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**Government
of South Australia**

Riverland Mallee Coorong Local Health Network **2022-23 Annual Report**

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK INC

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2022-23 ANNUAL REPORT for the Riverland Mallee Coorong Local Health Network Inc

To:

Hon Chris Picton MP

Minister for Health and Wellbeing

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

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

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

Wayne Champion

Chief Executive Officer

Riverland Mallee Coorong Local Health Network Inc

Date

30 September 2023

Signature



From the Governing Board Chair

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

The 2022-23 financial year has again been an extremely busy and challenging one, but there have also been many achievements and highlights across our network.

I have been privileged to continue to Chair the Governing Board which, 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. Our Governing Board membership has remained steadfast, with five highly skilled, experienced, and knowledgeable Board members continuing to guide the organisation and thank them sincerely for their expertise, commitment and diligence.

We recently had the pleasure of gaining two new Governing Board members - Sonia Waters with expertise in Aboriginal health who will facilitate a cultural lens on Board deliberations, and Richard Hearn AM, who has significant experience in the aged care sector. Their appointments were announced in June 2023, and both commenced with the Board on 1 July 2023.

The Governing Board maintained the committees for Finance, Clinical Governance, Aged Care and Disability Governance, and Audit and Risk, and these committees have continued to evolve as the organisation has matured. The Terms of Reference for the committees have been reviewed and updated, and self-evaluations undertaken in order to ensure continuous improvement. The establishment of the Aged Care and Disability Committee within the financial year has successfully led to an increased focus in this area for the LHN.

The Governing Board continued to work with Chief Executive Officer (CEO), Wayne Champion, and the Executive Committee, with no changes to the team during the 2022-23 financial year. 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. There was a significant shift in the 2022-23 financial year with restrictions easing and our health service and communities returning to a sense of pre-COVID normality. In late 2022 our COVID-19 vaccination clinics closed and in March 2023, we closed our Drive-Through COVID-19 Screening Clinic at Riverland General Hospital in Berri. The screening clinic was a mainstay in the

region and our hardworking staff administered a staggering 47,622 COVID-19 swabs during almost two years of operation.

Alongside the challenges brought by the COVID-19 pandemic, were two somewhat unique challenges for our region – the Murray River Flood event and the rollout of the Japanese Encephalitis Virus (JEV) vaccine in our region following the emergence of JEV in Australia.

Our community nursing staff were quick to pivot from the COVID-19 vaccine rollout to the JEV vaccine rollout, working in collaboration with the Communicable Disease Control Branch to administered almost 7000 JEV vaccinations to eligible groups within our region. The nursing team drove more than 14,000 kilometres to deliver the vaccine at 112 clinics across 10 locations.

The Murray River Flood event began in late 2022 and the Murray River rose to levels not seen since 1956, bringing many challenges to communities living along the river. RMCLHN's Renmark Paringa District Hospital (RPDH) was the only health site at risk of flooding, and the Network established an Incident Management Team (IMT) in October 2022 to plan, monitor and rollout contingency plans to ensure the safety and wellbeing of inpatients and Residential Aged Care Facility (RACF) residents. The Team worked diligently in collaboration with the South Australian Ambulance Service (SAAS) to relocate RACF residents from RPDH to other RMCLHN aged care sites in the region, and to higher ground within the facility, out of an abundance of caution, Inpatient admissions also temporarily ceased during this period. In January 2023, all residents returned to their normal rooms and inpatient admissions recommenced. The moves were conducted in a very calm, orderly and supportive manner, and all involved have been recognised for their outstanding work.

Aged care continued to be a major focus for the Governing Board during 2022-23, with members diligently monitoring any identified areas for improvement in residential aged care and supporting changes to ensure achievement of the aged care standards. The Governing Board continues to monitor the implementation of the recommendations from the Royal Commission into Aged Care Quality and Safety and are actively preparing for, and implementing, reform changes the aged care system in Australia.

RMCLHN has developed an Aged Care Strategy, which will guide our aged care services into the future, and the Aged Care and Disability Governance Committee will oversee and monitor progress in this important area.

It has been pleasing to see the ongoing development and implementation of the RMCLHN Operational Plan, detailing the strategies and activities to which we are committed to meet the vision and goals of RMCLHN's inaugural Strategic Plan. The Governing Board receives regular monthly and quarterly reports on the progress of operational activities, and we are pleased to see continued progress.

We were delighted to hold the RMCLHN 2023 Awards in June. We celebrated the many achievements of our staff, volunteers, Health Advisory Council (HAC) members, General Practitioners (GPs) and partners across 14 award categories which included four NAIDOC awards. We were also honoured to present a Special

Award this year to the RPDH Team for their efforts in the safe and coordinated relocation of aged care residents during the Murray River Flood and a Lifetime Achievement Award to Kathleen Gregurke. Kathleen has been involved with the Lameroo District Health Service, the Mallee Health Service, the old Hills Mallee Southern Region, CHSA and RMCLHN for well over 30 years. Her passion and dedication to the health system has been unwavering and we are grateful for her contribution and advocacy over the years to improve health outcomes for rural and remote communities.

HACs continue to be an important part of our health system, providing valuable support to local health units, undertaking important fundraising for their health sites and, most importantly, advocating for their local communities.

The Governing Board continue to have a focus and commitment in contributing to our vision for reconciliation to embrace unity between Aboriginal peoples and other Australians to ensure equal health outcomes for our Aboriginal stakeholders, and an inclusive and diverse workplace that is not just culturally safe, but culturally rich and proud.

Our commitment as a Governing Board to grow our own workforce has progressed with the continued expansion of the Riverland Academy of Clinical Excellence (RACE) throughout the 2022-23 year. Our vision for RACE is that RMCLHN is a highly sought-after training region for medical graduates. Our projected outcome is that Trainee Medical Officer (TMO) positions are consistently filled with high quality graduates who progress to Fellowship training, through to consultant positions in RMCLHN. Twelve new junior doctors have been attracted to the region in our second year of operation and they are working in several hospitals and general practices across the region. We are excited to continue the expansion of the RACE program into a multidisciplinary team of medical, nursing and allied health professionals.

The 2022-23 year has been busy, challenging and rewarding for the RMCLHN Governing Board as we have continued to evolve as an organisation and grow our local workforce by attracting staff to live, work and train within the region. We look forward to continuing to work with the CEO, Executive Committee, staff and clinicians, along with our consumers and communities, as we continue to develop safe, high-quality services that meet the needs of those living and working in our region.



Dr Peter Joyner OAM

Chair Governing Board

Riverland Mallee Coorong Local Health Network Inc

From the Chief Executive

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

The 2022-23 financial year has been another busy and exciting year as we continue to grow and evolve as an organisation. It has also had its challenges with the continued response to the COVID-19 pandemic, as well as the Japanese Encephalitis Virus (JEV) and the Murray River Flood event.



The Renmark Paringa District Hospital (RPDH) is built in an area that was completely flooded in the historic 1956 flood, but which is now protected by a levee bank system managed by the Renmark Paringa Council. In late 2023, the flood level reached a height where parts of RPDH would be flooded in the unlikely event of a levee failure, necessitating the pre-emptive relocation of aged care residents away from low lying areas of the facility until the flood waters subsided. This work was undertaken with minimal disruption to aged care residents and their families and I am extremely proud of all our staff involved in our Murray River Flood response.

The continued growth of our social media presence through our Facebook and Instagram pages, YouTube channel and LinkedIn account have played a significant role not only in helping to keep our communities informed during the Murray River Flood response, COVID-19 pandemic and JEV vaccination rollout, but also in relation to other activities and issues. Social media platforms have proven to be an excellent medium for promoting our services, organisation, events and staff, and they have also enabled engagement with the community, both generally and on specific topics. Our Governing Board Annual Public Meetings continued to be livestreamed on social media allowing people from all over our region the opportunity to attend virtually and ask questions. The continued development of the Riverland Academy of Clinical Excellence (RACE) has also allowed us a unique opportunity to deliver the latest research to clinicians and communities via social media through our Grand Rounds.

The Executive Team has worked with the Governing Board to continue to progress and monitor the Operational Plan, which is structured to ensure that we achieve the goals outlined under the four strategic themes in RMCLHN's 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 the Governing Board monitoring the progress towards achieving its strategic objectives through regular reporting of the Operational Plan.

Our Health Advisory Councils (HACs) continue to play a significant role in the Network and they have provided valuable input during the year along with their ongoing advocacy role for their communities, they have continued to raise funds for the benefit of our health services across the region.

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 Barmera, Renmark, Loxton and Mannum facilities assessed during the financial year. Plans for Continuous Improvement have been developed to address areas identified through the assessment process, with reports and progress updates provided back to ACQSC. Implementation of the current Commonwealth Government aged care reform agenda, which is focussed on the recommendations from the Royal Commission into Aged Care Quality and Safety will continue to be a focus over the coming years.

During the year we undertook a significant service realignment project, which resulted in the transfer of residential aged care services in Mannum to the community owned Aminya Village. We have also initiated a significant service planning process to inform the development of a Mannum Health Service Plan, involving significant consultation with clinicians and the community.

Our annual Awards were once again held in June this year where we celebrated the many achievements of our staff, volunteers, HAC members, GPs and partners. The Awards provide a platform for us to recognise the outstanding achievements of everyone working within and with RMCLHN. It was a great pleasure to present this year's Lifetime Achievement Award to Kathleen Gregurke who has made a significant contribution to our local communities and at a regional and state-wide level over many years.

Aboriginal health, and collaboration with the Aboriginal community, has continued to be an area of focus for the Network. We are committed to increasing employment opportunities for Aboriginal people, including through the employment of Aboriginal Hospital and Community Liaison Officers, Project Officers including Aboriginal Workforce and Close the Gap projects, as well as offering ongoing employment to roles which directly support care of Aboriginal consumers.

The Riverland Academy of Clinical Excellence (RACE) has continued to gain momentum over the 2022-23 year. RACE articulates our 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 SA Rural Health Workforce Strategy, SA Rural Medical Workforce Plan and the National Rural Generalist Pathway.

RACE has attracted more than 30 new Trainee Medical Officers (TMOs) to the region since commencement, working in hospitals and general practices in Mannum, Murray Bridge, Lameroo, Waikerie, Loxton, Barmera, Renmark, and Berri. In December 2022 we undertook a successful SAMET Accreditation process for a full four-year accreditation along with the development of the RACE Clinical Leadership Program - an eighteen-month course for aspiring leaders within RMCLHN. We are excited to watch this grow further into a multidisciplinary division including medical, nursing and allied health teaching, education, research and clinical care.

