems within which Nursing and Midwifery employees practice. The focus is also on monitoring and evaluating clinical practice and service delivery standards. The position has responsibility and accountability for Quality and Safety, and Clinical Governance.

Executive Director Community and Allied Health – Brad Birleson

The role is responsible for the planning, development and management of Community Health Services (Country Health Connect), Allied Health and Sub Acute services across all areas of care. It is also responsible for the operational management of Commonwealth funded programs such as Aboriginal Primary Health services in the Riverland, Home Care Packages, the Community Home Support Program and National Disability and Insurance Scheme (NDIS) programs.

Executive Director Medical Services – Dr Caroline Phegan

The role is responsible for medical standards, ethics and education and participates in the development of planning, policies and processes requiring broad medical advice and management. The position is responsible for assessment and evaluation of new services, procedures and interventions and provides medical consultancy advice. The role contributes to the overall management of research and ethics.

Executive Director Clinical Innovation – Professor Paul Worley

Professor Worley is a practicing rural generalist physician and came to this role having been Australia's inaugural National Rural Health Commissioner. The position is responsible for bringing the benefits of integrated training, research and advanced clinical care to the people in the region through the Riverland Academy of Clinical

Excellence (RACE). The position contributes to the implementation of the SA Rural Health Workforce Strategy across all domains with initial focus on the Rural Generalist Training Program for medical officers. The position incorporates the role of Director of Research for the Local Health Network and promotes evidence based clinical practice throughout the LHN and supports participation in relevant research projects. The position acts as the Chief Digital Medical Information Officer for the LHN and supports the adoption of new technologies in clinical care relevant to the LHN. The position works in partnership with universities, training organisations, research organisations and other partner organisations to support the achievement of RMCLHN's strategic objectives.

Director Mental Health – Simon Moody

The role has responsibility for the operational delivery, service planning, quality and safety of Mental Health Services in the LHN across the spectrum from community, ambulatory and inpatient services. The Director is responsible for the leadership and management of an effective, integrated mental health strategy and service plan which is responsive to the mental health reform agenda for rural South Australia.

Chief Finance Officer – Craig Lukeman

The role is the senior financial executive in RMCLHN, with responsibility for the provision of comprehensive financial services across the Network. The position contributes to the leadership, performance and strategic direction setting for RMCLHN to ensure the Network achieves its strategic performance targets as per the Health Performance Agreement with the Department for Health and Wellbeing.

Director Corporate Services – Michael Rohde

The role ensures performance, strategic leadership and management of RMCLHN contracts, health intelligence services and the development of Service Level Agreements for the provision of services provided by other agencies for procurement and ICT functions. The position ensures strategic and commercial review of key service contracts across the Network and ensures major contracts are successfully operationalised and performance reviewed along with ensuring effective operation of corporate governance activities including internal audit, business continuity, planning and compliance.

Director Aboriginal Health – Sharon Wingard

The role is responsible for initiating, planning, implementing, coordinating and delivering Aboriginal Health programs across RMCLHN and providing high-level strategic leadership in expanding concepts and programs throughout. The position is required to provide expert analysis of diverse data sources and undertake research in order to develop policies, plans, structures and projects that impact on service delivery. The position is responsible for ensuring appropriate models of community and stakeholder consultation are developed to further improve health outcomes.

Director People and Culture – Louise Greenlees

The role is responsible for leading and managing the delivery of best practice human resource services, implementing proactive workforce strategies and interventions to drive continuous improvement, performance and accountability and a culture that assures the achievement of the organisational workforce goals and objectives. The position is responsible for maintaining a strategic focus whilst demonstrating strong

leadership and providing expert professional advice to leadership and senior management on human resource trends and risks, and support on complex matters.

Manager Secretariat – Jeanette Brown

The role is accountable for the provision of high quality and timely support to the CEO and executive support to the RMCLHN Governing Board and its committees. The position is also responsible for the delivery of Office of the CEO functions including project management, ministerials, performance analysis, communications and Freedom of Information.

Quality, Risk and Safety Manager – Anne McKinlay

The role is responsible for providing strategic leadership, implementation, monitoring and evaluation of the Quality, Risk and Safety management systems. The position actively promotes and encourages quality principles across RMCLHN that foster a culture of continuous quality improvement and service excellence linked to strategic, operational and departmental specific plans.

Manager Special Projects – Zia Earl

The role is responsible for significant and complex projects that support RMCLHN's strategies, including project management, change management, planning, coordination and evaluation for significant planning initiatives. It provides advice and consultancy services related to statewide projects and operational issues that impact regional South Australia. The position is responsible for the development of strategic plans and projects that contribute to the overall efficiency, effectiveness and improvement of business processes, systems and information technology operations within the Network.

Senior Allied Health Advisor – Ruth Adamson

The role provides clinical input to RMCLHN through participation in key leadership and governance groups. The primary role is to provide advice and support to ensure that allied health clinical requirements are considered in all aspects of the Network's governance.

Our Governing Board

Dr Peter Joyner OAM

Role: Chair, Primary skill area - Health professional

Term: 1 July 2019 - 30 June 2022

Dr Peter Joyner is a retired General Practitioner from Mannum where he started in 1976, providing GP services as well as anaesthetic, surgical and obstetric services. In 2007, CHSA brought in active GPs into its administration and Peter was appointed as the first GP Consultant covering the area of Emergency Medicine. In 2009, he became the first GP employed by Country Health SA when he took on the part time role of Clinical Director Emergency Services. He retired from this position in 2017 to free up his total medical time. Since 2009, Peter has been the Chair of the Adelaide to Outback General Practice (AOGP).

Elaine Ashworth

Role: Member, Primary skill area - Health professional

Term: 1 July 2019 - 30 June 2022

Elaine Ashworth is a resident of Berri and her background is in physiotherapy. She has spent many years working in a range of clinical and management positions in Victoria, Tasmania, Queensland, the Northern Territory, South Australia and the United Kingdom. Most of this time has been spent in rural and remote health management. Elaine holds postgraduate qualifications in Health Administration and Information Systems, and in Remote Health Management. She retired from the position of Principal Allied Health Advisor for CHSA in 2015 and since then has enjoyed a good balance of recreation and freelance projects, consultancy and locum work.

Claudia Goldsmith

Role: Member, Primary skill area – Financial management

Term: 1 July 2021 - 30 June 2024

Claudia Goldsmith has had a career based on a mix of non-executive director board positions and management consultancy, focussing on financial management, governance reviews and risk identification and management. She has qualifications in social sciences and accounting, is a Certified Practicing Accountant and a Graduate of the Australian Institute of Company Directors. Claudia is a resident of Port Elliot and brings finance and governance experience to the Board.

Melanie Ottaway

Role: Member, Primary skill area - Health professional

Term: 1 July 2021 - 30 June 2024

Melanie Ottaway is an experienced Executive Manager with a demonstrated history of working in the not-for-profit sector. Her current position is Executive Manager Aged Care for Uniting Communities. Skilled in negotiation, not-for-profit organisations, operations management, coaching, and quality management, Melanie brings strong aged and community care experience. Melanie is a Registered Nurse and holds a Master of Nursing and a Master of Business Administration. Melanie resides in the Adelaide Hills and is passionate about the future of health services and ensuring a high standard of care is delivered to rural communities.

Fred Toogood

Role: Member, Primary skill area – Consumer engagement

Term: 1 July 2021 - 30 June 2023

Fred Toogood is a former small business owner and is an elected member of the Rural City of Murray Bridge. Fred has served on the Risk and Audit Committee, Safe Taskforce and Strategic Planning and Policy Committee of the Rural City of Murray Bridge Council. Murray Bridge has been his family home for more than 60 years and he conducted a small business in Murray Bridge over a period of 42 years. His other community work has included 31 years on the Murray Bridge Hospital Board, member of the Hills Mallee Southern Regional Health Board, President of Mobilong

Rotary and Member of the Chamber of Commerce. Fred has strong community connections and previous health governance experience.

Shane Mohor

Role: Member, Primary skill area – Aboriginal health

Term: 1 July 2019 – 9 February 2022 (Resigned), Position vacant as at 30 June 2022

Shane Mohor is Chief Executive Officer of the Aboriginal Health Council of SA. He has worked in Aboriginal health as a Registered Nurse (including remote Kimberley work, hospital and forensic health), as a Senior Executive in government, university and non-government organisations for over 25 years in South Australia and interstate. Shane is passionate about working in the Aboriginal Community Controlled health sector and is committed to improving the health and wellbeing of Aboriginal people, including the advancement of employment for Aboriginal people.

Legislation administered by the agency

Nil

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

- Department for Health and Wellbeing
- South Australian Ambulance Service
- Commission on Excellence and Innovation in Health
- Wellbeing SA
- Barossa Hills Fleurieu Local Health Network Inc
- Central Adelaide Local Health Network Inc
- Eyre and Far North Local Health Network Inc
- Flinders and Upper North Local Health Network Inc
- Limestone Coast Local Health Network Inc
- Northern Adelaide Local Health Network Inc
- Southern Adelaide Local Health Network Inc
- Women's and Children's Health Network Inc
- Yorke and Northern Local Health Network Inc

The agency's performance

Performance at a glance

- Meeting target of 90% for ED Length of stay less than or equal to four hours in 10 of 12 months, with two months at 89%.
- Meeting targets in ED 'left at own risk' for Aboriginal and Torres Strait Islander consumers in seven of 12 months.
- Meeting targets in ED 'length of stay greater than 24 hours'.
- Meeting targets for 'percentage ED patients re-presenting within 48 hours for 10 of 12 months.
- Meeting targets in elective surgery 'admitted on time'
    - Category 1 in nine of 12 months
    - Category 2 in six of 12 months
    - Category 3 in 10 of 12 months
    - Targets not met were all due to COVID-19 Elective surgery Waiting List restrictions.
- Meeting targets for Mental Health services including post discharge community follow up rate, seclusion and restraint episode rates and ED times.
- Meeting all targets for Safety Assessment Code (SAC) 1 and 2 incidents that are openly disclosed (unless declined or deferred).
- Meeting target of 80% of complaints acknowledged within two working days in 10 of 12 months.
- RMCLHN is accredited against the NSQHS with an accreditation expiration date of 24 February 2024. The Australian Council on Healthcare Standards Accreditation event is anticipated to be in October 2023.
- RMCLHN is accredited against the NDIS Practice Standards Accreditation with the next accreditation event scheduled for August 2022.
- Current accreditation status of Residential Aged Care Facilities (RACF) in RMCLHN:

Name of Service	Current Status	Rating
Bonney Lodge 6149	Improvements needed	●●●○
Hawdon House 6005	Improvements needed	●●●○
Hills Mallee Southern Aged Care Facility 6178	Improvements needed	●●●○
Loxton District Nursing Home 6405	Improvements needed	●●●○
Loxton Hostel for the Aged 6064	Improvements needed	●●●○
Renmark & Paringa District Hospital Hostel 6075	Improvements needed	●●●○
Renmark Nursing Home 6936	Improvements needed	●●●○

- Ongoing full facility accreditation with SAMET for intern and PGY2 medical trainees.
- Delivering investment on capital upgrades and equipment in RMCLHN.
- Delivering services tailored specifically to the needs of local Aboriginal and Torres Strait Islander communities, such as the Tumake Yande Elders Program, Tumake Tinyeri Birthing Program, Aboriginal Health Team in the Riverland and Aboriginal Hospital Liaison Officer positions for the Riverland.
- Delivering community and in-home services through Country Health Connect.

- The Governing Board held 11 regular meetings and one special meeting in 2021-22 with attendance being:

Dr Peter Joyner	100%
Elaine Ashworth	100%
Claudia Goldsmith	92%
Melanie Ottaway	100%
Fred Toogood	100%
Shane Mohor*	40%

** To 9 February 2022 when Shane Mohor resigned and noting leave of absence for three months.*

Agency response to COVID-19

RMCLHN COVID-19 Incident Management Team

Following the declaration of a major emergency under the *State Emergency Management Act (2004)* on 22 March 2020, the COVID-19 Incident Management Team (IMT) was established to respond to the COVID-19 situation and support health units across the region to access resources and systems as the pandemic situation evolved. The IMT is led by the CEO and the Executive Director of Nursing and Midwifery and includes key multidisciplinary members with a focus on operations, communications, logistics, human resources, planning and intelligence, and documentation. The IMT has oversight for all aspects of the regional response including education of medical and nursing staff, regional planning, infection control, use of Personal Protective Equipment (PPE), establishment of negative pressure rooms in Riverland General Hospital (RGH) and Murray Bridge Soldiers' Memorial Hospital, COVID-19 screening sites and the COVID-19 vaccination program.

The following plans were updated and endorsed by the IMT to manage the risks associated with the COVID-19 pandemic and the health sector response within the RMCLHN:

- RMCLHN Regional COVID-19 Response Plan
- COVID-19 Safe Plans for all facilities
- RMCLHN Residential Aged Care Facilities COVID-19 Viral Respiratory Outbreak Plans for all sites
- COVID-19 Residential Aged Care Facilities Workforce Management Plans for all sites
- COVID-19 Infection Control Plans for all Residential Aged Care Facilities sites
- RMCLHN Aged Care Outbreak Plans for all Residential Aged Care Facilities sites
- Designated Aboriginal Communities COVID-19 plans (Raukkan and Gerard)
- RMCLHN Staff COVID-19 Exposure and Reporting Guidelines
- COSTAT Escalation and De-Escalation Plans.

