Government of South Australia

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK INC

2020-21 Annual Report

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK INC

Maddern Street, BERRI SA 5343

www.sahealth.sa.gov.au/riverlandmalleecoorongllhn

Contact phone number: 8580 2400

Contact email: Health.RMCOCEOCorrespondence@sa.gov.au

ISSN: 2652-6697

Date presented to Minister: 30 September 2021

To:

Hon Stephen Wade MLC

Minister for Health and Wellbeing

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

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

Submitted on behalf of the Riverland Mallee Coorong Local Health Network Inc by:

Wayne Champion

Chief Executive Officer

Riverland Mallee Coorong Local Health Network Inc

Date 30/09/2021 Signature 

From the Governing Board Chair

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

The 2020-21 financial year has been an extremely challenging one for everyone, including RMCLHN, but there have also been may achievements and highlights.

I have been privileged to continue to Chair the Governing Board that, under the *Health Care (Governance) Amendment Act 2018*, is required to be skills based with experience and expertise in fields including health management, clinical governance, commercial management, finance, legal, provision of health services, and knowledge or experience in relation to Aboriginal health. We are fortunate to have maintained stable Board membership with six highly skilled, experienced and knowledgeable Board members and I thank all Board members for their diligence and commitment to our LHN.

The Governing Board maintained the Board committees for Finance, Clinical Governance and Audit and Risk, and these committees have continued to evolve as the organisation has matured. Terms of Reference of the committees have been reviewed and updated, and self-evaluations undertaken of the Governing Board and committees in order to continuously improve Board governance.

The Governing Board continued to work with Chief Executive Officer (CEO), Wayne Champion and the Executive Team of RMCLHN. There have been some changes to the team during 2020-21 and the current diverse and experienced team are an asset to the organisation.

The biggest challenge for the Governing Board, our health system and our communities has of course been the ongoing impacts related to the COVID-19 pandemic. The RMCLHN Incident Management Team continued throughout 2020-21 to lead the Network through this extremely difficult time. The ongoing requirements, including those associated with the provision of testing facilities and vaccination clinics, in addition to maintaining all of our services has placed an enormous strain on our workforce. The Board acknowledges the significant stressors for staff during 2020-21 and is appreciative of the efforts of all staff who have continued to achieve positive outcomes for our communities.

Aged care continued to be a major focus for the Governing Board during 2020-21, with members diligently monitoring any identified deficiencies in residential aged care and supporting changes to ensure achievement of the required standards.

The Governing Board followed the progress of the Royal Commission into Aged Care Quality and Safety during 2020-21. The Royal Commission released a special report on COVID-19 and aged care 1 October 2020 and the final report was released

26 February 2021 with the Australian Government providing a comprehensive response to the 148 recommendations on 11 May 2021. The Governing Board has considered these in the context of RMCLHN and will continue to monitor the implementation of the recommendations.

Under the *Health Care (Governance) Amendment Act 2018*, the Governing Board is required to develop and publish both a Consumer and Community Engagement Strategy and a Clinician Engagement Strategy. The Governing Board was pleased to formally launch both its Consumer and Community Engagement Strategy and Clinician and Workforce Engagement Strategy on 30 July 2020.

Despite the restrictions imposed by COVID-19, work continued on the development of the Governing Board's inaugural Strategic Plan with a comprehensive workshop held on 28 August 2020 involving a broad range of staff, partner organisations and Health Advisory Council (HAC) Presiding Members who provided valuable input to shape the plan. HACs provided further feedback through the regional HAC conference held on 25 September 2020, and Aboriginal communities voiced their issues at the annual Aboriginal community forums held in October 2020.

The high utilisation of our social media platforms enabled further broad public consultation that resulted in the Governing Board endorsing its five-year Strategic Plan (2021-2026) in January 2021. The Governing Board was delighted to then formally launch the Plan on 25 March 2021 at a combined meeting of the Governing Board and HACs that took place in person and via videoconference. It has been pleasing to see the operationalisation of the Plan through the RMCLHN Operational Plan and the Governing Board will receive regular reports on implementation progress in 2021-22.

To celebrate the achievements of our staff, contractor, partners, volunteers and HACs, the Governing Board was again delighted to be part of the RMCLHN Awards. COVID-19 restrictions in 2019-20 meant that the celebratory event for the 2020 finalists and winners was deferred to 27 August 2020. The 2021 Award process culminated in an event held on 24 June 2021 where the winners of the ten categories were announced.

The year saw the completion of significant redevelopments within the region. On 21 October 2020, the Minister for Health and Wellbeing, the Honourable Stephen Wade MLC, officially opened the Murray Bridge Soldiers' Memorial Hospital Emergency Department (ED), a state-of-the-art facility that will assist people in our region having access to safe, high quality health services as close to home as possible. Also, a Medical Resonance Imaging (MRI) machine is now housed in a new purpose-built Unit at Riverland General Hospital (RGH) in Berri, with this service opening to patients on 1 December 2020.

The provision of emergency services for our communities has been a significant issue for the Governing Board during the year. RMCLHN took over responsibility for medical service delivery at the RGH ED on 1 December 2020, following a 10-year period of private management by RiverDocs ED. The transition has allowed the Network to simplify governance of the ED and to improve coordination of the service.

Additionally, a new model for weekend and public holiday emergency care has been implemented at the Murray Bridge Soldiers' Memorial Hospital ED in conjunction with Bridge Clinic.

Maintaining a skilled workforce is always a challenge for rural communities and this has been exacerbated by the COVID-19 pandemic. The RMCLHN Governing Board is committed to the vision of 'growing our own workforce' and a vehicle for this will be the Riverland Academy of Clinical Excellence (RACE) that commenced operation during 2020-21. The initial focus will be medical education in line with the National Rural Generalist Pathway and we look forward to significant achievement in future years.

The 2020-21 year has been a challenging year for the RMCLHN Governing Board as we continued to evolve as a new organisation while grappling with the impact of COVID-19. We look forward to continuing to work with the CEO, Executive Team, staff and clinicians, along with our consumers and communities, as we continue to develop safe, high quality services that meet the needs of those living and working in our region..

Dr Peter Joyner

Chair Governing Board

Riverland Mallee Coorong Local Health Network Inc

From the Chief Executive Officer

It is a great pleasure to present the second Annual Report for RMCLHN following the devolution of the former Country Health SA Local Health Network Inc and the formation of six regional LHNs.

The 2020-21 financial year has been another exciting year as we continue to grow and evolve as an organisation. However, it has also been very challenging due to the impact of the COVID-19 pandemic that has strained health systems throughout the world.

I am immensely proud of all our staff who have continued to provide the best possible care and support to our patients, consumers and communities during this very trying time. RMCLHN established a number of COVID-19 testing clinics in conjunction with SA Pathology across the region to assist with the identification and treatment of any outbreak within our communities. RMCLHN led Australia as the first health service to provide the AstraZeneca vaccine, and we were also one of the first health services in Australia to make the Pfizer vaccine available to all people aged 16 to 50.

I thank all our staff, medical officers and the community for their continued support, cooperation and commitment as we strive to reach community vaccination levels that will decrease the requirement for restrictions associated with community outbreaks.

The continued growth of our social media platforms through our Facebook and Instagram pages, YouTube channel and LinkedIn account have played a significant role in helping to keep our communities informed in relation to COVID-19 but also in relation to other activities and issues. Our social media platforms have proven to be an excellent medium for promoting our organisation in the community and they have also enabled engagement with the community, both generally and on specific topics.

The Governing Board formally launched both a Consumer and Community Engagement Strategy and a Clinician and Workforce Engagement Strategy in June 2020 following their endorsement by the Governing Board in accordance with the legislative requirement.

Despite the restrictions imposed by COVID-19, I am pleased to report that the Network was able to engage with staff, consumers and the community in the development of the inaugural RMCLHN Strategic Plan (2021-2026) that was formally launched on 25 March 2021. The Executive Team has worked with the Governing Board to develop an Operational Plan to support us to achieve the goals outlined under the four strategic themes in the Strategic Plan: Caring for our communities; Excellence in clinical care; Local accountability, and; Investing in our people. This is a practical framework of strategies and activities that defines what needs to be done, how and by whom, to meet the vision and goals of the Strategic Plan. The activities are charted across a three-year time horizon, with a detailed plan of work for year one, an outline of our priorities for year two and a glimpse of year three.

The Governing Board will monitor progress towards achieving its strategic objectives through regular reporting of the Operational Plan, noting that it is iterative and will be regularly updated to meet the changing needs of our communities. A number of sub-plans will sit under the Strategic Plan.

The timing of the Strategic Plan launch enabled us to showcase the new branding for RMCLHN. The branding project was undertaken in conjunction with other regional LHNs, with each Network having its own unique colour palette and icons. Our icons, - the Pelican, Murray Cod and Mallee Tree - aptly depict our region.

It has been wonderful to see the completion of the $12.5 million Murray Bridge Soldiers' Memorial Hospital Emergency Department (ED) and Central Sterile Supplies Department redevelopment that was officially opened on 21 October 2020. I am proud of the design of the ED, that aims to provide a meaningful community meeting place, with elements that acknowledge the 18 nations of the Ngarrindjeri traditional custodians, whilst preserving the integrity of the hospital memorial monument. The redevelopment not only provides a state-of-the-art emergency facility for the community but one that is welcoming and respectful of the Aboriginal community and features symbolic and colourful public art. Sam Gollan's large-scale Aboriginal artwork, displayed across the façade pillars of the ED, was unveiled in March 2021. The colourful artwork depicts the Aboriginal community and health system working together in collaboration.

This year also saw the completion of the $2 million MRI Unit that now accommodates the $1.5 million MRI machine within the Riverland General Hospital (RGH) at Berri. Since opening in December 2020, we have provided an MRI service to more than 1000 consumers. Additionally, with the support of the Waikerie and Districts Health Advisory Council, redevelopment works were completed at the Waikerie Health Service this financial year. The $2.14 million project included work on the carpark, aged care rooms and the hospital entrance.

Our Health Advisory Councils (HACs) continue to play an important role in the Network and they have provided valuable input during the year along with their ongoing advocacy role for their communities. Despite the limitations imposed by COVID-19, they have continued to raise funds for the benefit of our health services. We also held our first ever annual RMCLHN HAC conference on 25 September 2020 with the Minister for Health and Wellbeing linking in via videoconference.

The LHN underwent various accreditation processes during the year. Our accreditation granted by the Australian Council on Healthcare Standards (ACHS) for the National Safety and Quality Health Service Standards (NSQHSS) was extended by one year due to COVID-19 and the next accreditation date is February 2024. We achieved successful National Disability Insurance Scheme (NDIS) Practice Standards Accreditation in 2020-21 and successful full facility accreditation with South Australian Medical Education and Training (SAMET) for intern and Postgraduate Year Two (PGY2) medical trainees.

The quality and safety of our aged care services remains an area of focus, and we are constantly seeking to improve in this area. The Aged Care Quality and Safety Commission (ACQSC) have continued their scrutiny of our facilities with the Barmera facility being re-assessed during the year with 'Improvements Needed', and a Plan for Continuous Improvement developed. All other residential aged care facilities currently meet requirements. The recommendations from the Royal Commission into Aged Care Quality and Safety were released in February 2021 with the Government's response released in May 2021. Implementation of the agreed recommendations within the specified timeframes will be a focus for the Network over the coming years.

I reported last year on the inaugural RMCLHN Awards with COVID-19 restrictions limiting the celebrations. We were delighted to hold a deferred celebratory event on 27 August 2020 where the finalists and winners were showcased. For 2021, the COVID-19 situation at the time enabled us to hold an RMCLHN Awards celebration on 24 June 2021.

The award categories for 2021 were: Person Centred; Values Superstar – RMC CARES (Respectful, Motivated, Compassionate, Consumer Focussed, Accountable, Resourceful, Excellence and Service); Inspired Innovation; Excellence in Aboriginal Health; Excellence in Clinical Care; Excellence in Non-Clinical Services; Young Achiever; Area of Focus 2021 – COVID-19; Outstanding Contribution to RMCLHN by general practitioners, contractors and partners, and; Outstanding Contribution to RMCLHN by Health Advisory Council members and volunteers. The Awards provided a great opportunity to highlight some of the many achievements of our staff, volunteers and partners in the delivery of health services across the region, during what has been a very difficult year. The finalists and winners have also been highlighted through RMCLHN's social media channels.

The inaugural RMCLHN NAIDOC Week Awards were also implemented in November 2020 during NAIDOC Week, which celebrates the history, culture and achievements of Aboriginal and Torres Strait Islander peoples. The winners of the inaugural awards were announced in December 2020.

Aboriginal health and collaboration with the Aboriginal community is another area of focus for the Network. The Governing Board, with members of Executive, listened to the voices of our Aboriginal communities during the annual Aboriginal Community Forums held across the region. Increasing employment opportunities for Aboriginal people has been a specific focus during the year and we have been able to establish new Aboriginal Liaison Officer positions in the Riverland, and also establish four Aboriginal Administration Trainee positions. We have also developed our draft inaugural Reconciliation Action Plan which will be formally launched in the 2021-22 financial year.

Another significant area of focus and development during 2020-21 has been the provision of medical services in RMCLHN. Work continued to transition the inpatient medical model at RGH in Berri, including recruiting and attracting salaried rural generalists and general physicians to the region to now be able to provide 24-hour inpatient medical cover for the hospital wards.

A salaried emergency medical model was implemented at RGH, in place of the former RiverDocs ED model. RMCLHN successfully recruited rural generalists and specialist emergency physicians to the model, including the Clinical Director roles.