In late 2022 we carried out our second RMCLHN Staff Survey, to assist us to define priorities and understand the issues that are important to our staff. We received more than 300 responses from our cohort of approximately 1800 staff, across different sites and work areas, who indicated favourable areas and highlighted priority areas to focus on. Action plans will be developed at all sites to monitor the implementation of these results.

We were excited to launch the Midwifery Group Practice (MGP) Midwifery Model of Care (MMoC) at Murray Bridge Soldiers' Memorial Hospital in late 2022, and at Loxton Hospital Complex in June 2023, following a successful pilot at Riverland General Hospital (RGH). MGP MMoC is a continuity of care model, whereby midwives are allocated a caseload of women to care for and support throughout their pregnancy and up to six weeks postpartum. This allows the formation of a trusted ongoing relationship between the pregnant woman and midwife. Research shows this type of model is attractive to, and has many positive benefits for women, their families, and midwives.

Financially, it has again been a challenging 12 months and RMCLHN finished the year in a less than favourable financial position. Costs associated with high levels of clinical activity, the commitment of additional resources for aged care, and the costs involved in responding to COVID-19 and the Murray River flood are the primary contributors to the financial position. Staff are to be commended for their efforts to achieve savings in other areas.

Looking ahead, 2023-24 will no doubt also be another interesting and challenging year. Growing and sustaining our health workforce will also continue to be a challenge but we are excited by what 2023-24 will bring through the further development of RACE and its expansion into nursing and allied health areas. The significant focus on aged care will also continue.

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 Committee 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 to our communities.



Wayne Champion

Chief Executive

Riverland Mallee Coorong Local Health Network Inc

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Overview: about the agency

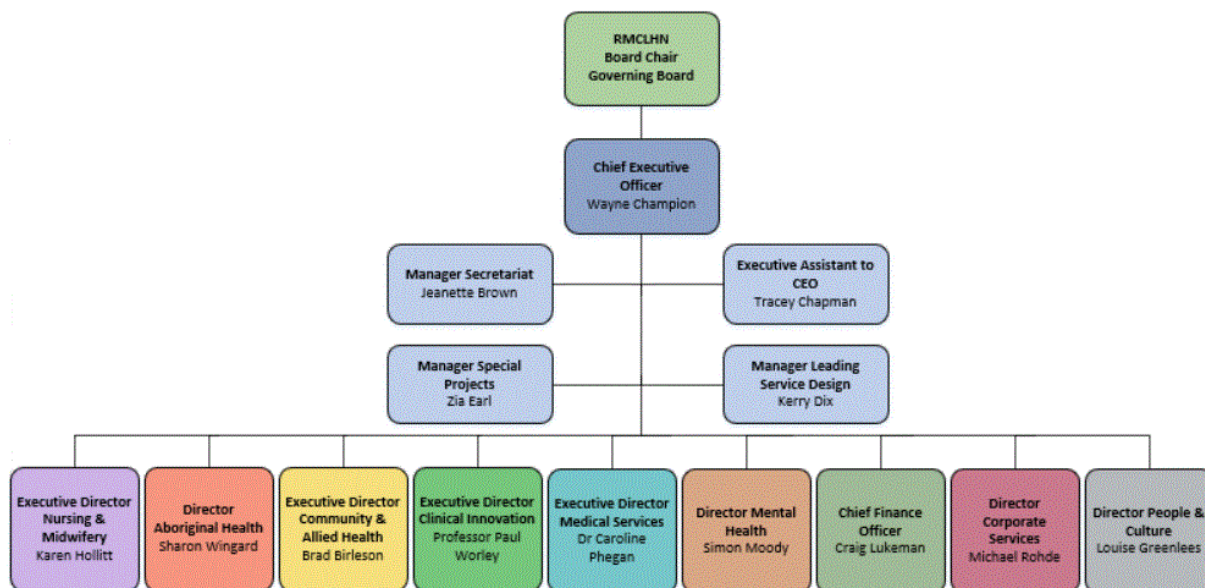
Our strategic focus

Our Purpose	<p>Our people caring for our communities.</p> <p>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.</p>
Our Vision	<p>Our Vision for our communities</p> <p>Aged Care</p> <p>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.</p> <p>Mental Health</p> <p>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.</p> <p>Community Health</p> <p>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.</p> <p>Aboriginal Health</p> <p>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.</p> <p>Acute Care</p> <p>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.</p>
Our Values	<p>‘RMC CARES’</p> <p>Respectful - We treat everyone as equals and value each other’s sense of worth.</p>

	<p>Motivated - We are driven to excel and provide the best quality care to our consumers and communities, when and where they need it.</p> <p>Compassionate - We take care of others and act with kindness, empathy, patience and understanding.</p> <p>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.</p> <p>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.</p> <p>Resourceful - We are agile, adaptable and able to deal skilfully, creatively and promptly with new situations and challenges.</p> <p>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.</p> <p>Service - We serve people and our communities courteously, fairly and effectively.</p>
<p>Our functions, objectives and deliverables</p>	<p>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.</p> <p>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.</p> <p>Our wide range of health care services include:</p> <ul style="list-style-type: none"> • 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. <p>The key strategic themes for RMCLHN are:</p> <ul style="list-style-type: none"> • Caring for our Communities • Excellence in Clinical Care

	<ul style="list-style-type: none"> • Local Governance • Investing in our People. <p>In RMCLHN we strive to:</p> <ul style="list-style-type: none"> • 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.
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Our organisational structure



As at 30 June 2023

Changes to the agency

During 2022-23 there were no changes to the agency’s structure and objectives as a result of internal reviews or machinery of government changes.

Our Minister

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

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



Our Executive team

As at 30 June 2023 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 National Disability Insurance Scheme (NDIS) programs.

Executive Director Medical Services – Dr Caroline Phegan

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

Executive Director Clinical Innovation – Professor Paul Worley

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

excellence in rural health. The vehicle for doing this is the Riverland Academy of Clinical Excellence (RACE). The first steps for the Academy were developing and implementing a Rural Generalist Training Program within RMCLHN including the establishment of a Trainee Medical Officer Unit and establishing a Public Health and Research Unit in the LHN.

The position contributes to the implementation of the SA Rural Health Workforce Strategy across all domains and incorporates the role of Director of Research for the LHN, promotes evidence based clinical practice throughout the LHN and supports collaborative leadership of 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 Information and Communication Technology (ICT) functions. The position ensures strategic and commercial review of key service contracts across the Network and ensures major contracts are successfully operationalised and performance reviewed along with ensuring effective operation of corporate governance activities including internal audit, business continuity, planning and compliance.

Director Aboriginal Health – Sharon Wingard

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

Director People and Culture – Louise Greenlees

The role is responsible for leading and managing the delivery of best practice human 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.

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.

Leading Service Design Manager – Kerry Dix

The Leading Service Design Manager is responsible for leading and influencing service design and strategic directions for RMCLHN, ensuring that strategies are innovative, effective and vision based. This includes developing and implementing service design and planning initiatives, providing strategic oversight of current and future services, co-creating initiatives with state, regional and community networks, and implementing initiatives that create leadership skills, foster a learning environment and generate creativity and innovation.

Our Governing Board

Dr Peter Joyner OAM

Role – Chair, Primary skill area - Health professional

Term Expiry - 30 June 2023 (ongoing)

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

Elaine Ashworth

Role – Member, Primary skill area - Health professional

Term Expiry - 30 June 2023 (ongoing)

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 managerial 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

Role – Member, Primary skill area – Financial management

Term Expiry - 30 June 2024

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 Practising Accountant and a Graduate of the Australian Institute of Company Directors. Claudia is a resident of Port Elliot and brings finance and governance experience to the Board.

Melanie Ottaway

Role - Member, Primary skill area - Health professional

Term Expiry - 30 June 2024

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

Fred Toogood

Role - Member, Primary skill area – Consumer engagement

Term Expiry - 30 June 2023 (ongoing)

Fred Toogood is a former small business owner and 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 more than 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 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
- South Australian Ambulance Service
- Commission on Excellence and Innovation in Health
- Wellbeing SA
- Barossa Hills Fleurieu Local Health Network Inc
- Central Adelaide Local Health Network Inc
- Eyre and Far North Local Health Network Inc
- Flinders and Upper North Local Health Network Inc
- Limestone Coast Local Health Network Inc
- Northern Adelaide Local Health Network Inc
- Southern Adelaide Local Health Network Inc
- Women's and Children's Health Network Inc
- Yorke and Northern Local Health Network Inc

The agency’s performance

Performance at a glance

- Meeting target of 90% for ‘ED length of stay less than or equal to four hours’ in three of twelve months. Results for the remaining months range from 86% - 89%.
- Meeting target of less than 3% for ED ‘left at own risk’ for Aboriginal and Torres Strait Islander consumers in ten of twelve months.
- Meeting target in ED ‘length of stay greater than 24 hours’ for 2022-23 in eight of twelve months.
- Meeting target of less than 4.5% for ‘percentage ED patients re-presenting within 48 hours’ in nine of twelve months.
- Meeting targets in elective surgery ‘admitted on time’:
 - Category 1, target 100%, in ten of twelve months.
 - Category 2, target 97%, in seven of twelve months.
 - Category 3, target of 95%, in nine of twelve months.
- Meeting % of ISR 1 & 2 incidents that are openly disclosed (unless declined or deferred) in eleven of twelve months.
- Meeting targets for ITO compliance and improving against Mental Health KPIs for post discharge community follow up and care plan compliance.
- Meeting target of 80% of complaints acknowledged within two working days in ten of twelve months.
- RMCLHN is accredited against the National Safety and Quality Health Service (NSQHS) with an accreditation expiration date of 24 February 2024. A short-notice assessment of all National Standards will be held prior to accreditation expiry.
- RMCLHN was re-accredited against the NDIS Practice Standards in January 2023. The next accreditation event is scheduled for July 2024.
- RMCLHN is accredited for four years against the Australian Medical Council standards for Junior Doctor training following successful accreditation in 2021.
- Current accreditation status of Residential Aged Care Facilities (RACF) in RMCLHN:

Name of Service	Current Status	Rating
Bonney Lodge Barmera 6149	Improvements needed	●●●○
Loxton District Nursing Home 6405		●●●●
Renmark Nursing Home 6936		●●●●

- Ongoing full facility accreditation with SAMET for intern and PGY2 medical trainees.

The LHN is an active research partner in Health Translation SA and the Australian Teletrials Program.