The CEO is also a member of the Statewide COVID-19 Acute Operations Group and was Chair of the Regional LHN COVID-19 Response. The Executive Director Clinical Innovation is a member of the Statewide COVID-19 Clinical Advisory Group.

Hospitals & Emergency Departments

Due to the COVID-19 pandemic, the Barmera, and Tailem Bend Hospital EDs collocated with RACFs remained temporarily closed in 2021-22 to decrease the risk of COVID-19 transmission to aged care residents. The Tailem Bend and Barmera Hospital EDs reopened in February 2022. The status of EDs within the region is continually reviewed in line with the Communicable Diseases Network Australian National Guidelines.

Refurbishment works were completed at Riverland General Hospital and Murray Bridge Soldiers' Memorial Hospital to reduce the spread of COVID-19 within the Hospital.

The Karoonda and Districts Soldiers' Memorial Hospital is currently closed to non-urgent presentations due to workforce shortages.

COVID-19 Testing Clinics

RMCLHN established COVID-19 testing clinics in conjunction with SA Pathology across the region to assist with the identification and treatment of COVID positive cases within the community. Operating hours are continually reviewed and amended based on community trends and demand. The Berri site located at RGH has been the main site involved in the majority of COVID-19 screening in the region. For the 2021-22 year the Berri site has completed 29,033 COVID-19 screening swabs as well as Rapid Antigen Testing for surgery pre-admissions. A pop-up COVID-19 testing clinic was established in Waikerie during May 2022 in response to testing demand. Testing has also been set-up on an as-needs basis in vulnerable communities.

Country Health Connect staff have supported testing programs as part of the response to manage outbreaks in the prison service.

COVID-19 Vaccination Clinics

The RMCLHN vaccination program expanded significantly this year with two static clinics in Murray Bridge and the Riverland, and multiple pop-up and mobile clinics across the region. The static clinic at the Riverland Central Plaza in Berri was commissioned in September 2021 and later decommissioned in June 2022. The Murray Bridge clinic was significantly ramped up to support the surge in demand experienced throughought the year and is operating one day a week. A total of 68,570 COVID-19 vaccinations have been delivered to consumers within the region by our vaccination team to date.

The mobile service was established in November 2021 and has supported vaccinations to remote and isolated communities in the region. More than 50 pop up clinics have occurred, and the team has travelled in excess of 10,000 kilometers.

Provision of vaccine to vulnerable communities was a priority of the program and 11 targeted vaccination clinics have occurred in the designated Aboriginal communities

of Gerard and Raukkan. State-run aged care facilities within the region were also supported by RMCLHN's COVID-19 vaccination team, team.Our program supported local GP practices with supplies in times of need and we supplied 313 vials of vaccine to Mobilong and Cadell prisons.

In addition to COVID-19, RMCLHN rapidly stood up capacity to provide vaccinations for JEV in a targeted response for high-risk people between 25 March and 30 June 2022. A total of 234 JEV vaccinations were provided across the region.

COVID-19 Home Monitoring

As part of the statewide strategy, a COVID-19 home monitoring program was established in the region in December 2021. A Regional COVID Care Lead role was established to coordinate this program seven days per week. The role was also critical in supporting vulnerable consumers to access essential supplies during their quarantine period, solving accommodation issues and managing a number of outbreaks within seasonal worker communities. A total of 160 home monitoring kits were provided to people in isolation with COVID-19. In addition, 50 kits were positioned and managed across all RMC hospitals and Renmark and Murray Bridge Community Health centres for quick access on an ongoing basis.

COVID-19 Supported Accommodation

RMCLHN proactively planned for and established a 12-bed capacity supported accommodation facility at the Inala Units in Berri. This provided a safe and secure location for vulnerable consumers to isolate when they had no other suitable accommodation options. It was utilised to support consumers from the designated Aboriginal community of Gerard throughout periods of increased transmission of COVID-19 in the community.

COVID-19 Response – Designated Aboriginal Communities

At the request of the community council, RMCLHN led a response to manage three COVID-19 outbreaks in the designated Aboriginal communities of Gerard and Raukkan between 26 January and 16 March 2022. The response was conducted in partnership with community leaders, Moorundi Aboriginal Community Controlled Health Service, SAPOL and SA Health. The objective was to manage consumers' illness within their community in accordance with the wishes of the majority of residents. The response included whole of community testing, targeted vaccinations, identification and provision of monoclonal antibody infusions, and daily rounding and observations to monitor and manage symptoms. 61 consumers were supported to recover in the first wave at Raukkan, with a second wave affecting 15 consumers (this latter was managed by Moorundi with support from the LHN). A total of 17 consumers were supported in Gerard.

Agency contribution to whole of Government objectives

Key objective	Agency's contribution
More jobs	RMCLHN contributed towards achieving more jobs within the region through a number of strategies and initiatives which included: • Continuing to offer the Nursing and Midwifery Transition to Professional Practice program (TPPP) that provides entry level supported roles for Nursing and Midwifery graduates. • Continuing to offer an Aboriginal and Torres Strait Islander Administrative Traineeship program that provides the opportunity for employment while attaining a Certificate III in Business. • Contributing to actions from the Rural Health Workforce Strategy 2018-22 with the Rural Support Service (RSS). • Contributing to actions from the SA Rural Allied and Scientific Health Workforce Plan 2021-26. • Contributing to actions from the SA Rural Nursing and Midwifery Workforce Plan 2021-26. • Commencing the Midwifery Group Practice Model of Care (MoC) pilot at Riverland General Hospital (RGH) in late 2021. • Developing and launching RMCLHN nurse recruitment videos to help RMCLHN recruit to a range of entry-level, experienced and specialised nursing and midwifery roles. • Contributing to the development of the SA Rural Aboriginal Health Workforce Plan 2021-26. • Providing career opportunities for Aboriginal and Torres Strait Islander staff including Aboriginal Hospital Liaison Officers, Project Officers including Aboriginal Workforce and Close the Gap, as well as offering ongoing employment to roles which directly support care of Aboriginal consumers performed by Aboriginal staff. • Expanding training opportunities for community support workers. • Supporting the community nursing workforce to manage more complex clients in rural areas. • Recruiting new salaried doctors to the region to work in Barmera, Berri, Lameroo, Loxton, Mannum, Murray Bridge, Renmark and Waikerie. • Attracting 15 new junior doctors in the first year of operation of the Riverland Academy of Clinical Excellence (RACE) with the salaried doctors working in hospitals and general practices in Barmera, Berri,

Key objective	Agency's contribution
	Lameroo, Loxton, Mannum, Murray Bridge, Renmark and Waikerie. • Creating and recruiting to new Allied Health Leadership roles at AHP 5 and AHP 4 level. • Creating new Community Psychiatrist positions for Murray Bridge and Berri Community Mental Health teams. • Implementing Mental Health Consult Liaison Registered Nurses for hub hospital Emergency Departments.
Lower costs	Costs for consumers were reduced through delivering programs such as: • The Patient Assistance Transport Scheme and the Riverland Transport Service. • Timely elective surgery in the Network. • Country Home Link. • Provision of telehealth services. • Home-based chronic disease monitoring including cardiac, respiratory, diabetes, musculoskeletal, paediatric and aged related chronic diseases and comorbidities. Facilitated culturally appropriate access to bulk-billed GP and nursing consultations for the Riverland Aboriginal Primary Health service through a service agreement with the Barmera General Practice.
Better Services	Significant service outcomes achieved included: • Increasing access to the Digital Telehealth Network (DTN) and telehealth consultation, particularly during the COVID-19 pandemic. • Increasing access to cancer services at RGH enabling patients to receive more complex chemotherapy treatment closer to home. • Improving remote prescribing access for GPs who provide care to residents in RMCLHN Residential Aged Care Facilities (RACFs). • Improving access to specialist palliative care support via the Regional Local Health Network Palliative Care Innovation Grant Project – Telehealth. • Reducing inpatient bed days through the introduction of Consult Liaison Mental Health Registered Nurses at RGH and MBSMH EDs.. This assists consumers to receive timely and appropriate Specialist Mental Health Care. • Working with the Borderline Personality Disorder Collaborative (BDP Co) to train staff and implement

Key objective	Agency's contribution
	Dialectic Behavioural Therapy groups to reduce ED presentations and unnecessary inpatient stays. • Introduction of Clozapine Coordinator Mental Health Registered Nurse resulting in a reduction in duration of inpatient stay and providing support to general practitioners. • Providing mental health education for suicide prevention and consumer care. • Continuing COVID-19 testing and vaccination clinics across the region. • Provision of JEV vaccinations to priority groups. • Improving access to Country Health Connect services by reducing the number of referrals on waiting lists from 4,281 in July 2021 to 1,983 in June 2022 – a reduction of 53.7%. • Recommencing social and wellbeing groups that were suspended during COVID-19 restrictions. • Completing construction of the Berri ED Extended Emergency Care Unit (EECU). • Continued planning for the Riverland CSSD Hub and Spoke model. • Upgraded bandwidth to RMC sites. Berri and Murray Bridge to 1000GB all others to 100GB. • Installed Wi-Fi to RGH and MBSMH. • Installed Wi-Fi to aged care facilities as a part of the Leecare rollout. • Continued to deliver investment on capital works with upgrades to Lameroo Hospital's generator and Waikerie Health Service's electrical upgrade. • Obtained Commonwealth Multi-Purpose Service grant funding for upgrades to dementia friendly accommodation at Waikerie Health Service. • RGH Midwifery Group Practice MoC pilot commenced in October 2021 and will be implemented at MBSMH in 2022-23.

Agency specific objectives and performance

Agency objectives	Indicators	Performance
Clinical Services Reform	• Chemotherapy and cancer care activity.	• In 2021-22 there were 762 chemotherapy treatments and 323 other infusions delivered at the RGH chemotherapy unit.

Agency objectives	Indicators	Performance
		• In 2021-22 there were 515 Oncology consultations, primarily face to face and via telehealth, and 198 Nursing only oncology occasions of services.
Improving access to health services in our community	• Community nursing and allied health activity service activity.	• Approximately 46,566 non-admitted community nursing and allied health services were delivered to 5,310 individual clients. • Country Health Connect provided 4,177 occasions of service for 460 consumers related to transport of patients to appointments and other essential services. 802 of these occasions support consumers who identified as Aboriginal or Torres Strait Islander. • 198 consumers were provided 20,208 meals to support them at home.
	• Allied Health hospital activity.	• 14,454 Allied Health occasions of service were provided to 1,743 inpatients.
	• NDIS program activity.	• There were 335 active clients in the NDIS program including 164 children and 171 adults. A total of 13,982.6 hours of billable services were provided to these consumers. • There were 91 inpatient admissions to the RGH Rehabilitation ward. 1,512 occupied beds days of care were provided. A further 2,161 non admitted service events were completed. • 101 consumers received a transition care program (TCP) and a total of 5584

Agency objectives	Indicators	Performance
		hours of service were provided through this program.
Hospital services	• ED presentations seen on time.	• Targets met for Triage Categories 2,3,4 and 5 ED presentations seen on time. Target met for Triage Category 1 in nine of 12 months.
	• ED length of stay less than or equal to 4 hours.	• Target > 90% met in 10 of 12 months in 2021-22. Results for other months were 89%.
	• Elective surgery timely admissions – all categories.	• Targets in elective surgery 'admitted on time' Category 1 were met in 9 of 12 months, Category 2 in 6 of 12 months and Category 3 in 10 of 12 months. Targets not met were all due to COVID-19 elective surgery waiting list restrictions.
	• Rehabilitation.	• There were 91 inpatient admissions to the RGH Rehabilitation ward. 1,512 occupied bed days of care were provided. A further 2,161 non admitted service events were completed.
		• 101 consumers received a transition care program (TCP) and a total of 5584 hours of service were provided through this program.
	• Acute inpatient activity.	• 10,441 same-day patients and 7,585 overnight patient separations (43,131 occupied bed days).
		• 456 babies were delivered.
Continuous improvement of quality and safety	• SAC 1 and 2 incidents.	• There were 18 SAC 1 and 38 SAC 2 incidents reported on SLS for 2021-22.

