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of South Australia**

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK 2022-23 Annual Report

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK

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To:

Chris Picton

Minister for Health and Wellbeing

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

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

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

A handwritten signature in dark ink, appearing to be 'J. Hazel', with a long horizontal flourish extending to the right.

James Hazel
Governing Board Chair

31 August 2023

From the Governing Board Chair



The 2022 - 2023 year has been one of great achievement, which has seen us stepping up into our role as the health system's peri urban health network. Our many projects and initiatives - in addition to our everyday service delivery - have supported our ongoing strategic vision to be acclaimed as a leading LHN, demonstrating courage in innovation and creativity, as we continue to strive for excellence.

Our COVID-19 response has now been embedded in business as usual, and our focus this year has been on transitioning our services, models of care and workforce to be responsive and sustainable in this new environment.

In March 2023, we underwent ACHS accreditation and successfully met all Standards. Highlights included that our values and culture were seen to be strongly promoted and demonstrated across our network, and that our staff were observed as being highly skilled and passionate, going the extra mile not just for their patients but also for each other. The Aboriginal health team, mental health services and community health services received a special commendation for their exceptional commitment to community, resourcefulness and leadership.

Speaking of commendations, this past year has also seen recognition of our digital work, with an SA Health Award 2022 presented to our innovative, digital pathway platform implemented at our three main peri-urban sites to support more efficient and coordinated elective surgery services.

Another highlight of the past year was the inaugural #Blakout campaign, which ran from 23 May to 14 July 2023, book-ended by National Reconciliation Week and NAIDOC Week. The campaign centred the diverse voices, lived experiences and cultures of the First Nations workforce. Guided by the campaign's cornerstones of, 'respect, connect, share, listen and celebrate', Non-Aboriginal staff were encouraged to self-educate, reflect and express support and allyship through their participation.

Travelling across our network, the campaign toured four major sites, and a variety of events and activities were held including morning teas featuring Smoking Ceremonies by local Elders and cultural leaders, a co-hosted film screening and NAIDOC event with Adelaide Hills Council, and a virtual staff forum that invited First Nations staff to share their connection to the NAIDOC theme 'For our Elders'. Events across the network were well attended by First Nations and non-Aboriginal staff alike, while social media platforms captured highlights of #Blakout journey along the way.

#Blakout included the launch of the Aboriginal Health Strategy 2022-2032, which maps our journey to walk alongside Aboriginal communities as they determine their own health and wellbeing. We know we have a great responsibility to provide high quality services that are culturally aware, safe, and responsive in partnership with Aboriginal peoples. This Strategy was developed through many conversations with community through Aboriginal Yarning Circles and Nunga Lunches where unique

local stories were told, and priorities shared. We also learnt from consultations with staff about what they see as the priorities for our staff and services, and in particular sub-regions and service areas.

We continue to value the trust and support of our communities and staff, as we endeavour to rise to challenges and continually improve the quality and accessibility of our healthcare services.

A handwritten signature in dark ink, appearing to be 'J. Hazel', with a long horizontal stroke extending to the right.

James Hazel

Governing Board Chair

Barossa Hills Fleurieu Local Health Network

From the Chief Executive



It has been an extraordinary 12-months of BHFLHN staff coming together to go above and beyond for our communities.

A number of exciting capital works and service development projects are underway, or in store, for sites across our network area, which will see upgrades to essential infrastructure in our fast-growing communities in the inner North, the Adelaide Hills and Southern Fleurieu.

In June 2023, the new emergency department opened at Mount Barker District Soldiers' Memorial Hospital. With 17 new treatment bays, the new ED helps the Hills community access the health services they need closer to home. Looking forward, we are advancing plans for the new Mount Barker Hospital to be built and look forward to this major project gaining further momentum in the coming year.

Likewise, the new emergency department at Gawler Health Service is fast progressing and is on track to be operational by early 2024, and will deliver 16 new beds to the service, while plans for the Southern Fleurieu Health Service continue to develop and building works to commence in the new financial year.

Building works at Carnarvon House at Kangaroo Island Health Service remain on track to be completed by the end of the year, which will complement other funding commitments to the health service by delivering 10 staff accommodation units. The Kangaroo Island Health Service Master Plan is complete and continues to offer opportunities for funding advocacy.

Within the past financial year, Kangaroo Island has also welcomed a new birthing model that is ensuring the safe and more sustainable return of birthing services to the island. In collaboration with the Women's and Children's Health Network (WCHN), BHFLHN has developed a new model of care that improves the stability of the workforce and are committed to maintaining the service long term. Kangaroo Island has also been in scope for the substantial growth in the number of Nurse Practitioners and Nurse Practitioner Candidates over the past 12-months.

This new workforce model joins a number of other initiatives that are being designed with workforce sustainability and wellbeing at the forefront. In addition to the impact of the COVID-19 pandemic on the aging health workforce, the challenge in attracting and retaining health workers continues to be felt across the system.

Much work is occurring, both within our network and more broadly, to relieve these workforce pressures, such as the new medical Rural Generalist Program, which is leading to enhanced rural training numbers and increased applicants to rural general practice training. Likewise, the successful Allied Health Rural Generalist program is enhancing the skills of our rural allied health professionals and the services they provide, while the expansion of the SA Health Transition to Professional Practice Program in 2023, has doubled available places for graduate nurses. Our medical

workforce pipeline is building our workforce from the graduate level through to those looking for new career challenges.

Nurse-led clinics are offering a path forward for sites where emergency departments closed during the peak of the pandemic. This after-hours model, which was launched in Gumeracha in May 2023, offers the local community timely access to urgent, non-emergency care, including access to virtual medical support when required. Plans have now commenced to offer a similar service in Strathalbyn.

The Care Pod Restorative Care program has been operational at Tanunda and Angaston hospitals since July 2020, with the aim of supporting metropolitan local health networks with bed flow and capacity challenges. The program has been successful and has been extended to Mount Pleasant in early 2023, delivering a model that is restorative, focusing on consumer goals, wellbeing, and collaborative care whilst discharge planning pathways are progressed.

In the digital space, Mount Barker Soldiers Memorial Hospital welcomed SA Health's electronic medical record, which incorporates both patient administration and clinical documentation into one integrated and accessible electronic patient medical record. The launch of this system coincided with the opening of the Mount Barker Emergency Department redevelopment and will roll out across remaining sites by the end of 2023. Meanwhile, Shiftmatch - a new booking system for casual and part-time nurses, midwives, carers and assistants in nursing went live, with great success, in late 2022.

Addressing workforce wellbeing through the digital arena has been explored through FlourishDX, an online application that supports us in providing a holistic approach to help everyone feel and be at their best.

The leadership team continue to appreciate the dedication of our staff - to each other and to their communities - in the way they show up in their work every day, living our values in action and putting the needs of our current and growing communities first and foremost.



Rebecca Graham
Chief Executive Officer
Barossa Hills Fleurieu Local Health Network

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Overview: about the agency

Our strategic focus

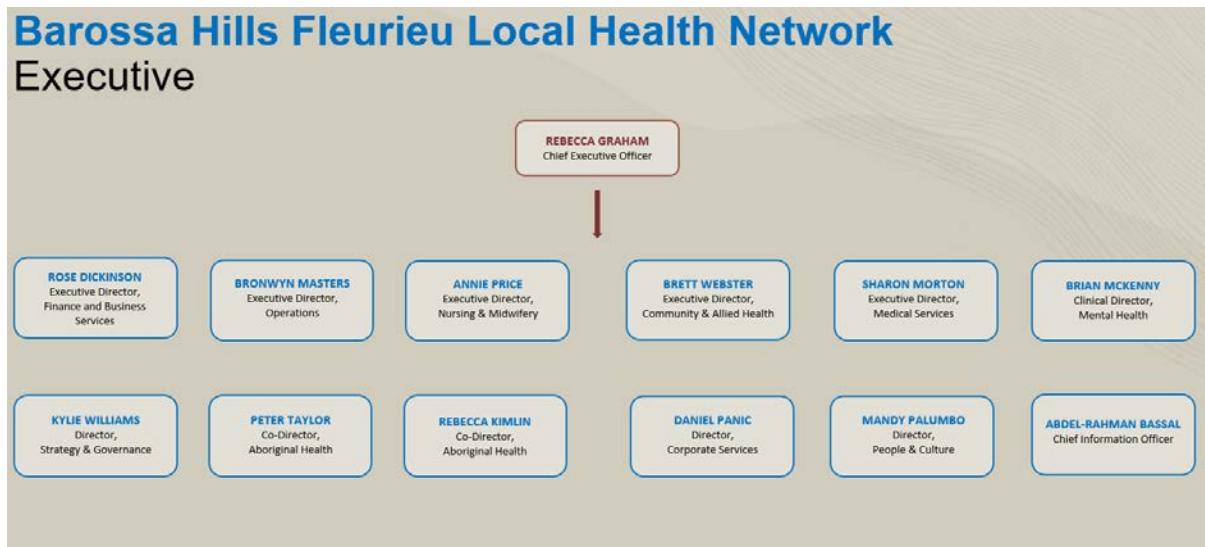
Our Purpose	We exist to deliver excellent health care that improves the health and wellbeing of our communities.
Our Vision	By 2025, we aspire to be acclaimed as a leading LHN, demonstrating courage in being innovative and creative as we continue to strive for excellence.
Our Values	<ul style="list-style-type: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

Our organisational structure

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

- James (Jim) Hazel (appointed as Chair 1 July 2022)
- Carol Gaston
- Pru Blackwell
- Gregory Russell
- Jeffrey Fuller
- Helena Williams (appointed 1 July 2022)
- Judy Curran

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

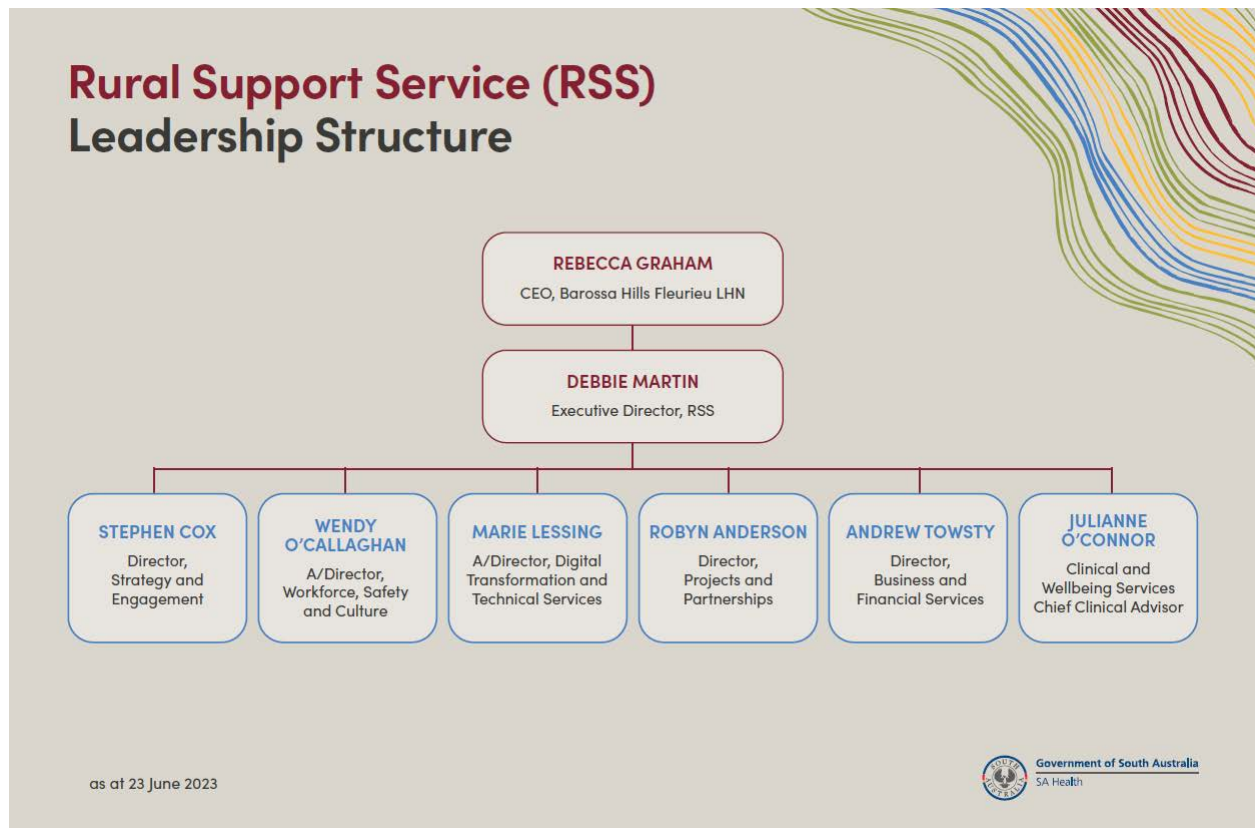


Rural Support Service (RSS) Organisational Structure:

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

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

Functions were delivered across the work streams below:



Changes to the agency

In August 2022, BHFLHN reviewed Aboriginal Health priorities and two Aboriginal Health Co-Director roles were created. The Co-Director for Aboriginal Health Cultural Lead was developed for strengthening the channels of cultural advice and authority as well as to support Aboriginal leadership within the Rural and Remote Mental Health Service. The Co-Director for Aboriginal Health Strategy and Operations was developed to undertake and hold the responsibility of operationalising the BHFLHN Aboriginal Health Strategy 2022-2032 and providing executive leadership to the Aboriginal Health Directorate. Both roles provide a gender balance which is crucial to providing culturally safe healthcare from a First Nations perspective, which contributes to the BHFLHN vision.