- Delivering investment on capital upgrades and equipment in RMCLHN.
- Delivering services tailored specifically to the needs of local Aboriginal and Torres Strait Islander communities, such as the Tumake Yande Elders Program, Tumake Tinyeri Birthing Program, Aboriginal Health Team in the Riverland and Aboriginal Hospital Liaison Officer positions for the Riverland.
- Delivering community and in-home services through Country Health Connect.
- The Governing Board held 11 regular meetings and one special meeting in 2022-23 with attendance being:

Dr Peter Joyner	100%
Elaine Ashworth	100%
Claudia Goldsmith	100%
Melanie Ottaway	100%
Fred Toogood	100%

Agency specific objectives and performance

Nurse practitioners

- RMCLHN delivered on the Government's election commitment to establish senior nursing roles in palliative care across regional South Australia.
- RMCLHN has successfully recruited to a Nurse Practitioner in the Riverland and a Nurse Practitioner Candidate at Murray Bridge.

Commonwealth Aged care reforms

- RMCLHN continues to implement the Commonwealth's reforms to community aged care.
- Serious Incident Reporting (SIRS) was implemented this year along with reforms to cap Home Care Package fees related to care management and package management.

Japanese Encephalitis Virus (JEV) Immunisation program

- RMCLHN took a lead role in implementing the JEV vaccination program in partnership with the Communicable Disease Control Branch (CDCB) and BHFLHN.
- RMCLHN staff travelled 14,091 kilometres to facilitate 112 clinics across 10 high risk locations and delivered 6,754 vaccinations to the community.

Sexual Domestic and Family Violence

- RMCLHN supported SA Health's strategy to reduce sexual, domestic and family violence through the introduction of the Ask, Assess and Respond procedure.
- A rolling program of staff education has been implemented to train staff in the use of this procedure and in raising awareness of the impact of Sexual, Domestic and Family Violence in general.

Murray Bridge Country Health Connect Pool Facility

- The Murray Bridge Country Health Connect Pool Facility reopened after services were suspended due to the COVID-19 pandemic.

Agency objectives	Indicators	Performance
Clinical Services Reform	<ul style="list-style-type: none">• Chemotherapy and cancer care activity.	<ul style="list-style-type: none">• In 2022-23 there were 1277 chemotherapy treatments and 501 other infusions delivered at the RGH chemotherapy unit.• In 2022-23 there were 932 oncology consultations, primarily face to face and via telehealth, and 1178 Nursing only oncology occasions of services.

		<p>were provided to these consumers.</p>
<p>Hospital services</p>	<ul style="list-style-type: none"> • ED presentations seen on time. • ED length of stay less than or equal to 4 hours. • Elective surgery timely admissions – all categories. • Rehabilitation. • Transition Care. • Acute inpatient activity. 	<ul style="list-style-type: none"> • All targets met in 2022-23 for ED seen on time, categories 1 – 5. • Target 90% met in three of twelve months. Results for other months range from 86 – 89%. • Targets in elective surgery ‘admitted on time’: Category 1 was met in ten of twelve months. Category 2 in seven of twelve months. Category 3 in nine of twelve months. • There were 95 inpatient admissions to the RGH Rehabilitation ward. 1,479 occupied bed days of care were provided. A further 2,161 non admitted service events were completed. • 101 consumers received a transition care program (TCP) and a total of 5584 hours of service were provided through this program. • 11,092 same-day patients and 8209 overnight patient separations (35,050 occupied bed days). 456 babies were delivered.

<p>Continuous improvement of quality and safety</p>	<ul style="list-style-type: none">• SAC 1 and 2 incidents. • Hospital acquired complications.	<ul style="list-style-type: none">• There were 30 ISR 1 and 86 ISR 2 incidents reported on SLS for 2022-23.• Overall, ISR 1 and 2 incidents accounted for 3.2% of all incidents reported in RMCLHN.• 100% of ISR 1 and 2 incidents were openly disclosed in 2021-22.• There were 90 hospital acquired complications in RMCLHN in 2022-23 with a funding impact of \$96,749. This compares to 87 for the same period in 2021-22 with a funding impact of \$79,851.
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<p>Aboriginal Health</p>	<ul style="list-style-type: none"> • Aboriginal Health – left ED at own risk. • Aboriginal Health – left against medical advice (inpatient). • Aboriginal Family Birthing Program. • Aboriginal percentage of workforce. • Increased visibility to the community. 	<ul style="list-style-type: none"> • The target of less than 3% of Aboriginal and/or Torres Strait Islander consumers who left the ED at their own risk was met in ten of twelve months in 2022-23 with overall result of 2.3%. • Target of less than 4.5% of overnight Aboriginal and/or Torres Strait Islander consumers left at own risk met for one of twelve months for 2022-23. • 33 women accessed the Tumake Tinyeri Aboriginal Family Birthing Program in 2022-23, exceeding the target of 20 per year. Of these, 19 women birthed at MBSMH and 12 at other sites due to high-risk pregnancies or pregnancy complications. families moved away from the LHN prior to birthing. • The program has been successfully integrated with the Midwifery Model of Care and women now have access of full continuity of care across the entire pregnancy and early parenting journey. • The new model of care and transition plan for the Riverland Aboriginal Health Service is working well. • 2.09% of the workforce identified as Aboriginal and/or Torres Strait Islander as at 30 June 2023. • Continued with the RMCLHN Aboriginal Health webpage as a platform for information on service
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	<ul style="list-style-type: none">• Partnerships.	<p>provision and document sharing.</p> <ul style="list-style-type: none">• Continued Yarning Circles to engage with the community.• Extensive engagement with the community in the development process of the RMCLHN Aboriginal Health Strategy.• Reconciliation Action Plan (RAP) Working Group to assist RMCLHN to work towards meeting the deliverables of the RMCLHN Innovate RAP.• The RMCLHN Aboriginal Health Committee changed its committee model to encompass the Yarning Circle Model.• Commissioning of Aboriginal artwork at the Riverland Aboriginal Health and Wellbeing Centre in Barmera, RGH and the Berri Child Health and Development building to promote a culturally welcoming and safe environment.• Aboriginal Interagency Forum continued within the Murraylands, to ensure service providers are fully informed about local services so the local Aboriginal community have access to all the services to them.
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<p>Improving Mental Health outcomes</p>	<ul style="list-style-type: none"> • 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. • Care Plan Compliance. 	<ul style="list-style-type: none"> • The readmission rate was 11.59% (Target <12%). • There were 1.66 restraint incidents per 1,000 bed days. • There were 0 seclusion incidents per 1,000 bed days. • 89.33% of clients seen within 7 days (Target 80%). • The ALOS for 2021-22 was 9.18 (Target <14). • The average ED wait time for 2022-23 was 1.55 minutes. • The average ED visit time for 2022-23 was 2.74 hours (Target < 6 hours). • The Care Plan Compliance for 2022-23 was 71.10% (Target 80%).
<p>Aged Care</p>	<ul style="list-style-type: none"> • Residential aged care (RAC) occupancy. • Aged Care Assessment Program (ACAP) assessments. • Home Care Package occupancy rates. • Commonwealth Home Support Program (CHSP) client numbers. 	<ul style="list-style-type: none"> • 84% occupancy across RAC sites. • 797 ACAP assessments were completed in in 2022-23. • Home Care Package occupancy rates fluctuated through the year from a high of 301 in November to 277 in July related to available staffing. • 1,617 CHSP clients were supported, enabling older people to remain independent in their own home for longer.

River Murray Flood Event

RMCLHN was significantly impacted by the River Murray flood event during 2022-23 and firmly focused on supporting our communities, consumers and residents:

- RMCLHN planning for the Flood/High River Event commenced in October 2022. A Flood/High River Incident Management Team (IMT) was established for the LHN supported by the RMCLHN Disaster Resilience Coordinator.
- Renmark Paringa District Hospital was the only RMCLHN site assessed as being at risk of flooding.
- The township of Renmark is protected by the Renmark Flood Protection levees that get engaged at approximately 120 giganlitres (GL) of flow per day. Renmark Paringa District Hospital was severely flooded in the 1956 Murray River Flood (the highest on record) where flows were approximately 340 GL per day.
- The Flood/High River Event in 2022-23 had initial peak forecast flows of 130 giganlitres (GL) per day during November 2022 with the high flows expected to continue through December. The Department for Environment and Water (DEW) advised that predicting peak flows is difficult and that, whilst unlikely, agencies should have contingency plans in place for higher than predicted flows. The Renmark Paringa Council commenced approximately \$3 million of remedial works on the Renmark levee banks, most notably the Hospital Levee Bank.
- Flood Response Plans were developed with the South Australian Ambulance Service (SAAS) heavily involved in planning for the relocation of aged care residents.
- Whilst RMCLHN had capacity to accommodate aged care residents from Renmark Paringa District Hospital's nursing home and hostel in other facilities operated by RMCLHN, logistically it would take some time to relocate residents to a new facility.
- At the time of initial planning Renmark Paringa District Hospital was home to 77 aged care residents and approximately 6-8 admitted inpatients.
- In November 2022 flow predictions increased to a possible 220 GL per day. At this time, a decision was made to cease admissions to Renmark Aged Care and to Renmark Paringa District Hospital several weeks later. Surveyors were commissioned by the LHN to survey the varying floor levels within the Renmark site. All equipment that was not in use and stored medical records were packed into shipping containers which could be easily relocated off site if necessary.
- On Friday 2 December 2022 surveyors were again commissioned to install measures on the Ral Ral Bridge to be able to regularly record the water level using the Australian Height Datum (AHD). This would provide accurate comparisons of water flows against the height of the floor levels within the Renmark site. At the first water reading, the water level was at 18.62 metres AHD, significantly higher than modelling predictions of water flow had indicated.