An anaesthetic medical model at RGH was also implemented in 2020-21 with the recruitment of two salaried anaesthetists to support the GP-led rural generalist anaesthetic services. The changes have necessitated the development of coordination functions and administrative support for the expanding Medical Services team.

The ED medical model at Murray Bridge also underwent significant change coinciding with the redevelopment of the ED. A new model for weekend and public holiday emergency care has been implemented in conjunction with Bridge Clinic. The LHN has implemented these changes and successfully attracted a number of doctors into our clinical workforce despite the uncertainty posed by the COVID-19 pandemic.

I would like to acknowledge the Executive Team with some new additions during 2020-21. We successfully recruited to vacancies in the positions of Executive Director Medical Services, Executive Director Community and Allied Health and Director People and Culture. In addition, we created a new position for an Executive Director of Clinical Innovation with significant achievements in this area during the year. In creating this position, RMCLHN has become the first regional LHN to have someone dedicated to the roles of Director of Medical Education, Chief Medical Information Officer and Director of Clinical Research.

A major innovation that commenced during 2020-21 was the creation of the Riverland Academy of Clinical Excellence (RACE) which aims, over time, to train our own clinical workforce and also bring benefits through integrated teaching, research and clinical care. Whilst longer term the education arm will address all areas of RMCLHN's clinical workforce, the initial focus is on building the medical workforce in line with the South Australian Rural Health Workforce Strategy, SA Rural Medical Workforce Plan and the National Rural Generalist Pathway. Accreditation has been granted for intern and trainee medical officer training posts which will assist the Network to work towards an evolving pathway to Rural Generalist qualifications.

After a very challenging 12 months, RMCLHN finished the financial year in a less than favourable financial position. This is primarily as a result of the costs associated with changing models for the provision of emergency medical services, continuing the commitment of additional resources for aged care, and the costs involved in responding to COVID-19. Staff are to be commended for the efforts to achieve savings in other areas.

Looking ahead, 2021-22 will no doubt also be another interesting and challenging year. The situation in relation to COVID-19 will continue to evolve as outbreaks occur in various communities while the population works towards achieving targeted vaccination levels.

Sustaining our medical workforce models will also continue to be a challenge but we are excited by what 2021-22 will bring through the further development of RACE. The significant focus on aged care will also continue as the implementation of recommendations from the Royal Commission come into effect.

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

Wayne Champion

Chief Executive Officer

Riverland Mallee Coorong Local Health Network Inc

Contents

Overview: about the agency

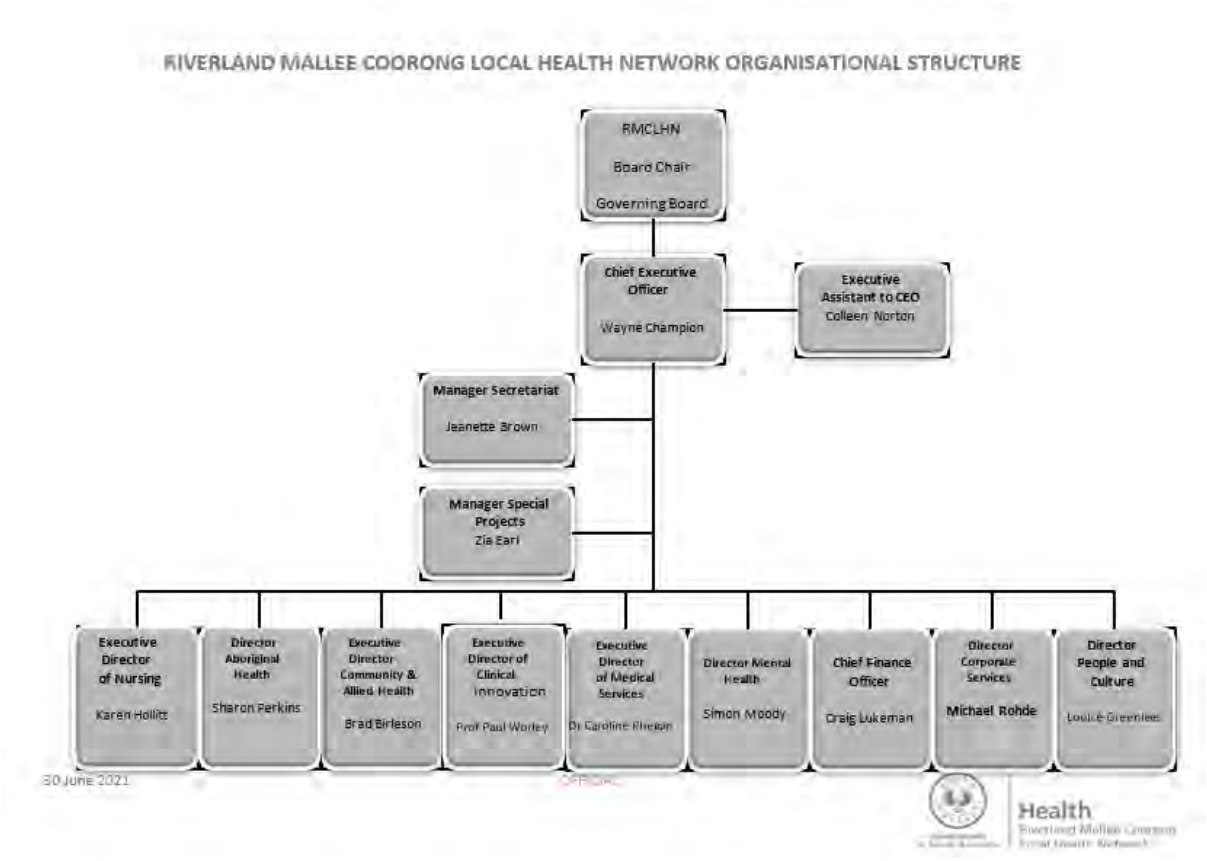
Our strategic focus

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

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

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

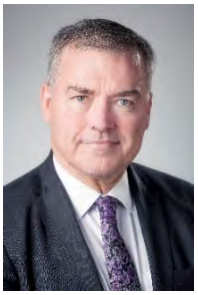
Our organisational structure



Changes to the agency

During 2020-21 there were no changes to the agency's structure and objectives as a result of internal reviews or machinery of government changes.

Our Minister



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

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

Our Executive team

As at 30 June 2021 the Executive team consisted of:

Chief Executive Officer – Wayne Champion

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

Executive Director Nursing and Midwifery – Karen Hollitt

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

Executive Director Community and Allied Health – Brad Birleson

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

Executive Director Medical Services – Dr Caroline Phegan

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

Executive Director Clinical Innovation – Professor Paul Worley

Professor Worley is a practicing rural generalist physician and came to this role having been Australia's inaugural National Rural Health Commissioner. The position is responsible for bringing the benefits of integrated training, research and advanced clinical care to the people in the region. The vehicle for doing this is RACE. The first step for the Academy is developing and implementing a Rural Generalist Training Program within RMCLHN including the establishment of a Trainee Medical Officer Unit. The position contributes to the implementation of the SA Rural Health Workforce Strategy across all domains. The position incorporates the role of Director of Research for the Local Health Network and promotes evidence based clinical practice throughout the Local Health Network and supports participation in relevant research projects. The position acts as the Chief Digital Medical Information Officer for the LHN and supports the adoption of new technologies in clinical care relevant to the LHN. The position works in partnership with universities, training organisations, research organisations and other partner organisations to support the achievement of RMCLHN's strategic objectives.

Director Mental Health – Simon Moody

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

Chief Finance Officer – Craig Lukeman

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

Director Corporate Services – Michael Rohde

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

Director Aboriginal Health – Sharon Perkins

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

Director People and Culture – Louise Greenlees

The role is responsible for leading and managing the delivery of best practice human resources services, implementing proactive workforce strategies and interventions to drive continuous improvement, performance and accountability and a culture that assures the achievement of the organisational workforce goals and objectives. The position is responsible for maintaining a strategic focus whilst demonstrating strong leadership and providing expert professional advice to leadership and senior management on human resource trends and risks, and support on complex matters.

Manager Secretariat – Jeanette Brown

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

Senior Allied Health Advisor – Ruth Adamson

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

Quality, Risk and Safety Manager – Anne McKinlay

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

Manager Special Projects – Zia Earl

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

Our Governing Board

Dr Peter Joyner OAM (Chair)

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

Elaine Ashworth (member)

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

Claudia Goldsmith (member)

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

Shane Mohor (member)

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

Melanie Ottaway (member)

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

Fred Toogood (member)

Fred Toogood is a former small business owner and is an elected member of the Rural City of Murray Bridge. Fred has served on the Audit Committee, Safe Taskforce and Strategic Planning and Policy Committee of the Rural City of Murray Bridge Council. Murray Bridge has been his family home for over 60 years and he conducted a small business in Murray Bridge over a period of 42 years. His community work has included 31 years on the Murray Bridge Hospital Board, Member of the Hills Mallee Southern Regional Health Board, President of Mobilong Rotary and Member of the Chamber of Commerce. Fred has also been on the Risk and Audit committee of the Council. Fred has strong community connections and previous health governance experience.

Legislation administered by the agency

Nil

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

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

The agency's performance

Performance at a glance

- Meeting targets for all ED 'seen on time' triage categories.
- Meeting targets in ED 'left at own risk' for Aboriginal and Torres Strait Islander consumers for three of four quarters.
- Meeting targets in ED 'length of stay greater than 24 hours'.
- Meeting targets for 'percentage ED patients re-presenting within 48 hours for two of four quarters.
- Meeting targets in elective surgery 'admitted on time' for last three quarters 2020-21. The first quarter data for category 2 (95%) does not meet the target of 97%, due to theatre closure attributable to the COVID-19 pandemic and illness of a surgeon.
- Meeting targets for Mental Health services including post discharge community follow up rate, seclusion and restraint episode rates.
- Meeting all targets for Safety Assessment Code (SAC) 1 and 2 incidents that are openly disclosed (unless declined or deferred).
- Meeting target of 80 per cent of complaints acknowledged within two working days.
- Successful accreditation against the NSQHSS achieved by RMCLHN. The next accreditation date is February 2024. A one-year extension has been granted by the ACHS due to COVID-19.
- Successful NDIS Practice Standards Accreditation achieved by RMCLHN Network in 2020-21.
- Current accreditation status of Residential Aged Care Facilities (RACF) in RMCLHN:

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

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

Agency response to COVID-19

RMCLHN COVID-19 Incident Management Team

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

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

- RMCLHN Regional COVID-19 Plan
- RMCLHN COVID-19 Vaccination Program Clinic Operations Plan
- COVID-19 Safe Plans for all facilities
- RMCLHN Residential Aged Care Facilities COVID-19 Viral Respiratory Outbreak Plans for all sites
- COVID-19 Residential Aged Care Facilities Workforce Management Plans for all sites
- COVID-19 Infection Control Plans for all Residential Aged Care Facilities sites
- RMCLHN Aged Care Outbreak Plans for all Residential Aged Care Facilities sites.

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

Emergency Departments

Due to the COVID-19 pandemic, the Barmera, Karoonda and Tailem Bend Hospital EDs collocated with RACFs were temporarily closed to protect aged care residents from the risk of cross contamination of COVID-19. Karoonda reopened in July 2020 while Tailem Bend and Barmera remain closed and the status of EDs within the region is continually reviewed in line with the Communicable Diseases Network Australian National Guidelines.

COVID-19 Testing Clinics

RMCLHN established a number of COVID-19 testing clinics in conjunction with SA Pathology across the region to assist with the identification and treatment of any outbreak within the community. Operating hours are continually reviewed and amended based on community trends and demand. The RGH located at Berri has

been the main site involved in the majority of COVID-19 screening in the region, which has to 30 June 2021 undertaken more than 10,200 COVID-19 screening swabs.

COVID-19 Vaccination Clinics

The RMCLHN vaccination program has involved the use of both the AstraZeneca and Pfizer vaccines. The first phase of the vaccination roll-out commenced on 5 March 2021 with Australia's first AstraZeneca COVID-19 vaccine administered at Murray Bridge Soldiers' Memorial Hospital. This initial phase prioritised those most vulnerable to the effects of COVID-19, or who have the highest risk of being exposed, including aged care residents and key frontline health care and aged workers.

The vaccination program then rolled out to other healthcare workers and the wider community within the region with community clinics commencing in June 2021 at Murray Bridge, Berri, Waikerie and Meningie, with approximately 10,700 vaccinations in total administered from 5 March to 30 June 2021.

Agency contribution to whole of Government objectives

Key objective	Agency's contribution
More jobs	RMCLHN contributed towards achieving more jobs within the region through a number of strategies and initiatives which included: • Continuing to offer the Nursing and Midwifery Transition to Professional Practice program (TPPP) that provides entry level supported roles for Nursing and Midwifery graduates. • Commencing an Aboriginal and Torres Strait Islander Administrative Traineeship program that provides the opportunity for employment whilst attaining a Certificate III in Business. • Contributing to the development of the Rural Health Workforce Strategy with the Rural Support Service (RSS). • Contributing to the development of the Rural Allied Health Workforce Plan. • Contributing to the development of the Rural Nursing Workforce Plan. • Providing further specialised training for allied health professionals. • Providing career opportunities for Aboriginal and Torres Strait Islander health practitioners including Aboriginal Liaison Officers. • Expanding training opportunities for community support workers.