Agency objectives	Indicators	Performance
	• Hospital acquired complications.	• Overall, SAC 1 and 2 incidents accounted for 1.5% of all incidents reported. • 100% of SAC 1 and 2 incidents were openly disclosed in 2021-22. • There were 87 hospital acquired complications in RMCLHN in 2021-22 with a funding impact of $79,851.
Aboriginal Health	• Aboriginal Health – left ED at own risk. • Aboriginal Health – left against medical advice (inpatient). • Aboriginal Family Birthing Program. • Aboriginal percentage of workforce. • Increased visibility to the community.	• 0.86% (target less than 3%) left the ED at their own risk in 2021-22. • Target of <4.5% of overnight Aboriginal and/or Torres Strait Islander consumers left at own risk met for seven of 12 months for 2021-22. • 30 women accessed the Tumake Tinyeri Aboriginal Family Birthing Program in 2020-21, exceeding the target of 20 per year. Of these, 20 women birthed at MBSMH and 10 at other sites due to high-risk pregnancies or pregnancy complications. • 1.96% of the workforce identified as Aboriginal and/or Torres Strait Islander as at 30 June 2022. • Annual community forums held in three locations in October and November 2021 (Riverland, Coorong and Murraylands). • Continued with the RMCLHN Aboriginal Health webpage as a platform for information on service

Agency objectives	Indicators	Performance
	• Partnerships.	provision and document sharing. • Aboriginal Interagency Forum continued within the Murraylands, to ensure service providers are fully informed about local services so the local Aboriginal community have access to all the services available to them. • Yarning Circles will be the way forward with community engagement. • Establishment of a Reconciliation Action Plan Working Group to assist RMCLHN to work towards meeting the deliverables of the RMCLHN Reflect RAP. • Approval of a new model of care and transition plan for the Riverland Aboriginal Health Service. • Commissioning of Aboriginal artwork at the Riverland Aboriginal Health and Wellbeing Centre in Barmera, RGH and the Berri Child Health and Development building to promote a culturally welcoming and safe environment.
Improving Mental Health outcomes	• 28-day readmission rate. • Restraint incidents per 1,000 bed days. • Seclusion incidents per 1,000 bed days.	• The readmission rate was 14.89% in 2021-22 (Target < 12%). • There were 0 restraint incidents per 1,000 bed days. • There were 0 seclusion incidents per 1,000 bed days.

Agency objectives	Indicators	Performance
	• Percentage of Mental Health clients seen by a community health service within 7 days of discharge. • Average length of stay (ALOS). • Average ED waiting time. • Care Plan Compliance	• 96.45% of clients seen within 7 days (Target 80%). • The ALOS for 2021-22 was 12.36 (Target <14). • The average ED wait time for 2021-22 was 1.34 minutes. • The average ED visit time for 2021-22 was 2.09 hours (Target < 6 hours). • The Care Plan Compliance for 2021-22 was 71.28% (Target 80%).
Aged Care	• Residential aged care (RAC) occupancy. • Aged Care Assessment Program (ACAP) assessments. • Home Care Package occupancy rates. • Commonwealth Home Support Program (CHSP) client numbers.	• 84% occupancy across RAC sites. • 808 ACAP assessments were completed in in 2021-22. • Home Care Package occupancy rates fluctuated through the year from a high of 319 in September to 273 in June related to available staffing. • 1,617 CHSP clients were supported, enabling older people to remain independent in their own home for longer.
Consumer and Community Engagement		• Evaluation and relaunch of RMCLHN Consumer and Community Engagement Strategy 2021-24.

Corporate performance summary

RMCLHN achieved key performance outcomes including:

- Accreditation against the Aged Care Quality Standards and Food Safety Programs. NDIS Practice Standards accreditation scheduled for August 2022.

National Safety and Quality in Healthcare Standards accreditation scheduled for October 2023.

- Meeting legislative compliance against “Ministers Specification SA76 Maintenance of essential safety provisions” by passing 3 yearly Triennial Fire Surveys (all 12 sites).
- Achieving compliance against the SA Health “Guidelines for the control of Legionella” by passing 12 monthly auditing.
- Supporting a number of staff with professional development opportunities.
- Increase in staff participation of six-monthly annual performance review and development discussions.
- Meeting 100% for all staff to have the required Criminal History and relevant screening.
- Continual monitoring of the number of staff with excess annual leave.
- Reduction of new workplace injury claims.
- Attendance of 147 staff at the face to face orientation program.
- Implemented the inaugural RMCLHN Staff Survey and developed regional and local site action plans.
- Launched the RMCLHN Reflect Reconciliation Action Plan 2022-23 during National Reconciliation Week.
- Continued the RMCLHN NAIDOC Week Awards, with winners announced in June 2022.
- Developed a Disability Access and Inclusion Plan.
- Developed a Diversity and Inclusion Plan.
- Reviewed the Clinician and Workforce Engagement Strategy.
- Reviewed the Consumer and Community Engagement Strategy.
- Commitment to address racism including the continued use of a function on the Safety Learning System for staff to report any level of racism within the workplace. Processes also continue to ensure any reports of racism are handled appropriately.
- Completion of the RGH and Barmera Health Services Aboriginal Art Projects.
- Project investments to either replace or repair/upgrade equipment and minor building refurbishment including $0.58 million in Minor Works with a further $1.4 million on asset sustainment projects.
- Investing $0.26 million in biomedical equipment across the LHN.
- Launch of the RMCLHN Aboriginal Health sub brand in July 2021, using artwork by local Ngarrindjeri artist Nellie Rankine.
- RMCLHN is active on social media through its Facebook page, YouTube channel and LinkedIn and Instagram accounts, with just over 8000 followers and subscribers across these channels. The Facebook page continues to be the top performing social media channel for RMCLHN. For the 2021-22 financial year, our Facebook reach exceeded 430,000 and our Instagram reach exceeded 25,000.

Employment opportunity programs

Program name	Performance
Skilling SA	Under the Skilling SA Program, RMCLHN has supported three staff to undertake training relevant to their discipline, undertaking a Certificate IV in Leadership and Management.
Aboriginal and Torres Strait Islander Administrative Traineeship	RMCLHN participated in a traineeship program with three new staff employed within administration and undertaking a Certificate III in Business.
Growing Leaders	RMCLHN continued to support ten staff to undertake the Growing Leaders program.
OCPSE Manager Essentials	RMCLHN has continued to support two staff to undertake the Office of the Commissioner for Public Sector Employment (OCPSE) Manager Essentials program.
MAPA Program	RMCLHN has supported 20 staff to undertake the Management of Actual or Potential Aggression (MAPA) program.
Enrolled Nurse Cadets	During 2021-22, six Enrolled Nurse Cadets commenced employment with RMCLHN.
Transition to Professional Practice Program (TPPP)	29 Registered Nurses and one Registered Midwife commenced employment as TPPPs within RMCLHN in 2021-22. Sites include Barmera Health Service, Lameroo District Health Service, Loxton Hospital Complex, Mannum District Hospital, Meningie & Districts Memorial Hospital, Murray Bridge Soldier's Memorial Hospital, Pinnaroo Soldiers Memorial Hospital, Renmark Paringa District Hospital, Riverland General Hospital, Tailem Bend District Hospital and Waikerie Health Service.
RMCLHN Aged Care Traineeship Program	RMCLHN partnered with Maxima Group Training in hosting a number of placements throughout the LHN whilst the trainee undertakes a Certificate III in Individual Support (Ageing).
Aboriginal Employee Network	Establishment of an RMCLHN Aboriginal Employee Network, which meets monthly across the region, including face to face meetings, to ensure a supported Aboriginal workforce.

Aboriginal Cultural Respect and Safety	Aboriginal Cultural Respect and Safety Training program implemented with all management level positions completing the training.

Agency performance management and development systems

Performance management and development system	Performance
Performance review and development supports continuous improvement of the work performance of staff to assist them to meet the organisation's values and objectives.	As at 30 June 2022, 66.69% of staff had a six-monthly performance review and development discussion.
Mandatory Training Compliance.	As at 30 June 2022, RMCLHN recorded 76% compliance.
Criminal History and Relevant Screening Compliance.	As at 30 June 2022, RMCLHN recorded 100% compliance.
Influenza vaccination compliance.	As at 30 June 2022, RMCLHN recorded 74% overall compliance for staff. From 10 June 2022, in accordance with COVID-19 Emergency Management Direction, all persons entering a RACF have been required to provide evidence of the 2022 seasonal influenza vaccination. For the period 1 July 2021 to 9 June 2022, evidence of the 2021 vaccination was required.
COVID-19 vaccination compliance.	As at 30 June 2022, 99% of working staff across RMCLHN had received a first and second dose of a COVID-19 vaccine and 97% of working staff had received their booster (third) dose. One staff member has a temporary medical exemption.
RMCLHN continues to foster a strong commitment to the recruitment and retention of Aboriginal and Torres Strait Islander staff.	As at 30 June 2022, 1.96% of staff within RMCLHN identified as Aboriginal and/or Torres Strait Islander.

Work health, safety and return to work programs

Program name	Performance
Prevention and management of musculoskeletal injury.	RMCLHN recorded 35 new musculoskeletal injury (MSI) claims in 2021-22. This was a decrease of seven claims (17% decrease) on the previous year. New MSI claims accounted for 64.81% of new claims submitted (19.16% increase on last year).
Prevention and management of psychological injury.	RMCLHN recorded three new psychological injury (PSY) claims in 2021-22. This was a decrease of six claims (67% decrease) on the previous year. New PSY claims accounted for 5.55% of new claims submitted.
Prevention and management of slips, trips and falls.	RMCLHN recorded eight new slips, trips and falls (STF) claims in 2021-22. This was a decrease of ten claims (58% decrease) on the previous year. New STF claims accounted for 14.81% of new claims submitted.

Workplace injury claims	Current year 2021-22	Past year 2020-21	% Change (+ / -)
Total new workplace injury claims	54	92	-41%
Fatalities	0	0	0%
Seriously injured workers*	1	1	0%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	21.92	24.46	-10.3%%

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

Work health and safety regulations	Current year 2021-22	Past year 2020-21	% Change (+ / -)
Number of notifiable incidents (*Work Health and Safety Act 2012, Part 3)*	6	6	0%
Number of provisional improvement, improvement and prohibition notices (*Work Health and Safety Act 2012 Sections 90, 191 and 195*)	1	5	-80%

Return to work costs**	Current year 2021-22	Past year 2020-21	% Change (+ / -)
Total gross workers compensation expenditure ($)	$1,686,657.00	$1,206,390.00	+40%
Income support payments – gross ($)	$522,616.00	$538,950.00	-3%

***before third party recovery*

Data for 2020-21 and 2019-20 is available at: https://data.sa.gov.au/data/dataset/riverland-mallee-coorong-local-health-network-rmclhn. Data for years prior to 2019-20 related to the former Country Health SA Local Health Network 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	2

Data for 2020-21 and 2019-20 is available at: https://data.sa.gov.au/data/dataset/riverland-mallee-coorong-local-health-network-rmclhn. Data for years prior to 2019-20 related to the former Country Health SA Local Health Network 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. This is available at: https://www.publicsector.sa.gov.au/about/Our-Work/Reporting/Workforce-Information.

Financial performance

Financial performance at a glance

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

Statement of Comprehensive Income	2021-22 Budget $000s	2021-22 Actual $000s	Variation $000s	2020-21 Actual $000s
Total Income	178,372	187,971	9,599	184,364
Total Expenses	183,135	199,466	-16,331	182,674
Net Result	**-4,763**	**-11,495**	**-6,732**	**1,690**
Total Comprehensive Result	**-4,763**	**-11,476**	**-6,713**	**1,690**

Statement of Financial Position	2021-22 Budget $000s	2021-22 Actual $000s	Variation $000s	2020-21 Actual $000s
Current assets	n/a	40,167	n/a	41,205
Non-current assets	n/a	157,188	n/a	163,829
Total assets	**n/a**	**197,355**	**n/a**	**205,034**
Current liabilities	n/a	54,827	n/a	51,722
Non-current liabilities	n/a	24,563	n/a	23,871
Total liabilities	**n/a**	**79,390**	**n/a**	**75,593**
Net assets	**n/a**	**117,965**	**n/a**	**129,441**
Equity	**n/a**	**117,965**	**n/a**	**129,441**

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	$6,939

Data for 2020-21 and 2019-20 is available at: https://data.sa.gov.au/data/dataset/riverland-mallee-coorong-local-health-network-rmclhn. Data for years prior to 2019-20 related to the former Country Health SA

Local Health Network 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	$35,985

Contractors with a contract value above $10,000 each

Contractors	Purpose	$ Actual payment
HCA - Healthcare Australia	Agency Staff	$796,323
Rural Locum Scheme Pty Ltd	Agency Staff	$559,697
AMI Expeditionary Healthcare (Australia) Pty Ltd	Agency Staff	$485,219
Your Nursing Agency Pty Ltd	Agency Staff	$407,292
Verus People Nursing	Agency Staff	$372,396
Cornerstone Medical Recruitment	Agency Staff	$360,825
Allied Employment Group Pty Ltd	Agency Staff	$201,141
Provider Assist (PA) Pty Ltd	ACFI Angels Pilot	$192,383
Recruitment Solutions Group Australia Pty Ltd	Agency Staff	$170,677

Contractors	Purpose	$ Actual payment
Kemp Recruitment Pty Ltd	Agency Staff	$72,144
Nectar Nursing and Allied Health	Agency Staff	$63,186
TMF Solutions	Annual advisory service	$50,000
Berri Riverside Holiday Park	Accommodation	$17,337
Riverbush Holidays	Accommodation - Locums	$11,352
Mediserve Nursing Agency	Agency Staff	$10,985
	Total	$3,806,942

Data for 2020-21 and 2019-20 is available at: https://data.sa.gov.au/data/dataset/riverland-mallee-coorong-local-health-network-rmclhn. Data for years prior to 2019-20 related to the former Country Health SA Local Health Network 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.