- The lowest floor level within the Renmark Paringa District Hospital site is 18.74 metres AHD. Consequently, the LHN had reached the threshold for stage one relocation of Renmark aged care residents earlier than anticipated.
- Stage one relocation of 20 residents commenced 6 December 2022 to Barmera, Loxton and Waikerie aged care sites, with the assistance of SAAS. Stage one relocation involved the planned and orderly relocation of those residents who would be difficult to relocate quickly (bed bound, significantly mobility impaired, or behaviourally challenged).
- Stage 2 relocation commenced 12 December 2022, and this involved the orderly relocation of 30 aged care residents to buildings on higher ground within the Renmark Paringa District Hospital facility (between 19.17m AHD – 19.55m AHD). The higher ground was assessed as being above the anticipated peak water height at the Renmark Hospital Levee. A small number of residents and their families opted to be relocated to an alternative aged care facility or the family home for the Christmas period.
- Additional precautionary flood protection measures were implemented at Renmark Paringa District Hospital from 17 December, including sandbagging and the installation of DefenCell around the hospital.
- Regular communication, including weekly face to face meetings with residents and representatives, occurred onsite at Renmark, facilitated by the Executive Officer/Director of Nursing and RMCLHN CEO to reassure aged care residents, consumers and staff that detailed flood response plans were in place and the situation was being closely monitored and managed.
- Regular communication occurred with all staff, Health Advisory Councils, volunteers and consumers throughout the event. Public Meetings were held in many of the towns within RMCLHN coordinated by the State Emergency Service (SES) and were attended by RMCLHN senior managers.
- Ferries and roads within RMCLHN were closed for varying periods of time but there continued to be road access between health facilities and metropolitan hospitals.
- As the flood waters subsided, on 23 January 2023 all Renmark aged care residents commenced relocation back to their usual rooms onsite at Renmark.
- The smooth and orderly relocation and return of residents from the Renmark Paringa District Hospital Hostel and Nursing Home was a huge credit to the staff and SAAS.
- The significance of the event resulted in visits by the Minister for Health and Wellbeing, the Premier of South Australia and the Australian Prime Minister.
- Approximately \$4 million in dedicated funding was provided by the Minister for Health and Wellbeing to provide mental health services for community members impacted by the Murray River flood.

Corporate performance summary

RMCLHN achieved key performance outcomes including:

- RMCLHN is accredited against the NSQHS Standards with an accreditation expiration date of 24 February 2024. A short-notice assessment of all standards will be held prior to accreditation expiry.
- Accreditation against the Aged Care Quality Standards for Renmark, Barmera and Loxton Residential Aged Care Facility sites was held in 2023. Renmark and Loxton have nil improvements required and Barmera have a current Notice to Remedy.
- Successful Food Safety Accreditation at all sites in 2023.
- RMCLHN is accredited against the NDIS Practice Standards following a successful accreditation in November 2022 resulting in seven minor non-conformances.
- Meeting legislative compliance against “Ministers Specification SA76 Maintenance of essential safety provisions” by passing three-yearly Triennial Fire Surveys (all 12 sites).
- Achieving compliance against the SA Health “Guidelines for the control of Legionella” by passing 12 monthly auditing.
- Supporting a number of staff with professional development opportunities.
- Established the inaugural RACE Clinical Leadership Program aimed at supporting the development of future leaders with a diverse cohort of 17 internal leaders enrolled in the 2023 program.
- Launched the RMCLHN De-escalation Skills Training Program, evolved from the regional Management of Actual and Potential Aggression (MAPA) program.
- Developed a new staff survey and staff separation survey to be launched in 2023-24.
- Established the RMCLHN Scholarship Program providing investment in learning and development opportunities for all levels of staff.
- Established the RACE Leadership Program to support mid-career staff to develop leadership and quality improvement skills.
- Developed a six-month Wellness Webinar series Program focusing on six wellbeing topics.
- Supporting individual and team development through promotion of the DiSC® workshop opportunities for teams within RMCLHN.
- Recognised outstanding workplace wellbeing achievements through the RMCLHN 2023 Awards, Area of Focus 2023 award category.
- Fostered open communications through Crucial Conversations training for Executive and Senior Leaders
- Increased staff participation in six-monthly annual Performance Review and Development (PRD) discussions.
- Meeting 100% for all staff to have the required Criminal History and relevant screening.
- Continual monitoring of the number of staff with excess annual leave.

- Reduction of new workplace injury claims.
- Attendance of 164 staff at the face-to-face orientation program.
- Launched the 2023 RMCLHN Staff Engagement Survey.
- Monitored the deliverables of the RMCLHN REFLECT Reconciliation Action Plan (RAP) 2022-23.
- Continued the RMCLHN NAIDOC Week Awards, with winners announced in June 2023.
- Launched the RMCLHN Disability Access and Inclusion Plan 2022-25.
- Launched the RMCLHN Diversity and Inclusion Plan 2022-25.
- Developed a Mental Health Services Plan.
- Developed a Strategic Asset Management Plan
- Developed an Aged Care Preliminary Business Plan.
- Developed a Digital Health and Information Strategy.
- Commitment to address racism including the continued use of a function on the Safety Learning System (SLS) for staff to report any level of racism within the workplace. Processes also continue to ensure any reports of racism are handled appropriately.
- Project investments to either replace or repair/upgrade equipment and minor building refurbishment including \$0.70 million in Minor Works with a further \$2.3 million on asset sustainment projects.
- Investing \$0.38 million in biomedical equipment (BME) across the LHN.
- Installation of solar panels at Pinnaroo, Lameroo and Karoonda.
- Implementation of carbon footprint tracking.
- Continued planning for the Riverland Central Sterile Supply Department (CSSD) Hub and Spoke model.
- Developed a Master Plan for Murray Bridge Soldiers' Memorial Hospital.
- RMCLHN is active on social media through its Facebook page, YouTube channel and LinkedIn and Instagram accounts, with just under 9000 followers and subscribers across these channels. The Facebook page continues to be the top performing social media channel for RMCLHN; however, we have achieved significant improvement in the reach of our Instagram content. The majority of our audience on Facebook and Instagram (more than 80%) identify as female between the ages 35 to 55. For the 2022-23 financial year, our Facebook reach exceeded 451,000 and our Instagram reach exceeded 114,000 (360% increase on the previous financial year).

Employment opportunity programs

Program name	Performance
Aboriginal and Torres Strait Islander Administrative Traineeship	RMCLHN participated in a traineeship program with one new staff member employed within administration and undertaking a Certificate III in Business.

Growing Leaders	RMCLHN continued to support ten staff to undertake the Growing Leaders program.
OCPSE Manager Essentials	RMCLHN has continued to support three staff to undertake the Office of the Commissioner for Public Sector Employment (OCPSE) Manager Essentials program.
OCPSE Next Execs	RMCLHN has continued to support one manager to undertake the Office of the Commissioner for Public Sector Employment (OCPSE) Next Execs program.
SALA Aboriginal Leadership Program	RMCLHN has continued to support two staff to undertake the Aboriginal Leadership Program.
Enrolled Nurse Cadets	During 2022-23, six Enrolled Nurse Cadets commenced employment with RMCLHN.
Transition to Professional Practice Program (TPPP)	39 Registered Nurses, including two dedicated Mental Health RNs, and an additional four graduate Registered Midwives commenced employment through TPPP within RMCLHN in 2022-23. Sites include Barmera Health Service, Lameroo District Health Service, Loxton Hospital Complex, Mannum District Hospital, Meningie & Districts Memorial Hospital, Murray Bridge Soldiers' Memorial Hospital, Pinnaroo Soldiers' Memorial Hospital, Renmark Paringa District Hospital, Riverland General Hospital, Tailem Bend District Hospital and Waikerie Health Service.
RMCLHN Aged Care Traineeship Program	RMCLHN partnered with Maxima Group Training in hosting a number of placements throughout the LHN in 2022 whilst the trainee undertook a Certificate III in Individual Support (Ageing). Many of the trainees went on to gain permanent employment within RMCLHN on completion of the program.
Aboriginal Employee Network	Supported the 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.
Mental Health First Aid	RMCLHN supported 34 staff to attend Mental Health First Aid Training to provide them with tools not only to assist with their wellbeing but for those of fellow colleagues.

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 2023, 71.42% of staff had a six-monthly performance review and development discussion.
Mandatory Training Compliance.	As at 30 June 2023, RMCLHN recorded 88% compliance.
Criminal History and Relevant Screening Compliance.	As at 30 June 2023, RMCLHN recorded 100% compliance.
Influenza vaccination compliance.	As at 30 June 2023, RMCLHN recorded 41% overall compliance for staff.
COVID-19 vaccination compliance.	As at 30 June 2023, 99% of working staff across RMCLHN had received their first and second dose of a COVID-19 vaccine.
RMCLHN continues to foster a strong commitment to the recruitment and retention of Aboriginal and Torres Strait Islander staff.	As at 30 June 2023, 2.09% of staff within RMCLHN identified as Aboriginal and/or Torres Strait Islander.

Work health, safety and return to work programs

Program name	Performance
Prevention and management of musculoskeletal injury.	RMCLHN recorded 26 new musculoskeletal injury (MSI) claims in 2022-23. This was a decrease of nine claims (25.71% decrease) on the previous year. New MSI claims accounted for 59.09% of new claims submitted (5.72% increase on last year).
Prevention and management of psychological injury.	RMCLHN recorded two new psychological injury (PSY) claims in 2022-23. This was a decrease of one claim (33% decrease) on the previous year. New PSY claims accounted for 4.54% of new claims submitted.
Prevention and management of slips, trips and falls.	RMCLHN recorded nine new slips, trips and falls (STF) claims in 2022-23. This was an increase of one claim (12.5% increase) on the previous year. New STF claims accounted for 20.45% of new claims submitted.