A new RSS organisational structure was finalised and implemented in September 2022. The new RSS structure includes a single leadership model with six work groups, each with a single lead reporting to a single Executive Director, replacing the former Co-Director leadership model. The six work groups enable collaboration, shared leadership, and improved strategic oversight and governance across the organisation. The Chief Clinical Advisor, who was a co-director of the RSS up until 30 June 2022, continued to have a direct operational reporting line to the CEO, BHFLHN, and was appointed as the work group lead for Clinical and Wellbeing Services in September 2022.

Our Minister

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

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



Our Executive team

Chief Executive Officer

Rebecca Graham is accountable to the Governing Board for the provision, management and administration of health services and achieving the overall performance of the public health system for BHFLHN.



Aboriginal Health – Co-Director

Peter Taylor, the Cultural Lead, is responsible for assisting facilitating the Cultural Respect Training the annual face to face Cultural Awareness Presentations to BHFLHN staff.






He works with Rural and Remote Mental Health to engage with Aboriginal consumers on the ward and also to educate staff around strategies when engaging with Aboriginal consumers.





Aboriginal Health – Co-Director

Rebecca Kimlin is responsible for overseeing the BHFLHN Aboriginal Health Strategy, by evaluating, planning implementing coordinating and delivering Aboriginal Health services LHN wide. This includes projects targeted at Community and Consumer Engagement, Closing the Gap, First Nations Workforce Initiatives, Cultural Safety and Allyship which work towards improving health outcomes of First Nations people.



<p><u>Chief Information Officer</u></p> <p>Abdel-rahman Bassal is responsible for Digital Health and Information Technology. Abdel is tasked with leading the implementation of technology solutions that improve our engagement with consumers, simplify workforce processes and deliver innovative solutions in collaboration with key partners across SA Health and beyond.</p>	
<p><u>Community and Allied Health - Executive Director</u></p> <p>Brett Webster is responsible for the efficient and effective management of Community Health Services resulting in the provision of a range of community and hospital-based health services responsive to the identified needs of BHFLHN.</p>	
<p><u>Corporate Services - Director</u></p> <p>Daniel Panic is responsible for managing, developing, coordinating and monitoring significant and critical, corporate and business services that support the effective operation of health units.</p>	
<p><u>Finance and Business Services - Executive Director</u></p> <p>Rose Dickinson is responsible for the provision of comprehensive financial services across BHFLHN and the Rural Support Service (RSS).</p>	
<p><u>Medical Services - Executive Director</u></p> <p>Sharon Morton is responsible for the delivery of all medical services. Sharon also provides professional leadership and maintains professional practice standards of medical staff and is the medical lead for the Quality, Risk and Safety Team.</p>	

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

Strategy and Governance - Director

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

**Rural Support Service**

As at the 30 June 2023, the RSS Executive team consisted of:

Executive Director

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

**Legislation administered by the agency**

Nil.

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

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

- Pharmacy Regulation Authority of South Australia
- Riverland Mallee Coorong Local Health Network
- SA Ambulance Service
- SA Ambulance Service Volunteers' Health Advisory Council
- SA Medical Education and Training Health Advisory Council
- South Australian Public Health Council
- Southern Adelaide Local Health Network
- Wellbeing SA
- Women's and Children's Health Network
- Veterans' Health Advisory Council
- Yorke and Northern Local Health Network

The agency's performance

Performance at a glance

In 2022-23, BHFLHN achieved key performance in the following areas:

Our Governance

- Undertook Australian Council of Healthcare Standards, Stage 2 National Disability Insurance Scheme (NDIS) and Community Aged Care Standards audits, all with outstanding results.
- Implemented the EMR (Electronic Medical Record) system in Mount Barker.
- Developed an Aged Care Business Plan.

Our Services

- Reactivated birthing services on Kangaroo Island.
- Transitioned the running of Gawler Health Service Emergency Department from a private consortium of local general practitioners to BHFLHN management.
- Opened a six bed High Dependency Unit (HDU) at Rural and Remote Mental Health Service.
- Continued service development and capital infrastructure program:
 - Opening of the Mount Barker emergency department redevelopment.
 - Commencement of the Gawler Health Service emergency department redevelopment.
 - Continuation of the Barossa Hospital Business Care.
 - Progressing work behind the scenes on the Southern Fleurieu Health Service emergency department redevelopment.
 - Commenced building works at Carnarvon House, Kangaroo Island.
- Launched an After Hours Nurse-Led Clinic at Gumeracha and commenced planning for an After Nurse-Led Clinic at Strathalbyn.
- Expanded the My Home Hospital program to the Southern Fleurieu.
- Extended hours at the Mount Barker Priority Care Centre.
- Increased emergency department presentations, with a growth rate of 15%.
- Transferred 766 patients from metropolitan hospitals to BHFLHN hospitals to be treated closer to home.
- Transferred 96 elective surgery patients from a metropolitan waitlist to be treated in BHFLHN.
- Provided services to 42 patients through the Carepod program. Comparatively, this patient group would have a significantly longer length of stay in a metropolitan hospital. However, with the comprehensive wrap around Carepod service, these patients have been discharged after an average of 39 days.
- Opened a six bed Geriatric Evaluation and Management (GEM) Service at Strathalbyn, a sub-acute service providing restorative and rehabilitation services to older people, in partnership with SALHN.
- Exceeded target of 85% for emergency department length of stay < 6 Hours.

Our People

- Continued work in cultural respect and safety, encompassing commitments to reconciliation and anti-racism, the launch of the inaugural #Blakout campaign and continued facilitation of Yarning Circles.
- Recruited three Nurse Practitioners and two Nurse Practitioner Candidates, working within Gawler Health Service Emergency Department.
- Recruited a Kangaroo Island Community Outreach Program Nurse Practitioner Candidate in September 2022 and a Nurse Practitioner in 2023.
- Recruited a Nurse Practitioner, Nurse Practitioner Candidate and Clinical Nurse Consultant for Palliative Care.
- Launched FlourishDx, an online tool that creates and maintains a psychologically healthy and safe workplace.
- Launched a video highlighting the benefits of working and living on Kangaroo Island, to boost health care worker recruitment.
- Onboarded 60 Transition to Professional Practice graduates.
- Recruited additional clinical facilitators and Working with Wisdom roles to work with graduates and early career nurses/midwives.
- Supported 30 Leaders through the Growing Leaders program.
- Achieved six out of seven of the SA Health Work Health and Safety Injury Management (WHSIM) Performance Measures and 100% compliance for SA Health KPIs.
- Organisational development – Facilitated the following programs (with total of more than 600 participants): Creating a Collaborative and Respectful Workplace Culture, Wellbeing and Resilience, Crucial Conversations, Manager Essentials, Growing Leaders, Enhancing Leadership Capability, Intact Teams, Scholarships Program and Orientation. 240 general practitioners added to the current learning management system (LMS). Implementation of new LMS significantly progressed.
- Increased numbers of allied and scientific health new graduates attending the Allied Health Transition to Professional Practice Program (>58 participants across six groups).

Our Partners

- Hosted an inaugural Health Advisory Council (HAC) Workshop with six BHFLHN HACs and Governing Board.
- Launched Consumer and Community Engagement Strategy Implementation Plan.

Rural Support Service

In 2022-23, the RSS achieved key performance in the following areas:

- *Governance and performance* – continued to uplift the governance of the RSS, through supporting the RSS Governance Committee, developing and implementing an operational plan with improved reporting arrangements, developing and implementing the RSS Integrated Governance Framework, developing service agreements with each regional LHN, clarifying the relationship between the RSS and the host entity, and updating procurement and financial delegations.
- *Credentialling* – enabled greater visibility of regional LHN health professional workforce compliance with regular reporting and increased resources to monitor medical credentialling through implementation of the Medical Credentialling Register.
- *Successful implementation of the 2022–24 Rural GP Agreement* – all known GPs delivering services are now contracted under a General Practitioner Agreement (GPA).
- *Workforce projects* – delivered the Rural Workforce Think Tank in December 2022, launching the Rural Collaborative, and continued to support implementation of rural workforce plans, with a particular focus on the rural Aboriginal Health workforce. Implementation of the election commitment to recruit and retain ten specialists to country SA over four years (2022–26) is well underway.
- *s19(2) Exemption Initiative* – Wallaroo and Lameroo sites are billing MBS under an approved COAG s19(2) exemption with revenue being generated at both sites. A further two applications have been developed.
- *Rural Deployment Program* – deployment of 32 metropolitan staff to regional LHN sites in times of workforce shortage and provided career development and regional experience for metropolitan LHN employees.
- *Regional Aged Care Reform Project* – Regional LHNs submitted Regional Aged Care Reform Business Plans underpinned by costing, workforce and infrastructure analysis and evidence.

Agency contribution to whole of Government objectives

Key Objective	Agency's contribution
More jobs	<ul style="list-style-type: none"> Grew Allied Health staffing models for residential aged care facilities, acute, GEM and emergency department care environments.
Lower costs	<p>Costs for consumers were reduced through delivering programs such as:</p> <ul style="list-style-type: none"> Increased provision of telehealth for community consumers, reducing travel and time imposts. Doubled the Patient Assistance Transport Scheme (PATs) fuel subsidy from 16c/km to 32c/km, effective from 1 January 2023. Kangaroo Island Aboriginal Health clinics delivered on island to reduce barriers to access - financial, transport, and caring priorities.
Better services	<ul style="list-style-type: none"> Commenced a GEM model of care at Strathalbyn. Aligned Early Childhood Services with visiting pediatricians at Mount Barker. Delivered Outreach Nurse Practitioner Services on Kangaroo Island. Provided services to 153 Children and 66 Adult NDIS consumers. Introduced a digital elective surgery patient pathway offering consumers the option to completing pre-surgery questionnaires and receiving relevant information about their care through their own devices. Activated SA Health Sunrise Electronic Medical Record at Mount Barker hospital improving the safety and quality of care received by all consumers as well as improving efficiency. Conducted a Child Protection, Domestic Family and Sexual Violence Audit across six rLHNs which identified gaps in service responses in line with the National Health Care standards and relevant legislative requirements. Facilitated strategic and operational workshops to identify gaps, barriers and enablers to system wide Health responses to Child Protection, Domestic, Family and Sexual Violence. Endorsed a rLHN service response to Domestic and Family Violence – Ask, Assess Respond Procedure Trained 700 staff in the Ask, Assess Respond Model in line with the procedure.

Agency specific objectives and performance (BHFLHN)

Agency objectives	Indicators	Performance
Our People	Rural Generalist Program South Australia	<ul style="list-style-type: none"> Increased rural full-time interns from 3 in 2021 to 7 in 2023 (40% increase).
	Aboriginal Workforce	<ul style="list-style-type: none"> Strong focus on recruitment and building culturally safe workforce through allyship. Creation of new role in the Early Childhood team for an Aboriginal Health worker.
Improving Access to Health Services in Our Community	Aboriginal Health	<ul style="list-style-type: none"> 39 Yarning Circles were undertaken in BHFLHN: <ul style="list-style-type: none"> 16 x community and consumers – topics included Community and Consumer Engagement Strategy, Rural Aboriginal Workforce plan, ED re-development, relationship building with community, Kangaroo Island healing project, and Kangaroo Island nurse practitioner. 2 x Aboriginal Workforce Network. 2 x Child Health and Development team. 1 x Governing Board and Executive. 5 x Cultural Safety Training. 9 x Aboriginal Health Committee. 4 x Aboriginal Family Birthing Program.
	Ageing and Disability	<ul style="list-style-type: none"> Provided services to 219 NDIS consumers. 3,505 services to Commonwealth Home Support Program (CHSP) clients. 2,782 Home Care Package (HSP) services to 229 clients. 649 services to 62 clients on Transitional Care Packages. 146 aged care assessments. Community Aged Care (CHSP and HCP) underwent a planned Aged Care Quality and Safety Commission Accreditation in May 2023, resulting in compliance for all

		<p>eight standards. BHFLHN was the first rLHN to be accredited.</p> <ul style="list-style-type: none"> Disability services (adult and children) underwent a planned NDIS accreditation in 2 stages, nil non-conformances.
	Palliative Care	<ul style="list-style-type: none"> Implemented additional senior Palliative Care Nursing roles. Provided 619 Palliative Care Services, including supporting 106 clients to die at home.
	Mount Barker Emergency Department (ED) Redevelopment	<ul style="list-style-type: none"> Opened New ED on 7 June 2023. Increased treatment bays from 12 to 17.
	Gawler Health Service (GHS) Emergency Department Redevelopment	<ul style="list-style-type: none"> Contracted Schiavello as lead builders with construction commencing on 5 December 2022. Held a sod turning event including Welcome to Country, in December 2022. Completed 35 additional car parks for community members and visitors in March 2023.
	Southern Fleurieu Health Service (SFHS) Re-development	<ul style="list-style-type: none"> Progressing the SFHS re-development with the first stage being a new ED that has been approved for development and is in the final detailed design phase. Anticipated construction to commence in early 2024.
	New Barossa Hospital (and Health Service) Full Business Case	<ul style="list-style-type: none"> Partnered with the Barossa District Health Advisory Council to guide local community engagement. Provision of feedback through a Consumer and Community Reference Group on service models, functional design and options from a community and consumer perspective. Drafted the New Barossa Hospital Full Business Case.
	Gawler Health Service Infrastructure Master Plan	<ul style="list-style-type: none"> Commenced, in April 2023, an Infrastructure Master Planning project for Gawler Health Service to identify prioritised future investment projects to address the functional challenges of the health service and meet the future needs of Gawler and the surrounding community in delivering services closer to home.