Other financial information

Not applicable

Other information

Not applicable

Risk management

Risk and audit at a glance

The RMCLHN Governing Board has an Audit and Risk Committee with an independent external Chairperson to assist the Governing Board fulfil its responsibilities regarding risk management, audit and assurance.

The Audit and Risk Committee meets quarterly and receives regular risk reports from RMCLHN as well as audit reports conducted by the Auditor-General's office, Department for Health and Wellbeing, and Internal Audits by the RSS.

RMCLHN has a Risk Management Framework which is consistent with the System-Wide Risk Management Policy Directive, providing staff with specific guidance on context, identification, analysis, evaluation, treatment, monitoring and communication of risk.

A consistent Internal Audit Charter has been developed by the RSS and endorsed by all regional LHNs enabling the internal audit function to be delivered by the RSS. The Charter provides guidance and authority for audit activities.

Fraud detected in the agency

Category/nature of fraud	Number of instances
N/A	0

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

Strategies implemented to control and prevent fraud

The RMCLHN Governing Board has an Audit and Risk Committee and a Finance Committee to ensure oversight of operational processes relating to risk of fraud. These committees meet on a regular basis and review reports regarding financial management, breaches and risk management. The Chair of the RMCLHN Audit and Risk Committee is an independent member, and also liaises with the Department for Health and Wellbeing Group Director Risk and Assurance Services.

The terms of reference for these sub-committees include:

- Advise on the adequacy of the financial statements and the appropriateness of the accounting practices used.
- Monitor RMCLHN's compliance with its obligation to establish and maintain an internal control structure and systems of risk management, including whether RMCLHN has appropriate policies and procedures in place and is complying with them.
- Monitor and advise the Board on the internal audit function in line with the requirements of relevant legislation.

- Oversee RMCLHN's liaison with the South Australian Auditor General's Department in relation to RMCLHN's proposed audit strategies and plans including compliance to any performance management audits undertaken.
- Assess external audit reports of RMCLHN and the adequacy of actions taken by RMCLHN as a result of the reports.
- Monitor the adequacy of RMCLHN's management of legal and compliance risks and internal compliance systems, including the effectiveness of the systems in monitoring compliance by RMCLHN with relevant laws and government policies.
- Assess RMCLHN's complex or unusual transactions or series of transactions or any material deviation from RMCLHN's budget.
- Monitor the financial performance of RMCLHN.
- Assess key performance and financial risks and review proposed mitigation strategies.
- Provide the Governing Board with advice and recommendations on monitoring and assessment.
- Review the efficiency and effectiveness of the organisation in meeting its accountabilities as prescribed in the annual Service Agreement, including delivering against its strategies and objectives.

An annual financial controls self-assessment review was undertaken to ensure that controls are in place to avoid fraud.

The RMCLHN Governing Board endorses all Policy Directives relating to SA Heath and the RMCLHN has implemented a Policy and Procedure Framework to ensure policies and procedures are reviewed and implemented through operational committees and structures. The SA Health Corruption Control Policy and Public Interest Disclosure Policy Directives are followed relating to risk of fraud. Any allegations of fraud, including financial delegation breaches, are reported to the Governing Board and Audit and Risk Committee. Shared Services SA provide a report to the RMCLHN Chief Finance Officer providing details of any expenditure that has occurred outside of procurement and approved delegations. These breaches are reviewed and reported to the Board.

All Governing Board members and staff with financial delegations are required to declare any actual, potential or perceived conflict of interest, and the register of interests is reviewed regularly by the Audit and Risk Committee. The Board register is a standing item at Board Meetings.

The RMCLHN Governing Board ensure that all employees complete SA Public Sector Code of Ethics training at orientation sessions.

Data for 2020-21 and 2019-20 is available at: https://data.sa.gov.au/data/dataset/riverland-mallee-coorong-local-health-network-rmclhn. Data for years prior to 2019-20 related to the former Country Health SA Local Health Network 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 2020-21 and 2019-20 is available at: https://data.sa.gov.au/data/dataset/riverland-mallee-coorong-local-health-network-rmclhn. Data for years prior to 2019-20 related to the former Country Health SA Local Health Network 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	Not Applicable

Reporting required under the *Carers' Recognition Act* 2005

RMCLHN recognises the importance of unpaid carers through a commitment to ensuring better carer engagement in shared decision-making in its services.

The SA Health Partnering with Carers Strategic Action Plan 2017-2020 is underpinned by the *Carers' Recognition Act 2005* and the South Australian Carers' Charter. RMCLHN also complies with the SA Health Partnering with Carers Policy Directive.

The key priorities under the Strategic Action Plan include:

- Early identification and recognition.
- Carers are engaged as partners in care.
- Carers provide comments and feedback.
- Carer friendly workplace.
- Celebrate carers during National Carers Week.
- Staff education and training.

The 'Carer – Partnering with you' web page provides carers with information.

RMCLHN involves consumers, communities and carers in the planning, design and evaluation of our health services. We do this through (but not limited to) the Partnering with Consumers Committee, consumer representation on operational committees and Health Advisory Councils. Advocacy and advice is sought from specialist groups including Aboriginal health, mental health, aged care, child and youth care, and disability.

The RMCLHN Governing Board Consumer and Community Engagement Strategy 2021-24 recognises the role of carers and seeks to partner with carers to achieve meaningful engagement. This Strategy was reviewed in 2021 to ensure it remained fit for purpose.

The development of RMCLHN's five-year Strategic Plan (2021-26) also involved consumers and carers with a priority of the strategy to embed the voice of consumers, carers and community members in the planning, design and delivery of our health care services.

In RMCLHN, Leecare (residential aged care patient information system) contains details for residential and/or respite patients. Carer and family members are involved in the initial assessment prior to entry into residential care. Care plans are reviewed and evaluated quarterly in collaboration with consumers and their carers. Carers are encouraged to contact the Nurse Unit Manager or care staff as required, seven days a week.

Carer information is displayed in all health sites on knowing your rights, medication safety, clinical communication, recognising and responding to clinical deterioration, pressure injury, falls, hand hygiene and infection control.

Consumer feedback is also actively sought about the services we provide. This data is collected and collated according to SA Health requirements and provided in full to staff, consumers and carers.

National Carers Week is celebrated annually in October to raise awareness of the challenges faced by family carers.

Public complaints

Number of public complaints reported

Complaint categories	Sub-categories	Example	Number of Complaints 2021-22
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency.	14
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided.	52
Professional behaviour	Staff knowledge	Lack of service specific knowledge; incomplete or out-of-date knowledge.	0
Communication	Communication quality	Inadequate, delayed or absent communication with customer.	21
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly.	1
Service delivery	Systems/technology	System offline; inaccessible to customer; incorrect result/information provided; poor system design.	7
Service delivery	Access to services	Service difficult to find; location poor; facilities/ environment poor standard; not accessible to customers with disabilities.	5
Service delivery	Process	Processing error; incorrect process used; delay in processing application; process not customer responsive.	3
Policy	Policy application	Incorrect policy interpretation; incorrect policy applied; conflicting policy advice given.	0
Policy	Policy content	Policy content difficult to understand; policy	0

Complaint categories	Sub-categories	Example	Number of Complaints 2021-22
		unreasonable or disadvantages customer.	
Service quality	Information	Incorrect, incomplete, outdated or inadequate information; not fit for purpose.	0
Service quality	Access to information	Information difficult to understand, hard to find or difficult to use; not plain English.	1
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met.	27
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security service/premises; poor cleanliness.	9
Service quality	Service responsiveness	Service design doesn't meet customer needs; poor service fit with customer expectations.	9
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate.	0
Treatment	Treatment	Diagnosis, testing, medication and other therapies provided.	59
Costs	Cost	Fees, discrepancies between advertised and actual costs, charges and rebates, and information about cost and fees.	2
Administration	Administrative services and processes	Administrative processes such as clerical, reception, administrative record keeping and bookings / admission and lost property.	9
Other	-	-	0
		Total	219

Additional Metrics	Total
Number of positive feedback comments	393
Number of negative feedback comments	219
Total number of feedback comments	612
% complaints resolved within policy timeframes	Acknowledged within two days = 84% Response provided < 35 working days = 80%

Data for 2020-21 and 2019-20 is available at: https://data.sa.gov.au/data/dataset/riverland-mallee-coorong-local-health-network-rmclhn. Data for years prior to 2019-20 related to the former Country Health SA Local Health Network is available at: https://data.sa.gov.au/data/dataset/country-health-sa-local-health-network.

- RMCLHN complaints key performance indicators are included in the suite of performance measures presented to the Governing Board.
- Performance targets of complaints acknowledged in less than two days and responded to in less than 35 days are monitored monthly.
- All responses to complaints are reviewed by RMCLHN Executive members and the CEO to ensure high quality and consistent responses are provided to consumers.
- Safety Learning System consumer feedback data and consumer experience surveys are reported monthly in the RMCLHN Quality and Safety reports.
- Comprehensive consumer feedback reports are developed quarterly providing analysis and identifying feedback trends.
- The 'You said – We did' concept, introduced in 2021, has proven to be an effective way of communicating what actions have been implemented by sites to the RMCLHN Governing Board. The report articulates the improvements made as a result of feedback received, and how they align to RMCLHN values.
- Analysis and trending of complaint data at RGH in early 2021-22 saw an increase in complaints related to lack of communication and attitude of staff. This information was tabled and discussed at the Governing Board Clinical Governance Committee. The result was for RGH to develop a Plan for Continuous Improvement where actions were established to address the identified issues. A significant amount of work was undertaken with all disciplines working together. The outcome has been a substantial decrease in complaints over the last six months of 2021-22 with nil complaints related to communication or attitude in the last two months of 2021-22

Service improvements

We have just celebrated three years as a LHN and, in that time, we have developed and implemented a range of projects, services and initiatives to improve the health and wellbeing of our local consumers, communities and staff.

Some of our key achievements include:

- Establishing the Riverland Academy of Clinical Excellence (RACE) – which has attracted more than 15 new junior doctors to the region in its first year of operation. These doctors are working in hospitals and general practices in Mannum, Murray Bridge, Waikerie, Loxton, Barmera, Renmark, and Berri. The newly formed Academy aims to boost clinical training and employment across the Riverland Mallee Coorong region and will create exciting new opportunities for research and innovation. RACE will also enable RMCLHN to further develop its culture of quality improvement and deliver on its commitment to excellence in clinical care.
  RACE is a multidisciplinary division within RMCLHN, that has been created to deliver on our commitment to take responsibility for training our own clinical workforce, creating, and improving relevant evidence bases for our clinical practice, and bringing the benefits of integrated teaching, research, and clinical care to the communities in our region.
  RACE articulates RMCLHN's ambition to be a centre of excellence in rural health and highlights our commitment to medical education in our region and counteracting medical workforce shortages in line with the South Australian (SA) Rural Health Workforce Strategy, SA Rural Medical Workforce Plan and the National Rural Generalist Pathway.
  RACE has two functions – Research and Education.
  Research:
    - Through the research function, RMCLHN via RACE collaborates with various universities, medical research institutes and organisations.
    - RACE research programs enable Riverland residents to benefit earlier from the latest treatments as they are being developed. It will attract investment into our region and assist us in recruiting the very best clinician scientists to our hospitals and practices.
    - Research is funded through various grants and organisations, such as through the Medical Research Future Fund (MRFF).

  Education and Training:
    - The medical education program offered by RACE is called The Academy Pathway. The Academy Pathway enables medical graduates to undertake all the required postgraduate training to achieve a Rural Generalist Fellowship based in RMCLHN.
    - Rural Generalism is a sub-speciality of General Practice that provides comprehensive general practice, emergency care and additional care that would ordinarily be referred to another specialist in the city, for example, obstetrics and emergency care.