Workplace injury claims	Current year 2022-23	Past year 2021-22	% Change (+ / -)
Total new workplace injury claims	44	54	-10%
Fatalities	0	0	0%
Seriously injured workers*	0	1	-100%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	12.74	21.03	-8.29%%

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

Work health and safety regulations	Current year 2022-23	Past year 2021-22	% Change (+ / -)
Number of notifiable incidents (<i>Work Health and Safety Act 2012, Part 3</i>)	4	6	-2%
Number of provisional improvement, improvement and prohibition notices (<i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i>)	1	1	0%

Return to work costs**	Current year 2022-23	Past year 2021-22	% Change (+ / -)
Total gross workers compensation expenditure (\$)	\$1,865,819.00	\$1,686,657.00	+10.6%
Income support payments – gross (\$)	\$256,659.00	\$522,616.00	-49.1%

**before third party recovery

Data for 2019-20 to 2021-22 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
MD029G	2
RN6A06	1
AHP601	1

Data for 2019-20 to 2021-22 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

Financial performance at a glance

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

Statement of Comprehensive Income	2022-23 Budget \$000s	2022-23 Actual \$000s	Variation \$000s	2021-22 Actual \$000s
Total Income	197,231	212,080	14,861	187,971
Total Expenses	204,720	218,649	-13,929	199,466
Net Result	-7,489	-6,569	920	-11,495
Total Comprehensive Result	-7,489	-6,557	932	-11,476

Statement of Financial Position	2022-23 Budget \$000s	2022-23 Actual \$000s	Variation \$000s	2021-22 Actual \$000s
Current assets	n/a	49,157	n/a	40,167
Non-current assets	n/a	151,036	n/a	157,188
Total assets	n/a	200,193	n/a	197,355
Current liabilities	n/a	61,045	n/a	54,827
Non-current liabilities	n/a	27,885	n/a	24,563
Total liabilities	n/a	88,930	n/a	79,390
Net assets	n/a	111,263	n/a	117,965
Equity	n/a	111,263	n/a	117,965

Consultants disclosure

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

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

Consultancies	Purpose	\$ Actual payment
All consultancies below \$10,000 each - combined	Not applicable	Nil

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

Consultancies	Purpose	\$ Actual payment
Quality Compliance & Innovation Pty Ltd	Aged care review audits	\$59,400
Enkindle Consulting Pty Ltd	Aged care reform project - Transition for change in funding from ACFI to ANN-ACC	\$31,653
Wiltshire Swain Pty Ltd	RMCLHN Helipad design project	\$30,000
Wiltshire Swain Pty Ltd	Barmera Hospital RACF master plan upgrades	\$10,702
	Total	\$ 131,755

Data for 2019-20 to 2021-22 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	\$78,570

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

Contractors	Purpose	\$ Actual payment
Riverland Guard & Investigation Services	Patient Support Officers	\$101,279

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Contractors	Purpose	\$ Actual payment
Des's Lawn & Garden Maintenance	Lawn and garden maintenance	\$74,067
Renmark Podiatry	Podiatry services	\$34,417
Provider Assist (PA) Pty Ltd	ACFI Angels Pilot	\$32,524
Wiltshire Swain Pty Ltd	Baramera Hospital & Aged Care Ensuite Upgrade & RMC Helipad Design	\$31,140
Blue Banana Hygiene Solutions	Waste management	\$31,058
Gregory Pankoke	Repairs to Nurses Residence	\$24,300
Careers Connections International Pty Ltd	Physiotherapist	\$18,629
Strauss Services	Landscaping services	\$18,595
Riverland Pest Management Pty Ltd	Pest Management Service	\$15,648
SA Pharmacy	Senior Pharmacist - Leecare	\$14,650
Murray Heating & Cooling	Air conditioner installation & maintenance	\$14,231
Zerk Electrical Services	Electrical Repairs & Air Conditioner Installation	\$12,480
Lameroo Pumps & Electrical	Installation of pumps and irrigation supplies	\$11,210
Bridge Carpet Court	Installation of floor coverings	\$10,743
Pavillion Health Technology Pty Ltd	Coding Services	\$10,351
Belinda Haeft Occupational Therapy	Occupational Therapist	\$10,223
	Total	\$465,545

Data for 2019-20 to 2021-22 is available at:

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

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

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

Other financial information

Not applicable

Other information

Not applicable

Risk management

Risk and audit at a glance

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

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

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

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

Fraud detected in the agency

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

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

Strategies implemented to control and prevent fraud

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

The terms of reference for these sub-committees include:

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

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

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

The RMCLHN Governing Board endorses all Policy Directives relating to SA Health and 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 2019-20 to 2021-22 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

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

0

Data for 2019-20 to 2021-22 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’ webpage provides carers with information.

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

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

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

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

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

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

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

Public complaints

Number of public complaints reported

Complaint categories	Sub-categories	Example	Number of Complaints 2022-23
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency	27
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided	36
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	25
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly	3
Service delivery	Systems/technology	System offline; inaccessible to customer; incorrect result/information provided; poor system design	5
Service delivery	Access to services	Service difficult to find; location poor; facilities/ environment poor standard; not accessible to customers with disabilities	3
Service delivery	Process	Processing error; incorrect process used; delay in processing application; process not customer responsive	1
Policy	Policy application	Incorrect policy interpretation; incorrect policy applied; conflicting policy advice given	0
Policy	Policy content	Policy content difficult to understand; policy unreasonable or disadvantages customer	0

Complaint categories	Sub-categories	Example	Number of Complaints 2022-23
Service quality	Information	Out-dated or inadequate information; not fit for purpose	0
Service quality	Access to information	Information difficult to understand, hard to find or difficult to use; not plain English	0
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	23
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security service/ premises; poor cleanliness	9
Service quality	Service responsiveness	Service design doesn't meet customer needs; poor service fit with customer expectations	11
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate	0
		Total	143

Treatment	Treatment	Diagnosis, testing, medication and other therapies provided.	76
Costs	Cost	Fees, discrepancies between advertised and actual costs, charges and rebates, and information about cost and fees.	1
Administration	Administrative services and processes	Administrative processes such as clerical, reception, administrative record keeping and bookings / admission and lost property.	7
Other			10
		Total	94

Additional Metrics	Total
Number of positive feedback comments	433
Number of negative feedback comments	237
Total number of feedback comments	670
% complaints resolved within policy timeframes	Acknowledged within two days = 98% Response provided < 35 working days = 76%

Data for 2019-20 to 2021-22 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>.

Service Improvements

- 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 to ensure high quality and consistent responses are provided to consumers.
- Safety Learning System consumer feedback data and consumer experience surveys are reported monthly in the RMCLHN Quality and Safety reports.
- Comprehensive consumer feedback reports are developed quarterly providing analysis and identifying feedback trends.
- The ‘You said – We did’ concept has proven to be an effective way of communicating what actions have been implemented by sites to the RMCLHN Governing Board. The report articulates the improvements made as a result of feedback received, and how they align to RMCLHN values.
- Analysis and trending of complaint data at Riverland General Hospital (RGH) in early 2021-22 saw an increase in complaints related to lack of

communication and attitude of staff. This information was tabled and discussed at the Governing Board Clinical Governance Committee. The result was for RGH to develop a Plan for Continuous Improvement where actions were established to address the identified issues. A significant amount of work was undertaken with all disciplines working together. The outcome has been a decrease in the number of complaints and of those pertaining to attitude. This trend has continued for 2022-23.

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

Some of our key achievements include:

The Riverland Academy of Clinical Excellence (RACE)

RACE was developed by RMCLHN to boost clinical training, the medical workforce and research across the region, and enable RMCLHN to further deliver on its commitment to excellence in clinical care.

The initial development of RACE targeted the rural medical workforce strategy, known as the Medical Academy Pathway. RACE achieved accreditation by the SA Medical Education and Training (SAMET) in 2021 to roll out its inaugural training program for Trainee Medical Officers (TMOs) in the Intern and Postgraduate Year 2 (PGY2+) cohorts during 2022.

The successful retention of the inaugural cohorts of junior doctors in 2023 and another annual intake of TMOs in early 2023 has taken the number of junior doctors to 28 in the RACE training program across the Riverland, Murray Bridge and Mannum.

The Academy has also established an active Public Health Unit, contributing to the responses to both COVID-19 and Japanese Encephalitis Virus (JEV) in our community and also creating a value-based care population health framework for the LHN.

The Academy plays a leadership role in the Australian Teletrial Program and has established a Research Unit to assist clinicians to undertake relevant research to benefit patient care.

Aboriginal Health

Executive Director of Clinical Innovation, Professor Paul Worley, Director of Aboriginal Health, Sharon Wingard and Close the Gap Project Officer, Darryl Cameron co-authored a theoretical paper "Community co-design to target diabetes and metabolic syndrome in Australian Indigenous peoples" – the first publication arising from RMCLHN's work with diabetes. The paper was published in the prestigious global Nature Medicine journal on 8 February 2023.

RMCLHN Midwifery Group Practice (MGP) Midwifery Model of Care (MMoC)

The MGP MMoC is a continuity of care model, whereby maternity patients are allocated a midwife who is available for them whenever they need maternity care throughout their pregnancy and up to six weeks postpartum. This means maternity patients and their families are able to form a trusted, ongoing relationship with one midwife throughout their pregnancy journey.

The MGP teams at RGH and MBSMH were announced as finalists in the 2023 SA Health Nursing and Midwifery Excellence Awards under the category of 'Excellence in Practice - Team'.

The MGP MMoC program was extended to Loxton Hospital Complex in June 2023.

National Preterm Birth Prevention Collaborative

The National Preterm Birth Prevention Collaborative is a joint initiative of the Australian Preterm Birth Prevention Alliance, Women's Healthcare Australasia (WHA), the Institute for Healthcare (IH) and Safer Care Victoria (SCV) and is funded by the Commonwealth Government through the Women's and Infants Research Foundation.

RMCLHN is the only South Australian regional Local Health Network (LHN) to have received funding to participate in the Collaborative, and our contribution is being led by Dr Michael McEvoy (Clinical Director Obstetrics and Gynaecology, RMCLHN), Dr Nasser Shehata (Obstetrics and Gynaecology Consultant, RMCLHN) and Vanessa Drummond (Advanced Midwife Manager, RMCLHN Midwifery Model of Care Project). The objective of this 18-month project is for our maternity services team to improve health outcomes for women and babies by safely reducing preterm and early term birth by 20 per cent by December 2023.

2022 SA Health Awards

The RMCLHN team involved in the COVID-19 Response to Designated Aboriginal Communities were finalists for the 2022 SA Health Awards in the category Excellence in Innovation in Aboriginal Health. RMCLHN led a COVID-19 response to provide care for residents of the designated Aboriginal communities of Raukkan and Gerard, at the request of local community leaders.

This provided a hospital at home service to COVID-19 positive consumers who were isolating in their own homes within their communities. The approach was holistic, multidisciplinary and provided comprehensive care that was delivered in partnership with the local community councils, Moorundi and SA Police.

RMCLHN, in collaboration with the other regional LHNs, was also a finalist for the Regional COVID-19 Response Planning and Coordination in the category Excellence in Non-Clinical Services.

Japanese Encephalitis Virus (JEV) vaccination and serosurvey programs

The JEV Vaccination team completed a 15-week intensive vaccination program across RMCLHN. They drove significant kilometres and administered almost 7000

JEV vaccinations to help our local communities. RMCLHN's JEV Serosurvey (serology research project) is continuing and aimed to secure 1000 samples by June 2023. Clinicians helped promote this initiative among patients, by encouraging patients who were having a blood test for other reasons, to allow a small amount of extra blood to be taken at the same time for the serosurvey. This important medical research may help to inform which communities should be provided with early access to future vaccination programs.