Hospital, Aged Care and Community Services	Diabetes Services	<ul style="list-style-type: none">Coordinated the development of new perioperative clinical and consumer resources including online training package for Gawler Health Service.
	Nursing and Maternity Services	<ul style="list-style-type: none">Supported the COVID-19 Vaccination response for consumers, including supporting the Kangaroo Island community, and the transition to COVID vaccinations to health care worker and resident vaccination services.

Agency contribution to whole of Government objectives (RSS)

Agency objectives	Indicators	Performance
Our People	Rural Generalist Program South Australia	<ul style="list-style-type: none"> Increased rural full-time interns from 12 in 2021 to 18 in 2022 (50% increase). Increased intern rotations from metropolitan to rural areas from 40 in 2021 to 47 in 2022 (17.5% increase). Increased positions available for PGY2+ resident medical officers from 12 in 2021 to 25 in 2022 (108% increase). Increased advanced skills training posts from 12 in 2021 to 20 in 2022 (67% increase) with another 3.5 FTE followed GP advanced skill trainees.
	Regional registered nurse and midwife Transition to Professional Practice (TPP) programs	<ul style="list-style-type: none"> Expanded rLHN nursing and midwifery education capacity rLHNs employing new educators and TPPP facilitators. Implemented strategies to build educational expertise and support for these staff.
	Emergency Nursing and Midwifery (ENAME)	<ul style="list-style-type: none"> Provided 20 regional ENAME courses. Developed and delivered 11 regional TPP program ENAME courses tailored to meet the needs of graduate nurses.
	Aboriginal Workforce	<ul style="list-style-type: none"> Four Aboriginal students commenced the Regional Enrolled Nursing Cadet program in Gawler, Wallaroo, Mount Gambier and Port Augusta Contributed to SAHMRI Aboriginal Health Chronic Disease Collaborative – for the Aboriginal Informed Diabetes Workforce Program.
	Mental Health First Aid	<ul style="list-style-type: none"> Facilitated 51 RSS managers and staff to become accredited Mental Health First Aiders.

Improving Access to Health Services in Our Community	Integrated Cardiovascular Clinical Network (iCCnet)	<ul style="list-style-type: none"> • Flinders University provided evidence that Country SA Cardiac Rehabilitation model underpinned by CATCH, is a leading model for the nation. • Referred 3,547 patients to Country Access to Cardiac Health (CATCH) Program. • Participation of 345 patients in the CATCH telephone model for cardiac rehabilitation, with a completion rate >200% of baseline SA rate. • 34 Residential Aged Care Facilities enrolled in remote health monitoring. • 1,255 residents involved in outbreak management program. • 255 residents with chronic conditions participating in remote health monitoring
	Virtual Clinical Care (VCC)	<ul style="list-style-type: none"> • Regional areas where chronic condition services were previously limited are now receiving VCC service, showing an increase of 32%. • Avoided 170 emergency department presentations. • Avoided 225 preventable hospital admissions. • 21,915 client contacts. • 176 clients participated. • 12 bed days saved.
	Ageing and Disability	<ul style="list-style-type: none"> • Home Care Packages - 7% increase in the number of new packages being established across rLHNs, with revenue increasing by 11%. • 29% increase in discharges reflecting the complexity of consumers, many of whom transition to residential aged care. • Increased activity in preparing and verifying HCP Aged Care Quarterly Financial Reporting.

		<ul style="list-style-type: none"> • National Disability Insurance Scheme (NDIS) – 11% increase in the number of packages, with a 7% increase in revenue across all rLHNs.
	<ul style="list-style-type: none"> • Oncology - Regional Cancer Services is an integral part of the broader cancer system. It provides access to services closer to home for regional South Australians and reduces the burden on metropolitan hospitals. 	<ul style="list-style-type: none"> • Delivered equity in service and quality across a clinically complex, geographically challenging system. • Investment in the following staff to support a rapidly growing service: <ul style="list-style-type: none"> ○ Specialist pharmacists by 1.6FTE to cover additional growth. Including implementation of a new model of care in line with national guidelines. ○ RN2 nurse facilitator to enable additional nursing education provision. ○ Initiatives include: <ul style="list-style-type: none"> – Embedding weekly new patient meetings where 100% referrals are discussed by multi-disciplinary team and treatment agreed collaboratively. – Established Morbidity and Mortality meeting to review deaths and learning opportunities. – Established robust cancer therapy governance model. – Provision of a 24/7 specialist medical oncologist on-call service so advice can be given to any health professional in rLHNs. • Provided “metro equivalent” collegial opportunities for oncologists and teams to engage in learning. Including regular journal clubs and assigning each

		<p>oncologist a portfolio to lead on behalf of all regional SA.</p> <ul style="list-style-type: none"> • Embedding a Quality Manager, where the primary role is to consider opportunities for adhering to best practice guidelines. • 123% increase in medical oncologists across rLHNs. • 84% more patients have been seen locally and avoided travel to see specialists in Adelaide – this saw 7,983 individual consultations (includes multiple individual patient visits). • 100% of new referrals presented to multidisciplinary teams. • Secured funding for regional McGrath metastatic breast nurses. • 100% of medical oncologist leave covered.
	Palliative Care	<ul style="list-style-type: none"> • Secured 2023/24 funding (\$963,000) for rLHN palliative care Regional Aged Care Facility Hospice services and extended end of life choices packages. • Secured funding to 2024 to continue provision of residential aged care facility Hospice in Aged Care Program. • Partnered with Country SA and Adelaide PHNs to provide GP ECHO medical education program. • Implemented statewide GP ECHO program for palliative care and oncology. Jointly funded by Adelaide and Country PHNs (\$42,000). • Supported implementation of the Voluntary Assisted Dying legislation for SA.
Hospital, Aged Care and Community Services	Diabetes Services	<ul style="list-style-type: none"> • Co-Investigator of the South Australian Inpatient Diabetes Survey. Findings presented at the Australasian Diabetes Congress in August 2023.

		<ul style="list-style-type: none"> • Key contributor in the EFNLHN Foot Health Alliance Project, building referral pathways, relationships with Aboriginal community-controlled health organisations and a monitored foot phone and telehealth service. • 12% increase in number of direct clinical services provided by Nurse Practitioner for people with diabetes. • 138 medical, nursing, midwifery and allied health clinicians attended seven additional training sessions in addition to core training programs. • Coordinated the development of new perioperative clinical and consumer resources including online training package for Gawler Health Service.
	BloodMove Program	<ul style="list-style-type: none"> • Achieved an average year to date red blood cell wastage rate of 1.5% just below the national target of 2.0%. • Monitored and provided education to ensure procedures are followed to eliminate preventable wastage. • Ongoing participation and governance of the Fibrinogen Concentrate Project has enabled regional consumers to access FC for use in critical bleed events.
	South Australian Virtual Emergency Service (SAVES)	<ul style="list-style-type: none"> • Continued SAVES with operating hours between 7pm – 7am, with 4,373 calls.
	Nursing and Maternity Services	<ul style="list-style-type: none"> • Secured a Parkinson's Disease Nurse Consultant. • Progressed initiatives to strengthen the regional voice and develop stronger linkages with state midwifery directors with a shared aim that SA lead best practice maternity services.

		<ul style="list-style-type: none"> Supported initiatives to establish new nurse practitioner and nurse practitioner candidate positions in mental health, aged care and emergency practice areas. Supported the implementation and delivery of the Japanese Encephalitis Virus vaccination program contributing to over 22,000 vaccines administered across SA. Ongoing support of the immunisation nurses and midwives involved in administering vaccines to newborns, pregnant women, residents, staff, students and volunteers.
Allied Health	Country Allied Health Clinical Enhancement Program plus (CAHCEP+)	<ul style="list-style-type: none"> 292 applications - 272 Individual and 20 Group. 256 funded – 240 Individual and 16 Group.
	Child Health and Development	<ul style="list-style-type: none"> Completed Year 2 of Improving regional Early Childhood Outcomes (IrECO) project with six Pick up and Go packages developed for rLHN clinicians, improved access to services for Aboriginal Children and increased support for Paediatrician services in rLHNs.

Agency objectives	Indicators	Performance
Election Commitments	New Mount Barker Hospital (and Health Service) Development	<ul style="list-style-type: none"> • Completion of a rapid site assessment (comparing greenfield and brownfield options) and government confirmation that investment will be made on the existing site. • Delivering project in consultation with stakeholders including Peramangk people and other First Nations groups as owners of Country, clinical workforce and the Mount Barker / Adelaide Hills Community. • Released an EOI for community members to join a Consumer and Community Reference Group. • Appointed architects Swanbury Penglase, in a joint venture with Hassel, to lead the design and planning of the new facility. • Conducted 13 first round Project User Groups focussing on clinical and non-clinical support departments.
	Country Specialists	<ul style="list-style-type: none"> • Recruited and retained 10 full time equivalent medical specialists to country SA over four years (2022–26). • Successful recruitment of a 1.0 FTE oncologist, supporting a growing number of patients being seen in rLHNs. • Successful recruitment of two Paediatricians in EFNLHN at 0.25FTE

Election Commitments	Kangaroo Island Health Service	<ul style="list-style-type: none">• Incoming Government Election commitment (2022) \$10M – construction of a new kitchen, laundry, and supply warehouse, and the demolition of the adjacent former Island Resort Motel.• Progressed KIHS Master Plan:<ul style="list-style-type: none">◦ Regional Recovery Partnership Program (2021) \$5M for Workforce Accommodation - aligned Stage 1A of the Master Plan.◦ Multi-Purpose Services (MPS) grant (2022) \$515k for Carnarvon House upgrades - aligned with Stage 1B of the Master Plan.
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Corporate performance summary

BHFLHN achieved key corporate performance outcomes including:

- Completed and operationalised a new Kitchen and Laundry at Strathalbyn.
- Completed the car park expansion project at Gawler.
- Installed a new Nurse Call system at Kapunda and Strathalbyn.
- Commenced renovation and refurbishment of Carnarvon House at Kangaroo Island Health Service.
- Replaced a large portion of flooring within Strathalbyn.
- Commenced the design of a refurbishment of Residential Aged Care accommodation at Kapunda, funded through a community bequest.
- Completed the Angaston Central Sterile Supply Department (CSSD) project.
- Commenced the Gawler Central Sterile Supply Department (CSSD) project.
- Scoped the replacement generator and electrical distribution project for Angaston.
- Scoped the demolition of the former Island Resort Motel at Kangaroo Island Health Service
- Completed all 2022/23 Minor Works approved projects, including large scale projects such as the replacement of the concrete decking at Angaston.
- Achieved 12-month Food Safety accreditation at 10 of 11 sites.
- Maintained Fire Triennial Certification for all sites.
- Facilitated an annual Seasonal Preparedness workshop for leadership.
- Completed Bushfire Preparedness activities at all sites.
- Completed site Security and Lighting Audits at all sites.

Key operational outcomes for the Rural Support Service (RSS) included:

- Established Activity Based Funding costing systems, a business intelligence dashboard, and developed documentation to support managing and improving the aged care costing process.
- Identified Aboriginal workforce education transition pathways with Aboriginal workforce structures to be embedded in rLHN structures.
- Coordination of the Level One lymphoedema training program for rLHN clinicians, hosting of the Lymphoedema Community of Practice and ongoing development of the rLHN Lymphoedema Model of Care and associated resources.
- Delivery of Lymphoedema theory and video training modules, in addition to practical training for physiotherapists working towards advanced scope of practice for serial casting.
- Release of INVEST Clinical Leadership Framework and the Allied and Scientific Health Workforce Pipeline Framework. Developed Allied Health Professional Supervision Framework.
- Delivered the 2022–23 Biomedical Capital Replacement Program.
- Delivered up-to-date news through consistent storytelling across multiple channels, stories highlighted RSS's value to target audiences and saw readership rates significantly increase amongst our stakeholders, with an average of 75% of rural doctors opening the newsletter each month throughout 2022–23, for example.