	• Supporting the community nursing workforce to manage more complex clients in rural areas. • Recruiting new doctors to the region to work in the RGH at Berri. • Creating a new position of Executive Director of Clinical Innovation. • Gaining accreditation for the first time to recruit junior doctors to the region in 2022. • Partnering with the Rural and Remote Mental Health Service to create a General Practitioner Psychiatry specialist training position in Riverland General Hospital.
Lower costs	Costs for consumers were reduced through delivering programs such as: • The Patient Assistance Transport Scheme and the Riverland Transport Service. • Timely elective surgery in the Network. • Country Home Link. • Provision of telehealth services. • Home-based chronic disease monitoring including cardiac, respiratory, diabetes, musculoskeletal, paediatric and aged related chronic diseases and comorbidities. • Facilitated culturally appropriate access to bulk-billed GP and nursing consultations for the Riverland Aboriginal Primary Health service through a service agreement with the Barmera General Practice.
Better Services	Significant service outcomes achieved included: • Increasing access to the Digital Telehealth Network (DTN) and teleconference consultation, particularly during the COVID-19 pandemic. • Increasing access to cancer services at RGH enabling patients to receive more complex chemotherapy treatment closer to home. • Improving remote prescribing access for GPs who provide care to residents in RMCLHN RACFs. • Improving access to specialist palliative care support via the Regional Local Health Network Palliative Care Innovation Grant Project – Telehealth. • Implementing a Consult Liaison Mental Health Registered Nurse position, providing enhanced support to EDs and hospitals and reducing unwarranted admissions. This assists consumers to receive timely and appropriate Specialist Mental Health Care. • Implementing the Borderline Personality Disorder Collaborative (BDP-Co) initiative, a co-stepped model

	of care that includes Gold card and 11-week road map programs. The latter targets young consumers, providing evidenced based interventions for people living with BPD or complex Post Traumatic Stress Disorder. • Implementing a 26-week Dialectic Behavioural Therapy skills group for those consumers that have more complex BPD. • Partnering with the Rural and Remote Mental Health Service to increase Psychiatrist input for consumers of the Community Mental Health Team. • Providing mental health education for suicide prevention and consumer care. • Implementing COVID-19 testing and vaccination clinics across the region. • Recommencing social and wellbeing groups that were suspended during the initial COVID-19 outbreak. • Increasing the provision of Home Care Packages. • Completing redevelopment works for the upgrade to the ED and Central Sterile Supply Department at Murray Bridge Soldiers' Memorial Hospital. • Completing redevelopment works for the installation of a MRI Unit at RGH. • Completing redevelopment works for the Waikerie Health Services carpark, aged care rooms and hospital entrance.

Agency specific objectives and performance

Agency objectives	Indicators	Performance
Clinical Services Reform	• Chemotherapy and cancer care activity.	• 1072 chemotherapy treatments in 2020-21, a 32% increase from 2019-20 and 583 cancer specialist consultations were delivered at the RGH chemotherapy unit.
Improving access to health services in our community	• Community nursing and allied health activity service activity.	• Approximately 53,366 non-admitted community nursing and allied health services were delivered to 5,760 individual clients. • Country Health Connect provided 7,420 occasions of service for 574 consumers related to transport of

Agency objectives	Indicators	Performance
		patients to appointments and other essential services. 942 of these occasions support consumers who identified as Aboriginal or Torres Strait Islander. • 420 consumers were provided 25,180 meals to support them at home.
	• Allied Health hospital activity. • Potentially preventable admissions.	• 10,633 Allied Health occasions of service were provided to 1,689 inpatients. • The average potentially preventable admissions for 2020-21 was 8.0 % (target 8.5%).
	• NDIS program activity.	• There were 272 active clients in the NDIS program including 129 children and 143 adults. A total of 16,474.8 hours of billable services were provided to these consumers.
Hospital services	• ED presentations seen on time. • ED length of stay less than or equal to 4 hours. • Elective surgery timely admissions – all categories.	• Targets met across all triage levels. • Target > 90 % met in seven of 12 months in 2020-21. Results for other months range from 87 – 89%. • All category 1 targets met in 2020-21. Three of 12 months not met for category 2 targets due to cancellation of theatre due to COVID-19 and illness of a surgeon.
	• Rehabilitation.	• There were 82 inpatient admissions to the RGH Rehabilitation ward. 1,281 occupied beds days of care were provided. A further 1,743 non admitted service events were completed.

Agency objectives	Indicators	Performance
	• Acute inpatient activity.	• 110 consumers received a transition care program (TCP) and a total of 8,589 hours of service were provided through this program. • 10,270 same-day patients and 8,628 overnight patients were admitted (40,956 occupied bed days). • 485 babies were delivered.
Continuous improvement of quality and safety	• SAC 1 and 2 incidents. • Hospital acquired complications.	• There were 14 SAC 1 and 25 SAC 2 incidents reported on SLS for 2020-21. • Overall, SAC 1 and 2 incidents accounted for 1.09% of all incidents reported. • 100% of SAC 1 and 2 incidents were openly disclosed in 2020-21. • There were 51 hospital acquired complications in RMCLHN in 2020-21. This compares to 45 in 2019-20. The funding impact was $52,430.
Aboriginal Health	• Aboriginal Health – left ED at own risk. Aboriginal Health – left against medical advice (inpatient). • Aboriginal Family Birthing Program.	• 3.0% (target less than 3%) left the ED at their own risk in 2020-21. • 5% (target less than 4.5%), left against medical advice. • There were 33 women in the Family Birthing Program in 2020-21, exceeding the target of 20 per year and an increase of 6 from 2019-20. Of these, 21 women birthed at Murray Bridge Soldiers' Memorial Hospital and 12 at other sites.

Agency objectives	Indicators	Performance
	• Aboriginal percentage of workforce. • Increased visibility to the community. • Partnerships.	• 2.084% of the workforce identified as Aboriginal and Torres Strait Islander as at 30 June 2021. • Annual community fourms held in three locations in October 2020 (Riverland, Coorong and Murraylands). • Creation of RMCLHN Aboriginal Health webpage as a platform for information on service provision and document sharing. • Aboriginal Interagency Forum created within the Murraylands, to ensure service providers are fully informed about local services so the local Aboriginal community have access to all the services available to them.
Improving Mental Health outcomes	• 28-day readmission rate. • Restraint incidents per 1,000 bed days. • Seclusion incidents per 1,000 bed days. • Percentage of Mental Health clients seen by a community health service within 7 days of discharge. • Average length of stay (ALOS). • Average ED waiting time.	• The readmission rate was 8.44% in 2020-21 (Target < 12%). • There were 0 restraint incidents per 1,000 bed days. • There were 0 seclusion incidents per 1,000 bed days. • 92% of clients seen within 7 days (Target 80%). • The ALOS for 2020-21 was 11 (Target <14). • The average ED visit time for 2020-21 was 2.2 hours (Target < 6 hours).
Aged Care	• Residential aged care (RAC) occupancy.	• 85% occupancy across RAC sites.

Agency objectives	Indicators	Performance
	• Aged Care Assessment Program (ACAP) assessments. • Home Care Package occupancy rates. • Commonwealth Home Support Program (CHSP) client numbers.	• 656 ACAP assessments in 2020-21. • Occupancy rates increased from 226 to 318 from 1 July 2020 to 30 June 2021, a 40.7% increase. • 2,427 CHSP clients received 83,602 occasions of service, enabling older people to remain independent in their own home for longer.
Consumer and Community Engagement		• Launch of RMCLHN Consumer and Community Engagement Strategy. • Community report developed from the 2020 annual Aboriginal community consultations. The Meningie Aboriginal Self-Help Group (MASH) was re-established as a result of the consultation in Meningie in partnership with Moorundi Aboriginal Community Controlled Health Service. • Consultations and engagement have begun with First Nations groups in the Riverland.

Corporate performance summary

RMCLHN achieved key performance outcomes including:

- Accreditation against the Aged Care Quality Standards, Food Safety Programs and NDIS Practice Standards.
- Supporting a large number of staff with professional development opportunities.
- Meeting the target for staff having an annual performance review and development discussion.
- Meeting the target for all staff having the required Criminal History and relevant screening.
- Reducing the number of staff with excess annual leave.

- Meeting the target for the rate of new workplace injury claims.
- Attendance of 144 staff at the face to face Orientation program.
- Participation in the Office for the Commissioner for Public Sector Employment IWorkforSA Staff Survey.
- The RMCLHN Reflect Reconciliation Action Plan completed in June 2021 with a launch planned for late 2021.
- The inaugural RMCLHN NAIDOC Week Awards implemented during NAIDOC Week in November 2020 and winners announced in December 2020.
- Commitment to address racism including the introduction of a function on the Safety Learning System for staff to report any level of racism within the workplace. Processes also implemented to ensure any reports of racism are handled appropriately.
- Completion of significant capital investments including:
    - The Murray Bridge Soldiers' Memorial Hospital ED and Central Sterile Supply Department upgrade. This $12.35 million project was funded through the State Government Capital Funding ($7 million election commitment) and Asset Sustainment Fund ($5.35 million).
    - The Waikerie Health Services redevelopment work on the carpark, aged care rooms and hospital entrance with the $2.14 million project funded by the Waikerie and Districts Health Advisory Council Gift Fund Trust.
    - The MRI Unit within the RGH at Berri. This project was funded through the Asset Sustainment Fund ($2.3 million) and the Biomedical Equipment/ General Equipment Fund ($1.5 million).
- Completion of the Murray Bridge Soldiers' Memorial Hospital Aboriginal Artwork project in March 2021.
- Investing in existing assets to address important repairs/maintenance including $0.62 million on minor works compliance such as equipment replacement, minor building refurbishment and communication equipment, and $6.3 million on further asset sustainment projects.
- Investing in $0.250 million in biomedical equipment.
- Finalised and launched the RMCLHN brand featuring a unique colour palette and the flora and fauna icons for our Network - the Pelican, Murray Cod and Mallee Tree.
- Worked on the development of a RMCLHN Aboriginal Health sub brand using a local Ngarrindjeri artist to re-design our Pelican and Murray Cod icons using distinctive Aboriginal artwork.
- RMCLHN is active on social media through its Facebook page, Instagram account, YouTube channel and LinkedIn account. The Facebook page continues to be the top performing regional LHN page and RMCLHN were the first regional LHN to launch an Instagram account. For the 2020-2021 financial year, the monthly Facebook post reach averaged 12,500 and peaked at 70,148, and the monthly post engagement averaged 10,000 and peaked at 13,988. The increased social media presence includes specific showcasing of Aboriginal Health.

Employment opportunity programs

Program name	Performance
Skilling SA	Under the Skilling SA Program, RMCLHN has supported four staff to undertake training relevant to their discipline undertaking a Certificate IV in Leadership and Management.
Aboriginal and Torres Strait Islander Administrative Traineeship	RMCLHN participated in a traineeship program with one new staff employed within administration and undertaking a Certificate III in Business.
Growing Leaders	RMCLHN continued to support five staff to undertake the Growing Leaders program.
OCPSE Manager Essentials	RMCLHN has continued to support five staff to undertake the Office of the Commissioner for Public Sector Employment (OCPSE) Manager Essentials program.
MAPA Program	RMCLHN has supported a number of staff to undertake the Management of Actual or Potential Aggression (MAPA) program.
OCPSE Aboriginal Frontline Leadership Programme	RMCLHN has continued to support two staff to undertake the Office of the Commissioner for Public Sector Employment (OCPSE) Aboriginal Frontline Leadership program.
OCPSE Executive Excellence	RMCLHN has supported one staff member to undertake the Office of the Commissioner for Public Sector Employment Executive Excellence program.
OCPSE The Next Executives	RMCLHN has continued to support two staff to undertake the Office of the Commissioner for Public Sector Employment ‘The Next Executives’ program.
Enrolled Nurse Cadets	During 2020-21, five Enrolled Nurse Cadets commenced employment with RMCLHN.
Transition to Professional Practice Program (TPPP)	Seven Registered Nurses, one Registered Nurse/Midwife and one Registered Midwife commenced employment as TPPPs within RMCLHN in 2020-21. Sites included Barmera Health Service, Murray Bridge Soldier’s Memorial Hospital and RGH.
Aged Care Scholarship Program	Loxton Districts HAC provided $6,175 scholarship funding to support 14 students undertaking Certificate III in Individual

	Support (Aging and Home and Community Care across 2019-20 and 2020-21.
Aboriginal Employee Network	Establishment of a RMCLHN Aboriginal Employee Network, which meets monthly across the region, including face to face meetings, to ensure a supported Aboriginal workforce.
Aboriginal Cultural Respect and Safety	Aboriginal Cultural Respect and Safety Training program implemented with all management level positions completing the training.

Agency performance management and development systems

Performance management and development system	Performance
Performance review and development supports continuous improvement of the work performance of staff to assist them to meet the organisation's values and objectives.	As at 30 June 2021, 78.6% of staff had an annual performance review and development discussion. As at 30 June 2021, 51.16% of staff had a six-monthly performance review and development discussion.
Mandatory Training Compliance.	As at 30 June 2021, RMCLHN recorded 76% compliance.
Criminal History and Relevant Screening Compliance.	As at 30 June 2021, RMCLHN recorded 100% compliance.
Influenza vaccination compliance.	As at 30 June 2021, RMCLHN recorded 63.5% overall compliance for staff. From 1 June 2021, in accordance with COVID-19 Emergency Management legislation, all persons entering a RACF have been required to provide evidence of the 2021 influenza vaccination. For the period 1 July 2020 to 31 May 2021, evidence of the 2020 vaccination was required.
COVID-19 vaccination compliance.	As at 30 June 2021, 53% of staff across RMCLHN had received a first dose of a COVID-19 vaccine and 33% of staff had received their first and second dose.
RMCLHN continues to foster a strong commitment to the recruitment and retention of Aboriginal and Torres Strait Islander staff.	As at 30 June 2021, 2.084% of staff within RMCLHN identified as Aboriginal or Torres Strait Islander.