  - Rural Generalists are recognised by a Fellowship of either the Australian College of Rural and Remote Medicine (ACRRM) or the Royal Australian College of General Practitioners (RACGP).
  - To gain this Fellowship, a person must complete:
    - A university medical degree (4-6 years)
    - Employment and training as a junior doctor (2 years)
    - Training as a Registrar, including successful completion of national examinations (4+ years)
  - Additional education programs, including programs for nursing, allied health and other professional groups will be added over time.
- Delivering a range of services to keep our communities safe throughout the COVID-19 pandemic, including PCR testing, static, mobile, and pop-up COVID-19 vaccination clinics, home monitoring programs and providing an emergency response to vulnerable consumers and communities during COVID-19 outbreaks, including in our aged care facilities and in the designated Aboriginal communities of Raukkan and Gerard. COVID-19 information has also been available for our RMCLHN community through our Facebook and Instagram pages. We have initiated a school vaccination program, and a small commercial vaccination program whilst also implementing the response to JEV.
- A range of Aboriginal health initiatives, including the introduction of a new Aboriginal health sub brand, installing three large-scale Aboriginal artworks at our sites, launching our inaugural RAP and recruiting Aboriginal Hospital Liaison Officers and a Close the Gap Project Officer.
- Hosting the inaugural combined Regional LHN HAC conference.
- Strategies and plans that guide how we work with our staff and consumers, including our inaugural Strategic Plan, Clinician and Workforce Engagement Strategy, Consumer and Community Engagement Strategy, Disability Access and Inclusion Plan, Diversity and Inclusion Plan, Organisational Development Strategy and RAP.
- Development of the RMCLHN Quality and Safety Plan 2021-2024. RMCLHN is committed to providing safe and quality care for our consumers whilst protecting and promoting their health and wellbeing. Clinical care is delivered in partnership with our consumers, ensuring a person-centred, collaborative approach and is guided by their needs, goals, and preferences.
- Introducing a MGP MoC at RGH. MGP is a continuity of care model, whereby midwives are allocated a caseload of women to care for and support throughout their pregnancy and up to six weeks postpartum. This allows the woman and their allocated midwife the opportunity to form a trusted ongoing relationship throughout the pregnancy journey, rather than the woman being assigned whichever midwife is rostered on a shift at the time of a maternity-related presentation. The midwives consult with, and refer to, doctors and other caregivers according to guidelines and clinical need. Research shows this type of model is attractive to, and has many positive benefits for women, their families, and midwives. The MGP model is being piloted at RGH for 12 months and will then be implemented at MBSMH. The University of South

Australia and the Rosemary Bryant Foundation are undertaking an evaluation of the MoC.

- Holding the RMCLHN 2022 Awards. The Awards recognise the outstanding achievements and acknowledge the importance of RMCLHN's workforce, including clinicians, non-clinicians, visiting medical specialists, Rural Support Service (RSS) staff, contractors, volunteers, partner organisations and our HAC members. The 2022 RMCLHN Awards incorporated the annual RMCLHN NAIDOC Week Awards and complement the SA Health and Nursing and Midwifery Excellence Awards.
- RMCLHN Staff Survey. In late 2021 we launched the inaugural RMCLHN Staff Survey and encouraged staff to participate. The aim of the survey was to assist RMCLHN to define priorities and understand the issues that are important to staff. The response rate was 17% with responses from approximately 300 staff members from across different sites and work areas. The results showed the following favourable areas:
    - You understand how your job contributes to the overall success of RMCLHN
    - You are aware of your work health and safety responsibilities
    - Your team members give you help and support.

  The results also highlighted priority areas:
    - When people start in new jobs, they are not given enough guidance and training
    - It is difficult to attract people to apply for jobs
    - We don't always select the right person for the right job.
- Incident Management Systems. RMCLHN has undertaken a number of Root Cause Analysis (RCA) Investigations, protected under the *Health Care Act 2008*, to further enhance our incident management process. The RCAs enable us to provide recommendations and shared learnings across RMCLHN with the identification of system issues that contributed to the incident occurrence.

  An ‘Initial response’ process has been implemented to ensure actions immediately following a serious incident are documented with the Clinical Incident Brief required to be completed within two days of the incident occurrence.

  An online version of the Episode of Care and Daily Care Checklist audits has been developed by the Quality Risk and Safety Business Unit.
- The RMCLHN TPPP Nurse Graduate Program was expanded in 2022. New roles in the program including a coordinator, a clinical facilitator and two nurse educators have been recruited to coordinate, train and supervise the RMCLHN nursing graduate program.
- A new position of RMCLHN Aged Care Director of Nursing was implemented in May 2022.
- A Disaster Resilience and Corporate Risk position has been implemented in 2022.

- A Strategic Asset Manager position has been introduced in RMCLHN with part of the role including the development of the RMCLHN Strategic Asset Management Plan.
- Partnering with the RMCLHN community. RMCLHN is on Facebook, Instagram, LinkedIn and YouTube. This provides the community in RMCLHN with the latest news, information, and events about our local health network.

Compliance Statement

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

Appendix: Audited financial statements 2021-22

INDEPENDENT AUDITOR'S REPORT

Government of South Australia
Auditor-General's Department

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To the Board Chair
Riverland Mallee Coorong Local Health Network Incorporated

Opinion

I have audited the financial report of the Riverland Mallee Coorong Local Health Network Incorporated and the consolidated entity comprising the Riverland Mallee Coorong Local Health Network Incorporated and its controlled entities for the financial year ended 30 June 2022.

In my opinion, the accompanying financial report gives a true and fair view of the financial position of the Riverland Mallee Coorong Local Health Network Incorporated and its controlled entities as at 30 June 2022, their financial performance and their cash flows for the year then ended in accordance with relevant Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and Australian Accounting Standards.

The financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 2022
- a Statement of Financial Position as at 30 June 2022
- a Statement of Changes in Equity for the year ended 30 June 2022
- a Statement of Cash Flows for the year ended 30 June 2022
- notes, comprising material accounting policies and other explanatory information
- a Certificate from the Board Chair, the Chief Executive Officer and the Acting 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 the Riverland Mallee Coorong Local Health Network Incorporated and its controlled entities. The *Public Finance and Audit Act 1987* establishes the independence of the Auditor-General. In conducting the audit, the relevant ethical requirements of APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* have been met.

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

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

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

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

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

Auditor's responsibilities for the audit of the financial report

As required by section 31(1)(b) of the *Public Finance and Audit Act 1987* and section 36(2) of the *Health Care Act 2008*, I have audited the financial report of the Riverland Mallee Coorong Local Health Network Incorporated and its controlled entities for the financial year ended 30 June 2022.

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

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

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Riverland Mallee Coorong Local Health Network Incorporated's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Chief Executive Officer
- conclude on the appropriateness of the Chief Executive Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify the opinion. My conclusion is based on the audit evidence obtained up to the date of the auditor's report. However, future events or conditions may cause an entity to cease to continue as a going concern
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

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

Andrew Richardson
Auditor-General

20 September 2022

Certification of the financial statements
Riverland Mallee Coorong Local Health Network

We certify that the:

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

.....	.....	.....
Dr. Peter Joyner	Wayne Champion	Ken Brown
Board Chair	Chief Executive Officer	Acting Chief Finance Officer

Date 14/ 09/ 2022.....

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK
STATEMENT OF COMPREHENSIVE INCOME
For the period ended 30 June 2022

	Note	Consolidated 2022 $'000	Consolidated 2021 $'000	Parent 2022 $'000	Parent 2021 $'000
Income					
Revenues from SA Government	2	128,781	127,124	128,781	127,124
Fees and charges	3	14,045	14,307	14,045	14,307
Grants and contributions	4	40,445	39,267	40,627	40,305
Interest		92	159	81	131
Resources received free of charge	5	1,800	1,889	1,800	1,889
Net gain from disposal of non-current and other assets	6	-	9	-	9
Other revenues/income	7	2,808	1,609	2,756	1,346
Total income		**187,971**	**184,364**	**188,090**	**185,111**
Expenses					
Staff benefits expenses	8	117,040	110,418	117,040	110,418
Supplies and services	9	71,774	63,355	71,767	63,339
Depreciation and amortisation	17	10,132	8,152	1,526	1,567
Borrowing costs	10	26	31	26	31
Impairment loss on receivables	13.1	36	77	36	77
Other expenses	11	603	641	2,728	14,799
Total expenses		**199,611**	**182,674**	**193,123**	**190,231**
Net result		**(11,640)**	**1,690**	**(5,033)**	**(5,120)**
Other Comprehensive Income					
Items that will be reclassified subsequently to net result when specific conditions are met					
Gains or losses recognised directly in equity		19	3	-	-
Total other comprehensive income		**19**	**3**	**-**	**-**
Total comprehensive result		**(11,621)**	**1,693**	**(5,033)**	**(5,120)**

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

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK
STATEMENT OF FINANCIAL POSITION
As at 30 June 2022

	Note	Consolidated		Parent	
		2022	2021	2022	2021
		$'000	$'000	$'000	$'000
Current assets					
Cash and cash equivalents	12	13,005	12,600	11,498	10,789
Receivables	13	3,656	3,793	3,662	3,830
Other financial assets	14	22,497	23,872	20,251	21,770
Inventories	15	1,009	940	1,009	940
Total current assets		**40,167**	**41,205**	**36,420**	**37,329**
Non-current assets					
Receivables	13	1,465	999	1,465	999
Other financial assets	14	172	149	-	-
Property, plant and equipment	16,17	155,453	162,681	12,609	13,357
Total non-current assets		**157,090**	**163,829**	**14,074**	**14,356**
Total assets		**197,257**	**205,034**	**50,494**	**51,685**
Current liabilities					
Payables	19	8,866	5,299	8,864	5,299
Financial liabilities	20	527	501	527	501
Staff benefits	21	15,685	14,978	15,685	14,978
Provisions	22	1,637	1,322	1,637	1,322
Contract liabilities and other liabilities	23	28,159	29,622	28,159	29,622
Total current liabilities		**54,874**	**51,722**	**54,872**	**51,722**
Non-current liabilities					
Payables	19	613	667	613	667
Financial liabilities	20	1,180	1,293	1,180	1,293
Staff benefits	21	14,775	16,825	14,775	16,825
Provisions	22	7,995	5,086	7,995	5,086
Total non-current liabilities		**24,563**	**23,871**	**24,563**	**23,871**
Total liabilities		**79,437**	**75,593**	**79,435**	**75,593**
Net assets		**117,820**	**129,441**	**(28,941)**	**(23,908)**
Equity					
Retained earnings		74,424	86,064	(28,941)	(23,908)
Asset revaluation surplus		43,359	43,359	-	-
Other reserves		37	18	-	-
Total equity		**117,820**	**129,441**	**(28,941)**	**(23,908)**

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

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK
STATEMENT OF CHANGES IN EQUITY
For the period ended 30 June 2022

CONSOLIDATED

	Asset revaluation surplus $ '000	Other reserves $'000	Retained earnings $ '000	Total equity $ '000
Balance at 30 June 2020	43,359	15	84,374	127,748
Net result for 2020-21	-	-	1,690	1,690
Gain/(loss) on revaluation of other financial assets	-	3	-	3
Total comprehensive result for 2020-21	-	3	1,690	1,693
Balance at 30 June 2021	43,359	18	86,064	129,441
Net result for 2021-22	-	-	(11,640)	(11,640)
Gain/(loss) on revaluation of other financial assets	-	19	-	19
Total comprehensive result for 2021-22	-	19	(11,640)	(11,621)
Balance at 30 June 2022	43,359	37	74,424	117,820

PARENT

	Asset revaluation surplus $ '000	Other reserves $'000	Retained earnings $ '000	Total equity $ '000
Balance at 30 June 2020	-	-	(18,788)	(18,788)
Net result for 2020-21	-	-	(5,120)	(5,120)
Total comprehensive result for 2020-21	-	-	(5,120)	(5,120)
Balance at 30 June 2021	-	-	(23,908)	(23,908)
Net result for 2021-22	-	-	(5,033)	(5,033)
Total comprehensive result for 2021-22	-	-	(5,033)	(5,033)
Balance at 30 June 2022	-	-	(28,941)	(28,941)

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

RIVERLAND AND MALLEE COORONG LOCAL HEALTH NETWORK
STATEMENT OF CASH FLOWS
For the period ended 30 June 2022

	Note	Consolidated		Parent	
		2022	2021	2022	2021
		$'000	$'000	$'000	$'000
Cash flows from operating activities					
Cash inflows					
Receipts from SA Government		102,897	96,643	102,897	96,643
Fees and charges		13,786	14,783	13,818	14,930
Grants and contributions		40,445	39,352	40,627	40,390
Interest received		67	144	59	126
Residential aged care bonds received		6,244	9,122	6,244	9,122
GST recovered from ATO		3,509	3,433	3,509	3,433
Other receipts		455	784	407	525
Cash generated from operations		167,403	164,261	167,561	165,169
Cash outflows					
Staff benefits payments		(115,036)	(105,197)	(115,036)	(105,197)
Payments for supplies and services		(43,716)	(42,006)	(43,711)	(41,990)
Interest paid		(26)	(31)	(26)	(31)
Residential aged care bonds refunded		(7,205)	(6,106)	(7,205)	(6,106)
Other payments		(627)	(520)	(626)	(523)
Cash used in operations		(166,610)	(153,860)	(166,604)	(153,847)
Net cash provided by operating activities		793	10,401	957	11,322
Cash flows from investing activities					
Cash inflows					
Proceeds from sale of property, plant and equipment		-	9	-	9
Proceeds from sale/maturities of investments		1,530	185	1,520	-
Cash generated from investing activities		1,530	194	1,520	9
Cash outflows					
Purchase of property, plant and equipment		(1,181)	(2,258)	(1,181)	(2,258)
Purchase of investments		(150)	(3,300)	-	(3,195)
Cash used in investing activities		(1,331)	(5,558)	(1,181)	(5,453)
Net cash provided by/(used in) investing activities		199	(5,364)	339	(5,444)
Cash outflows					
Repayment of borrowings		(17)	(98)	(17)	(98)
Repayment of lease liabilities		(570)	(620)	(570)	(620)
Cash used in financing activities		(587)	(718)	(587)	(718)
Net cash provided by/(used in) financing activities		(587)	(718)	(587)	(718)
Net increase/(decrease) in cash and cash equivalents		405	4,319	709	5,160
Cash and cash equivalents at the beginning of the period		12,600	8,281	10,789	5,629
Cash and cash equivalents at the end of the period	12	13,005	12,600	11,498	10,789
Non-cash transactions	24				

The accompanying notes form part of these financial statements.