- Operationalised payments for contracted GPs in line with the 2022–24 Rural GP Agreement, implementing varied hybrid and complex payment models which included reviewing 755 new contractual arrangements and the calculation and processing of 450 back pays.
- Completed the roll out of Leecare and Leecare medication to all 47 rLHN aged care facilities.
- Developed and designed a new medical indemnity insurance grant including the establishment of an insurer providers panel.
- Improved transparency of regional procedure data to rLHNs and progressed to achieving 87% of regional procedures being up to date.
- Led service planning processes for Roxby Downs, Ceduna, Coober Pedy, Mannum, Naracoorte and RMCLHN Mental Health Services, and supported processes for Mid North and Southern Flinders.
- The Statewide Telerehabilitation Program continued to support clinicians to deliver quality telerehabilitation and telehealth services through the provision of training, expertise, and leadership in the use of video-enabled consultation platforms.
- Established the regional transient ischaemic attack clinic and nurse consultant role. Successful implementation of the Zeus Telestroke Platform continues.
- Increased Virtual Clinical Care by 20% with new locations including Vivonne Bay, Coonalpyn, Millicent, Meadows, Mannum, Mallala, Lock, Pinnaroo, Stirling, Parilla, Elliston, Robertstown, Blackfellows Creek, Goolwa, Mount Compass and Strathalbyn.
- Provided 120 ProAct training sessions for managers and staff.
- Led the promotion of career opportunities in rLHNs, including attendance at 'The Big Meet' and 'Adelaide Career and Employment' expos and regionalised career flyers; Aboriginal workforce promotional videos (filming completed).
- Managed approximately 215 rLHN workers compensation claims. The collective regional LHN direct claims costs reduced by approximately \$510,812 compared with 2021–22.

Employment opportunity programs

Program name	Performance
Aboriginal Employment Program	21 people identified as Aboriginal, or Torres Strait Islander were employed.
Transition to Care Professional Practice Nurse Graduate Program	60 nursing graduates commenced.
Enrolled Nurse Cadet Program	Five students commenced including one identifying as Aboriginal and/or Torres Strait Islander descent.
Growing Leaders	38 emerging leaders from BHFLHN and RSS.
Hosted Aged Care Trainees (State Govt funded initiative)	Seven Hosted Aged Care Trainees completed a traineeship. Five employed by BHFLHN as Direct Care Workers following completion of traineeship.

- BHFLHN data includes Rural Support Service.

Agency performance management and development systems

Performance management and development system	Performance
Performance Review and Development is a process for supporting continuous improvement of employees' work performance to assist them to meet SA health values and objectives.	82% employees had a Performance Review and Development discussion.

- BHFLHN data includes Rural Support Service.

Work health, safety and return to work programs

Workplace injury claims	Current year 2022-23	Past year 2021-22	% Change (+ / -)
Total new workplace injury claims	50	59	-15.3%
Fatalities	0	0	0.0%
Seriously injured workers*	0	0	0.0%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	13.01	14.16	-8.1%

- BHFLHN data includes Rural Support Service.

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

Work health and safety regulations	Current year 2022-23	Past year 2021-22	% Change (+ / -)
Number of notifiable incidents (<i>Work Health and Safety Act 2012, Part 3</i>)	5	4	+25.0%
Number of provisional improvement, improvement and prohibition notices (<i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i>)	2	0	-

Return to work costs**	Current year 2022-23	Past year 2021-22	% Change (+ / -)
Total gross workers compensation expenditure (\$)	\$1,486,259	\$1,383,410	+7.4%
Income support payments – gross (\$)	\$607,932	\$655,676	-7.3%

**before third party recovery

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

Executive employment in the agency

Executive classification	Number of executives
Executive Level C	1
SAES1	3

- BHFLHN data includes Rural Support Service.

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

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

Financial performance

Financial performance at a glance

The following is a brief summary of the overall financial position of the agency. The information is unaudited. Full audited financial statements for 2022-2023 are attached to this report.

Statement of Comprehensive Income	2022-23 Budget \$000s	2022-23 Actual \$000s	Variation \$000s	Past year 2021-22 Actual \$000s
Total Income	379 543	412 198	32 655	345 726
Total Expenses	363 089	397 986	(34 897)	355 648
Net Result	16 454	14 212	(2 242)	(9 922)
Total Comprehensive Result	16 454	14 212	(2 242)	(9 922)

Statement of Financial Position	2022-23 Budget \$000s	2022-23 Actual \$000s	Variation \$000s	Past year 2021-22 Actual \$000s
Current assets	-	55 150	-	44 472
Non-current assets	-	166 776	-	152 625
Total assets	-	221 926	-	197 097
Current liabilities	-	84 581	-	75 908
Non-current liabilities	-	39 381	-	37 222
Total liabilities	-	123 962	-	113 130
Net assets		97 964		83 967
Equity		97 964		83 967

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	\$85,676

- BHFLHN data includes Rural Support Service.

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

Consultancies	Purpose	\$ Actual payment
BDO Services Pty Ltd	Review Local Health Networks General Practitioners (GP) register and data provided by the Rural Support Service's (RSS) associated GP agreement and develop database to establish, maintain and monitor the GP agreement implementation	\$63,192
Stewartbrown	Aged Care reform project	\$50,909
Johnstaff Advisory Pty Ltd	Develop a model of care for emergency services across selected BHFLHN Sites	\$44,900
Pricewaterhousecoopers Indigenous Consulting Pty Ltd	Rural Aboriginal Health Workforce Project – Develop recommendations for Aboriginal health workforce structures for the six regional LHN's including detailed analysis of possible workforce structure options. Identify and analyse transition pathways and existing structures to support Aboriginal employment in regional LHN's for Aboriginal students transitioning from education into health careers	\$41,980
ZED Management Consulting	RSS Host Arrangements. - provide a summary of the key roles and	\$39,000

Consultancies	Purpose	\$ Actual payment
	responsibilities of the Barossa Hills Fleurieu Local Health network (BHFLHN) and the Rural Support Service (RSS) associated with BHFLHN role as a host for the RSS including the governance roles and responsibilities in BHFLHN's role as the governing body of RSS. Also deliver clarity about the hosting arrangement to strengthen the relationship between BHFLHN and RSS and improve stakeholder understanding about the arrangement.	
Standards Wise Australia	Complete full site audits at all six Residential Aged Care Facilities (RACFs) against the aged care standards. Complete community aged care and NDIS audit against the corresponding standards. Reports issued as a result of these reviews used to develop an action plan to address issues identified.	\$38,132
Workplace Solutions	Industrial Relations expert in support of the GP negotiations	\$35,487
MSC Michele Smith Consulting	RSS GP Insurance Grant consultancy	\$29,800
Provider Assist (PA) Pty Ltd	ACFI Angels Pilot - assist in identifying any potential improvements in Aged Care Funding Instrument (ACFI) funding including providing education sessions to allied health teams to understand the transition of ACFI to the Australian National Aged Care Classification Funding Model (AN ACC).	\$28,648
BDO Services Pty Ltd	Rural Support Services (GP Agreement)	\$28,296
Dana Shen Consultancy	Development of Aboriginal Health Strategy and proposed structure for BHFLHN's Aboriginal health team	\$28,150

Consultancies	Purpose	\$ Actual payment
Cognitive Institute	Delivery of Speaking Up for Safety programme to build a culture of safety by empowering staff to support each other and raise concerns. Assists healthcare organisations overcome entrenched behaviours that can lead to poor patient outcomes. The programme achieves culture change from within, normalising collegiate two-way communication to prevent unintended patient harm.	\$27,663
Flinders University	First Nation peoples and borderline personality disorder: a decolonising approach to service development. Conduct a scoping review on approaches to care and treatment of BPD in Indigenous peoples (i.e., global Indigenous peoples). Submit ethics application to undertake community engagement with existing committees and organisations. Findings from the scoping review will inform further engagement and in collaborative dialogues and yarning workshops we will develop an agreed model of care	\$25,000
Johnstaff Advisory Pty Ltd	Strathalbyn Options Analysis - Development of an option paper for the Strathalbyn Health Service Emergency Services	\$24,000
Rapid Circle	Intranet Solutions Design	\$21,600
Wiltshire Swain Pty Ltd	Design Consultancy services for Kapunda Homes Room Refurbishment	\$20,965
Henderson Horrocks Risk Services Pty Ltd	Engage Henderson Horrocks Risk Services to conduct investigation Kapunda WISP	\$18,667
BDO Advisory (SA) Pty Ltd	Build Medical Indemnity Insurance Calculation Methodology tool	\$17,169

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2022-23 ANNUAL REPORT for the Barossa Hills Fleurieu Local Health Network

Consultancies	Purpose	\$ Actual payment
WDM Design & Advertising Pty Ltd	Design of the Regional Children's Services/Resources	\$17,060
ZED Management Consulting	Project Plan for GP Agreement	\$15,000
Powerhealth Solutions	Costing Study of Aged Care utilising PHS costing software PPM	\$13,771
Adaptive Grief Counselling	Regional Hospice in RACF Grief and Bereavement Project	\$13,363
Wiltshire Swain Pty Ltd	BHFLHN - Regional Helipads – Design documentation for tender	\$12,312
Futureability Pty Ltd	Employment and Position Management Build Plan	\$11,280
ZED Management Consulting	Rural GP Negotiations - Project Closure Review	\$10,830
Lucid Consulting Engineers (SA) Pty Ltd	Angaston Hospital Generator Upgrade	\$10,300
	Total	\$773,150

- BHFLHN data includes Rural Support Service.

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

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	\$86,707

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

Contractors	Purpose	\$ Actual payment
Barossa Village Incorporated	Transition Care Program and Barossa Home Care services	\$488,448
Hays Specialist Recruitment (Australia) Pty Limited	Agency Staff	\$368,551
S.E.M. Traffic Control Pty Ltd	Traffic Control - COVID Clinic	\$276,793
Lancasters Aus Pty Ltd	Cleaning and maintenance contract staff.	\$255,370
Swanbury Penglase	Mount Barker Hospital rapid site assessment.	\$132,870
Victoria Road Medical Clinic	Chief Obstetric Consultant	\$92,635
People Vision Pty Ltd	Claims management service.	\$87,220
Jim Allen and Associates Pty Ltd	Project Management Services – New Mount Barker Hospital and Emergency Department redevelopment.	\$86,151
The Clare Medical Service Trust	Anaesthetics expertise - Dr P Gribble.	\$62,665
KPMG	Fee for service reform.	\$59,980
Shamus Cogan-Briata	Finance and activity reporting.	\$54,010

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2022-23 ANNUAL REPORT for the Barossa Hills Fleurieu Local Health Network

Contractors	Purpose	\$ Actual payment
Dr Stephen Holmes	Chief Obstetric Consultant	\$49,042
FBE Pty Ltd	Biomedical Technician	\$39,943
Boandik Lodge Inc	Transition Care Program	\$38,789
Dialog Information Technology	Solution Architect	\$38,125
Simon Windsor	Physiotherapy Services	\$32,178
Abilities Occupational Therapy Service	Occupational Therapy	\$29,205
Resthaven Inc	Transition Care Program	\$29,022
Kompletecare Community and Home Care Services	Client personal care, domestic assistance and respite.	\$24,189
MCLS (Aust) Pty Ltd	Labourer	\$19,721
Your Nursing Agency Pty Ltd	Nursing Staff	\$15,285
Healthcore	Onsite physiotherapy services.	\$14,943
Drajon Management Pty Ltd	Updating content of APPN website. Data analysis. Preparation of scientific papers.	\$14,000
Suzanne Henley	Client care services.	\$12,907
Randstad Pty Limited	Communications Officer	\$12,440
Liana Paparella	Allied Health Services	\$12,025
Celeste Schammer	Dietetic Services	\$10,750
Adelaide Quality Care	Registered Nurse	\$10,389
	Total	\$2,454,353

- BHFLHN data includes Rural Support Service.

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

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

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

Other financial information

Nil.

Other information

Nil.

Risk management

Risk and audit at a glance

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

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

The Governing Board reviews its Risk Appetite Statement (RAS) annually and BHFLHN have implemented a Risk Management Framework, which is consistent with the System-Wide Risk Management Policy Directive, providing staff with specific guidance on context, identification, analysis, evaluation, treatment, monitoring and communication of risk. BHFLHN records and reports on risks using an online tool, Risk Console.

Fraud detected in the agency

Category/nature of fraud	Number of instances
Nil.	

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

Strategies implemented to control and prevent fraud

Processes implemented to help control and prevent fraud include:

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

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

Public interest disclosure

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

0

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

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

Reporting required under any other act or regulation

Act or Regulation	Requirement
Nil.	

Reporting required under the *Carers' Recognition Act 2005*

The BHFLHN Consumer and Community Engagement Strategy (CCES) 2022-2025 affirms the commitment to supporting consumers and carers to be true partners in care, delivering and strengthening high-quality, effective and efficient services, and helping to build healthy communities and healthy lives.