Work health, safety and return to work programs

Program name	Performance
Prevention and management of musculoskeletal injury.	RMCLHN recorded 42 new musculoskeletal injury (MSI) claims in 2020-21. This was an increase of 26 claims (163% increase) on the previous year. New MSI injury claims accounted for 45.65% of new claims submitted (8.44% increase on last year).
Prevention and management of psychological injury.	RMCLHN recorded nine new psychological injury (PSY) claims in 2020-21. This was an increase of six claims (200% increase) on the previous year. New PSY claims accounted for 9.78% of new claims submitted.
Prevention and management of slips, trips and falls.	RMCLHN recorded 19 new slips, trips and falls (STF) claims in 2020-21. This was an increase of 10 claims (111.1% increase) on the previous year. New STF claims accounted for 20.65% of new claims submitted.

Workplace injury claims	Current year 2020-21	Past year 2019-20	% Change (+ / -)
Total new workplace injury claims	92	43	+114.0%
Fatalities	0	0	0%
Seriously injured workers*	1	0	+100%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	24.46	14.27	+71.4%

**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 2020-21	Past year 2019-20	% Change (+ / -)
Number of notifiable incidents (*Work Health and Safety Act 2012, Part 3).*	6	5	+20%
Number of provisional improvement, improvement and prohibition notices (*Work Health and Safety Act 2012 Sections 90, 191 and 195*).	5	0	+500%

Return to work costs**	Current year 2020-21	Past year 2019-20	% Change (+ / -)
Total gross workers compensation expenditure ($)	$1,206,390.00	$1,239,243.00	-2.7%
Income support payments – gross ($)	$538,950.00	$238,943.00	+125.6%

***before third party recovery*

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

Executive employment in the agency

Executive classification	**Number of executives**
SAES1	1
RN6A06	1
MD029G	2

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

The Office of the Commissioner for Public Sector Employment has a workforce information page that provides further information on the breakdown of executive gender, salary and tenure by agency. This is available at: https://www.publicsector.sa.gov.au/about/Our-Work/Reporting/Workforce-Information.

Financial performance

Financial performance at a glance

The following is a brief summary of the overall financial position of the agency. The information is unaudited. Full audited financial statements for 2020-2021 are attached to this report.

Statement of Comprehensive Income	2020-21 Budget $000s	2020-21 Actual $000s	Variation $000s	2019-20 Actual $000s
Total Income	179,937	184,364	4,427	177,228
Total Expenses	172,365	182,674	(10,309)	173,415
Net Result	**7,572**	**1,690**	**(5,882)**	**3,813**
Total Comprehensive Result	**7,572**	**1,690**	**(5,882)**	**3,813**

Statement of Financial Position	2020-21 Budget $000s	2020-21 Actual $000s	Variation $000s	2019-20 Actual $000s
Current assets	No budget	41,205	n/a	33,732
Non-current assets	No budget	163,829	n/a	161,156
Total assets	No budget	**205,034**	n/a	**194,888**
Current liabilities	No budget	51,722	n/a	46,782
Non-current liabilities	No budget	23,871	n/a	20,358
Total liabilities	No budget	**75,593**	n/a	**67,140**
Net assets	No budget	**129,441**	n/a	**127,748**
Equity	No budget	**129,441**	n/a	**127,748**

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
Nil		

Consultancies with a contract value above $10,000 each

Consultancies	Purpose	$ Actual payment
Dana Shen Consultancy	Community Forum and MAP review and provide recommendations	$ 18,200
	Total	$ 18,200

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

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

Contractors disclosure

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

Contractors with a contract value below $10,000

Contractors	Purpose	$ Actual payment
All contractors below $10,000 each - combined	Various	$24,414

Contractors with a contract value above $10,000 each

Contractors	Purpose	$ Actual payment
TMF Solutions	12 month Annual Advisory Service	$70,000
Uniting SA Ltd	Joint visit Community Care	$11,363
HCA Healthcare Australia	Agency Nursing and Care staff	$802,442
Rural Locum Scheme P/L	Agency staff	$517,044
Your nursing agency P/L	Agency staff	$151,240

Contractors	Purpose	$ Actual payment
Cornerstone Medical Recruitment	Agency staff	$89,453
Allied Employment Group	Agency staff	$28,771
Riverland Respite and Recreation Service	Client Support	$17,451
Lifestyle Assistance and Accommodation Service	Client Support	$10,165
	Total	$1,722,343

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

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

The website also provides details of across government contracts.

Other information

Not applicable

Risk management

Risk and audit at a glance

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

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

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

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

Fraud detected in the agency

Category/nature of fraud	Number of instances
Employee claimed hours on timesheet not worked	1

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

Strategies implemented to control and prevent fraud

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

The terms of reference for these sub-committees include:

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

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

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

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

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

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

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

Public interest disclosure

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

0

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

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

Reporting required under any other act or regulation

Act or Regulation	Requirement
Nil	Not Applicable

Reporting required under the *Carers' Recognition Act* 2005

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

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

The key priorities under the Strategic Action Plan include:

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

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

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

The RMCLHN Governing Board Consumer and Community Engagement Strategy recognises the role of carers and seeks to partner with carers to achieve meaningful engagement.

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

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

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

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

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

Public complaints

Number of public complaints reported

Complaint categories	Sub-categories	Example	Number of Complaints 2020-21
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile, cultural competency.	44
Professional behaviour	Staff competency	Failure to action service request, poorly informed decisions, incorrect or incomplete service provided.	10
Professional behaviour	Staff knowledge	Lack of service-specific knowledge, incomplete or out-of-date knowledge.	0
Communication	Communication quality	Inadequate, delayed or absent communication with customer.	21
Communication	Confidentiality	Customer's confidentiality or privacy not respected, information shared incorrectly.	10
Service delivery	Systems/technology	System offline, inaccessible to customer, incorrect result/information provided, poor system design.	9
Service delivery	Access to services	Service difficult to find, location poor, facilities/ environment poor standard, not accessible to customers with disabilities.	15
Service delivery	Process	Processing error, incorrect process used, delay in processing application, process not customer responsive.	4
Policy	Policy application	Incorrect policy interpretation, incorrect policy applied, conflicting policy advice given.	0
Policy	Policy content	Policy content difficult to understand, policy	0

Complaint categories	Sub-categories	Example	Number of Complaints 2020-21
		unreasonable or disadvantages customer.	
Service quality	Information	Incorrect, incomplete, outdated or inadequate information, not fit for purpose.	0
Service quality	Access to information	Information difficult to understand, hard to find or difficult to use, not plain English.	0
Service quality	Timeliness	Lack of staff punctuality, excessive waiting times (outside of service standard), timelines not met.	43
Service quality	Safety	Maintenance, personal or family safety, duty of care not shown, poor security service/ premises, poor cleanliness.	19
Service quality	Service responsiveness	Service design doesn't meet customer needs, poor service fit with customer expectations.	25
No case to answer	No case to answer	Third party, customer misunderstanding, redirected to another agency, insufficient information to investigate.	0
Treatment	Treatment	Diagnosis, testing, medication and other therapies provided.	47
Costs	Cost	Fees, discrepancies between advertised and actual costs, charges and rebates, and information about cost and fees.	5
Administration	Administrative services and processes	Administrative processes such as clerical, reception, administrative record keeping and bookings / admission and lost property.	5
Other			11
		Total	**268**

Additional Metrics	Total
Number of positive feedback comments	440
Number of negative feedback comments	268
Total number of feedback comments	708
% complaints resolved within policy timeframes	Acknowledged within 2 days = 95.4% Response provided < 35 working days = 87%

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

- RMCLHN complaints key performance indicators are included in the suite of performance measures presented to the Governing Board.
- Performance targets of complaints acknowledged in less than two days and responded to in less than 35 days are monitored monthly.
- All responses to complaints are reviewed by RMCLHN Executive members and also by the CEO to ensure high quality and consistent responses are provided to consumers.
- Safety Learning System consumer feedback data and consumer experience surveys are reported monthly in the RMCLHN Quality and Safety reports.
- Comprehensive consumer feedback reports are developed quarterly providing analysis and identifying feedback trends.
- A review of the RMCLHN complaint management framework during 2020-21 resulted in the inclusion of '*You said – We did'*, to emphasise the improvements made to the provision of services for consumers as a result of their feedback.

Compliance Statement

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

Service Improvements

Riverland General Hospital

- RMCLHN took over the responsibility for medical service delivery of the RGH ED as at 1 December 2020, following a 10-year period of private management. The transition has allowed the Network to simplify governance of the ED and to improve coordination of the service. Other factors influencing the decision included difficultly recruiting and retaining medical staff, the COVID-19 pandemic, and the need to meet growing demand. From 1 December 2020 to 30 June 2021 over 20 Medical Practitioners of varying levels have been employed, including a Clinical Director Emergency Department. The medical roster also transitioned to a four x 10-hour roster aligning with other SA Health sites providing further overlapping of medical shifts and increased patient safety.
- Planning has occurred for the development of an Extended Emergency Care Unit that will provide a short-term treatment, observation, assessment, and reassessment of patients following triage, assessment, and treatment in the ED aimed at reducing unnecessary hospital admissions.
- The inpatient (internal medicine) unit has transitioned over the last two years to a salaried model providing 24-hour inpatient medical cover for the hospital wards. A full time Physician position oversees part time medical officers on the inpatient ward and an additional General Practitioner Consultant facilitates assessments and reviews of paediatric and mental health admissions providing a patient centred care approach.
- Recruitment to a salaried Specialist Anaesthetist based at RGH ensures oversight of pre- and peri-operative anaesthetic care of surgical and obstetric patients and input into the management of emergency situations across the Network.
- Development of a Medical Services Team including a coordinator and administration support to develop and implement systems and processes and undertake rostering and recruitment of medical staff. A temporary project manager assisted with the information technology transition, assets and resources and information systems.

Riverland Academy of Clinical Excellence (RACE)

- RMCLHN has a commitment to train its own clinical workforce, creating and improving relevant evidence bases for our clinical practice, and bringing the benefits of integrated teaching research and clinical care to the communities in our region. RACE is the vehicle for this commitment. RACE articulates RMCLHN's ambition to be a centre of excellence in rural health and highlights our commitment to medical education in our region and counteracting medical workforce shortages in line with the South Australian (SA) Rural Health Workforce Strategy, SA Rural Medical Workforce Plan and the National Rural Generalist Pathway. Accreditation has been granted for intern and trainee medical officer training posts which will assist the Network to work towards an evolving pathway to Rural Generalist qualifications.
- The research arm of RACE is led by the Executive Director of Clinical Innovation/Director of Research, with the Network collaborating with various universities, medical research institutes and organisations.
- The Education and training arm of RACE is called The Academy Pathway, led by the Executive Director of Clinical Innovation/Clinical Director of Training. This will enable medical graduates to undertake all the required postgraduate training to achieve a Rural Generalist Fellowship based in RMCLHN. The vision for RACE is that the Network will become a highly sought-after training region for medical graduates.

Research

- RMCLHN is partnering with the South Australian Health and Medical Research Institute (SAHMRI) on a COVID-19 related clinical trial that involves the installation of Ultra-Violet filtration systems in the air conditioning at Bonney Lodge and Hawdon House RACFs. This aims to reduce the risk of airborne virus transmission between residents, staff, and visitors and Barmera is one of four sites nationally that are trialling the filtration system.

Clinical Risk Management

- Significant work has been undertaken in RMCLHN on incident management and the analysis of incident data. An additional 1.0 full time Clinical Risk Manager position has been appointed (total of 1.5 full time equivalents) resulting in greater capacity to undertake comprehensive analysis of serious incidents and provide education and shared learnings to all staff.
- An Adverse Events Committee for the Network and a Mortality and Morbidity Committee have been implemented this financial year.
- Serious incident management has also been a focus with a new tool developed for serious incident investigations and utilisation of multidisciplinary investigation teams. The tool is based on root cause analysis principles providing a more comprehensive investigation of the incident resulting in strong actions and recommendations. A protected Root Cause Analysis, under the *Health Care Act 200*8, can be authorised by the CEO if required.

- Consumers experiencing falls, especially more than one fall, have been a particular focus for the Clinical Risk Managers with positive outcomes and a decreasing trend in the last quarter. Initiatives implemented include Tai Chi for older consumers in several sites, the introduction of 'Easy moves for active ageing' programs, use of laser sensors, increased use of Vitamin D and calcium, targeted education programs and individual case reviews.
- A Pressure Injury Action focus group was formed in November 2020 in response to an increase in pressure injury/ulcer/sore incidents. Examples of improvements implemented include development of a repositioning chart to assist staff with decision making, more timely referrals to allied health professionals, equipment inventory available for sites to access, recommendation of minimum pressure relieving devices equipment and ongoing education.
- A medication reflection tool has been introduced in RMCLHN prompting staff to reflect on why the medication incident occurred. A discussion is then held with the manager to enable provision of support and guidance for the staff member.
- A Challenging Behaviour working group has been formed in RMCLHN to ensure implementation of the Challenging Behaviour Strategic Framework released in November 2020, with utilisation of the policy directive, guideline, and toolkit.