1. About Riverland Mallee Coorong Local Health Network

Riverland Mallee Coorong Local Health Network Incorporated (the Hospital) is a not-for-profit incorporated hospital established under the *Health Care (Local Health Networks) Proclamation 2019* which was an amendment to the *Health Care Act 2008* (the Act). The Hospital commenced service delivery on 1 July 2019 following the dissolution of Country Health SA Local Health Network (CHSALHN). Relevant assets, rights and liabilities were transferred from CHSALHN to the Hospital.

Parent Entity

The Parent entity consists of the following:

- Barmera Hospital
- Barmera Hawdon House Aged Care
- Barmera Bonney Lodge Aged Care
- Barmera Independent Living Units
- Karoonda and Districts Soldier's Memorial Hospital
- Lameroo District Health Service
- Lameroo Independent Living Units
- Loxton Hospital
- Loxton Nursing Home
- Loxton Hostel
- Mannum District Hospital
- Mannum Aged Care
- Meningie and Districts Memorial Hospital and Health Services
- Murray Bridge Soldiers' Memorial Hospital
- Murray Mallee Community Health Service
    - Coonalpyn
    - Murray Bridge
    - Karoonda
    - Lameroo
    - Mannum
    - Meningie
    - Pinnaroo
    - Tailem Bend
    - Tintinara
- Pinnaroo Soldiers' Memorial Hospital
- Renmark Paringa District Hospital
- Renmark Paringa Nursing Home
- Renmark Paringa Hostel
- Riverland General Hospital located in Berri
- Riverland Community Health Service
    - Berri
    - Barmera
    - Loxton
    - Renmark
- Riverland Mallee Coorong Local Health Network Mental Health Service
- Tailem Bend District Hospital
- Waikerie Health Service

Consolidated Entity

The Consolidated entity includes the Parent entity, the Incorporated Health Advisory Councils (HACs) and the Incorporated HAC Gift Fund Trusts 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 (Department) and the Chief Executive Officer of the Hospital on issues related to specific groups or regions. HACs hold assets, manage bequests and provide advice on local health service needs and priorities.

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

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 Riverland Mallee Coorong Region.

The Hospital is part of the SA Health portfolio providing health services for the Riverland Mallee Coorong region. The Hospital is structured to contribute to the outcomes for which the portfolio is responsible by providing health and related services across the Riverland Mallee Coorong 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 for Health and Wellbeing (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 compliance with:

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

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

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

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

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

1.4 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.

1.5 Continuity of operations

As at 30 June 2022, the Hospital had working capital deficiency of $14.707 million ($10.517 million). The SA Government is committed and has consistently demonstrated a commitment to ongoing funding of the Hospital to enable it to perform its functions. This ongoing commitment is ultimately outlined in the annually produced and published State Budget Papers which presents the SA Government's current and estimated future economic performance, including forward estimates of revenue, expenses and performance by Agency.

1.6 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.

1.7 Changes to reporting entity

There were no administrative restructures during the current or prior reporting periods.

1.8 Impact of COVID-19 pandemic on SA Health

The COVID-19 pandemic continues to have an impact on the Hospital's operations. This includes an increase in costs associated with COVID capacity and preparation, the readiness of COVID-19 testing clinics, establishment of vaccine clinics, increased demand for personal protective equipment, increased staffing costs (including agency) to ensure necessary compliance measures are followed. Net COVID-19 specific costs for the Hospital was $6.387 million ($1.573 million).

1.9 Change in accounting policy

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

2. Revenues from SA Government

	Consolidated		Parent	
	2022	2021	2022	2021
	$'000	$'000	$'000	$'000
Capital projects funding	2,544	9,131	2,544	9,131
Operational funding	126,237	117,993	126,237	117,993
Total revenues from SA Government	**128,781**	**127,124**	**128,781**	**127,124**

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

3. Fees and charges

	Consolidated		Parent	
	2022	2021	2022	2021
	$'000	$'000	$'000	$'000
Patient and client fees	3,787	4,087	3,787	4,087
Private practice fees	8	5	8	5
Fees for health services	1,059	1,032	1,059	1,032
Residential and other aged care charges	7,791	7,966	7,791	7,966
Sale of goods - medical supplies	37	23	37	23
Training revenue	8	-	8	-
Other user charges and fees	1,355	1,194	1,355	1,194
Total fees and charges	**14,045**	**14,307**	**14,045**	**14,307**

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

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

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

Patient and Client Fees
Public health care is free for Medicare eligible customers. Non-Medicare eligible customers pay in arrears to stay overnight in a public hospital and to receive medical assessment, advice, treatment and care from a health professional. These charges may include doctors, surgeons, anaesthetists, 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 fees and daily accommodation fees. Residents pay fortnightly in arrears for services rendered and accommodation supplied. Residents are invoiced fortnightly as services and accommodation are provided. Any amounts remaining unpaid or unbilled at the end of the reporting period are treated as an accounts receivable.

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

4. Grants and contributions

	Consolidated		Parent	
	2022	2021	2022	2021
	$'000	$'000	$'000	$'000
Commonwealth grants and donations	25,872	24,550	25,872	24,550
Commonwealth aged care subsidies	13,968	13,746	13,968	13,746
SA Government capital contributions	-	-	-	887
Other SA Government grants and contributions	567	766	749	917
Private sector capital contributions	-	177	-	177
Private sector grants and contributions	38	28	38	28
Total grants and contributions	**40,445**	**39,267**	**40,627**	**40,305**

Grants provided for 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 and are recognised in accordance with AASB 1058 *Income of Not-for-Profit Entities*.

5. Resources received free of charge

	Consolidated		Parent	
	2022	2021	2022	2021
	$'000	$'000	$'000	$'000
Plant and equipment	-	68	-	68
Services	1,800	1,821	1,800	1,821
Total resources received free of charge	**1,800**	**1,889**	**1,800**	**1,889**

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

Contribution of services are recognised only when a fair value can be determined reliably and the services would be purchased if they had not been donated. The Hospital receives Financial Accounting, Taxation, Payroll, Accounts Payable and Accounts Receivable services from Shared Services SA free of charge valued at $1.426 million ($1.456 million) and ICT services from the Department of the Premier and Cabinet (DPC) valued at $0.374 million ($0.365 million).

Although not recognised, the Hospital receives volunteer services from around 294 registered volunteers who provide patient and staff support services to individuals using the health facilities services. The services include but are not limited to: daily supper rounds, way finding services, stores replenishment, support in theatre/recovery/emergency departments, administration/medical records, on the wards, home delivered meals, transport and the Community Visitors Scheme (social support).

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

	Consolidated		Parent	
	2022	2021	2022	2021
Plant and equipment:	$'000	$'000	$'000	$'000
Proceeds from disposal	-	10	-	10
Less other costs of disposal	-	(1)	-	(1)
Total net gain/(loss) from disposal of plant and equipment	-	9	-	9

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

7. Other revenues/income

	Consolidated		Parent	
	2022	2021	2022	2021
	$'000	$'000	$'000	$'000
Dividend revenue	4	4	-	-
Donations	175	399	134	147
Health recoveries	2,439	813	2,439	813
Insurance recoveries	32	183	32	183
Other	158	210	151	203
Total other revenues/income	**2,808**	**1,609**	**2,756**	**1,346**

8. Staff benefits expenses

	Note	Consolidated		Parent	
		2022	2021	2022	2021
		$'000	$'000	$'000	$'000
Salaries and wages		93,258	86,265	93,258	86,265
Targeted voluntary separation packages	8.5	226	135	226	135
Long service leave		(180)	1,151	(180)	1,151
Annual leave		8,296	7,826	8,296	7,826
Skills and experience retention leave		387	381	387	381
Staff on-costs - superannuation*		10,032	8,998	10,032	8,998
Staff on-costs - other		-	3	-	3
Workers compensation		4,814	5,486	4,814	5,486
Board and committee fees		196	161	196	161
Other staff related expenses		11	12	11	12
Total staff benefits expenses		**117,040**	**110,418**	**117,040**	**110,418**

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

8.1 Key Management Personnel

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

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

- The Minister. The Minister's remuneration and allowances are set by the *Parliamentary Remuneration Act 1990* and the Remuneration Tribunal of SA respectively and are payable from the Consolidated Account (via 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	2022	2021
	$'000	$'000
Salaries and other short-term employee benefits	2,760	2,268
Post-employment benefits	365	286
Total	**3,125**	**2,554**

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

8.2 Remuneration of Boards and Committees

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

	2022 No. of Members	2021 No. of Members
$0	-	1
$1 - $20,000	2	-
$20,001 - $40,000	4	5
$40,001 - $60,000	1	1
Total	7	7

The total remuneration received or receivable by members was $0.212 million ($0.185 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits and fringe benefits and any related fringe benefits tax paid. In accordance with the Premier and Cabinet Circular No. 016, government employees did not receive any remuneration for board/committee duties during the financial year.

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

Refer to note 34 for members of boards/committees that served for all or part of the financial year and were entitled to receive income from membership in accordance with APS 124.B.

8.3 Remuneration of staff

	Consolidated		Parent	
The number of staff whose remuneration received or receivable falls within the following bands:	2022 Number	2021 Number	2022 Number	2021 Number
$154,001 - $157,000*	n/a	1	n/a	1
$157,001 - $177,000	12	8	12	8
$177,001 - $197,000	2	2	2	2
$197,001 - $217,000	2	-	2	-
$217,001 - $237,000	4	2	4	2
$237,001 - $257,000	1	1	1	1
$277,001 - $297,000	4	-	4	-
$297,001 - $317,000	2	1	2	1
$317,001 - $337,000	2	1	2	1
$357,001 - $377,000	-	1	-	1
$377,001 - $397,000	1	1	1	1
$457,001 - $477,000	1	-	1	-
$497,001 - $517,000	1	-	1	-
$537,001 - $557,000	-	2	-	2
$557,001 - $577,000	2	-	2	-
$597,001 - $617,000	1	-	1	-
$757,001 - $777,000	1	-	1	-
Total number of staff	**36**	**20**	**36**	**20**

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

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

8.4 Remuneration of staff by classification
The total remuneration received by staff included above:

	Consolidated				Parent			
	2022		2021		2022		2021	
	No.	$'000	No.	$'000	No.	$'000	No.	$'000
Executive	1	222	1	228	1	222	1	228
Medical (excluding Nursing)	20	7,393	8	2,780	20	7,393	8	2,780
Non-medical (i.e. administration)	1	162	-	-	1	162	-	-
Nursing	14	2,417	11	1,987	14	2,417	11	1,987
Total	**36**	**10,194**	**20**	**4,995**	**36**	**10,194**	**20**	**4,995**

8.5 Targeted voluntary separation packages

	Consolidated		Parent	
	2022	2021	2022	2021
Amount paid/Payable to separated staff:	$'000	$'000	$'000	$'000
Targeted voluntary separation packages	226	135	226	135
Leave paid/payable to separated employees	131	62	131	62
Net cost to the Hospital	**357**	**197**	**357**	**197**
The number of staff who received a TVSP during the reporting period	5	1	5	1

9. Supplies and services

	Consolidated		Parent	
	2022	2021	2022	2021
	$'000	$'000	$'000	$'000
Administration	271	169	271	169
Advertising	105	78	105	78
Communication	765	791	765	791
Computing	2,325	1,791	2,325	1,791
Consultants	7	18	7	18
Contract of services	1,142	689	1,142	689
Contractors	262	85	262	85
Contractors - agency staff	4,648	2,375	4,648	2,375
Drug supplies	1,441	1,355	1,441	1,355
Electricity, gas and fuel	2,039	2,151	2,039	2,151
Fee for service*	16,262	15,767	16,262	15,767
Food supplies	2,479	2,422	2,479	2,422
Housekeeping	2,589	1,620	2,589	1,620
Insurance	1,116	1,034	1,116	1,034
Internal SA Health SLA payments	6,786	5,859	6,786	5,859
Legal	54	42	54	42
Medical, surgical and laboratory supplies	12,948	11,906	12,948	11,906
Minor equipment	1,646	1,788	1,646	1,788
Motor vehicle expenses	553	522	553	522
Occupancy rent and rates	679	629	679	629
Patient transport	3,042	2,984	3,042	2,984
Postage	259	237	259	237
Printing and stationery	539	581	539	581
Repairs and maintenance	5,121	4,461	5,121	4,461
Security	438	222	438	222
Services from Shared Services SA	1,426	1,463	1,426	1,463
Short term lease expense	314	100	314	100
Training and development	506	403	506	403
Travel expenses	159	135	159	135
Other supplies and services	1,853	1,678	1,846	1,662
Total supplies and services	**71,774**	**63,355**	**71,767**	**63,339**

* 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				Parent			
	2022		2021		2022		2021	
	No.	$'000	No.	$'000	No.	$'000	No.	$'000
Below $10,000	1	7	-	-	1	7	-	-
Above $10,000	-	-	1	18	-	-	1	18
Total	**1**	**7**	**1**	**18**	**1**	**7**	**1**	**18**

10. Borrowing costs

	Consolidated		Parent	
	2022	2021	2022	2021
	$'000	$'000	$'000	$'000
Interest expense on lease liabilities	26	30	26	30
Interest paid/payable on liabilities measured at amortised cost	-	1	-	1
Total borrowing cost	**26**	**31**	**26**	**31**

The Hospital does not capitalise borrowing costs. The total borrowing costs from financial liabilities not at fair value through the profit and loss was $0.026 million ($0.031 million). Refer to note 20 for more information on financial liabilities.