The Strategy highlights the importance of engagement and participation practices, committing to fostering existing and establishing new partnerships to support an interconnected approach to delivering healthcare services across the region and meeting communities' diverse needs.

The CCES maps how BHFLHN will engage with consumers and communities. Carers are recognised as valued members of the consumer and community stakeholder cohort.

In March 2023, the BHFLHN Board endorsed the Implementation Plan for the CCES, detailing the actions that will bring the CCES vision to life. The plan is a crucial driving document for engagement at BHFLHN. It applies to all staff and engagement partners.

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

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

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

- BHFLHN actively encourages consumer and carer engagement and seeks feedback from consumers and carers about the services that we provide.

While respecting consumer choice, carers are provided a choice in the caring capacity in all health services. They are regularly involved in case conferences regarding a consumer to operate as an advocate, contributing to the individual's health and wellbeing. BHFLHN respect the level of involvement of the next of kin or 'carer'. Where issues are identified support is gained from various services to ensure the carer's health and wellbeing is also acknowledged and catered for. An example of this is the availability of respite services within the aged care environment allowing the carer rest, while their loved one is receiving the care they require.

Information provided to carers is easy to read and understand making it possible for consultation when informed care decisions are required. All sites ensure support when requiring access to external providers to assist with care provision or advocacy.

Where the carer of a consumer identifies as Aboriginal or Torres Strait Islander, resources are allocated to ensure consumers feel culturally safe. Staff are provided with cultural safety training which is mandatory, ensuring appropriate recognition and response in health service delivery.

BHFLHN is particularly interested in health care environments and how consumers and their carers interact with these spaces. BHFLHN continues to engage with Dementia Support Australia in order to provide holistic consumer centred care, which is also culturally safe for all, ensuring all are able to reach their full potential to contribute to the community and feel valued as an individual.

BHFLHN has a staff orientation and induction program and a mandatory staff training program that ensures staff are educated about the Carers Charter.

BHFLHN regularly consults with Health Advisory Councils and other representative groups when developing services and programs that affect consumers or carers.

Public complaints

Number of public complaints reported

Complaint categories	Sub-categories	Example	Number of Complaints 2022-23
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency	36
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided	48
Professional behaviour	Staff knowledge	Lack of service specific knowledge; incomplete or out-of-date knowledge	7
Communication	Communication quality	Inadequate, delayed or absent communication with customer	10
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly	5
Service delivery	Systems/technology	System offline; inaccessible to customer; incorrect result/information provided; poor system design	17
Service delivery	Access to services	Service difficult to find; location poor; facilities/ environment poor standard; not accessible to customers with disabilities	22
Service delivery	Process	Processing error; incorrect process used; delay in processing application; process not customer responsive	9

Complaint categories	Sub-categories	Example	Number of Complaints 2022-23
Policy	Policy application	Incorrect policy interpretation; incorrect policy applied; conflicting policy advice given	0
Policy	Policy content	Policy content difficult to understand; policy unreasonable or disadvantages customer	0
Service quality	Information	Incorrect, incomplete, out-dated or inadequate information; not fit for purpose	0
Service quality	Access to information	Information difficult to understand, hard to find or difficult to use; not plain English	18
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	4
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security service/ premises; poor cleanliness	99
Service quality	Service responsiveness	Service design doesn't meet customer needs; poor service fit with customer expectations	82
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate	1
		Total	358

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

Additional Metrics	Total
Number of positive feedback comments	624
Number of negative feedback comments	358
Total number of feedback comments	1008
% complaints resolved within policy timeframes	68.04%

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

Service Improvements

Improvements that have occurred following complaints or consumer suggestions include:

- Improved processes to check and monitor aids for daily living.
- Increased completion of medical record forms recording consumer valuables on presentation/admission.
- Collaborated with Dementia Australia to increase capacity of staff to positively intervene with consumers living with dementia to improve/enrich daily life and activities.
- Increased cleaning schedule for consumer private spaces with regular audits.
- Improved signage of waste containers for specific items e.g., rubbish bins for face masks.
- Installation of heaters in consumer bathrooms.
- Changed menu choices.
- Launched and implemented the BHFLHN Connecting with Purpose framework.
- Implemented Speaking Up for Safety™ program facilitated by Cognitive Institute.
- Developed Pulse Check Survey to improve consumer experience.
- Provided more comfortable seating in waiting areas across sites.
- Improved lighting in site carparks.
- Developed a meal service and dietary care working group to resolve inconsistencies across sites.
- Implementation of a system to label all resident clothing.

Compliance Statement

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

Appendix: Audited financial statements 2022-23



Our ref: A23/034

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State Administration Centre
200 Victoria Square
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Mr J Hazel
Board Chair
Barossa Hills Fleurieu Local Health Network Incorporated
email: Jim.Hazel@sa.gov.au
health.BHFLHNCEOCorrespondence@sa.gov.au

Dear Mr Hazel

**Audit of the Barossa Hills Fleurieu Local Health Network Incorporated
for the year to 30 June 2023**

We have completed the audit of your accounts for the year ended 30 June 2023. Two key outcomes from the audit are the:

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

1 Independent Auditor's Report

We are returning the financial report for the Barossa Hills Fleurieu Local Health Network Incorporated, with the Independent Auditor's Report. This report is unmodified. The *Public Finance and Audit Act 1987* allows me to publish documents on the Auditor-General's Department website. The enclosed Independent Auditor's Report and accompanying financial report will be published on that website on Tuesday 17 October 2023.

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

2 Audit management letter

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

We have received a response to our letter and will follow this up in the 2023-24 audit.

OFFICIAL

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

What the audit covered

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

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

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

Yours sincerely



Andrew Richardson
Auditor-General

20 September 2023

enc

INDEPENDENT AUDITOR'S REPORT



Government of South Australia
Auditor-General's Department

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200 Victoria Square
Adelaide SA 5000
Tel +618 8226 9640
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To the Board Chair Barossa Hills Fleurieu Local Health Network Incorporated

Opinion

I have audited the financial report of the Barossa Hills Fleurieu Local Health Network Incorporated and the consolidated entity comprising the Barossa Hills Fleurieu Local Health Network Incorporated and its controlled entities for the financial year ended 30 June 2023.

In my opinion, the accompanying financial report gives a true and fair view of the financial position of the Barossa Hills Fleurieu Local Health Network Incorporated and its controlled entities as at 30 June 2023, 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 2023
- a Statement of Financial Position as at 30 June 2023
- a Statement of Changes in Equity for the year ended 30 June 2023
- a Statement of Cash Flows for the year ended 30 June 2023
- Note comprising material accounting policy information and other explanatory information
- a Certificate from the Board Chair, the Chief Executive Officer and the Chief Finance Officer.

Basis for opinion

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

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

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

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

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

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

Auditor's responsibilities for the audit of the financial report

As required by section 31(1)(b) of the *Public Finance and Audit Act 1987* and section 36(2) of the *Health Care Act 2008*, I have audited the financial report of the Barossa Hills Fleurieu Local Health Network Incorporated and its controlled entities for the financial year ended 30 June 2023.

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.

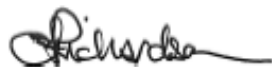
As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- 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 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 2023

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
STATEMENT OF COMPREHENSIVE INCOME
For the period ended 30 June 2023

		Consolidated		Parent	
	Note	2023	2022	2023	2022
		\$'000	\$'000	\$'000	\$'000
Income					
Revenues from SA Government	2	310,669	255,837	310,669	255,837
Fees and charges	3	26,317	18,677	26,317	18,677
Grants and contributions	4	42,223	34,824	42,424	35,111
Interest		921	79	823	58
Resources received free of charge	5	3,297	3,204	3,297	3,134
Other revenues/income	7	28,771	33,105	28,742	32,921
Total income		412,198	345,726	412,272	345,738
Expenses					
Staff benefits expenses	8	234,883	203,466	234,883	203,466
Supplies and services	9	154,175	140,770	154,150	140,754
Depreciation and amortisation	16,17	8,671	9,229	5,022	4,771
Grants and subsidies	10	149	360	136	288
Borrowing costs	21	33	32	33	32
Net loss from disposal of non-current and other assets	6	124	-	124	-
Impairment loss on receivables	13.1	(406)	(135)	(406)	(135)
Other expenses	11	357	1,926	15,689	4,089
Total expenses		397,986	355,648	409,631	353,265
Net result		14,212	(9,922)	2,641	(7,527)
Total comprehensive result		14,212	(9,922)	2,641	(7,527)

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

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
STATEMENT OF FINANCIAL POSITION
As at 30 June 2023

		Consolidated		Parent	
	Note	2023	2022	2023	2022
		\$'000	\$'000	\$'000	\$'000
Current assets					
Cash and cash equivalents	12	22,333	17,079	21,554	14,705
Receivables	13	7,498	4,272	7,478	4,384
Other financial assets	14	23,997	21,945	19,117	16,981
Inventories	15	1,322	1,176	1,322	1,176
Total current assets		55,150	44,472	49,471	37,246
Non-current assets					
Receivables	13	1,702	1,084	1,702	1,084
Property, plant and equipment	16,17	165,061	151,541	91,371	89,534
Intangible assets	16,18	13	-	13	-
Total non-current assets		166,776	152,625	93,086	90,618
Total assets		221,926	197,097	142,557	127,864
Current liabilities					
Payables	20	16,725	16,037	16,539	14,630
Financial liabilities	21	928	1,075	928	1,075
Staff benefits	22	32,401	29,130	32,401	29,130
Provisions	23	1,916	1,608	1,916	1,608
Contract liabilities and other liabilities	24	32,611	28,058	32,610	28,058
Total current liabilities		84,581	75,908	84,394	74,501
Non-current liabilities					
Payables	20	1,349	1,259	1,349	1,259
Financial liabilities	21	1,037	1,390	1,037	1,390
Staff benefits	22	31,132	30,319	31,132	30,319
Provisions	23	5,863	4,254	5,863	4,254
Total non-current liabilities		39,381	37,222	39,381	37,222
Total liabilities		123,962	113,130	123,775	111,723
Net assets		97,964	83,967	18,782	16,141
Equity					
Retained earnings		75,027	61,030	18,782	16,141
Asset revaluation surplus		22,937	22,937	-	-
Total equity		97,964	83,967	18,782	16,141

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

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
STATEMENT OF CHANGES IN EQUITY
For the period ended 30 June 2023

CONSOLIDATED

	Note	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2021		26,299	84,679	110,978
Net result for 2021-22		-	(9,922)	(9,922)
Total comprehensive result for 2021-22		-	(9,922)	(9,922)
Transfer between equity components		(3,362)	3,362	-
Transactions with SA Government as owner				
Net assets transferred out as a result of an administrative restructure	1.7	-	(17,089)	(17,089)
Balance at 30 June 2022		22,937	61,030	83,967
Net result for 2022-23		-	14,212	14,212
Total comprehensive result for 2022-23		-	14,212	14,212
Transactions with SA Government as owner				
Net assets transferred out as a result of an administrative restructure	1.7	-	(215)	(215)
Balance at 30 June 2023		22,937	75,027	97,964

PARENT

	Note	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2021		-	23,668	23,668
Net result for 2021-22		-	(22,090)	(22,090)
Total comprehensive result for 2021-22		-	(22,090)	(22,090)
Balance at 30 June 2022		-	1,578	1,578
Prior period adjustment	1.6	-	14,563	14,563
Restated balance at 30 June 2022		-	16,141	16,141
Net result for 2022-23		-	2,641	2,641
Total comprehensive result for 2022-23		-	2,641	2,641
Balance at 30 June 2023		-	18,782	18,782

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

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
STATEMENT OF CASH FLOWS
For the period ended 30 June 2023

	Note	Consolidated		Parent	
		2023	2022	2023	2022
		\$'000	\$'000	\$'000	\$'000
Cash flows from operating activities					
Cash inflows					
Receipts from SA Government		290,618	238,110	290,618	238,110
Fees and charges		13,424	19,015	13,523	20,327
Grants and contributions		43,347	35,463	43,548	35,750
Interest received		546	54	529	46
Residential aged care bonds received		11,363	8,962	11,363	8,962
GST recovered from ATO		8,318	7,569	8,318	7,569
Other receipts		374	513	344	329
Cash generated from operations		367,990	309,686	368,243	311,093
Cash outflows					
Staff benefits payments		(228,213)	(197,987)	(228,213)	(197,987)
Payments for supplies and services		(122,106)	(101,278)	(120,859)	(102,670)
Payments of grants and subsidies		(168)	(368)	(155)	(296)
Interest paid		(33)	(31)	(33)	(31)
Residential aged care bonds refunded		(4,700)	(5,909)	(4,700)	(5,909)
Other payments		(418)	(796)	(418)	(796)
Cash used in operations		(355,638)	(306,369)	(354,378)	(307,689)
Net cash provided by operating activities		12,352	3,317	13,865	3,404
Cash flows from investing activities					
Cash inflows					
Proceeds from sale/maturities of investments		2,456	1,967	-	631
Cash generated from investing activities		2,456	1,967	-	631
Cash outflows					
Purchase of property, plant and equipment		(3,738)	(3,933)	(3,738)	(3,934)
Purchase of intangibles		(13)	-	(13)	-
Purchase of investments		(4,423)	(1,320)	(2,100)	(1,150)
Cash used in investing activities		(8,174)	(5,253)	(5,851)	(5,084)
Net cash provided by/(used in) investing activities		(5,718)	(3,286)	(5,851)	(4,453)
Cash flows from financing activities					
Cash outflows					
Cash transferred as a result of restructuring activities		(215)	(15)	-	-
Repayment of lease liabilities		(1,165)	(1,175)	(1,165)	(1,175)
Cash used in financing activities		(1,380)	(1,190)	(1,165)	(1,175)
Net cash provided by/(used in) financing activities		(1,380)	(1,190)	(1,165)	(1,175)
Net increase/(decrease) in cash and cash equivalents		5,254	(1,159)	6,849	(2,224)
Cash and cash equivalents at the beginning of the period		17,079	18,238	14,705	16,929
Cash and cash equivalents at the end of the period	12	22,333	17,079	21,554	14,705
Non-cash transactions	25				

The accompanying notes form part of these financial statements.