Addressing health priorities for Aboriginal and Torres Strait Islander peoples

- RMCLHN has continued focussing on Aboriginal and Torres Strait Islander self-discharge, as self-discharge can cause interruption to further treatment therapies and may be associated with post-operative complications, increased morbidity and mortality, readmission, and increased healthcare expenditure. Regular monitoring of self-discharge rates occurs with monthly reporting of rates to the Governing Board with RMCLHN achieving the key performance indicator target (less than 4.5%) in six of the nine months in the first three quarters. A self-discharge questionnaire is in place and additional Aboriginal Liaison Officers have been appointed in RGH.
- A draft RMCLHN Reconciliation Action Plan has been developed. The Reflect Reconciliation Action Plan is designed to ensure the foundations are in place to meaningfully contribute to reconciliation. The plan recognises that to contribute to meaningful social change requires investment of time and resources and a willingness to reflect and adjust operations in order to cultivate cultural awareness, safety and humility across operations and governance.
- RMCLHN has committed to improving cultural awareness, with the Governing Board, Executives and Operational Leadership all undertaking cultural respect training with valuable learning outcomes and action plans developed. Members of the Executive Team and Governing Board have also participated in 'on country' experiences, aimed at improving understanding of the Aboriginal history of the Riverland Mallee Coorong region.

- Posters have been developed for Aboriginal and/or Torres Strait Islander identification utilising local photos that are displayed at sites in RMCLHN using health literacy principles to encourage Aboriginal consumers to self-identify as Aboriginal and/or Torres Strait Islander to improve access to services that are both culturally and clinically appropriate.
- Aboriginal Health Impact Statements are completed for new or revised proposals/projects in RMCLHN. The Aboriginal Health Impact Statement Policy Directive aims to ensure that Aboriginal stakeholders have been engaged in the decisions that affect their health and wellbeing.
- RMCLHN recognises and values the cultural diversity of its workforce especially our Aboriginal and Torres Strait Islander staff and encourages these staff members to engage and participate in a support network. A monthly support network has been instigated for staff who identify as Aboriginal or Torres Strait Islander to encourage retention and to identify supports. The inaugural get together was held on 18 March 2021 on National Close the Gap Day.
- The Mental Health directorate in RMCLHN has implemented the StayStrong 'app'. The 'app' is a tool addressing the wellbeing and mental health of First Nations Australians using a cross-cultural approach. It is designed to promote wellbeing by reviewing strengths, worries and the goals or changes people would like to make in their lives.
- On 29 March 2021, RMCLHN held a small event to unveil a new, large-scale Aboriginal artwork on the facade of the Murray Bridge Soldiers' Memorial Hospital ED. The artwork was developed by artist Sam Gollan, in collaboration with sculptor Karl Meyer from Exhibition Studios, following a six-month project led by the Aboriginal Health Team and Country Arts SA. As part of the project, several local Ngarrindjeri artists developed a competitive artwork submission on the story of what health means to them. The artists were Nellie Rankine, Cedric Varcoe, Kevin Kropinyeri, Allan Sumner, and winning artist Sam Gollan. This project has enabled the Ngarrindjeri community to feel a sense of pride and connection to culture, through sharing their artwork, history, and language with the broader Murray Bridge community. Ngarrindjeri people have always known that health is a holistic concept and cannot be separated from the cultural framework of land (ruwe), language, lore, ceremony, and kinship, which are the foundations of Ngarrindjeri culture.

Wayne Champion Sharon Perkins, Sam Gollan, and Karl Meyer outside the Murray Bridge Soldier's Memorial Hospital Emergency Department

RMCLHN Consumer Experience

- In addition to regular surveys, *'What matters to you'* has been implemented in RMCLHN where consumer representatives / managers ask consumers an open-ended question about what matters to them. Results of these questions are tabled and discussed at site Quality Risk and Safety working group meetings and Partnering with Consumers Governance Committee.
- Consumer stories are utilised in RMCLHN to raise awareness and provide insight into consumer experiences. Consumers are invited to attend the Governing Board Clinical Governance Committee to share their experience of our health service.

Aged Care Performance Monitoring

- A new framework for measuring compliance to the Aged Care Quality Standards has been developed that includes self-assessment, clinical audits, incident and feedback data analysis, and consumer experience.

Mental Health

- Partnering with the Commission of Excellence and Innovation in Health, to redesign Mental Health Provision in Urgent Care (Emergency Departments).
- Partnering with the Office of the Chief Psychiatrist to redesign non-government organisation provision of mental health care that meets future needs.
- Partnering with the Office of the Chief Psychiatrist planning the Towards Zero Suicide Strategy for South Australia.
- Partnering with the River Murray and Mallee Aboriginal Corporation and Director Aboriginal Services to develop Aboriginal volunteer in-reach services for the emergency department and the Integrated Mental Health Inpatient Unit.
- Launching the positive culture initiative for the Riverland Mental Health Team called HE@RT (Honesty and Empowerment accompanies Respect and Teamwork).

Appendix: Audited financial statements 2020-21

INDEPENDENT AUDITOR'S REPORT

Government of South Australia
Auditor-General's Department

Level 9
State Administration Centre
200 Victoria Square
Adelaide SA 5000

Tel +618 8226 9640
Fax +618 8226 9688

ABN 53 327 061 410

audgensa@audit.sa.gov.au
www.audit.sa.gov.au

To the Board Chair
Riverland Mallee Coorong Local Health Network Incorporated

Opinion

I have audited the financial report of the Riverland Mallee Coorong Local Health Network Incorporated and the consolidated entity comprising the Riverland Mallee Coorong Local Health Network Incorporated and its controlled entities for the financial year ended 30 June 2021.

In my opinion, the accompanying financial report gives a true and fair view of the financial position of the Riverland Mallee Coorong Local Health Network Incorporated and its controlled entities as at 30 June 2021, 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 consolidated financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 2021
- a Statement of Financial Position as at 30 June 2021
- a Statement of Changes in Equity for the year ended 30 June 2021
- a Statement of Cash Flows for the year ended 30 June 2021
- notes, comprising significant accounting policies and other explanatory information
- a Certificate from the Board Chair, the Chief Executive Officer and the Chief Finance Officer.

Basis for opinion

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

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

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

The Chief Executive Officer is responsible for the preparation of the financial report that gives a true and fair view in accordance with relevant Treasurer's Instructions issued 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 ability to continue as a going concern, taking into account any policy or funding decisions the government has made which affect the continued existence of the entity. The Chief Executive Officer is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless the assessment indicates that it is not appropriate.

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

Auditor's responsibilities for the audit of the financial report

As required by section 31(1)(b) of the *Public Finance and Audit Act 1987* and section 36(2) of the *Health Care Act 2008*, I have audited the financial report of the Riverland Mallee Coorong Local Health Network Incorporated and its controlled entities for the financial year ended 30 June 2021.

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

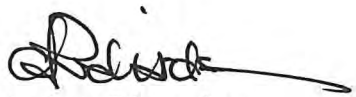
As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

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

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Riverland Mallee Coorong Local Health Network Incorporated's and its controlled entities' internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Chief Executive Officer
- 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 about, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during the audit.



Andrew Richardson
Auditor-General
24 September 2021

Certification of the financial statements
Riverland Mallee Coorong Local Health Network

We certify that the:

- financial statements of the Riverland Mallee Coorong Local Health Network Inc.:
  - are in accordance with the accounts and records of the authority; and
  - comply with relevant Treasurer's instructions; and
  - comply with relevant accounting standards; and
  - present a true and fair view of the financial position of the authority at the end of the financial year and the result of its operations and cash flows for the financial year.

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

.....	.....	.....
Dr. Peter Joyner	Wayne Champion	Craig Lukeman
Board Chair	Chief Executive Officer	Chief Finance Officer

Date 13.9.2021

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK
STATEMENT OF COMPREHENSIVE INCOME
For the period ended 30 June 2021

	Note	Consolidated 2021 $'000	Consolidated 2020 $'000	Parent 2021 $'000	Parent 2020 $'000
Income					
Revenues from SA Government	2	127,124	122,690	127,124	122,690
Fees and charges	3	14,307	14,854	14,307	14,854
Grants and contributions	4	39,267	36,231	40,305	37,528
Interest		159	409	131	321
Resources received free of charge	5	1,889	1,961	1,889	1,697
Net gain from disposal of non-current and other assets	6	9	-	9	-
Other revenues/income	7	1,609	1,083	1,346	870
Total income		**184,364**	**177,228**	**185,111**	**177,960**
Expenses					
Staff benefits expenses	8	110,418	102,241	110,418	102,241
Supplies and services	9	63,355	62,196	63,339	62,193
Depreciation and amortisation	17	8,152	7,822	1,567	1,479
Borrowing costs	10	31	41	31	41
Net loss from disposal of non-current and other assets	6	-	678	-	-
Impairment loss on receivables	13.1	77	61	77	61
Other expenses	11	641	376	14,799	6,683
Total expenses		**182,674**	**173,415**	**190,231**	**172,698**
Net result		**1,690**	**3,813**	**(5,120)**	**5,262**
Other Comprehensive Income					
Items that will be reclassified subsequently to net result when specific conditions are met					
Gains or losses recognised directly in equity		3	15	-	-
Total other comprehensive income		**3**	**15**	**-**	**-**
Total comprehensive result		**1,693**	**3,828**	**(5,120)**	**5,262**

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

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK
STATEMENT OF FINANCIAL POSITION
As at 30 June 2021

	Note	Consolidated		Parent	
		2021	2020	2021	2020
		$'000	$'000	$'000	$'000
Current assets					
Cash and cash equivalents	12	12,600	8,281	10,789	5,629
Receivables	13	3,793	3,854	3,830	4,033
Other financial assets	14	23,872	20,736	21,770	18,569
Inventories	15	940	861	940	861
Total current assets		**41,205**	**33,732**	**37,329**	**29,092**
Non-current assets					
Receivables	13	999	560	999	560
Other financial assets	14	149	142	-	-
Property, plant and equipment	16,17	162,681	160,454	13,357	18,700
Total non-current assets		**163,829**	**161,156**	**14,356**	**19,260**
Total assets		**205,034**	**194,888**	**51,685**	**48,352**
Current liabilities					
Payables	19	5,299	5,580	5,299	5,580
Financial liabilities	20	501	604	501	604
Staff benefits	21	14,978	13,695	14,978	13,695
Provisions	22	1,322	985	1,322	985
Contract liabilities and other liabilities	23	29,622	25,918	29,622	25,918
Total current liabilities		**51,722**	**46,782**	**51,722**	**46,782**
Non-current liabilities					
Payables	19	667	661	667	661
Financial liabilities	20	1,293	1,201	1,293	1,201
Staff benefits	21	16,825	17,184	16,825	17,184
Provisions	22	5,086	1,312	5,086	1,312
Total non-current liabilities		**23,871**	**20,358**	**23,871**	**20,358**
Total liabilities		**75,593**	**67,140**	**75,593**	**67,140**
Net assets		**129,441**	**127,748**	**(23,908)**	**(18,788)**
Equity					
Retained earnings		86,064	84,374	(23,908)	(18,788)
Asset revaluation surplus		43,359	43,359	-	-
Other reserves		18	15	-	-
Total equity		**129,441**	**127,748**	**(23,908)**	**(18,788)**

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

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK
STATEMENT OF CHANGES IN EQUITY
For the period ended 30 June 2021

CONSOLIDATED

	Note	Asset revaluation surplus $ '000	Other reserves $'000	Retained earnings $ '000	Total equity $ '000
Balance at 30 June 2019		-	-	-	-
Net assets received from an administrative restructure	1.6	-	-	(24,050)	(24,050)
Net assets received on first time consolidation	1.6	44,127	-	103,843	147,970
Adjusted balance at 1 July 2019		**44,127**	**-**	**79,793**	**123,920**
Net result for 2019-20		-	-	**3,813**	**3,813**
Gain/(loss) on revaluation of other financial assets		-	15	-	15
Total comprehensive result for 2019-20		**-**	**15**	**3,813**	**3,828**
Transfer between equity components		(768)	-	768	-
Balance at 30 June 2020		**43,359**	**15**	**84,374**	**127,748**
Net result for 2020-21		-	-	**1,690**	**1,690**
Gain/(loss) on revaluation of other financial assets		-	3	-	3
Total comprehensive result for 2020-21		**-**	**3**	**1,690**	**1,693**
Balance at 30 June 2021		**43,359**	**18**	**86,064**	**129,441**

PARENT

	Note	Asset revaluation surplus $ '000	Other reserves $'000	Retained earnings $ '000	Total equity $ '000
Balance at 30 June 2019		-	-	-	-
Net assets received from an administrative restructure	1.6	-	-	(24,050)	(24,050)
Adjusted balance at 1 July 2019		-	-	**(24,050)**	**(24,050)**
Net result for 2019-20		-	-	**5,262**	**5,262**
Total comprehensive result for 2019-20		-	-	**5,262**	**5,262**
Balance at 30 June 2020		-	-	**(18,788)**	**(18,788)**
Net result for 2020-21		-	-	**(5,120)**	**(5,120)**
Total comprehensive result for 2020-21		-	-	**(5,120)**	**(5,120)**
Balance at 30 June 2021		-	-	**(23,908)**	**(23,908)**

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

RIVERLAND AND MALLEE COORONG LOCAL HEALTH NETWORK
STATEMENT OF CASH FLOWS
For the period ended 30 June 2021

	Note	Consolidated		Parent	
		2021	2020	2021	2020
		$'000	$'000	$'000	$'000
Cash flows from operating activities					
Cash inflows					
Receipts from SA Government		96,643	110,609	96,643	110,609
Fees and charges		14,783	14,198	14,930	14,160
Grants and contributions		39,352	37,328	40,390	38,473
Interest received		144	437	126	368
Residential aged care bonds received		9,122	7,412	9,122	7,412
GST recovered from ATO		3,433	3,217	3,433	3,217
Other receipts		784	477	525	268
Cash generated from operations		**164,261**	**173,678**	**165,169**	**174,507**
Cash outflows					
Staff benefits payments		(105,197)	(99,535)	(105,197)	(99,535)
Payments for supplies and services		(42,006)	(62,355)	(41,990)	(62,352)
Interest paid		(31)	(41)	(31)	(41)
Residential aged care bonds refunded		(6,106)	(4,893)	(6,106)	(4,893)
Other payments		(520)	(407)	(523)	(407)
Cash used in operations		**(153,860)**	**(167,231)**	**(153,847)**	**(167,228)**
Net cash provided by operating activities		**10,401**	**6,447**	**11,322**	**7,279**
Cash flows from investing activities					
Cash inflows					
Proceeds from sale of property, plant and equipment		9	118	9	-
Proceeds from sale/maturities of investments		185	183	-	-
Cash generated from investing activities		**194**	**301**	**9**	**-**
Cash outflows					
Purchase of property, plant and equipment		(2,258)	(2,371)	(2,258)	(2,371)
Purchase of investments		(3,300)	(1,623)	(3,195)	(1,500)
Cash used in investing activities		**(5,558)**	**(3,994)**	**(5,453)**	**(3,871)**
Net cash provided by/(used in) investing activities		**(5,364)**	**(3,693)**	**(5,444)**	**(3,871)**
Cash flows from financing activities					
Cash inflows					
Cash received from restructuring activities		-	6,254	-	2,948
Cash generated from financing activities		**-**	**6,254**	**-**	**2,948**
Cash outflows					
Repayment of borrowings		(98)	(96)	(98)	(96)
Repayment of lease liabilities		(620)	(631)	(620)	(631)
Cash used in financing activities		**(718)**	**(727)**	**(718)**	**(727)**
Net cash provided by/(used in) financing activities		**(718)**	**5,527**	**(718)**	**2,221**
Net increase/(decrease) in cash and cash equivalents		**4,319**	**8,281**	**5,160**	**5,629**
Cash and cash equivalents at the beginning of the period		8,281	-	5,629	-
Cash and cash equivalents at the end of the period	12	**12,600**	**8,281**	**10,789**	**5,629**
Non-cash transactions	24				

The accompanying notes form part of these financial statements.