11. Other expenses

	Consolidated		Parent	
	2022	2021	2022	2021
	$'000	$'000	$'000	$'000
Debts written off	257	73	257	73
Bank fees and charges	5	5	4	5
Donated assets expense	-	152	2,126	14,310
Other*	341	411	341	411
Total other expenses	**603**	**641**	**2,728**	**14,799**

In 2021-22 donated assets expense relates to plant and equipment and is recorded as expenditure at their fair value.

* Includes Audit fees paid/payable to the Auditor-General's Department relating to work performed under the *Public Finance and Audit Act* of $0.095 million ($0.100 million). No other services were provided by the Auditor-General's Department. Payments to Galpins Accountants Auditors and Business Consultants were $0.057 million ($0.054 million) for HAC and aged care audits.

12. Cash and cash equivalents

	Consolidated		Parent	
	2022	2021	2022	2021
	$'000	$'000	$'000	$'000
Cash at bank or on hand	5,633	4,982	4,126	3,171
Deposits with Treasurer: general operating	6,929	7,203	6,929	7,203
Deposits with Treasurer: special purpose funds	443	415	443	415
Total cash and cash equivalents	**13,005**	**12,600**	**11,498**	**10,789**

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 $13.005 million ($12.600 million) held, $3.307 million ($2.389 million) relates to aged care refundable deposits.

13. Receivables

		Consolidated		Parent	
Current	**Note**	**2022**	**2021**	**2022**	**2021**
		$'000	$'000	$'000	$'000
Patient/client fees: compensable		148	119	148	119
Patient/client fees: aged care		867	1,044	867	1,044
Patient/client fees: other		230	391	230	391
Debtors		494	530	505	538
Less: allowance for impairment loss on receivables	13.1	(329)	(293)	(329)	(293)
Prepayments		38	85	38	85

		Consolidated		Parent	
Current	Note	2022 $'000	2021 $'000	2022 $'000	2021 $'000
Interest		44	24	39	18
Workers compensation provision recoverable		659	494	659	494
Sundry receivables and accrued revenue		1,322	1,312	1,322	1,347
GST input tax recoverable		183	87	183	87
Total current receivables		**3,656**	**3,793**	**3,662**	**3,830**
Non-current					
Debtors		222	141	222	141
Workers compensation provision recoverable		1,243	858	1,243	858
Total non-current receivables		**1,465**	**999**	**1,465**	**999**
Total receivables		**5,121**	**4,792**	**5,127**	**4,829**

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

Movement in the allowance for impairment of receivables:

	Consolidated		Parent	
	2022 $'000	2021 $'000	2022 $'000	2021 $'000
Carrying amount at the beginning of the period	**293**	**216**	**293**	**216**
Increase/(Decrease) in allowance recognised in profit or loss	36	77	36	77
Carrying amount at the end of the period	**329**	**293**	**329**	**293**

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

14. Other financial assets

	Consolidated		Parent	
Current	2022 $'000	2021 $'000	2022 $'000	2021 $'000
Term deposits	22,497	23,872	20,251	21,770
Total current investments	**22,497**	**23,872**	**20,251**	**21,770**
Non-current				
Other investments FVOCI	172	149	-	-
Total non-current investments	**172**	**149**	-	-
Total investments	**22,669**	**24,021**	**20,251**	**21,770**

The consolidated and parent entities hold term deposits of $22.497 million ($23.872 million) and $20.251 million ($21.770 million) respectively. Of these deposits $14.500 million ($16.570 million) relates to aged care refundable deposits, with the remaining funds primarily relating to aged care. These deposits are measured at amortised cost. Listed equities and other investments are measured at fair value represented by market value.

There is no impairment on other financial assets. Refer to note 30 for further information on risk management.

15. Inventories

	Consolidated		Parent	
	2022	2021	2022	2021
	$'000	$'000	$'000	$'000
Drug supplies	264	258	264	258
Medical, surgical and laboratory supplies	515	462	515	462
Food and hotel supplies	170	163	170	163
Other	60	57	60	57
Total current inventories - held for distribution	**1,009**	**940**	**1,009**	**940**

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

16. Property, plant and equipment

16.1 Acquisition and recognition

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

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

16.2 Depreciation and amortisation

The residual values, useful lives, depreciation and amortisation methods of all major assets held by the Hospital are reviewed and adjusted if appropriate on an annual basis. Changes in 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/amortisation is calculated on a straight-line basis.

Property, plant and equipment depreciation and amortisation are calculated over the estimated useful life as follows

Class of asset	Useful life (years)
Buildings and improvements	10 - 80
Right-of-use buildings	2 - 14
Plant and equipment:	
• Medical, surgical, dental and biomedical equipment and furniture	2 - 25
• Computing equipment	3 - 5
• Vehicles	2 - 25
• Other plant and equipment	3 - 50
Right-of-use plant and equipment	2 - 3

16.3 Revaluation

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

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

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

16.4 Impairment

The Hospital holds its property, plant and equipment for their service potential (value in use). Specialised assets would rarely be sold and typically any costs of disposal would be negligible, accordingly the recoverable amount will be closer to or greater than fair value. Where there is an indication of impairment, the recoverable amount is estimated. For revalued assets fair value is assessed each year. There were no indications of impairment for property, plant and equipment as at 30 June 2022.

16.5 Land and buildings

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

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

Fair value of buildings and other land was determined using depreciated replacement cost, due to there not being an active market. The depreciated replacement cost considered the need for ongoing provision of government services; specialised nature and restricted use of the assets; 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 has not been revalued. This is in accordance with APS 116D. The carrying value is deemed to approximate fair value. These assets are classified in Level 3 as there have been no subsequent adjustments to their value, except for management assumptions about the asset condition and remaining useful life.

16.7 Leased property, plant and equipment

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

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

- Properties – include health clinics leased from local government and office accommodation and staff residential accommodation leased from Housing SA or 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 and has not entered into any sub-lease arrangements outside of the Hospital.

The lease liabilities related to the right-of-use assets (and the maturity analysis) are disclosed at note 20. Expenses related to leases including depreciation and interest expense are disclosed at note 17 and 10. Cash outflows related to leases are disclosed at note 24.

17. Reconciliation of property, plant and equipment

The following table shows the movement:
Consolidated

2021-22	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
Carrying amount at the beginning of the period	8,015	146,541	897	3,666	1,428	890	858	386	162,681
Additions	-	20	-	2,005	342	26	493	11	2,897
Disposals	-	-	-	-	-	-	(3)	-	(3)
Transfers between asset classes	-	2,126	-	(2,126)	-	43	-	(43)	-
Remeasurement	-	-	10	-	-	-	-	-	10
Subtotal:	8,015	148,687	907	3,545	1,770	959	1,348	354	165,585
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(8,837)	(69)	-	(505)	(211)	(510)	-	(10,132)
Subtotal:	-	(8,837)	(69)	-	(505)	(211)	(510)	-	(10,132)
Carrying amount at the end of the period*	8,015	139,850	838	3,545	1,265	748	838	354	155,453
Gross carrying amount									
Gross carrying amount	8,015	168,810	1,040	3,545	3,099	1,346	1,531	354	187,740
Accumulated depreciation / amortisation	-	(28,960)	(202)	-	(1,834)	(598)	(693)	-	(32,287)
Carrying amount at the end of the period	8,015	139,850	838	3,545	1,265	748	838	354	155,453

*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.

Consolidated

2020-21

	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
Carrying amount at the beginning of the period	8,015	139,200	992	8,806	1,522	909	683	327	160,454
Additions	-	-	-	9,096	74	200	738	387	10,495
Assets received free of charge	-	-	-	-	26	-	-	42	68
Disposals	-	-	(34)	-	-	-	(14)	-	(48)
Donated assets disposal	-	-	-	-	-	-	-	(152)	(152)
Transfers between asset classes	-	14,158	-	(14,236)	296	-	-	(218)	-
Remeasurement	-	-	19	-	-	-	-	-	19
Subtotal:	8,015	153,358	977	3,666	1,918	1,109	1,407	386	170,836
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(6,814)	(80)	-	(490)	(219)	(549)	-	(8,152)
Subtotal:	-	(6,814)	(80)	-	(490)	(219)	(549)	-	(8,152)
Gains/(losses) for the period recognised in other comprehensive income:									
Impairment (losses) / reversals	-	(3)	-	-	-	-	-	-	(3)
Subtotal:	-	(3)	-	-	-	-	-	-	(3)
Carrying amount at the end of the period*	8,015	146,541	897	3,666	1,428	890	858	386	162,681
Gross carrying amount									
Gross carrying amount	8,015	166,664	1,031	3,666	2,756	1,276	1,523	386	185,317
Accumulated depreciation / amortisation	-	(20,123)	(134)	-	(1,328)	(386)	(665)	-	(22,636)
Carrying amount at the end of the period	8,015	146,541	897	3,666	1,428	890	858	386	162,681

*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

2021-22	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
Carrying amount at the beginning of the period	714	4,518	897	3,666	1,428	890	858	386	13,357
Additions	-	20	-	2,005	342	26	493	11	2,897
Disposals	-	-	-	-	-	-	(3)	-	(3)
Donated assets disposal	-	-	-	(2,126)	-	-	-	-	(2,126)
Transfers between asset classes	-	-	-	-	-	43	-	(43)	-
Remeasurement	-	-	10	-	-	-	-	-	10
Subtotal:	714	4,538	907	3,545	1,770	959	1,348	354	14,135
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(231)	(69)	-	(505)	(211)	(510)	-	(1,526)
Subtotal:	-	(231)	(69)	-	(505)	(211)	(510)	-	(1,526)
Carrying amount at the end of the period*	714	4,307	838	3,545	1,265	748	838	354	12,609
Gross carrying amount									
Gross carrying amount	714	4,995	1,040	3,545	3,099	1,346	1,531	354	16,624
Accumulated depreciation / amortisation	-	(688)	(202)	-	(1,834)	(598)	(693)	-	(4,015)
Carrying amount at the end of the period	714	4,307	838	3,545	1,265	748	838	354	12,609

*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

2020-21

	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
Carrying amount at the beginning of the period	714	4,747	992	8,806	1,522	909	683	327	18,700
Additions	-	-	-	9,096	74	200	738	387	10,495
Assets received free of charge	-	-	-	-	26	-	-	42	68
Disposals	-	-	(34)	-	-	-	(14)	-	(48)
Donated assets disposal	-	-	-	(14,158)	-	-	-	(152)	(14,310)
Transfers between asset classes	-	-	-	(78)	296	-	-	(218)	-
Remeasurement	-	-	19	-	-	-	-	-	19
Subtotal:	714	4,747	977	3,666	1,918	1,109	1,407	386	14,924
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(229)	(80)	-	(490)	(219)	(549)	-	(1,567)
Subtotal:	-	(229)	(80)	-	(490)	(219)	(549)	-	(1,567)
Carrying amount at the end of the period*	714	4,518	897	3,666	1,428	890	858	386	13,357
Gross carrying amount									
Gross carrying amount	714	4,976	1,031	3,666	2,756	1,276	1,523	386	16,328
Accumulated depreciation / amortisation	-	(458)	(134)	-	(1,328)	(386)	(665)	-	(2,971)
Carrying amount at the end of the period	714	4,518	897	3,666	1,428	890	858	386	13,357

*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 $1.5 million, or an estimated useful life that was less than three years, are deemed to approximate fair value.

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

18.1 Fair value hierarchy

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

The Hospital's policy is to recognise transfers into and out of fair value hierarchy levels as at the end of the reporting period. During 2021 and 2022, the Hospital had no valuations categorised into Level 1 or 2.

18.2 Valuation techniques and inputs

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

Unobservable inputs used to arrive at final valuation figures included:

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

19. Payables

	Consolidated		Parent	
	2022	2021	2022	2021
Current	$'000	$'000	$'000	$'000
Creditors and accrued expenses	7,130	3,731	7,128	3,731
Paid Parental Leave Scheme	30	24	30	24
Staff on-costs*	1,578	1,426	1,578	1,426
Other payables	128	118	128	118
Total current payables	**8,866**	**5,299**	**8,864**	**5,299**
Non-current				
Staff on-costs*	613	667	613	667
Total non-current payables	**613**	**667**	**613**	**667**
Total payables	**9,479**	**5,966**	**9,477**	**5,966**

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

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

As a result of an actuarial assessment performed by DTF, the portion of long service leave taken as leave is unchanged at 38% and the average factor for the calculation of employer superannuation on-costs has increased from the 2021 rate (10.1%) to 10.6.% to reflect the increase in super guarantee. These rates are used in the staff on-cost calculation. The net financial effect of the changes in the current financial year is an increase in the staff on-cost liability and staff benefits expenses of $0.086 million. The estimated impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

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

Refer to note 30 for information on risk management.