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2023

1. About Barossa Hills Fleurieu Local Health Network

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

The Parent Entity

The Parent Entity consists of the following:

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

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

The Consolidated Entity

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

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

Incorporated HACs and GFTs are separate reporting entities within our health service. Since 2008 the Hospital has hosted a number of unincorporated HACs and GFTs (on behalf of Eyre and Far North Local Health Network, Flinders and Upper North Local Health Network and Yorke and Northern Local Health Network) via the Country Health Gift Fund Health Advisory Council Inc and the Country Health Gift Fund Health Advisory Council Inc Gift Fund Trust. These HACs are now incorporated and the transfer of their net assets to the respective Local Health Network is at various stages of completion. Refer to notes 1.7 and 33 for details.

The consolidated financial statements have been prepared in accordance with AASB 10 *Consolidated Financial Statements*. Consistent accounting policies have been applied and all inter-entity balances and transactions arising within the consolidated entity have been eliminated in full. Information on the consolidated entity's interests in other entities is at note 33.

Administered items

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

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2023

1.1 Objectives and activities

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

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

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

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

1.2 Basis of preparation

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

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

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

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

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

1.3 Taxation

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

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

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

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

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

1.4 Continuity of operations

As at 30 June 2023, the Hospital had working capital deficiency of \$29.430 million (\$31.436 million). The SA Government is committed to and has consistently demonstrated a commitment to ongoing funding of the Hospital to enable it to perform its functions. This ongoing commitment is ultimately outlined in the annually produced and published State Budget Papers which presents the SA Government's current and estimated future economic performance, including forward estimates of revenue, expenses and performance by agency.

1.5 Equity

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

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2023

1.6 Prior period adjustments

A material error was detected in the 2021-22 financial statements due to completed work-in-progress of \$14.563 million (net depreciation) being transferred to the Hills Area Health Advisory Council in error. In 2020-21 plant and equipment of \$0.350 million was also transferred to the same HAC in error. This resulted in the opening balance of non-current assets and retained earnings for the Parent being understated by \$14.913 million and the 2021-22 net result of Parent being understated, by \$14.563 million. There is no change to the consolidated results in 2021-22. In accordance with AASB 108 *Accounting Policies, Changes in Accounting Estimates and Errors*, the comparative information has been amended to reflect the correct balances.

	Parent		
	2022 Reported adjusted for 2021 prior period error	Prior Period Adjustment	2022 Restated
	\$'000	\$'000	\$'000
Statement of comprehensive income			
Depreciation expense	4,619	152	4,771
Other expenses	18,804	(14,715)	4,089
Total comprehensive result	(22,090)	14,563	(7,527)
Statement of financial position			
Property, plant and equipment	74,971	14,563	89,534
Retained earnings	1,578	14,563	16,141

1.7 Changes to reporting entity

Administrative Restructure - Transferred Out

2022-23

The net assets of the GFT associated with The Whyalla Hospital and Health Services Health Advisory Council (\$0.066 million) was transferred from the Country Health Gift Fund Health Advisory Council in 2022-23. Control of the net assets of the GFT's associated with the Far North Health Advisory Council (\$0.019 million) and Port Lincoln Health Advisory Council (\$0.130 million) were also transferred but the physical transfer of cash will occur in 2023-24.

2021-22

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

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

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

1.8 Changes in accounting policy

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

BAROSSA HILLS FLEURIEU LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2023

2. Revenues from SA Government

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Capital projects funding	22,675	19,048	22,675	19,048
Operational funding	287,994	236,789	287,994	236,789
Total revenues from SA Government	310,669	255,837	310,669	255,837

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

3. Fees and charges

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Commissions revenue	19	2	19	2
Patient and client fees	4,293	3,805	4,293	3,805
Private practice fees	672	483	672	483
Fees for health services	3,950	3,520	3,950	3,520
Residential and other aged care charges	6,579	5,746	6,579	5,746
Sale of goods - medical supplies	1,569	1,995	1,569	1,995
Training revenue	4	1	4	1
Other user charges and fees	9,231	3,125	9,231	3,125
Total fees and charges	26,317	18,677	26,317	18,677

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

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

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

Patient and Client Fees

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

Private practice fees

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

Residential and other aged care charges

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

Fees for health services

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

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4. Grants and contributions

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Commonwealth grants and donations	21,685	20,217	21,685	20,214
Commonwealth aged care subsidies	16,599	11,919	16,599	11,919
SA Government capital contributions	15	15	76	35
Other SA Government grants and contributions	319	180	459	450
Private sector capital contributions	-	130	-	130
Private sector grants and contributions	3,605	2,363	3,605	2,363
Total grants and contributions	42,223	34,824	42,424	35,111

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

Of the \$42.223 million (\$34.824 million) provided during the reporting period for grants and contributions, \$41.894 million (\$30.350 million) was provided for specific purposes such as aged care, community health services and other related health services.

5. Resources received free of charge

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Land and buildings	-	70	-	-
Services	3,297	3,134	3,297	3,134
Total resources received free of charge	3,297	3,204	3,297	3,134

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

Contributions of services are recognised only when a fair value can be determined reliably and the services would be purchased if they had not been donated. The Hospital receives Financial Accounting, Taxation, Payroll, Accounts Payable and Accounts Receivable services from Shared Services SA free of charge valued at \$2.408 million (\$2.210 million) and ICT services from the Department of the Premier and Cabinet (DPC) valued at \$0.889 million (\$0.924 million), following Cabinet's approval to cease intra-government charging.

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

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

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Land and buildings:				
Proceeds from disposal	-	-	-	-
Less carrying amount of assets disposed	(55)	-	(55)	-
Net gain/(loss) from disposal of plant and equipment	(55)	-	(55)	-
Plant and equipment:				
Proceeds from disposal	-	-	-	-
Less carrying amount of assets disposed	(69)	-	(69)	-
Total net gain/(loss) from disposal of assets	(69)	-	(69)	-
Total assets:				
Total proceeds from disposal	-	-	-	-
Less total carrying amount of assets disposed	(124)	-	(124)	-
Total net gain/(loss) from disposal of assets	(124)	-	(124)	-

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

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7. Other revenues/income

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Donations	103	253	91	82
Health recoveries	28,410	32,604	28,410	32,604
Insurance recoveries	-	12	-	12
Other	258	236	241	223
Total other revenues/income	28,771	33,105	28,742	32,921

8. Staff benefits expenses

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Salaries and wages	185,426	162,325	185,426	162,325
Targeted voluntary separation packages	-	304	-	304
Long service leave	5,209	1,578	5,209	1,578
Annual leave	17,948	16,287	17,948	16,287
Skills and experience retention leave	967	923	967	923
Staff on-costs - superannuation*	21,620	18,021	21,620	18,021
Workers compensation	3,381	3,749	3,381	3,749
Board and committee fees	313	279	313	279
Other staff related expenses	19	-	19	-
Total staff benefits expenses	234,883	203,466	234,883	203,466

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

8.1 Key Management Personnel

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

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

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

Compensation

	2023	2022
	\$'000	\$'000
Salaries and other short term employee benefits	3,249	3,442
Post-employment benefits	433	457
Other long-term employment benefits	-	1
Total	3,682	3,900

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:

	2023	2022
	No. of	No. of
	Members	Members
\$0 - \$20,000	9	4
\$20,001 - \$40,000	6	5
\$40,001 - \$60,000	1	2
Total	16	11

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The total remuneration received or receivable by members was \$0.316 million (\$0.281 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits, fringe benefits and related fringe benefits tax. In accordance with the Premier and Cabinet Circular No. 016, government employees did not receive any remuneration for board/committee duties during the financial year.

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

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

8.3 Remuneration of staff

	Consolidated		Parent	
	2023 Number	2022 Number	2023 Number	2022 Number
The number of staff whose remuneration received or receivable falls within the following bands:				
\$157,001 - \$160,000*	n/a	2	n/a	2
\$160,001 - \$180,000	29	19	29	19
\$180,001 - \$200,000	6	3	6	3
\$200,001 - \$220,000	5	5	5	5
\$220,001 - \$240,000	4	3	4	3
\$240,001 - \$260,000	3	1	3	1
\$260,001 - \$280,000	4	1	4	1
\$280,001 - \$300,000	4	2	4	2
\$300,001 - \$320,000	3	6	3	6
\$320,001 - \$340,000	1	1	1	1
\$340,001 - \$360,000	5	1	5	1
\$360,001 - \$380,000	5	7	5	7
\$380,001 - \$400,000	4	1	4	1
\$400,001 - \$420,000	2	4	2	4
\$420,001 - \$440,000	2	1	2	1
\$440,001 - \$460,000	3	2	3	2
\$460,001 - \$480,000	3	2	3	2
\$480,001 - \$500,000	-	1	-	1
\$500,001 - \$520,000	4	1	4	1
\$520,001 - \$540,000	1	1	1	1
\$540,001 - \$560,000	1	1	1	1
\$560,001 - \$580,000	1	-	1	-
\$580,001 - \$600,000	-	1	-	1
\$600,001 - \$620,000	1	1	1	1
\$620,001 - \$640,000	1	1	1	1
\$640,001 - \$660,000	2	-	2	-
\$700,001 - \$720,000	-	1	-	1
Total number of staff	94	69	94	69

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

*The \$157,001 to \$160,000 band has been included for the purposes of reporting comparative figures based on the executive base level remuneration rate for 2021-22.

8.4 Remuneration of staff by classification

The total remuneration received by staff included above:

	Consolidated				Parent			
	2023 No.	\$'000	2022 No.	\$'000	2023 No.	\$'000	2022 No.	\$'000
Executive	4	1,019	4	884	4	1,019	4	884
Medical (excluding Nursing)	64	22,550	48	17,182	64	22,550	48	17,182
Non-medical (i.e. administration)	3	518	3	500	3	518	3	500
Nursing	23	3,921	14	2,404	23	3,921	14	2,404
Total	94	28,008	69	20,970	94	28,008	69	20,970

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8.5 Targeted voluntary separation packages

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Amount paid/payable to separated staff:				
Targeted voluntary separation packages	-	304	-	304
Leave paid/payable to separated employees	-	200	-	200
Net cost to the Hospital	-	504	-	504

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

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Administration	2,031	3,599	2,022	3,598
Advertising	727	637	726	637
Communication	2,525	2,295	2,525	2,295
Computing	6,346	5,190	6,346	5,190
Consultants	773	1,045	765	1,045
Contract of services	11,007	8,951	11,007	8,951
Contractors	2,455	1,561	2,455	1,561
Contractors - agency staff	17,853	16,963	17,853	16,963
Drug supplies	2,222	2,453	2,222	2,453
Electricity, gas and fuel	2,160	1,799	2,160	1,799
Fee for service ⁽¹⁾	29,563	27,334	29,563	27,334
Food supplies	2,992	2,695	2,992	2,695
Housekeeping	2,318	2,218	2,318	2,218
Insurance	2,910	2,360	2,910	2,358
Internal SA Health SLA payments	1,751	1,595	1,751	1,595
Legal	42	64	42	64
Medical, surgical and laboratory supplies	24,487	21,240	24,487	21,240
Minor equipment	2,568	2,741	2,568	2,737
Motor vehicle expenses	918	658	918	658
Occupancy rent and rates ⁽²⁾	984	893	980	891
Patient transport ⁽³⁾	14,864	12,667	14,864	12,667
Postage	766	720	766	720
Printing and stationery	1,026	1,051	1,026	1,051
Repairs and maintenance	6,170	6,937	6,170	6,934
Security	1,353	1,978	1,353	1,978
Services from Shared Services SA	2,412	2,252	2,412	2,252
Short term lease expense	493	588	493	588
Training and development	5,465	4,974	5,465	4,974
Travel expenses	2,012	901	2,012	901
Other supplies and services	2,982	2,411	2,979	2,407
Total supplies and services	154,175	140,770	154,150	140,754

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

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

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10. Grants and subsidies

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Subsidies	-	2	-	2
Funding to non-government organisations	136	286	136	286
Other	13	72	-	-
Total grants and subsidies	149	360	136	288

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

11. Other expenses

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Debts written off	73	466	73	466
Bank fees and charges	10	12	10	12
Donated assets expense	1	1,179	15,333	3,342
Other*	273	269	273	269
Total other expenses	357	1,926	15,689	4,089

Donated assets expense includes transfer of buildings and improvements and plant and equipment and is recorded as expenditure at their fair value. For the Parent donated assets for 2022 relate to the transfer of completed works in progress to the HAC asset class. Refer to note 17 for further details.