1. About Riverland Mallee Coorong Local Health Network

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

Parent Entity

The Parent entity consists of the following:

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

Consolidated Entity

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

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

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

Administered items
The Hospital has administered activities and resources. Transactions and balances relating to administered resources are presented separately and disclosed in note 33. Except as otherwise disclosed, administered items are accounted for on the same basis and using the same accounting principles as for the Hospital's transactions.

1.1 Objectives and activities
The Hospital is committed to a health system that produces positive health outcomes by focusing on health promotion, illness prevention, early intervention and achieving equitable health outcomes for the Riverland Mallee Coorong Region.

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

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

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

1.2 Basis of preparation
These financial statements are general purpose financial statements prepared in compliance with:

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

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

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

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

1.3 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 2021, the Hospital had working capital deficiency of $10.517 million ($13.050 million). The SA Government is committed to continuing the delivery of hospital services to country and regional SA and accordingly it has demonstrated a commitment to the ongoing funding of these hospitals.

1.5 Equity

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

1.6 Changes to reporting entity

2020-21

There were no administrative restructures during the current reporting period.

2019-20

CHSALHN was dissolved on 1 July 2019. Six new entities were established to provide hospital, health and aged care services to country and regional SA. As per the Health Care (Local Health Networks) Proclamation 2019 contained in the South Australian Government Gazette No 30, dated 27th June 2019, assets, rights and liabilities were transferred from CHSALHN to the relevant entity, effective 1 July 2019. This resulted in the transfer of 1,757 employees, and net assets of $123.920 million to be received by the Hospital as detailed below.

	Consolidated 2020 $'000	Parent 2020 $'000
Assets:		
Cash	6,254	2,948
Receivables	2,899	2,869
Property, plant and equipment	151,460	9,139
Other assets	20,218	17,905
Total assets	**180,831**	**32,861**
Liabilities:		
Payables	4,189	4,189
Staff benefits	28,927	28,927
Provisions	1,910	1,910
Other liabilities	21,885	21,885
Total liabilities	**56,911**	**56,911**
Total net assets transferred in	**123,920**	**(24,050)**

1.7 Impact of COVID-19 pandemic on SA Health

The COVID-19 pandemic continues to have an impact on the Hospital's operations. This includes an increase in costs associated with COVID capacity and preparation, the readiness of COVID-19 testing clinics, establishment of vaccine clinics, increased demand for personal protective equipment, increased staffing costs (including agency) to ensure necessary compliance measures are followed. Net COVID-19 specific costs for the Hospital was $1.573 million ($0.555 million).

1.8 Change in accounting policy

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

2. Revenues from SA Government

	Consolidated		Parent	
	2021	2020	2021	2020
	$'000	$'000	$'000	$'000
Capital projects funding	9,131	13,654	9,131	13,654
Operational funding	117,993	109,036	117,993	109,036
Total revenues from SA Government	**127,124**	**122,690**	**127,124**	**122,690**

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

3. Fees and charges

	Consolidated		Parent	
	2021	2020	2021	2020
	$'000	$'000	$'000	$'000
Patient and client fees	4,087	4,025	4,087	4,025
Private practice fees	5	19	5	19
Fees for health services	1,032	1,107	1,032	1,107
Residential and other aged care charges	7,966	8,128	7,966	8,128
Sale of goods - medical supplies	23	45	23	45
Other user charges and fees	1,194	1,530	1,194	1,530
Total fees and charges	**14,307**	**14,854**	**14,307**	**14,854**

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

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

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

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

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

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

4. Grants and contributions

	Consolidated		Parent	
	2021	2020	2021	2020
	$'000	$'000	$'000	$'000
Commonwealth grants and donations	24,550	21,430	24,550	21,430
Commonwealth aged care subsidies	13,746	13,805	13,746	13,805
SA Government capital contributions	-	-	887	1,095
Other SA Government grants and contributions	766	878	917	1,080
Private sector capital contributions	177	-	177	-
Private sector grants and contributions	28	118	28	118
Total grants and contributions	**39,267**	**36,231**	**40,305**	**37,528**

Grants provided for are usually subject to terms and conditions set out in the contract, correspondence, or by legislation. All grants and contributions received were provided for specific purposes such as aged care, community health services and other related health services and are recognised in accordance with AASB 1058 *Income of Not-for-Profit Entities*.

5. Resources received free of charge

	Consolidated		Parent	
	2021	2020	2021	2020
	$'000	$'000	$'000	$'000
Land and buildings	-	264	-	-
Plant and equipment	68	296	68	296
Services	1,821	1,401	1,821	1,401
Total resources received free of charge	**1,889**	**1,961**	**1,889**	**1,697**

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

Contribution of services are recognised only when a fair value can be determined reliably and the services would be purchased if they had not been donated. The Hospital receives Financial Accounting, Taxation, Payroll, Accounts Payable and Accounts Receivable services from Shared Services SA free of charge valued at $1.456 million ($1.401 million) and ICT services from he Department of the Premier and Cabinet (DPC) valued at $0.365 million ($Nil), following Cabinet's approval to cease intra-government charging.

Although not recognised, the Hospital receives volunteer services from around 392 registered volunteers who provide patient and staff support services to individuals using the health facilities services. The services include but are not limited to: daily supper rounds, way finding services, stores replenishment, support in theatre/recovery/emergency departments, administration/medical records, on the wards, home delivered meals, transport and the Community Visitors Scheme (social support).

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

	Consolidated		Parent	
	2021	2020	2021	2020
Land and buildings:	$'000	$'000	$'000	$'000
Proceeds from disposal	-	135	-	-
Less carrying amount of assets disposed	-	(796)	-	-
Less other costs of disposal	-	(17)	-	-
Net gain/(loss) from disposal of land and buildings	**-**	**(678)**	**-**	**-**
Plant and equipment				
Proceeds from disposal	10	-	10	-
Less carrying amount of assets disposed	-	-	-	-
Less other costs of disposal	(1)	-	(1)	-
Total net gain/(loss) from disposal of plant and equipment	**9**	**-**	**9**	**-**
Total assets:				
Total proceeds from disposal	10	135	10	-
Less total carrying amount of assets disposed	-	(796)	-	-
Less other costs of disposal	(1)	(17)	(1)	-
Total net gain/(loss) from disposal of assets	**9**	**(678)**	**9**	**-**

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

7. Other revenues/income

	Consolidated		Parent	
	2021	2020	2021	2020
	$'000	$'000	$'000	$'000
Dividend revenue	4	4	-	-
Donations	399	414	147	212
Health recoveries	813	583	813	583
Insurance recoveries	183	37	183	37
Other	210	45	203	38
Total other revenues/income	**1,609**	**1,083**	**1,346**	**870**

8. Staff benefits expenses

	Consolidated		Parent	
	2021	2020	2021	2020
	$'000	$'000	$'000	$'000
Salaries and wages	86,265	81,953	86,265	81,953
Targeted voluntary separation packages (refer below)	135	122	135	122
Long service leave	1,151	1,950	1,151	1,950
Annual leave	7,826	7,287	7,826	7,287
Skills and experience retention leave	381	375	381	375
Staff on-costs - superannuation*	8,998	8,737	8,998	8,737
Staff on-costs - other	3	-	3	-
Workers compensation	5,486	1,603	5,486	1,603
Board and committee fees	161	179	161	179
Other staff related expenses	12	35	12	35
Total staff benefits expenses	**110,418**	**102,241**	**110,418**	**102,241**

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

8.1 Key Management Personnel

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

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

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

Compensation	2021 $'000	2020 $'000
Salaries and other short term employee benefits	2,268	1,702
Post-employment benefits	286	232
Total	**2,554**	**1,934**

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:

	2021 No. of Members	2020 No. of Members
$0	1	-
$20,001 - $40,000	5	5
$40,001 - $60,000	1	1
Total	**7**	**6**

The total remuneration received or receivable by members was $0.185 million ($0.193 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits and fringe benefits and any related fringe benefits tax. 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 33 for members of boards/committees that served for all or part of the financial year and were entitled to receive income from membership in accordance with APS 124.B.

8.3 Remuneration of staff

	Consolidated		Parent	
The number of staff whose remuneration received or receivable falls within the following bands:	2021 Number	2020 Number	2021 Number	2020 Number
$154,678 - $175,000	9	9	9	9
$175,001 - $195,000	2	1	2	1
$215,001 - $235,000	2	1	2	1
$235,001 - $255,000	1	-	1	-
$295,001 - $315,000	1	-	1	-
$315,001 - $335,000	1	-	1	-
$355,001 - $375,000	1	-	1	-
$375,001 - $395,000	1	-	1	-
$415,001 - $435,000	-	1	-	1
$515,001 - $535,000	-	1	-	1
$535,001 - $555,000	2	-	2	-
$595,001 - $615,000	-	1	-	1
Total number of staff	**20**	**14**	**20**	**14**

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

8.4 Remuneration of staff by classification

The total remuneration received by staff included above:

	Consolidated				Parent			
	2021		2020		2021		2020	
	No.	$'000	No.	$'000	No.	$'000	No.	$'000
Executive	1	228	1	230	1	228	1	230
Medical (excluding Nursing)	8	2,780	5	1,881	8	2,780	5	1,881
Nursing	11	1,987	8	1,325	11	1,987	8	1,325
Total	**20**	**4,995**	**14**	**3,436**	**20**	**4,995**	**14**	**3,436**

8.5 Targeted voluntary separation packages

	Consolidated		Parent	
	2021	2020	2021	2020
Amount paid/Payable to separated staff:	$'000	$'000	$'000	$'000
Targeted voluntary separation packages	135	122	135	122
Leave paid/payable to separated employees	62	114	62	114
	197	**236**	**197**	**236**
The number of staff who received a TVSP during the reporting period	**1**	**4**	**1**	**4**

9. Supplies and services

	Consolidated		Parent	
	2021	2020	2021	2020
	$'000	$'000	$'000	$'000
Administration	169	170	169	170
Advertising	78	18	78	18
Communication	791	499	791	499
Computing	1,791	1,903	1,791	1,903
Consultants	18	476	18	476
Contract of services	689	624	689	624
Contractors	85	11	85	11
Contractors - agency staff	2,375	5,022	2,375	5,022
Drug supplies	1,355	1,356	1,355	1,356
Electricity, gas and fuel	2,151	2,344	2,151	2,344
Fee for service*	15,767	14,561	15,767	14,561
Food supplies	2,422	2,349	2,422	2,349
Housekeeping	1,620	1,370	1,620	1,370
Insurance	1,034	823	1,034	823
Internal SA Health SLA payments	5,859	6,308	5,859	6,308
Legal	42	9	42	9
Medical, surgical and laboratory supplies	11,906	9,962	11,906	9,962
Minor equipment	1,788	1,237	1,788	1,237
Motor vehicle expenses	522	556	522	556
Occupancy rent and rates	629	726	629	726
Patient transport	2,984	3,155	2,984	3,155
Postage	237	208	237	208
Printing and stationery	581	557	581	557
Repairs and maintenance	4,461	4,418	4,461	4,418
Security	222	143	222	143
Services from Shared Services SA	1,463	1,405	1,463	1,405
Short term lease expense	100	43	100	43
Training and development	403	273	403	273
Travel expenses	135	248	135	248
Other supplies and services	1,678	1,422	1,662	1,419
Total supplies and services	**63,355**	**62,196**	**63,339**	**62,193**

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

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

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

	Consolidated				Parent			
	2021		2020		2021		2020	
	No.	$'000	No.	$'000	No.	$'000	No.	$'000
Below $10,000	-	-	3	10	-	-	3	10
Above $10,000	1	18	4	466	1	18	4	466
Total	**1**	**18**	**7**	**476**	**1**	**18**	**7**	**476**

10. Borrowing costs

	Consolidated		Parent	
	2021	2020	2021	2020
	$'000	$'000	$'000	$'000
Interest expense on lease liabilities	30	38	30	38
Interest paid/payable on liabilities measured at amortised cost	1	3	1	3
Total borrowing cost	**31**	**41**	**31**	**41**

The Hospital does not capitalise borrowing costs. The total borrowing costs from financial liabilities not at fair value through the profit and loss was $0.031 million ($0.041 million).