20. Financial liabilities

	Consolidated		Parent	
	2022	2021	2022	2021
Current	$'000	$'000	$'000	$'000
Borrowings from SA Government	-	17	-	17
Lease liabilities	527	484	527	484
Total current financial liabilities	527	501	527	501
Non-current				
Lease liabilities	1,180	1,293	1,180	1,293
Total non-current financial liabilities	1,180	1,293	1,180	1,293
Total financial liabilities	1,707	1,794	1,707	1,794

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

Refer to note 30 for information on risk management.

Refer note 16 for details about the right-of-use assets (including depreciation) and note 10 for financing costs associated with these leasing activities.

20.1 Concessional lease arrangements for right-of-use assets

The Hospital has no concessional arrangements for right-of-use assets as lessee.

20.2 Maturity analysis

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

	Consolidated		Parent	
	2022	2021	2022	2021
Lease Liabilities	$'000	$'000	$'000	$'000
1 to 3 years	535	570	535	570
3 to 5 years	141	159	141	159
5 to 10 years	354	351	354	351
More than 10 years	276	344	276	344
Total lease liabilities (undiscounted)	1,306	1,424	1,306	1,424

21. Staff benefits

	Consolidated		Parent	
	2022	2021	2022	2021
Current	$'000	$'000	$'000	$'000
Accrued salaries and wages	3,331	3,160	3,331	3,160
Annual leave	10,366	9,636	10,366	9,636
Long service leave	1,307	1,479	1,307	1,479
Skills and experience retention leave	681	703	681	703
Total current staff benefits	**15,685**	**14,978**	**15,685**	**14,978**
Non-current				
Long service leave	14,775	16,825	14,775	16,825
Total non-current staff benefits	**14,775**	**16,825**	**14,775**	**16,825**
Total staff benefits	**30,460**	**31,803**	**30,460**	**31,803**

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

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

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

As a result of the actuarial assessment performed by DTF, the salary inflation rate has decreased from the 2021 rate (2.0%) to 1.50% for annual leave and skills and experience retention leave liability. As a result, there is a decrease in the employee staff benefits liability and staff benefits expenses of $0.058 million.

No provision has been made for sick leave, as all sick leave is non-vesting, and the average sick leave taken in future years by staff 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 staff up to the end of the reporting period using the projected unit credit method.

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

AASB 119 requires the use of the yield on long-term Commonwealth Government bonds as the discount rate in the measurement of the long service leave liability. The yield on long-term Commonwealth Government bonds has increased from 2021 (1.50%) to 3.75%. This increase in the bond yield, which is used as the rate to discount future long service leave cash flows, results in a decrease in the reported long service leave liability. The actuarial assessment performed by DTF left the salary inflation rate at 2.5% for long service leave liability. As a result, there is no net effect resulting from changes in the salary inflation rate.

The net financial effect of the changes to actuarial assumptions is a decrease in the long service leave liability of $2.704 million, payables (staff on-costs) of $0.109 million and staff benefits expense of $2.813 million. The impact on the future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions - a key assumption being the long-term discount rate.

22. Provisions

Provisions represent workers compensation.

Reconciliation of workers compensation (statutory and non-statutory)

	Consolidated		Parent	
	2022	2021	2022	2021
	$'000	$'000	$'000	$'000
Carrying amount at the beginning of the period	6,408	2,297	6,408	2,297
Increase in provisions recognised	3,713	4,162	3,713	4,162
Reductions arising from payments/other sacrifices of future economic benefits	(489)	(51)	(489)	(51)
Carrying amount at the end of the period	**9,632**	**6,408**	**9,632**	**6,408**

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

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

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

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

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

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

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

23. Contract liabilities and other liabilities

	Consolidated		Parent	
	2022	2021	2022	2021
Current	$'000	$'000	$'000	$'000
Contract liabilities	3,543	3,864	3,543	3,864
Residential aged care bonds	24,579	25,731	24,579	25,731
Other	37	27	37	27
Total contract liabilities and other liabilities	**28,159**	**29,622**	**28,159**	**29,622**

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

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

24. Cash flow reconciliation

Reconciliation of cash and cash equivalents at the end of the reporting period	Consolidated		Parent	
	2022	2021	2022	2021
	$'000	$'000	$'000	$'000
Cash and cash equivalents disclosed in the Statement of Financial Position	13,005	12,600	11,498	10,789
Cash as per Statement of Financial Position	**13,005**	**12,600**	**11,498**	**10,789**
Balance as per Statement of Cash Flows	**13,005**	**12,600**	**11,498**	**10,789**
Reconciliation of net cash provided by operating activities to net cost of providing services:				
Net cash provided by (used in) operating activities	793	10,401	957	11,322
Add/less non-cash items				
Asset donated free of charge	-	(152)	(2,126)	(14,310)
Capital revenues	1,338	7,653	1,338	7,653
Depreciation and amortisation expense of non-current assets	(10,132)	(8,152)	(1,526)	(1,567)
Gain/(loss) on sale or disposal of non-current assets	-	9	-	9
Impairment of non-current assets	-	(3)	-	-
Interest credited directly to investments	5	21	1	6
Resources received free of charge	-	68	-	68
Dividend received via reinvestment plan	4	4	-	-
Movement in assets/liabilities				
Increase/(decrease) in inventories	69	79	69	79
Increase/(decrease) in receivables	329	378	298	236
(Increase)/decrease in other liabilities	1,463	(3,704)	1,463	(3,704)
(Increase)/decrease in payables and provisions	(6,852)	(3,988)	(6,850)	(3,988)
(Increase)/decrease in staff benefits	1,343	(924)	1,343	(924)
Net result	**(11,640)**	**1,690**	**(5,033)**	**(5,120)**

Total cash outflows for leases is $0.596 million ($0.661 million).

25. Unrecognised contractual commitments

Expenditure commitments	Consolidated		Parent	
	2022	2021	2022	2021
	$'000	$'000	$'000	$'000
Within one year	1,040	974	1,040	974
Later than one year but not longer than five years	153	176	153	176
Total expenditure commitments	**1,193**	**1,150**	**1,193**	**1,150**

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

The Hospital also has commitments to provide funding to various non-government organisations in accordance with negotiated service agreements. The value of these commitments as at 30 June 2022 has not been quantified.

26. Trust funds

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

	Consolidated		Parent	
	2022	2021	2022	2021
	$'000	$'000	$'000	$'000
Carry amount at the beginning of period	54	49	54	49
Client trust receipts	39	43	39	43
Client trust payments	(34)	(38)	(34)	(38)
Carrying amount at the end of the period	59	54	59	54

27. Contingent assets and liabilities

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

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

28. Events after balance date

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

29. Impact of Standards not yet implemented

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

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

30. Financial instruments/financial risk management

30. 1 Financial risk management
The Hospital's exposure to financial risk (liquidity risk, credit risk and market risk) is low due to the nature of the financial instruments held.

Liquidity Risk
The Hospital is funded principally by the SA Government. The Hospital works with the SA Government to determine the cash flows associated with the SA Government approved program of work and to ensure funding is provided through SA Government budgetary processes to meet the expected cash flows.
Refer to notes 1.5, 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. Residential Aged Care bonds become interest bearing 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, maturity analysis and the basis on which income and expenses are recognised with respect to each class of financial asset, financial liability and equity instrument are disclosed in note 2 or the respective financial asset / financial liability note.

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

		Consolidated		Parent	
		2022	2021	2022	2021
Category of financial asset and financial liability	Notes	Carrying amount/ Fair value $'000	Carrying amount/ Fair value $'000	Carrying amount/ Fair value $'000	Carrying amount/ Fair value $'000
Financial assets					
Cash and equivalent					
Cash and cash equivalents	12,24	13,005	12,600	11,498	10,789
Amortised Cost					
Receivables (1)(2)	13	2,753	3,116	2,759	3,153
Other financial assets*	14	22,497	23,872	20,251	21,770
Fair value through other comprehensive income					
Other financial assets	14	172	149	-	-
Total financial assets		**38,427**	**39,737**	**34,508**	**35,712**
Financial liabilities					
Financial liabilities at amortised cost					
Payables (1)	19	7,107	3,694	7,105	3,694
Borrowings	20	-	17	-	17
Lease liabilities	20	1,707	1,777	1,707	1,777
Other financial liabilities	23	37	27	37	27
Total financial liabilities		**8,851**	**5,515**	**8,849**	**5,515**

(1) Receivable and payable amounts disclosed exclude amounts relating to statutory receivables and payables. This includes Commonwealth, State and Local Government taxes and fees and charges. This is in addition to employee related receivables and payables such as fringe benefits tax etc. In government, certain rights to receive or pay cash may not be contractual and therefore in these situations, the disclosure requirements of AASB 7 will not apply. Where rights or obligations have their source in legislation such as levies, tax and equivalents etc. they would be excluded from the disclosure. The standard defines contract as enforceable by law. All amounts recorded are carried at cost.

(2) Receivable amount disclosed here excludes prepayments as they are not financial assets.

30.3 Credit risk exposure and impairment of financial assets

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

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

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

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

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

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

CONSOLIDATED AND PARENT	30 June 2022			30 June 2021		
	Expected credit loss rate(s) %	Gross carrying amount $'000	Expected credit losses $'000	Expected credit loss rate(s) %	Gross carrying amount $'000	Expected credit losses $'000
Days past due						
Current	0.1 - 10.2 %	757	18	0.1 - 11.1 %	604	15
<30 days	0.4 - 13.9 %	298	12	0.4 - 14.1 %	163	6
31-60 days	0.9 - 21.0 %	117	8	0.8 - 18.5 %	68	4
61-90 days	1.1 - 31.6 %	72	8	1.1 - 21.3 %	69	5
91-120 days	1.4 - 35.5 %	63	9	1.3 - 23.1 %	70	7
121-180 days	1.9 - 48.6 %	112	31	1.8 - 31.4 %	82	10
181-360 days	3.7 - 76.5 %	140	55	3.5 - 73.6 %	256	88
361-540 days	4.8 - 91.6 %	131	56	4.6 - 88.4 %	140	45
>540 days	5.5 - 100.0 %	375	132	5.3 - 99.4 %	495	113
Total		**2065**	**329**		**1,947**	**293**

31. Significant transactions with government related entities

The Hospital is controlled by the SA Government.

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

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

The Hospital received funding from the SA Government via the Department (note 2), and incurred significant expenditure via the Department for medical, surgical and laboratory supplies, computing and insurance (note 9). The Department transferred capital works in progress of $1.338 million ($7.652 million) to the Hospital. The Hospital incurred significant expenditure with the Department for Infrastructure and Transport (DIT) for property repairs and maintenance of $3.107 million ($3.844 million) (note 9). As at 30 June the outstanding balance payable to DIT was $0.105 million ($0.396 million) (note 19).

32. Interests in other entities

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

Controlled Entities

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

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

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

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

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

Health Advisory Council		
Incorporated HACs		
Berri Barmera District Health Advisory Council Inc	Coorong Health Service Health Advisory Council Inc	Loxton and Districts Health Advisory Council Inc
Mallee Health Service Health Advisory Council Inc	Mannum District Hospital Health Advisory Council Inc	Renmark Paringa District Health Advisory Council Inc
The Murray Bridge Soldiers' Memorial Hospital Health Advisory Council Inc	Waikerie and Districts Health Advisory Council Inc	Berri Barmera District Health Advisory Council Inc Gift Fund Trust
Coorong Health Service Health Advisory Council Inc Gift Fund Trust	Loxton and Districts Health Advisory Council Inc Gift Fund Trust	Mallee Health Service Health Advisory Council Inc Gift Fund Trust
Mannum District Hospital Health Advisory Council Inc Gift Fund Trust	Renmark Paringa District Health Advisory Council Inc Gift Fund Trust	The Murray Bridge Soldiers' Memorial Hospital Health Advisory Council Inc Gift Fund Trust
Waikerie and Districts Health Advisory Council Inc Gift Fund Trust		

33. Schedules of administered items

The Hospital administers fees and charges collected on behalf of doctors that work in Medical Centres owned by the Hospital. The Hospital cannot use these administered funds for the achievement of its objectives.

	2022 $'000	2021 $'000
Revenue from fees and charges	128	186
Other expenses	(128)	(186)
Net result	-	-
Opening cash	-	-
Cash inflows	128	186
Cash outflows	(128)	(186)
Cash at 30 June	-	-

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
Riverland Mallee Coorong Local Health Network Governing Board	-	Joyner P (Chair), Ashworth E, Goldsmith C, Mohor S (resigned 09/02/2022), Ottaway M, Toogood F.
Riverland Mallee Coorong Local Health Network Risk and Audit Committee	-	Brass P (Chair)*

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

Refer to note 8.2 for remuneration of board and committee members