Aged Care Reform implementation

Governing Board members, the CEO and LHN Executive have implemented current reforms and monitor the progress of upcoming reforms:

- Provider Governance | Care Minutes
- Implementation of Code of Conduct plus SIRs in Home Care
- ANACC Stage 2
- 24/7 Registered Nurse Requirement
- HCP Program Cost & Assurance Review Project
- Aged Care Single Assessment
- New Aged Care Standards
- The Elder Care Support Program
- Interim First Nations Aged Care Commissioner
- Expansion of the Community Visitor Scheme
- The new Food and Nutrition Advisory Support Unit
- Integrated Care and Commissioning trials
- Annual Operational Information submissions.

ShiftMatch

RMCLHN's new web-based rostering system ShiftMatch, went live on 8 February 2023. Based on preliminary feedback the system is providing significant efficiencies and improved transparency around shift allocations.

Community and Allied Health

The RMCLHN Community and Allied Health teams have made a number of significant achievements during 2022-2023. These include:

- Implementation of a new leadership structure for Nursing and Allied Health
- Employment of eight new Allied Health Professionals (AHPs)
- Establishment of a NDIS and paediatric allied health stream
- Implementation of a new audit approach, meeting structures, referral and appointment scheduling processes, and SIRS in community aged care
- Successful bid (via Prostate Cancer Foundation of Australia) and implementation of a new Prostate Cancer Care Nurse.

Future plans include:

- Establishing a stream structure in other areas of Allied Health, such as acute, aged care and sub-acute (a clinical rotation program may follow on from this)
- Developing an enhanced community aged care workforce model
- Developing a proposal for volunteer recognition and rewards program

- Centralising medical records and standardising management processes
- Developing new roles such as the Food Service Dietitian, Exercise Physiologist and Palliative Care Nurse Practitioners
- Developing a new consent process.

Inaugural Disability and Access Inclusion Plan 2022-2025 (DAIP) and Diversity and Inclusion Plan (DIP)

RMCLHN launched its inaugural DAIP and DIP in 2023. The DAIP is an internal and external facing plan that builds on RMCLHN's continued commitment to sustaining the rights of people living with disability to access quality healthcare.

The DIP is an internal facing plan that actively supports RMCLHN's workforce to feel valued and respected for who they are, and to work unimpeded by issues of racism, discrimination based on sexuality, gender, culture or religion, exclusion, and feelings of being unsafe.

Reflect Reconciliation Action Plan (RAP) 2022-2023

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

Clinician and Workforce Engagement Strategy (CAWES) 2021-2024

RMCLHN reviewed and updated the CAWES which promotes consultation, collaboration, and genuine engagement with health, and other, professionals working within RMCLHN. Clinician and workforce feedback helped inform the five elements of the strategy:

- Recognising the benefits of engaging with Our People
- Engaging with Our People on matters of importance
- Engaging effectively with Our People
- Ensuring Our People know that they have been heard and are valued
- Continuing and improving upon what Our People have valued so far.

Staff Survey

RMCLHN continued to work on initiatives identified in the Staff Survey Action Plan conducted in late 2022. Initiatives were grouped in the following areas: learning and development, wellness, recruitment, recognition, and performance development.

Organisational Development Strategy 2021–2024

RMCLHN implemented an Organisational Development Strategy which articulates the LHN's approach to developing our people, teams and the LHN to perform at our best and aims to create a positive culture of accountability, integrity, respect, and supportive environments which foster high achievement, innovative thinking and practice, and the delivery of safe, quality, consumer-focused services.

Work Experience Program

RMCLHN implemented a Work Experience Program aimed at secondary school students and job seekers seeking a placement across the LHN. The program is designed to improve the overall experience and encourage prospective employment in a number of disciplines.

Wellness Program

RMCLHN engaged with the Rural Support Service (RSS) Organisational Development Team, over a six-month period, to run multiple wellness webinars for staff to explore practical tips, advice and approaches that can be implemented in their day-to-day work and home to assist in optimising their wellbeing. Topics included:

- Cultivating Kindness and Compassion
- Boosting your Wellbeing and Adopting a Positive Mindset
- Practical Actions to Build Your Wellbeing
- Taming Your Stress.

Protecting Yourself Against Burnout poster

RMCLHN developed a branded Employee Assistance Program (EAP) poster that has been extensively promoted throughout the region. Ad hoc communications continually advise staff and volunteers of the program and the support that service provides to them and their immediate family.

Mentally Healthy Workplaces Working Group

The RMCLHN Mentally Healthy Workplaces Working Group continue to meet on a regular basis to work through actions from the Mentally Health Workplaces Framework.

Mental Health First Aid Officers

During November and December 2022, 35 staff across RMCLHN were trained as Mental Health First Aid Officers. Posters and communication promoting the roles has been shared across the LHN.

COVID-19 Recognition

During August and September 2022, RMCLHN CEO Wayne Champion, together with a member of the Governing Board, visited each site across the LHN for either a morning tea, afternoon tea, or lunch, to say thank you to staff for their continued efforts during the COVID-19 pandemic. Each staff member was given a small token of recognition (a lapel pin and thank you card), to acknowledge and thank them for their ongoing commitment and dedication.

Happy Holidays Staff Recognition

In December 2022, RMCLHN CEO Wayne Champion expressed his appreciation to all staff, for their ongoing dedication and commitment to supporting and caring for our consumers and communities and gave everyone a keep cup and cookie, as a small token of his gratitude for their hard work throughout the year, and to

acknowledge their sustained efforts throughout the COVID-19 pandemic and during the River Murray flood event.

Mental Health Month

RMCLHN celebrated Mental Health Month in October 2022 by holding a free sausage sizzle and Rhythmic Drumming session for community members in the Riverland.

Innovations in progress

Electronic Medical Record (EMR)

Work started in July 2022 on the Regional Reform and Digital Foundations Program – EMR, led by RMCLHN CEO Wayne Champion. The scope of the project is the delivery of EMR to 59 sites across the six regional LHNs over a 24-month period.

With regard to health information, the inability to achieve a contemporary, comprehensive, accessible, and integrated system to inform, record and report clinical decisions is one of our RMCLHN's five strategic risks. This risk is currently rated as 'extreme' in the streams of acute, Aboriginal, and vulnerable population, mental health and community and allied health services. The tolerance level for this risk is not acceptable.

The implementation of EMR will mitigate this risk as it will provide accurate, relevant and current information visible at the point of care, improving quality, safety and efficiency.

Riverland Central Sterile Supply Department (CSSD) Hub and Spoke Model

RMCLHN is establishing a CSSD Hub and Spoke model across Riverland hospital sites. The Riverland hospitals that are part of the model are Riverland General Hospital in Berri, Loxton Hospital Complex, Renmark Paringa District Hospital and Waikerie Health Service. Under the plan, Riverland General Hospital will be the Hub site, and Loxton, Renmark and Waikerie hospitals will be the Spoke sites.

Our Riverland hospital sites all require an upgrade of equipment and CSSD infrastructure to meet the Australian Standard AS/NZS 4187:2014 Reprocessing of reusable medical devices in health service organisations (the Standard). Implementing a Hub and Spoke CSSD model is cost effective for RMLCHN and will reduce duplication of services and workforce.

RMCLHN has already successfully implemented a CSSD Hub and Spoke model in the southern half of the region, incorporating Murray Bridge, the Mallee and Coorong. Benefits include:

- Increased safety and quality through specialisation of CSSD staff and services at the Hub site
- Spoke sites will be able to repurpose current CSSD areas
- No requirement for staff at Spoke units to undertake regular sterilisation training
- No validation and servicing costs of sterilisers at Spoke sites

- No requirement to upgrade sterilisers at more than one site into the future
- Reduction of costly infrastructure upgrades to maintain compliance
- All sites become compliant with the Australian Standard AS/NZS 4187:2014.

Mannum Service Plan

The RSS in collaboration with Mannum District Hospital is creating a service plan to help us improve the delivery of public health services to the Mannum and district community now and into the future. Extensive consultation occurred during 2022-23 and the final report is anticipated in early 2023-24.

The Power of Food

Work is currently underway on 'The Power of Food' project which aims to give hospital patients choice and control about what and when they eat during their stay at an RMCLHN hospital, and aged care residents' choice and control about what, when and where they eat. Through the project, patients and residents will have access to a-la-carte style menus, featuring locally sourced produce and contemporary café-style meals using an on-demand ordering system. It is anticipated this will lead to better health outcomes for patients and residents, including improved mental and physical wellbeing, ensuring nutritional and dietary requirements are met, better utilisation of supplements, improved wound healing and reduced length of stay in hospital. The Power of Food project also aims to reduce food wastage and associated costs, reduce the incidence of consumer complaints about food service, and improve the skills and training of RMCLHN catering staff.

Compliance Statement

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

Appendix: Audited financial statements 2022-23

INDEPENDENT AUDITOR'S REPORT



Government of South Australia
Auditor-General's Department

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To the Board Chair Riverland Mallee Coorong Local Health Network Incorporated

Opinion

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

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 2023, their financial performance and their cash flows for the year then ended in accordance with relevant Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and Australian Accounting Standards.

The financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 2023
- a Statement of Financial Position as at 30 June 2023
- a Statement of Changes in Equity for the year ended 30 June 2023
- a Statement of Cash Flows for the year ended 30 June 2023
- Note, comprising material accounting policy information and other explanatory information
- a Certificate from the Board Chair, the Chief Executive Officer and the Acting Chief Finance Officer.