11. Other expenses

		Consolidated		Parent	
		2021	2020	2021	2020
	Note	$'000	$'000	$'000	$'000
Debts written off	13	73	97	73	97
Bank fees and charges		5	3	5	3
Donated assets expense		152	-	14,310	6,307
Other*		411	276	411	276
Total other expenses		**641**	**376**	**14,799**	**6,683**

In 2020-21 donated assets expense relates to plant and equipment and is recorded as expenditure at their fair value.

* Includes Audit fees paid/payable to the Auditor-General's Department relating to work performed under the *Public Finance and Audit Act* of $0.100 million ($0.148 million). No other services were provided by the Auditor-General's Department. Payments to Galpins Accountants Auditors and Business Consultants were $0.054 million ($0.057 million) for HAC and aged care audits.

12. Cash and cash equivalents

	Consolidated		Parent	
	2021	2020	2021	2020
	$'000	$'000	$'000	$'000
Cash at bank or on hand	4,982	5,589	3,171	2,937
Deposits with Treasurer: general operating	7,203	2,322	7,203	2,322
Deposits with Treasurer: special purpose funds	415	370	415	370
Total cash and cash equivalents	**12,600**	**8,281**	**10,789**	**5,629**

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 $12.600 million ($8.281 million) held, $2.389 million ($2.321 million) relates to aged care refundable deposits.

13. Receivables

		Consolidated		Parent	
Current	**Note**	**2021**	**2020**	**2021**	**2020**
		$'000	**$'000**	**$'000**	**$'000**
Patient/client fees: compensable		119	118	119	118
Patient/client fees: aged care		1,044	1,934	1,044	1,934
Patient/client fees: other		391	311	391	311
Debtors		530	440	538	442
Less: allowance for impairment loss on receivables	13.1	(293)	(216)	(293)	(216)
Prepayments		85	244	85	244
Interest		24	30	18	19
Workers compensation provision recoverable		494	326	494	326
Sundry receivables and accrued revenue		1,312	509	1,347	697
GST input tax recoverable		87	158	87	158
Total current receivables		**3,793**	**3,854**	**3,830**	**4,033**
Non-current					
Debtors		141	16	141	16
Workers compensation provision recoverable		858	544	858	544
Total non-current receivables		**999**	**560**	**999**	**560**
Total receivables		**4,792**	**4,414**	**4,829**	**4,593**

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

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

13.1 Impairment of receivables

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

Movement in the allowance for impairment of receivables:

	Consolidated		Parent	
	2021	2020	2021	2020
	$'000	$'000	$'000	$'000
Transfer through administrative restructure	**-**	**155**	**-**	**155**
Carrying amount at the beginning of the period	**216**	**-**	**216**	**-**
Increase/(Decrease) in allowance recognised in profit or loss	77	61	77	61
Carrying amount at the end of the period	**293**	**216**	**293**	**216**

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

14. Other financial assets

	Consolidated		Parent	
	2021	2020	2021	2020
Current	$'000	$'000	$'000	$'000
Term deposits	23,872	20,736	21,770	18,569
Total current investments	**23,872**	**20,736**	**21,770**	**18,569**
Non-current				
Other investments FVOCI	149	142	-	-
Total non-current investments	**149**	**142**	**-**	**-**
Total investments	**24,021**	**20,878**	**21,770**	**18,569**

Of these deposits $16.570 million ($13.875 million) relates to aged care refundable deposits, with the remaining funds primarily relating to aged care. These deposits are measured at amortised cost. Listed equities and other investments are measured at fair value represented by market value.

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

15. Inventories

	Consolidated		Parent	
	2021	2020	2021	2020
	$'000	$'000	$'000	$'000
Drug supplies	258	241	258	241
Medical, surgical and laboratory supplies	462	415	462	415
Food and hotel supplies	163	151	163	151
Other	57	54	57	54
Total current inventories - held for distribution	**940**	**861**	**940**	**861**

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

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

16.1 Acquisition and recognition

Property, plant and equipment owned by the Hospital 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 amortization

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

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

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

16.3 Revaluation

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

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

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

16.4 Impairment

The Hospital holds its property, plant and equipment for their service potential (value in use). Specialised assets would rarely be sold and typically any costs of disposal would be negligible, accordingly the recoverable amount will be closer to or greater than fair value. Where there is an indication of impairment, the recoverable amount is estimated. For revalued assets fair value is assessed each year. There were no indications of impairment for property, plant and equipment as at 30 June 2021.

16.5 Land and buildings

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

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

16.6 Plant and equipment

The value of plant and equipment has not been revalued. This is in accordance with APS 116D. The carrying value is deemed to approximate fair value. These assets are classified in Level 3 as there have been no subsequent adjustments to their value, except for management assumptions about the asset condition and remaining useful life.

16.7 Leased property, plant and equipment

Right-of-use assets leased by the Hospital as lessee are measured at cost and there were no indications of impairment. Additions to right-of-use assets during 2020-21 were $0.738 million ($0.372 million). Short-term leases of 12 months or less and low value leases, where the underlying asset value is less than $15,000 are not recorded as right-of-use assets. The associated lease payments are recognised as an expense and disclosed in note 9.

The Hospital has a number of lease agreements. Lease terms vary in length from 2 to 17 years.
Major lease activities include the use of:

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

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

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

17. Reconciliation of property, plant and equipment

The following table shows the movement:
Consolidated

2020-21	Land and buildings:				Plant and equipment:				
	Land $'000	Buildings $'000	Right-of-use buildings $'000	Capital works in progress land and buildings $'000	Medical/ surgical/ dental/ biomedical $'000	Other plant and equipment $'000	Right-of-use plant and equipment $'000	Capital works in progress plant and equipment $'000	Total $'000
Carrying amount at the beginning of the period	**8,015**	**139,200**	**992**	**8,806**	**1,522**	**909**	**683**	**327**	**160,454**
Additions	-	-	-	9,096	74	200	738	387	**10,495**
Assets received free of charge	-	-	-	-	26	-	-	42	**68**
Disposals	-	-	(34)	-	-	-	(14)	-	**(48)**
Donated assets disposal	-	-	-	-	-	-	-	(152)	**(152)**
Transfers between asset classes	-	14,158	-	(14,236)	296	-	-	(218)	**-**
Other movements	-	-	19	-	-	-	-	-	**19**
Subtotal:	**8,015**	**153,358**	**977**	**3,666**	**1,918**	**1,109**	**1,407**	**386**	**170,836**
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(6,814)	(80)	-	(490)	(219)	(549)	-	**(8,152)**
Subtotal:	**-**	**(6,814)**	**(80)**	**-**	**(490)**	**(219)**	**(549)**	**-**	**(8,152)**
Gains/(losses) for the period recognised in other comprehensive income:									
Impairment (losses) / reversals	-	(3)	-	-	-	-	-	-	**(3)**
Subtotal:	**-**	**(3)**	**-**	**-**	**-**	**-**	**-**	**-**	**(3)**
Carrying amount at the end of the period*	**8,015**	**146,541**	**897**	**3,666**	**1,428**	**890**	**858**	**386**	**162,681**
Gross carrying amount									
Gross carrying amount	8,015	166,664	1,031	3,666	2,756	1,276	1,523	386	**185,317**
Accumulated depreciation / amortisation	-	(20,123)	(134)	-	(1,328)	(386)	(665)	-	**(22,636)**
Carrying amount at the end of the period	**8,015**	**146,541**	**897**	**3,666**	**1,428**	**890**	**858**	**386**	**162,681**

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

Consolidated

2019-20	Land and buildings:				Plant and equipment:				
	Land $'000	Buildings $'000	Right-of-use buildings $'000	Capital works in progress land and buildings $'000	Medical/ surgical/ dental/ biomedical $'000	Other plant and equipment $'000	Right-of-use plant and equipment $'000	Capital works in progress plant and equipment $'000	Total $'000
Carrying amount at the beginning of the period	**8,055**	**139,957**	**1,107**	**1,346**	**1,283**	**819**	**863**	**-**	**153,430**
Additions	-	113	-	13,654	530	106	372	327	**15,102**
Assets received free of charge	-	264	-	-	145	151	-	-	**560**
Disposals	(40)	(756)	-	-	-	-	(20)	-	**(816)**
Transfers between asset classes	-	6,194	-	(6,194)	-	-	-	-	-
Other movements	-	-	-	-	-	-	-	-	-
Subtotal:	**8,015**	**145,772**	**1,107**	**8,806**	**1,958**	**1,076**	**1,215**	**327**	**168,276**
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(6,572)	(115)	-	(436)	(167)	(532)	-	**(7,822)**
Subtotal:	**-**	**(6,572)**	**(115)**	**-**	**(436)**	**(167)**	**(532)**	**-**	**(7,822)**
Carrying amount at the end of the period*	**8,015**	**139,200**	**992**	**8,806**	**1,522**	**909**	**683**	**327**	**160,454**
Gross carrying amount									
Gross carrying amount	8,015	152,509	1,107	8,806	2,353	1,076	1,148	327	**175,341**
Accumulated depreciation / amortisation	-	(13,309)	(115)	-	(831)	(167)	(465)	-	**(14,887)**
Carrying amount at the end of the period	**8,015**	**139,200**	**992**	**8,806**	**1,522**	**909**	**683**	**327**	**160,454**

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

Parent

2020-21	Land and buildings:				Plant and equipment:				
	Land $'000	Buildings $'000	Right-of-use buildings $'000	Capital works in progress land and buildings $'000	Medical/ surgical/ dental/ biomedical $'000	Other plant and equipment $'000	Right-of-use plant and equipment $'000	Capital works in progress plant and equipment $'000	Total $'000
Carrying amount at the beginning of the period	**714**	**4,747**	**992**	**8,806**	**1,522**	**909**	**683**	**327**	**18,700**
Additions	-	-	-	9,096	74	200	738	387	**10,495**
Assets received free of charge	-	-	-	-	26	-	-	42	**68**
Disposals	-	-	(34)	-	-	-	(14)	-	**(48)**
Donated assets disposal	-	-	-	(14,158)	-	-	-	(152)	**(14,310)**
Transfers between asset classes	-	-	-	(78)	296	-	-	(218)	**-**
Other movements	-	-	19	-	-	-	-	-	**19**
Subtotal:	**714**	**4,747**	**977**	**3,666**	**1,918**	**1,109**	**1,407**	**386**	**14,924**
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(229)	(80)	-	(490)	(219)	(549)	-	**(1,567)**
Subtotal:	**-**	**(229)**	**(80)**	**-**	**(490)**	**(219)**	**(549)**	**-**	**(1,567)**
Carrying amount at the end of the period*	**714**	**4,518**	**897**	**3,666**	**1,428**	**890**	**858**	**386**	**13,357**
Gross carrying amount									
Gross carrying amount	714	4,976	1,031	3,666	2,756	1,276	1,523	386	**16,328**
Accumulated depreciation / amortisation	-	(458)	(134)	-	(1,328)	(386)	(665)	-	**(2,971)**
Carrying amount at the end of the period	**714**	**4,518**	**897**	**3,666**	**1,428**	**890**	**858**	**386**	**13,357**

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

Parent

2019-20	Land and buildings:				Plant and equipment:				
	Land $'000	Buildings $'000	Right-of-use buildings $'000	Capital works in progress land and buildings $'000	Medical/ surgical/ dental/ biomedical $'000	Other plant and equipment $'000	Right-of-use plant and equipment $'000	Capital works in progress plant and equipment $'000	Total $'000
Carrying amount at the beginning of the period	**714**	**4,976**	**1,107**	**1,346**	**1,283**	**819**	**863**	**-**	**11,108**
Additions	-	113	-	13,654	530	106	372	327	**15,102**
Assets received free of charge	-	-	-	-	145	151	-	-	**296**
Disposals	-	-	-	-	-	-	(20)	-	**(20)**
Donated assets disposal	-	(113)	-	(6,194)	-	-	-	-	**(6,307)**
Transfers between asset classes	-	-	-	-	-	-	-	-	**-**
Other movements	-	-	-	-	-	-	-	-	**-**
Subtotal:	**714**	**4,976**	**1,107**	**8,806**	**1,958**	**1,076**	**1,215**	**327**	**20,179**
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(229)	(115)	-	(436)	(167)	(532)	-	**(1,479)**
Subtotal:	**-**	**(229)**	**(115)**	**-**	**(436)**	**(167)**	**(532)**	**-**	**(1,479)**
Carrying amount at the end of the period*	**714**	**4,747**	**992**	**8,806**	**1,522**	**909**	**683**	**327**	**18,700**
Gross carrying amount									
Gross carrying amount	714	4,976	1,107	8,806	2,353	1,076	1,148	327	**20,507**
Accumulated depreciation / amortisation	-	(229)	(115)	-	(831)	(167)	(465)	-	**(1,807)**
Carrying amount at the end of the period	**714**	**4,747**	**992**	**8,806**	**1,522**	**909**	**683**	**327**	**18,700**

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

18. Fair value measurement

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

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

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

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

18.1 Fair value hierarchy

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

The Hospital's policy is to recognise transfers into and out of fair value hierarchy levels as at the end of the reporting period. During 2020 and 2021, the Hospital had no valuations categorised into Level 1 or 2.