* Includes Audit fees paid/payable to the Auditor-General's Department relating to work performed under the *Public Finance and Audit Act* of \$0.126 million (\$0.114 million). No other services were provided by the Auditor-General's Department. Also includes fees paid or payable to Galpins Accountants Auditors and Business Consultants of \$0.037 million (\$0.043 million) for audits of the HACs and aged care.

12. Cash and cash equivalents

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Cash at bank or on hand	8,953	5,241	8,174	2,867
Deposits with Treasurer: general operating	13,358	11,825	13,358	11,825
Deposits with Treasurer: special purpose funds	22	13	22	13
Total cash and cash equivalents	22,333	17,079	21,554	14,705

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 \$22.333 million (\$17.079 million) held, \$6.944 million (\$2.407 million) relates to aged care refundable deposits.

13. Receivables

Current	Note	Consolidated		Parent	
		2023	2022	2023	2022
		\$'000	\$'000	\$'000	\$'000
Patient/client fees: compensable		184	129	184	129
Patient/client fees: aged care		1,185	866	1,185	866
Patient/client fees: other		855	452	855	452
Debtors		1,661	1,092	1,662	1,093
Less: impairment loss on receivables	13.1	(613)	(1,019)	(613)	(1,019)
Prepayments		593	284	593	284
Interest		317	27	281	23
Grants		-	109	-	109
Workers compensation provision recoverable		806	576	806	576

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		Consolidated		Parent	
		2023	2022	2023	2022
Current	Note	\$'000	\$'000	\$'000	\$'000
Sundry receivables and accrued revenue		2,258	1,520	2,273	1,634
GST input tax recoverable		252	236	252	237
Total current receivables		7,498	4,272	7,478	4,384
Non-current					
Debtors		126	104	126	104
Workers compensation provision recoverable		1,576	980	1,576	980
Total non-current receivables		1,702	1,084	1,702	1,084
Total receivables		9,200	5,356	9,180	5,468

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

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

13.1 Impairment of receivables

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

Movement in the impairment loss on receivables:

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	1,019	1,154	1,019	1,154
Increase/(Decrease) in allowance recognised in profit or loss	(406)	(135)	(406)	(135)
Carrying amount at the end of the period	613	1,019	613	1,019

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

14. Other financial assets

The consolidated and parent entity holds term deposits of \$23.997 million (\$21.945 million) and \$19.117 million (\$16.981 million) respectively. Of these deposits \$17.736 million (\$15.636 million) relates to aged care refundable deposits, with the remaining funds primarily relating to aged care. These deposits are measured at amortised cost. There is no impairment on term deposits.

15. Inventories

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Drug supplies	439	346	439	346
Medical, surgical and laboratory supplies	746	693	746	693
Food and hotel supplies	109	110	109	110
Other	28	27	28	27
Total current inventories - held for distribution	1,322	1,176	1,322	1,176

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

16. Property, plant and equipment and intangible assets

16.1 Acquisition and recognition

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

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

16.2 Depreciation and amortisation

The residual values, useful lives, depreciation and amortisation methods of all major assets held by the Hospital are reviewed and adjusted if appropriate on an annual basis. Changes in the expected useful life or the expected pattern of consumption of future economic benefits embodied in the asset are accounted for prospectively by changing the time period or method, as appropriate.

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

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

16.3 Revaluation

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

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

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

16.4 Impairment

The Hospital holds its property, plant and equipment and intangible assets for their service potential (value in use). Specialised assets would rarely be sold and typically any costs of disposal would be negligible, accordingly the recoverable amount will be closer to or greater than fair value. Where there is an indication of impairment, the recoverable amount is estimated. Fair value is assessed each year. There were no indications of impairment for property, plant and equipment or intangibles as at 30 June 2023.

16.5 Intangible assets

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

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

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16.6 Land and buildings

An independent valuation of land and buildings owned by the Hospital was performed in March 2018, within the regular valuation cycle, by a certified practising valuer from AssetVal as at June 2018. Consistent with *Treasurer's Instructions*, a public authority must at least every 6 years obtain a valuation appraisal from a qualified valuer, the next independent valuation is scheduled to occur during the 2023-24 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 was determined using depreciated replacement cost due to there not being an active market. The depreciated replacement cost considered the need for ongoing provision of government services; specialised nature and restricted use of the assets; the size, condition and location. The valuation was based on a combination of internal records, specialised knowledge and acquisitions/transfer costs.

16.7 Plant and equipment

The value of plant and equipment has not been revalued and in accordance with APS 116D, as 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.

16.8 Leased property, plant and equipment

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

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

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

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

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17. Reconciliation of property, plant and equipment

The following table shows the movement:

Consolidated

2022-23	Land and buildings:			Plant and equipment:						Total \$'000
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Accommod- ation and Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Right-of-use plant and equipment \$'000	Capital works in progress plant and equipment \$'000	
Carrying amount at the beginning of the period	12,821	118,506	1,718	12,535	166	2,122	1,718	654	1,301	151,541
Additions	-	-	-	20,024	-	584	48	665	995	22,316
Disposals	-	-	-	(55)	-	(6)	-	-	(63)	(124)
Donated assets disposal	-	-	-	(1)	-	-	-	-	-	(1)
Transfers between asset classes	-	15,314	-	(15,609)	-	1,032	470	-	(1,207)	-
Subtotal:	12,821	133,820	1,718	16,894	166	3,732	2,236	1,319	1,026	173,732
Gains/(losses) for the period recognised in net result:										
Depreciation and amortisation	-	(5,872)	(646)	-	(105)	(1,132)	(407)	(509)	-	(8,671)
Subtotal:	-	(5,872)	(646)	-	(105)	(1,132)	(407)	(509)	-	(8,671)
Carrying amount at the end of the period*	12,821	127,948	1,072	16,894	61	2,600	1,829	810	1,026	165,061
Gross carrying amount										
Gross carrying amount	12,821	154,073	3,568	16,894	367	6,799	3,037	1,573	1,026	200,158
Accumulated depreciation / amortisation	-	(26,125)	(2,496)	-	(306)	(4,199)	(1,208)	(763)	-	(35,097)
Carrying amount at the end of the period	12,821	127,948	1,072	16,894	61	2,600	1,829	810	1,026	165,061

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

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Consolidated

2021-22

	Land and buildings:				Plant and equipment:					
	Land	Buildings	Right-of-use	Capital	Accommod-	Medical/	Other plant	Right-of-use	Capital	Total
	\$'000	\$'000	buildings	works in	ation and	surgical/	and	plant and	works in	\$'000
			\$'000	progress	Leasehold	dental/	equipment	equipment	progress	
				land and	improve-	biomedical			plant and	
				buildings	ments	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	13,611	119,839	2,362	16,667	271	2,085	1,983	771	527	158,116
Additions	-	-	-	17,304	-	889	-	389	821	19,403
Assets received free of charge	-	70	-	-	-	-	-	-	-	70
Disposals	-	-	-	-	-	-	-	(5)	-	(5)
Donated assets disposal	-	-	-	(1,179)	-	-	-	-	-	(1,179)
Acquisition / (disposal) through administrative restructuring	(790)	(14,878)	-	-	-	-	-	-	-	(15,668)
Transfers between asset classes	-	20,288	-	(20,257)	-	16	-	-	(47)	-
Remeasurement	-	-	33	-	-	-	-	-	-	33
Subtotal:	12,821	125,319	2,395	12,535	271	2,990	1,983	1,155	1,301	160,770
Gains/(losses) for the period recognised in net result:										
Depreciation and amortisation	-	(6,813)	(677)	-	(105)	(868)	(265)	(501)	-	(9,229)
Subtotal:	-	(6,813)	(677)	-	(105)	(868)	(265)	(501)	-	(9,229)
Carrying amount at the end of the period*	12,821	118,506	1,718	12,535	166	2,122	1,718	654	1,301	151,541
Gross carrying amount										
Gross carrying amount	12,821	138,759	3,568	12,535	367	5,247	2,521	1,397	1,301	178,516
Accumulated depreciation / amortisation	-	(20,253)	(1,850)	-	(201)	(3,125)	(803)	(743)	-	(26,975)
Carrying amount at the end of the period	12,821	118,506	1,718	12,535	166	2,122	1,718	654	1,301	151,541

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

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Parent

2022-23

	Land and buildings:				Plant and equipment:					
	Land	Buildings	Right-of-use	Capital	Accommod-	Medical/	Other plant	Right-of-use	Capital	Total
	\$'000	\$'000	buildings	works in	ation and	surgical/	and	plant and	works in	\$'000
			\$'000	progress	Leasehold	dental/	equipment	equipment	progress	
				land and	improve-	biomedical	\$'000	\$'000	plant and	
				buildings	ments	\$'000			equipment	
				\$'000	\$'000				\$'000	
Carrying amount at the beginning of the period	4,178	65,142	1,718	12,535	166	2,122	1,718	654	1,301	89,534
Additions	-	-	-	20,024	-	584	48	665	995	22,316
Disposals	-	-	-	(55)	-	(6)	-	-	(63)	(124)
Donated assets disposal	-	-	-	(15,281)	-	-	-	-	(52)	(15,333)
Transfers between asset classes	-	(18)	-	(329)	-	1,032	470	-	(1,155)	-
Subtotal:	4,178	65,124	1,718	16,894	166	3,732	2,236	1,319	1,026	96,393
Gains/(losses) for the period recognised in net result:										
Depreciation and amortisation	-	(2,223)	(646)	-	(105)	(1,132)	(407)	(509)	-	(5,022)
Subtotal:	-	(2,223)	(646)	-	(105)	(1,132)	(407)	(509)	-	(5,022)
Carrying amount at the end of the period*	4,178	62,901	1,072	16,894	61	2,600	1,829	810	1,026	91,371
Gross carrying amount										
Gross carrying amount	4,178	71,409	3,568	16,894	367	6,799	3,037	1,573	1,026	108,851
Accumulated depreciation / amortisation	-	(8,508)	(2,496)	-	(306)	(4,199)	(1,208)	(763)	-	(17,480)
Carrying amount at the end of the period	4,178	62,901	1,072	16,894	61	2,600	1,829	810	1,026	91,371

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

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Parent

2021-22

	Land and buildings:				Plant and equipment:					
	Land	Buildings	Right-of-use	Capital	Accommod-	Medical/	Other plant	Right-of-use	Capital	Total
	\$'000	\$'000	buildings	works in	ation and	surgical/	and	plant and	works in	\$'000
			\$'000	progress	Leasehold	dental/	equipment	equipment	progress	
				land and	improve-	biomedical	\$'000	\$'000	plant and	
				buildings	ments	\$'000			equipment	
				\$'000	\$'000				\$'000	
Carrying amount at the beginning of the period	4,178	49,371	2,362	16,667	271	2,085	1,983	771	527	78,215
Additions	-	-	-	17,305	-	889	-	389	821	19,404
Disposals	-	-	-	-	-	-	-	(5)	-	(5)
Donated assets disposal	-	-	-	(3,311)	-	-	-	-	(31)	(3,342)
Transfers between asset classes	-	18,126	-	(18,126)	-	16	-	-	(16)	-
Remeasurement	-	-	33	-	-	-	-	-	-	33
Subtotal:	4,178	67,497	2,395	12,535	271	2,990	1,983	1,155	1,301	94,305
Gains/(losses) for the period recognised in net result:										
Depreciation and amortisation	-	(2,355)	(677)	-	(105)	(868)	(265)	(501)	-	(4,771)
Subtotal:	-	(2,355)	(677)	-	(105)	(868)	(265)	(501)	-	(4,771)
Carrying amount at the end of the period*	4,178	65,142	1,718	12,535	166	2,122	1,718	654	1,301	89,534
Gross carrying amount										
Gross carrying amount	4,178	71,427	3,568	12,535	367	5,247	2,521	1,397	1,301	102,541
Accumulated depreciation / amortisation	-	(6,285)	(1,850)	-	(201)	(3,125)	(803)	(743)	-	(13,007)
Carrying amount at the end of the period	4,178	65,142	1,718	12,535	166	2,122	1,718	654	1,301	89,534

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

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18. Reconciliation of intangible assets

The following table shows the movement:

Consolidated

	2022-23			2021-22		
	Computer software \$'000	Capital works in progress intangibles \$'000	Total \$'000	Computer software \$'000	Capital works in progress intangibles \$'000	Total \$'000
Carrying amount at the beginning of the period	-	-	-	-	-	-
Additions	-	13	13	-	-	-
Carrying amount at the end of the period	-	13	13	-	-	-
Gross carrying amount						
Gross carrying amount	765	13	778	765	-	765
Accumulated amortisation	(765)	-	(765)	(765)	-	(765)
Carrying amount at the end of the period	-	13	13	-	-	-
Parent						
Carrying amount at the beginning of the period	-	-	-	-	-	-
Additions	-	13	13	-	-	-
Carrying amount at the end of the period	-	13	13	-	-	-
Gross carrying amount						
Gross carrying amount	765	13	778	765	-	765
Accumulated amortisation	(765)	-	(765)	(765)	-	(765)
Carrying amount at the end of the period	-	13	13	-	-	-

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19. Fair value measurement

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

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

The Hospital's current use is the highest and best use of the asset unless other factors suggest an alternative use. As the Hospital did not identify any factors to suggest an alternative use, fair value measurement was based on current use. The 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 19.2 and for disclosure regarding fair value measurement techniques and inputs used to develop fair value measurements for non-financial assets.