Basis for opinion

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

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

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

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

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

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

Auditor's responsibilities for the audit of the financial report

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

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

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

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

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

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

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



Andrew Richardson
Auditor-General

20 September 2023

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK
STATEMENT OF COMPREHENSIVE INCOME
For the period ended 30 June 2023

	Note	Consolidated		Parent	
		2023 S'000	2022 S'000	2023 S'000	2022 S'000
Income					
Revenues from SA Government	2	146,929	128,781	146,929	128,781
Fees and charges	3	14,561	14,045	14,561	14,045
Grants and contributions	4	44,364	40,445	44,504	40,627
Interest		959	92	867	81
Resources received free of charge	5	2,232	1,800	2,232	1,800
Other revenues/income	7	3,035	2,808	2,924	2,756
Total income		212,080	187,971	212,017	188,090
Expenses					
Staff benefits expenses	8	129,853	117,040	129,853	117,040
Supplies and services	9	78,172	71,774	78,170	71,767
Depreciation and amortisation	17	9,600	10,132	1,550	1,526
Borrowing costs	10	32	26	32	26
Net loss from disposal of non-current and other assets	6	225	-	225	-
Impairment loss on receivables	13.1	77	36	77	36
Other expenses	11	645	603	1,475	2,728
Total expenses		218,604	199,611	211,382	193,123
Net result		(6,524)	(11,640)	635	(5,033)
Other Comprehensive Income					
Items that will be reclassified subsequently to net result when specific conditions are met					
Gains or losses recognised directly in equity		12	19	-	-
Total other comprehensive income		12	19	-	-
Total comprehensive result		(6,512)	(11,621)	635	(5,033)

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 2023

	Note	Consolidated		Parent	
		2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000
Current assets					
Cash and cash equivalents	12	18,101	13,005	16,589	11,498
Receivables	13	6,490	3,656	6,441	3,662
Other financial assets	14	23,533	22,497	21,280	20,251
Inventories	15	1,078	1,009	1,078	1,009
Total current assets		49,202	40,167	45,388	36,420
Non-current assets					
Receivables	13	2,279	1,465	2,279	1,465
Other financial assets	14	187	172	-	-
Property, plant and equipment	16,17	148,570	155,453	12,946	12,609
Total non-current assets		151,036	157,090	15,225	14,074
Total assets		200,238	197,257	60,613	50,494
Current liabilities					
Payables	19	8,119	8,866	8,108	8,864
Financial liabilities	20	485	527	485	527
Staff benefits	21	17,756	15,685	17,756	15,685
Provisions	22	2,020	1,637	2,020	1,637
Contract liabilities and other liabilities	23	32,665	28,159	32,665	28,159
Total current liabilities		61,045	54,874	61,034	54,872
Non-current liabilities					
Payables	19	666	613	666	613
Financial liabilities	20	1,029	1,180	1,029	1,180
Staff benefits	21	15,352	14,775	15,352	14,775
Provisions	22	10,838	7,995	10,838	7,995
Total non-current liabilities		27,885	24,563	27,885	24,563
Total liabilities		88,930	79,437	88,919	79,435
Net assets		111,308	117,820	(28,306)	(28,941)
Equity					
Retained earnings		67,900	74,424	(28,306)	(28,941)
Asset revaluation surplus		43,359	43,359	-	-
Other reserves		49	37	-	-
Total equity		111,308	117,820	(28,306)	(28,941)

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 2023

CONSOLIDATED

	Asset revaluation surplus \$ '000	Other reserves \$'000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2021	43,359	18	86,064	129,441
Net result for 2021-22	-	-	(11,640)	(11,640)
Gain/(loss) on revaluation of other financial assets	-	19	-	19
Total comprehensive result for 2021-22	-	19	(11,640)	(11,621)
Balance at 30 June 2022	43,359	37	74,424	117,820
Net result for 2022-23	-	-	(6,524)	(6,524)
Gain/(loss) on revaluation of other financial assets	-	12	-	12
Total comprehensive result for 2022-23	-	12	(6,524)	(6,512)
Balance at 30 June 2023	43,359	49	67,900	111,308

PARENT

	Asset revaluation surplus \$ '000	Other reserves \$'000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2021	-	-	(23,908)	(23,908)
Net result for 2021-22	-	-	(5,033)	(5,033)
Total comprehensive result for 2021-22	-	-	(5,033)	(5,033)
Balance at 30 June 2022	-	-	(28,941)	(28,941)
Net result for 2022-23	-	-	635	635
Total comprehensive result for 2022-23	-	-	635	635
Balance at 30 June 2023	-	-	(28,306)	(28,306)

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 2023

	Note	Consolidated		Parent	
		2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000
Cash flows from operating activities					
Cash inflows					
Receipts from SA Government		121,282	102,897	121,282	102,897
Fees and charges		11,655	13,786	11,665	13,818
Grants and contributions		44,445	40,445	44,585	40,627
Interest received		446	67	409	59
Residential aged care bonds received		9,978	6,244	9,978	6,244
GST recovered from ATO		4,297	3,509	4,297	3,509
Other receipts		428	455	322	407
Cash generated from operations		192,531	167,403	192,538	167,561
Cash outflows					
Staff benefits payments		(123,579)	(115,036)	(123,579)	(115,036)
Payments for supplies and services		(55,727)	(43,716)	(55,734)	(43,711)
Interest paid		(32)	(26)	(32)	(26)
Residential aged care bonds refunded		(4,668)	(7,205)	(4,668)	(7,205)
Other payments		(701)	(627)	(701)	(626)
Cash used in operations		(184,707)	(166,610)	(184,714)	(166,604)
Net cash provided by operating activities		7,824	793	7,824	957
Cash flows from investing activities					
Cash inflows					
Proceeds from sale/maturities of investments		278	1,530	-	1,520
Cash generated from investing activities		278	1,530	-	1,520
Cash outflows					
Purchase of property, plant and equipment		(1,127)	(1,181)	(1,127)	(1,181)
Purchase of investments		(1,300)	(150)	(1,027)	-
Cash used in investing activities		(2,427)	(1,331)	(2,154)	(1,181)
Net cash provided by/(used in) investing activities		(2,149)	199	(2,154)	339
Cash flows from financing activities					
Cash outflows					
Repayment of borrowings		-	(17)	-	(17)
Repayment of lease liabilities		(579)	(570)	(579)	(570)
Cash used in financing activities		(579)	(587)	(579)	(587)
Net cash provided by/(used in) financing activities		(579)	(587)	(579)	(587)
Net increase/(decrease) in cash and cash equivalents		5,096	405	5,091	709
Cash and cash equivalents at the beginning of the period		13,005	12,600	11,498	10,789
Cash and cash equivalents at the end of the period	12	18,101	13,005	16,589	11,498
Non-cash transactions	24				

The accompanying notes form part of these financial statements.

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2023

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.

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2023

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 34. Except as otherwise disclosed, administered items are accounted for on the same basis and using the same accounting principles as for the Hospital's transactions.

1.1 Objectives and activities

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

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

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

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

1.2 Basis of preparation

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

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

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

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

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

1.3 New and amended standards adopted by the Hospital

No Australian Accounting Standards have been early adopted other than AASB 2021-1 which was adopted from 1 July 2021.

1.4 Taxation

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

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

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

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2023

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

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

1.5 Continuity of operations

As at 30 June 2023, the Hospital had working capital deficiency of \$11 843 million (\$14 707 million). The SA Government is committed and has consistently demonstrated a commitment to ongoing funding of the Hospital to enable it to perform its functions. This ongoing commitment is ultimately outlined in the annually produced and published State Budget Papers which presents the SA Government's current and estimated future economic performance, including forward estimates of revenue, expenses and performance by agency.

1.6 Equity

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

1.7 Changes to reporting entity

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

1.8 Change in accounting policy

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

2. Revenues from SA Government

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Capital projects funding	2,176	2,544	2,176	2,544
Operational funding	144,753	126,237	144,753	126,237
Total revenues from SA Government	146,929	128,781	146,929	128,781

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	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Commissions revenue	4	-	4	-
Patient and client fees	3,307	3,787	3,307	3,787
Private practice fees	178	8	178	8
Fees for health services	1,370	1,059	1,370	1,059
Residential and other aged care charges	8,168	7,791	8,168	7,791
Sale of goods - medical supplies	30	37	30	37
Training revenue	45	8	45	8
Other user charges and fees	1,459	1,355	1,459	1,355
Total fees and charges	14,561	14,045	14,561	14,045

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

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

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

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2023

Patient and Client Fees

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

Residential and other aged care charges

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

Fees for health services

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

4. Grants and contributions

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Commonwealth grants and donations	26,549	25,872	26,549	25,872
Commonwealth aged care subsidies	17,047	13,968	17,047	13,968
SA Government capital contributions	-	-	17	-
Other SA Government grants and contributions	348	567	471	749
Private sector grants and contributions	420	38	420	38
Total grants and contributions	44,364	40,445	44,504	40,627

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	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Land and buildings	203	-	203	-
Plant and equipment	177	-	177	-
Services	1,852	1,800	1,852	1,800
Total resources received free of charge	2,232	1,800	2,232	1,800

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 \$1,507 million (\$1,426 million) and ICT services from the Department of the Premier and Cabinet (DPC) valued at \$0,345 million (\$0,374 million).

Although not recognised, the Hospital receives volunteer services from around 300 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	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Plant and equipment				
Proceeds from disposal	-	-	-	-
Less carrying amount of assets disposed	(225)	-	(225)	-
Net gain/(loss) from disposal of plant and equipment	(225)	-	(225)	-

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2023

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	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Dividend revenue	5	4	-	-
Donations	256	175	155	134
Health recoveries	2,622	2,439	2,622	2,439
Insurance recoveries	7	32	7	32
Other	145	158	140	151
Total other revenues/income	3,035	2,808	2,924	2,756

8. Staff benefits expenses

Note	Note	Consolidated		Parent	
		2023	2022	2023	2022
		\$'000	\$'000	\$'000	\$'000
Salaries and wages		100,446	93,258	100,446	93,258
Targeted voluntary separation packages	8.5	-	226	-	226
Long service leave		2,663	(180)	2,663	(180)
Annual leave		9,515	8,296	9,515	8,296
Skills and experience retention leave		448	387	448	387
Staff on-costs - superannuation*		11,532	10,032	11,532	10,032
Workers compensation		5,069	4,814	5,069	4,814
Board and committee fees		197	196	197	196
Other staff related expenses		(17)	11	(17)	11
Total staff benefits expenses		129,853	117,040	129,853	117,040

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

8.1 Key Management Personnel

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

The compensation detailed below excludes salaries and other benefits received by

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

Compensation	2023	2022
	\$'000	\$'000
Salaries and other short term employee benefits	2,689	2,760
Post-employment benefits	373	365
Total	3,062	3,125

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.

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2023

8.2 Remuneration of Boards and Committees

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

	2023 No. of Members	2022 No. of Members
\$1 - \$20,000	1	2
\$20,001 - \$40,000	4	4
\$40,001 - \$60,000	1	1
Total	6	7

The total remuneration received or receivable by members was \$0.204 million (\$0.212 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits, fringe benefits and related fringe benefits tax paid. In accordance with the Premier and Cabinet Circular No. 016, government employees did not receive any remuneration for board/committee duties during the financial year.