18.2 Valuation techniques and inputs

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

Unobservable inputs used to arrive at final valuation figures included:

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

19. Payables

	Consolidated		Parent	
	2021	2020	2021	2020
Current	$'000	$'000	$'000	$'000
Creditors and accrued expenses	3,731	4,213	3,731	4,213
Paid Parental Leave Scheme	24	23	24	23
Staff on-costs*	1,426	1,255	1,426	1,255
Other payables	118	89	118	89
Total current payables	**5,299**	**5,580**	**5,299**	**5,580**
Non-current				
Staff on-costs*	667	661	667	661
Total non-current payables	**667**	**661**	**667**	**661**
Total payables	**5,966**	**6,241**	**5,966**	**6,241**

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

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

As a result of an actuarial assessment performed by DTF, the portion of long service leave taken as leave is unchanged at 38% and the average factor for the calculation of employer superannuation on-costs has increased from the 2020 rate (9.8%) to 10.1% 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 $0.052 million. The estimated impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

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

Refer to note 30 for information on risk management.

20. Financial liabilities

	Consolidated		Parent	
	2021	2020	2021	2020
Current	**$'000**	**$'000**	**$'000**	**$'000**
Borrowings from SA Government	17	97	17	97
Lease liabilities	484	507	484	507
Total current financial liabilities	**501**	**604**	**501**	**604**
Non-current	**$'000**	**$'000**	**$'000**	**$'000**
Borrowings from SA Government	-	18	-	18
Lease liabilities	1,293	1,183	1,293	1,183
Total non-current financial liabilities	**1,293**	**1,201**	**1,293**	**1,201**
Total financial liabilities	**1,794**	**1,805**	**1,794**	**1,805**

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

Refer to note 30 for information on risk management.

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

20.1 Concessional lease arrangements for right-of-use assets

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

20.2 Maturity analysis

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

	Consolidated		Parent	
	2021	2020	2021	2020
Lease Liabilities	**$'000**	**$'000**	**$'000**	**$'000**
1 to 3 years	570	429	570	429
3 to 5 years	159	162	159	162
5 to 10 years	351	346	351	346
More than 10 years	344	394	344	394
Total lease liabilities (undiscounted)	**1,424**	**1,331**	**1,424**	**1,331**

21. Staff benefits

	Consolidated		Parent	
	2021	2020	2021	2020
Current	**$'000**	**$'000**	**$'000**	**$'000**
Accrued salaries and wages	3,160	3,099	3,160	3,099
Annual leave	9,636	8,386	9,636	8,386
Long service leave	1,479	1,555	1,479	1,555
Skills and experience retention leave	703	655	703	655
Total current staff benefits	**14,978**	**13,695**	**14,978**	**13,695**
Non-current				
Long service leave	16,825	17,184	16,825	17,184
Total non-current staff benefits	**16,825**	**17,184**	**16,825**	**17,184**
Total staff benefits	**31,803**	**30,879**	**31,803**	**30,879**

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

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

The annual leave liability and the skills and experience retention leave liability is expected to be payable within 12 months and is measured at the undiscounted amount expected to be paid. In the unusual event where salary and wages, annual leave and skills and experience retention leave liability are payable later than 12 months, the liability will be measured at present value.

The actuarial assessment performed by DTF left the salary inflation at 2.0% for annual leave and skills, experience and retention leave liability. As a result, there is no net financial effect resulting from changes in the salary inflation rate.

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

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

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

AASB 119 requires the use of the yield on long-term Commonwealth Government bonds as the discount rate in the measurement of the long service leave liability. The yield on long-term Commonwealth Government bonds has increased from 2020 (0.75%) to 1.50%. This decrease in the bond yield, which is used as the rate to discount future long service leave cash flows, results in an increase in the reported long service leave. The actuarial assessment performed by DTF left the salary inflation rate at 2.5% for long service leave liability. As a result, there is no net effect resulting from changes in the salary inflation rate.

The net financial effect of the changes to actuarial assumptions in the current financial year is a decrease in the long service leave liability of $1.089 million, payables (staff on-costs) of $0.042 million and staff benefits expense of $1.131 million. The impact on the future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions - a key assumption being the long-term discount rate.

22. Provisions

Provisions represent workers compensation.

Reconciliation of workers compensation (statutory and non-statutory)

	Consolidated		Parent	
	2021	2020	2021	2020
	$'000	$'000	$'000	$'000
Carrying amount at the beginning of the period	2,297	1,910	2,297	1,910
Increase in provisions recognised	4,162	905	4,162	905
Reductions arising from payments/other sacrifices of future economic benefits	(51)	(518)	(51)	(518)
Carrying amount at the end of the period	**6,408**	**2,297**	**6,408**	**2,297**

22.1 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.

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

A liability has been reported to reflect unsettled workers compensation claims. The workers compensation provision is based on an actuarial estimate of the outstanding liability as at 30 June 2021 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment. The liability was calculated in accordance with AASB 137 as the present value of the expenditures expected to be required to settle obligations incurred as at 30 June 2021. No risk margin is included in this estimate.

There is a significant degree of uncertainty associated with estimating future claims and expense payments. The liability is impacted by the agency claim experience relative to other agencies, average claim sizes and other economic and actuarial assumptions.

Additional compensation for certain work-related injuries or illnesses (additional compensation)

The Hospital has recognised an additional compensation which 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.

The additional compensation provision is based on an actuarial assessment of the outstanding liability as at 30 June 2021, provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment. The liability was calculated in accordance with AASB 137 as the present value of the expenditures expected to be required to settle obligations incurred at 30 June. The liability comprises an estimate for known claims and an estimate of incurred but not reported applications. No risk margin is included in the estimate.

There is a significant degree of uncertainty associated with this estimate. In addition, to the general uncertainties associated with estimating future claim and expense payments, the additional compensation provision 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. Assumptions used will continue to be refined to reflect emerging experience.

23. Contract liabilities and other liabilities

	Consolidated		Parent	
	2021	2020	2021	2020
Current	**$'000**	**$'000**	**$'000**	**$'000**
Contract liabilities	3,864	2,544	3,864	2,544
Residential aged care bonds	25,731	23,348	25,731	23,348
Other	27	26	27	26
Total contract liabilities and other liabilities	**29,622**	**25,918**	**29,622**	**25,918**

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

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

24. Cash flow reconciliation

Reconciliation of cash and cash equivalents at the end of the reporting period	**Consolidated**		**Parent**	
	2021	**2020**	**2021**	**2020**
	$'000	**$'000**	**$'000**	**$'000**
Cash and cash equivalents disclosed in the Statement of Financial Position	12,600	8,281	10,789	5,629
Cash as per Statement of Financial Position	**12,600**	**8,281**	**10,789**	**5,629**
Balance as per Statement of Cash Flows	**12,600**	**8,281**	**10,789**	**5,629**
Reconciliation of net cash provided by operating activities to net cost of providing services:				
Net cash provided by (used in) operating activities	10,401	6,447	11,322	7,279
Add/less non-cash items				
Asset donated free of charge	(152)	-	(14,310)	(6,307)
Capital revenues	7,653	12,073	7,653	12,073
Depreciation and amortisation expense of non-current assets	(8,152)	(7,822)	(1,567)	(1,479)
Gain/(loss) on sale or disposal of non-current assets	9	(678)	9	-
Impairment of non-current assets	(3)	-	-	-
Interest credited directly to investments	21	54	6	17
Resources received free of charge	68	560	68	296
Dividends received via reinvestment plan	4	4	-	-
Movement in assets/liabilities				
Increase/(decrease) in inventories	79	8	79	8
Increase/(decrease) in receivables	378	1,512	236	1,720
(Increase)/decrease in other liabilities	(3,704)	(4,243)	(3,704)	(4,243)
(Increase)/decrease in payables and provisions	(3,988)	(2,150)	(3,988)	(2,150)
(Increase)/decrease in staff benefits	(924)	(1,952)	(924)	(1,952)
Net result	**1,690**	**3,813**	**(5,120)**	**5,262**

Total cash outflows for leases is $0.661 million ($0.669 million).

25. Unrecognised contractual commitments

Expenditure commitments	**Consolidated**		**Parent**	
	2021	**2020**	**2021**	**2020**
	$'000	**$'000**	**$'000**	**$'000**
Within one year	974	624	974	624
Later than one year but not longer than five years	176	105	176	105
Total other expenditure commitments	**1,150**	**729**	**1,150**	**729**

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

The Hospital also has commitments to provide funding to various non-government organisations in accordance with negotiated service agreements. The value of these commitments as at 30 June 2021 has not been quantified.

26. Trust funds

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

	Consolidated		Parent	
	2021	2020	2021	2020
	$'000	$'000	$'000	$'000
Carry amount at the beginning of period	**49**	**51**	**49**	**51**
Client trust receipts	43	69	43	69
Client trust payments	(38)	(71)	(38)	(71)
Carrying amount at the end of the period	**54**	**49**	**54**	**49**

27. Contingent assets and liabilities

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

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

28. Events after balance date

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

29. Impact of Standards not yet implemented

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

Amending Standard AASB 2020-3 *Amendments to Australian Accounting Standards – Annual Improvements 2018-2020 and Other Amendments* will apply from 1 July 2022 and Amending Standard 2021-2 *Amendments to Australian Accounting Standards - Disclosure of Accounting Policies and Definition of Accounting Estimates* will apply from 1 July 2023. Although applicable to the Hospital, these amending standards are not expected to have an impact on the Hospital's general purpose financial statements. SA Health will update its policies, procedures and work instructions, where required, to reflect the additional clarification requirements.

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

30. Financial instruments/financial risk management

30. 1 Financial risk management

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

Liquidity Risk

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

Credit risk

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

Market risk

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

30.2 Categorisation of financial instruments

Details of the significant accounting policies and methods adopted including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised with respect to each class of financial asset, financial liability and equity instrument are disclosed in note 2 or the respective financial asset / financial liability note.

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

		Consolidated		Parent	
		2021	2020	2021	2020
Category of financial asset and financial liability	Notes	Carrying amount/ Fair value $'000	Carrying amount/ Fair value $'000	Carrying amount/ Fair value $'000	Carrying amount/ Fair value $'000
Financial assets					
Cash and equivalent					
Cash and cash equivalents	12,24	12,600	8,281	10,789	5,629
Amortised Cost					
Receivables [1][2]	13	3,116	3,124	3,153	3,303
Other financial assets*	14	23,872	20,736	21,770	18,569
Fair Value through other comprehensive income					
Other financial assets	14	149	142	-	-
Total financial assets		**39,737**	**32,283**	**35,712**	**27,501**
Financial liabilities					
Financial liabilities at amortised cost					
Payables [1]	19	3,694	4,146	3,694	4,146
Borrowings	20	17	115	17	115
Lease liabilities	20	1,777	1,609	1,777	1,690
Other financial liabilities	23	27	26	27	26
Total financial liabilities		**5,515**	**5,977**	**5,515**	**5,977**

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

[2] Receivable amount disclosed here excludes prepayments as they are not financial assets.

30.3 Credit risk exposure and impairment of financial assets

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

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

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

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

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

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

CONSOLIDATED AND PARENT	30 June 2021			30 June 2020		
	Expected credit loss rate(s) %	Gross carrying amount $'000	Expected credit losses $'000	Expected credit loss rate(s) %	Gross carrying amount $'000	Expected credit losses $'000
Days past due						
Current	0.1 - 11.1 %	604	15	0.1 - 14.9 %	1,158	13
<30 days	0.4 - 14.1 %	163	6	0.4 - 20.5 %	199	14
31-60 days	0.8 - 18.5 %	68	4	0.8 - 31.1%	100	3
61-90 days	1.1 - 21.3 %	69	5	1.1 - 39.1 %	85	5
91-120 days	1.3 - 23.1 %	70	7	1.3 - 43.1 %	74	8
121-180 days	1.8 - 31.4 %	82	10	1.8 - 55.4 %	166	21
181-360 days	3.5 - 73.6 %	256	88	3.5 - 72.1 %	538	67
361-540 days	4.6 - 88.4 %	140	45	4.6 - 87.4%	181	25
>540 days	5.3 - 99.4 %	495	113	5.3 - 98.9%	331	60
Total		**1,947**	**293**		**2,832**	**216**

31. Significant transactions with government related entities

The Hospital is controlled by the SA Government.

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

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

The Hospital received funding from the SA Government via the Department (note 2), and incurred significant expenditure via the Department for medical, surgical and laboratory supplies, computing and insurance (note 9). The Department transferred capital works in progress of $7.652 million ($12.073 million) to the Hospital. The Hospital incurred significant expenditure with the Department for Infrastructure and Transport (DIT) for property repairs and maintenance of $3.844 million ($3.543 million) (note 9). As at 30 June the outstanding balance payable to DIT was $0.396 million ($0.734 million) (note 19).

32. Interests in other entities

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

Controlled Entities

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

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

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

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

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

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

33. Schedules of administered items

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

	2021	2020
	$'000	$'000
Other expenses	(186)	(164)
Revenue from fees and charges	186	164
Net result	-	-
Cash at 1 July	-	-
Opening cash	-	-
Cash inflows	186	164
Cash outflows	(186)	(164)
Cash at 30 June	-	-

34. Board and committee members

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

Board/Committee name:	Government employee members	Other members
Riverland Mallee Coorong Local Health Network Governing Board	-	Joyner P (Chair), Ashworth E, Goldsmith C, Mohor S, Ottaway M, Toogood F
Riverland Mallee Coorong Local Health Network Risk and Audit Committee	-	Brass P (Chair)

Refer to note 8.2 for remuneration of board and committee members