19.1 Fair value hierarchy

The fair value of non-financial assets must be estimated for recognition and measurement or for disclosure purposes. The Hospital categorises non-financial assets measured at fair value at Level 3 which are all recurring. There are no non-recurring fair value measurements. 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 2022 and 2023, the Hospital had no valuations categorised into Level 1 or Level 2.

19.2 Valuation techniques and inputs

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

Unobservable inputs used to arrive at final valuation figures included:

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

20. Payables

	Consolidated		Parent	
	2023	2022	2023	2022
Current	\$'000	\$'000	\$'000	\$'000
Creditors and accrued expenses	12,916	11,441	12,914	11,441
Paid Parental Leave Scheme	19	66	19	66
Staff on-costs*	3,429	2,904	3,429	2,904
Other payables	361	1,626	177	219
Total current payables	16,725	16,037	16,539	14,630
Non-current				
Staff on-costs*	1,349	1,259	1,349	1,259
Total non-current payables	1,349	1,259	1,349	1,259
Total payables	18,074	17,296	17,888	15,889

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

*Staff on-costs include Return to Work SA levies and superannuation contributions and are settled when the respective employee benefits that they relate to are discharged. These on-costs primarily relate to the balance of leave owing to staff.

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

As a result of an actuarial assessment performed by DTF, the portion of long service leave taken as leave is unchanged from 38% and the average factor for the calculation of employer superannuation on-costs has increased from the 2022 rate (10.6%) to 11.1% to reflect the increase in super guarantee. These rates are used in the employment 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 \$0.141 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 31 for information on risk management.

21. Financial liabilities

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Current				
Lease liabilities	928	1,075	928	1,075
Total current financial liabilities	928	1,075	928	1,075
Non-current				
Lease liabilities	1,037	1,390	1,037	1,390
Total non-current financial liabilities	1,037	1,390	1,037	1,390
Total financial liabilities	1,965	2,465	1,965	2,465

Lease liabilities have been measured via discounting lease payments using either the interest rate implicit in the lease (where it is readily determined) or DTF's incremental borrowing rate. Borrowing costs of \$0.033 million (\$0.032 million) relate to interest on lease liabilities. There were no defaults or breaches on any of the above liabilities throughout the year.

Refer to note 31 for information on risk management.

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

21.1 Maturity analysis

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

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Lease Liabilities				
1 to 3 years	1,559	1,951	1,559	1,951
3 to 5 years	213	207	213	207
5 to 10 years	253	360	253	360
Total lease liabilities (undiscounted)	2,025	2,518	2,025	2,518

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22. Staff benefits

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Current				
Accrued salaries and wages	7,112	6,034	7,112	6,034
Annual leave	20,823	18,876	20,823	18,876
Long service leave	2,814	2,683	2,814	2,683
Skills and experience retention leave	1,620	1,508	1,620	1,508
Other	32	29	32	29
Total current staff benefits	32,401	29,130	32,401	29,130
Non-current				
Long service leave	31,132	30,319	31,132	30,319
Total non-current staff benefits	31,132	30,319	31,132	30,319
Total staff benefits	63,533	59,449	63,533	59,449

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

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

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

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

As a result of the actuarial assessment performed by DTF, the salary inflation rate has increased from the 2022 rate (1.5%) to 2.0% for annual leave and skills and experience retention leave liability. As a result, there is an increase in the employee staff benefits liability and employee benefits expenses of \$0.110 million for the current year. The impact on future periods is impractical to estimate.

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

22.2 Long service leave

The liability for long service leave is measured as the present value of expected future payments to be made in respect of services provided by 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 2022 (3.75%) to 4.0%. 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 increased the salary inflation rate from 2022 (2.5%) to 3.50% for long service leave liability resulting in an increase in the reported long service leave liability.

The net financial effect for the current year of the changes to actuarial assumptions is a decrease in the long service leave liability of \$0.571 million, payables (staff on-costs) of \$0.024 million and staff benefits expense of \$0.595 million. The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions – a key assumption being the long-term discount rate.

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

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23. Provisions

Provisions represent workers compensation.

Reconciliation of workers compensation (statutory and non-statutory)

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	5,862	3,528	5,862	3,528
Increase in provisions recognised	2,341	2,492	2,341	2,492
Reductions arising from payments/other sacrifices of future economic benefits	(424)	(158)	(424)	(158)
Carrying amount at the end of the period	7,779	5,862	7,779	5,862

Workers compensation

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

The workers compensation provision is based on an actuarial estimate of the outstanding liability as at 30 June 2023 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment.

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

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

24. Contract liabilities and other liabilities

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Current				
Unclaimed monies	3	3	3	3
Contract liabilities	7,457	9,686	7,456	9,686
Residential aged care bonds	25,120	18,352	25,120	18,352
Other	31	17	31	17
Total contract liabilities and other liabilities	32,611	28,058	32,610	28,058

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

Residential aged care bonds are accommodation bonds, refundable accommodation contributions and refundable accommodation deposits. These are non-interest bearing deposits made by aged care facility residents to the Hospital upon their admission to residential accommodation. The liability for accommodation is carried at the amount that would be payable on exit of the resident. This is the amount received on entry of the resident less applicable deductions for fees and retentions pursuant to the *Aged Care Act 1997*. Residential aged care bonds are classified as current liabilities as the Hospital does not have an unconditional right to defer settlement of the liability for at least twelve months after the reporting date. The obligation to settle could occur at any time. Once a refunding event occurs the other liability becomes interest bearing. The interest rate applied is the prevailing interest rate at the time as prescribed by the Commonwealth Department of Health. The majority of residential aged care bonds are held in term deposits with the remainder primarily held as cash. Refer to note 12.

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25. Cash flow reconciliation

Reconciliation of cash and cash equivalents at the end of the reporting period	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Cash and cash equivalents disclosed in the Statement of Financial Position	22,333	17,079	21,554	14,705
Cash as per Statement of Financial Position	22,333	17,079	21,554	14,705
Balance as per Statement of Cash Flows	22,333	17,079	21,554	14,705
Reconciliation of net cash provided by operating activities to net result:				
Net cash provided by (used in) operating activities	12,352	3,317	13,865	3,404
Add/less non-cash items				
Asset donated free of charge	(1)	(1,179)	(15,333)	(3,342)
Capital revenues	18,035	15,002	18,035	15,002
Depreciation and amortisation expense of non-current assets	(8,671)	(9,542)	(5,022)	(4,771)
Gain/(loss) on sale or disposal of non-current assets	(124)	-	(124)	-
Interest credited directly to investments	85	14	36	1
Asset received free of charge	-	70	-	-
Movement in assets/liabilities				
Increase/(decrease) in inventories	146	73	146	73
Increase/(decrease) in receivables	3,844	1,274	3,712	(37)
(Increase)/decrease in other liabilities	(4,553)	(7,032)	(4,552)	(7,032)
(Increase)/decrease in payables and provisions	(2,817)	(9,147)	(4,038)	(8,280)
(Increase)/decrease in staff benefits	(4,084)	(2,671)	(4,084)	(2,545)
Net result	14,212	(9,821)	2,641	(7,527)

Total cash outflows for leases is \$1.198 million (\$1.207) million.

26. Unrecognised contractual commitments

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

26.1 Other contractual commitments

Expenditure commitments	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Within one year	9,468	15,931	9,468	15,931
Later than one year but not longer than five years	844	751	844	751
Total expenditure commitments	10,312	16,682	10,312	16,682

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

26.2 Contractual commitments to acquire property, plant & equipment

Capital commitments	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Within one year	135	85	135	85
Total capital commitments	135	85	135	85

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

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27. Trust funds

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

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Carry amount at the beginning of period	11	11	11	11
Client trust receipts	1	-	1	-
Carrying amount at the end of the period	12	11	12	11

28. Contingent assets and liabilities

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

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

29. Events after balance date

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

30. Impact of Standards not yet implemented

The Hospital is currently assessing the impact of the new and amended Australian Accounting Standards and Interpretations not yet implemented and does not expect these to have a material impact on the Hospital's financial statements.

31. Financial instruments/financial risk management

31.1 Financial risk management

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

Liquidity Risk

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

Credit risk

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

Market risk

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

31.2 Categorisation of financial instruments

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

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

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Financial assets and financial liabilities are measured at amortised cost. Amounts relating to statutory receivables and payables (e.g. Commonwealth taxes; Auditor-General's Department audit fees etc.) and prepayments are excluded as they are not financial assets or liabilities. Receivables and Payables at amortised cost are \$5.829 million (\$3.158 million) and \$13.113 million (\$12.910 million) respectively.

31.3 Credit risk exposure and impairment of financial assets

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

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

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

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

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

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

**CONSOLIDATED AND
PARENT**

	Expected credit loss rate(s) %	30 June 2023		Expected credit loss rate(s) %	30 June 2022	
		Gross carrying amount \$'000	Expected credit losses \$'000		Gross carrying amount \$'000	Expected credit losses \$'000
Days past due						
Current	0.1-7.1%	1,564	20	0.1 - 8.0%	878	14
<30 days	0.7-8.9%	475	15	0.7 - 10.1%	384	7
31-60 days	1.5-14%	183	11	1.5 - 15.4%	166	11
61-90 days	2-18.7%	195	14	2.0 - 20.5%	362	13
91-120 days	2.3-21%	114	10	2.3 - 22.7%	102	10
121-180 days	3-29.2%	93	12	3.0 - 30.3%	155	20
181-360 days	5.7-64.5%	281	84	5.7 - 62.6%	310	85
361-540 days	7.7-90.8%	123	51	7.7 - 84.9%	224	90
>540 days	9-100%	472	396	9.0 - 100%	769	769
Total		3,500	613		3,350	1,019

32. Significant transactions with government related entities

The Hospital is controlled by the SA Government.

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

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

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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 \$16.234 million (\$14.957 million) to the Hospital. The Hospital incurred significant expenditure with the Department for Infrastructure and Transport (DIT) for occupancy rent and rates \$0.437 million (\$0.319 million) (note 9). The value of unrecognised contractual expenditure commitments for accommodation with DIT is \$0.173 million (\$0.417 million) (note 26.1).

33. Interests in other entities

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

Controlled Entities

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

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

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

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

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

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

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

*Country Health Gift Fund Health Advisory Council Inc and its associated GFT will be dissolved following the finalisation of the transfer of net assets from the GFTs associated with the previously unincorporated HACs. Refer to note 1.7.

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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	Other members
	employee members	
Country Health Gift Fund Health Advisory Council Inc	-	Fuller J (Chair), Mackay M, Mcarthur A.
Barossa Hills Fleurieu Local Health Network Governing Board	-	Blackwell P, Cantley K (resigned 30/06/2022)**, Curran J, Fuller J, Gaston C, Hazel J (Chair), Russell G, Williams H (appointed 01/07/2022).
Barossa Hills Fleurieu Audit and Risk Committee	-	Powell, D (Chair)*, Gaston C, Russell G
Rural Support Service Governance Committee	-	Batt R (Chair), Cook L, Ottaway M, Voumard J.

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

** resigned 2021-22 but final payment made in 2022-23

Refer to note 8.2 for remuneration of board and committee members

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35. Administered items

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

	2023	2022
	\$'000	\$'000
Revenue from fees and charges	3,834	3,855
Other expenses	(3,701)	(3,936)
Net result	133	(81)
Cash and cash equivalents	386	260
Receivables	7	-
Net assets	393	260
Cash at 1 July	260	341
Cash inflows	3,827	3,855
Cash outflows	(3,701)	(3,936)
Cash at 30 June	386	260

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

We certify that the:

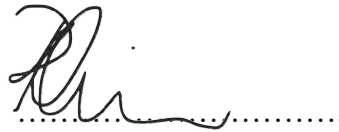
- financial statements of the Barossa Hills Fleurieu Local Health Network Inc.:
 - are in accordance with the accounts and records of the authority; and
 - comply with relevant Treasurer's Instructions; and
 - comply with relevant accounting standards; and
 - present a true and fair view of the financial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



Jim Hazel
Board Chair



Rebecca Graham
Chief Executive Officer



Rose Dickinson
Chief Finance Officer

Date .13/09/2023.....