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

Refer to note 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	
	2023 Number	2022 Number	2023 Number	2022 Number
The number of staff whose remuneration received or receivable falls within the following bands:				
\$157,001 - \$160,000*	n/a	3	n/a	3
\$160,001 - \$180,000	19	10	19	10
\$180,001 - \$200,000	1	1	1	1
\$200,001 - \$220,000	3	3	3	3
\$220,001 - \$240,000	3	3	3	3
\$240,001 - \$260,000	2	1	2	1
\$260,001 - \$280,000	1	-	1	-
\$280,001 - \$300,000	1	4	1	4
\$300,001 - \$320,000	1	3	1	3
\$320,001 - \$340,000	4	1	4	1
\$380,001 - \$400,000	1	1	1	1
\$440,001 - \$460,000	1	-	1	-
\$460,001 - \$480,000	-	1	-	1
\$500,001 - \$520,000	-	1	-	1
\$520,001 - \$540,000	2	-	2	-
\$560,001 - \$580,000	2	2	2	2
\$580,001 - \$600,000	1	1	1	1
\$620,001 - \$640,000	1	-	1	-
\$760,001 - \$780,000	-	1	-	1
Total number of staff	43	36	43	36

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

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

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2023

8.4 Remuneration of staff by classification

The total remuneration received by staff included above:

	Consolidated				Parent			
	2023		2022		2023		2022	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Executive	1	243	1	222	1	243	1	222
Medical (excluding Nursing)	23	8,159	20	7,393	23	8,159	20	7,393
Non-medical (i.e. administration)	1	164	1	162	1	164	1	162
Nursing	18	3,169	14	2,417	18	3,169	14	2,417
Total	43	11,735	36	10,194	43	11,735	36	10,194

8.5 Targeted voluntary separation packages

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Amount paid/Payable to separated staff:				
Targeted voluntary separation packages	-	226	-	226
Leave paid/payable to separated employees	-	131	-	131
	-	357	-	357

The number of staff who received a TVSP during the reporting period	-	5	-	5
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9. Supplies and services

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Administration	159	271	157	271
Advertising	60	105	60	105
Communication	770	765	770	765
Computing	2,717	2,325	2,717	2,325
Consultants	132	7	132	7
Contract of services	772	1,142	772	1,142
Contractors	544	262	544	262
Contractors - agency staff	5,061	4,648	5,061	4,648
Drug supplies	1,518	1,441	1,518	1,441
Electricity, gas and fuel	2,251	2,039	2,251	2,039
Fee for service*	19,953	16,262	19,953	16,262
Food supplies	2,942	2,479	2,942	2,479
Housekeeping	1,554	2,589	1,554	2,589
Insurance	889	1,116	889	1,116
Internal SA Health SLA payments	7,078	6,786	7,078	6,786
Legal	14	54	14	54
Medical, surgical and laboratory supplies	14,101	12,948	14,101	12,948
Minor equipment	1,503	1,646	1,503	1,646
Motor vehicle expenses	628	553	628	553
Occupancy rent and rates	731	679	731	679
Patient transport	2,900	3,042	2,900	3,042
Postage	266	259	266	259
Printing and stationery	579	539	579	539
Repairs and maintenance	5,678	5,121	5,678	5,121
Security	279	438	279	438
Services from Shared Services SA	1,507	1,426	1,507	1,426
Short term lease expense	294	314	294	314
Training and development	782	506	782	506
Travel expenses	466	159	466	159
Other supplies and services	2,044	1,853	2,044	1,846
Total supplies and services	78,172	71,774	78,170	71,767

* 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.

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2023

10. Borrowing costs

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Interest expense on lease liabilities	32	26	32	26
Total borrowing cost	32	26	32	26

The Hospital does not capitalise borrowing costs. The total borrowing costs from financial liabilities not at fair value through the profit and loss was \$0.032 million (\$0.026 million). Refer to note 20 for more information on financial liabilities.

11. Other expenses

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Debts written off	142	257	142	257
Bank fees and charges	5	5	5	4
Donated assets expense	-	-	830	2,126
Other*	498	341	498	341
Total other expenses	645	603	1,475	2,728

In 2022-23 donated assets expense relates to building and improvement 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 \$0.106 million (\$0.095 million). No other services were provided by the Auditor-General's Department. Payments to Galpins Accountants Auditors and Business Consultants were \$0.058 million (\$0.057 million) for HAC and aged care audits.

12. Cash and cash equivalents

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Cash at bank or on hand	10,409	5,633	8,897	4,126
Deposits with Treasurer: general operating	7,215	6,929	7,215	6,929
Deposits with Treasurer: special purpose funds	477	443	477	443
Total cash and cash equivalents	18,101	13,005	16,589	11,498

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 \$18.101 million (\$13,005 million) held, \$7.476 million (\$3,307 million) relates to aged care refundable deposits.

13. Receivables

Current	Note	Consolidated		Parent	
		2023	2022	2023	2022
		\$'000	\$'000	\$'000	\$'000
Patient/client fees: compensable		178	148	178	148
Patient/client fees: aged care		1,402	867	1,402	867
Patient/client fees: other		521	230	521	230
Debtors		697	494	698	505
Less: impairment loss on receivables	13.1	(406)	(329)	(406)	(329)
Prepayments		190	38	190	38
Interest		545	44	495	39
Workers compensation provision recoverable		912	659	912	659
Sundry receivables and accrued revenue		2,326	1,322	2,326	1,322
GST input tax recoverable		125	183	125	183
Total current receivables		6,490	3,656	6,441	3,662

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Non-current				
Debtors	285	222	285	222
Workers compensation provision recoverable	1,994	1,243	1,994	1,243
Total non-current receivables	2,279	1,465	2,279	1,465
Total receivables	8,769	5,121	8,720	5,127

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

Other than as recognised in the impairment 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 impairment of receivables:

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	329	293	329	293
Increase/(Decrease) in allowance recognised in profit or loss	77	36	77	36
Carrying amount at the end of the period	406	329	406	329

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	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Current				
Term deposits	23,533	22,497	21,280	20,251
Total current investments	23,533	22,497	21,280	20,251
Non-current				
Other investments FVOCI	187	172	-	-
Total non-current investments	187	172	-	-
Total investments	23,720	22,669	21,280	20,251

The consolidated and parent entities hold term deposits of \$23,533 million (\$22,497 million) and \$21,280 million (\$20,251 million) respectively. Of these deposits \$15,331 million (\$14,500 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.

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15. Inventories

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Drug supplies	300	264	300	264
Medical, surgical and laboratory supplies	536	515	536	515
Food and hotel supplies	176	170	176	170
Engineering supplies	12	-	12	-
Other	54	60	54	60
Total current inventories - held for distribution	1,078	1,009	1,078	1,009

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

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

16.3 Revaluation

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

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

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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 2023.

16.5 Land and buildings

An independent valuation of land and buildings owned by the Hospital was performed in March 2018, within the regular valuation cycle, by a certified practising valuer from AssetVal as at June 2018. Consistent with *Treasurer's Instructions*, a public authority must at least every six years obtain a valuation appraisal from a qualified valuer, the next independent valuation is scheduled to occur during the 2023-24 financial year.

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

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

16.6 Plant and equipment

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

16.7 Leased property, plant and equipment

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

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

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

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

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

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17. Reconciliation of property, plant and equipment

The following table shows the movement:
Consolidated

2022-23	Land and buildings:			Plant and equipment:					Total \$'000
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Right-of-use plant and equipment \$'000	Capital works in progress plant and equipment \$'000	
Carrying amount at the beginning of the period	8,015	139,850	838	3,545	1,265	748	838	354	155,453
Additions	-	-	-	1,546	156	-	386	475	2,563
Assets received free of charge	-	-	-	203	-	-	-	177	380
Disposals	-	-	-	-	(68)	(157)	(1)	-	(226)
Transfers between asset classes	-	830	-	(653)	169	186	-	(532)	-
Subtotal:	8,015	140,680	838	4,641	1,522	777	1,223	474	158,170
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(8,279)	(70)	-	(535)	(196)	(520)	-	(9,600)
Subtotal:	-	(8,279)	(70)	-	(535)	(196)	(520)	-	(9,600)
Carrying amount at the end of the period*	8,015	132,401	768	4,641	987	581	703	474	148,570
Gross carrying amount									
Gross carrying amount	8,015	169,640	1,040	4,641	3,437	1,161	1,651	474	190,059
Accumulated depreciation / amortisation	-	(37,239)	(272)	-	(2,450)	(580)	(948)	-	(41,489)
Carrying amount at the end of the period	8,015	132,401	768	4,641	987	581	703	474	148,570

*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.

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Consolidated
2021-22

	Land and buildings:			Plant and equipment:					Total \$'000
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Right-of-use plant and equipment \$'000	Capital works in progress plant and equipment \$'000	
Carrying amount at the beginning of the period	8,015	146,541	897	3,666	1,428	890	858	386	162,681
Additions	-	20	-	2,005	342	26	493	11	2,897
Disposals	-	-	-	-	-	-	(3)	-	(3)
Transfers between asset classes	-	2,126	-	(2,126)	-	43	-	(43)	-
Remeasurement	-	-	10	-	-	-	-	-	10
Subtotal:	8,015	148,687	907	3,545	1,770	959	1,348	354	165,585
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(8,837)	(69)	-	(505)	(211)	(510)	-	(10,132)
Subtotal:	-	(8,837)	(69)	-	(505)	(211)	(510)	-	(10,132)
Carrying amount at the end of the period*	8,015	139,850	838	3,545	1,265	748	838	354	155,453
Gross carrying amount									
Gross carrying amount	8,015	168,810	1,040	3,545	3,099	1,346	1,531	354	187,740
Accumulated depreciation / amortisation	-	(28,960)	(202)	-	(1,834)	(598)	(693)	-	(32,287)
Carrying amount at the end of the period	8,015	139,850	838	3,545	1,265	748	838	354	155,453

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

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Parent
 2022-23

	Land and buildings:			Plant and equipment:				Total \$'000	
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Right-of-use plant and equipment \$'000		Capital works in progress plant and equipment \$'000
Carrying amount at the beginning of the period	714	4,307	838	3,545	1,265	748	838	354	12,609
Additions	-	-	-	1,546	156	-	386	475	2,563
Assets received free of charge	-	-	-	203	-	-	-	177	380
Disposals	-	-	-	-	(68)	(157)	(1)	-	(226)
Donated assets disposal	-	-	-	(830)	-	-	-	-	(830)
Transfers between asset classes	-	-	-	177	169	186	-	(532)	-
Subtotal:	714	4,307	838	4,641	1,522	777	1,223	474	14,496
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(229)	(70)	-	(535)	(196)	(520)	-	(1,550)
Subtotal:	-	(229)	(70)	-	(535)	(196)	(520)	-	(1,550)
Carrying amount at the end of the period*	714	4,078	768	4,641	987	581	703	474	12,946
Gross carrying amount									
Gross carrying amount	714	4,995	1,040	4,641	3,437	1,161	1,651	474	18,113
Accumulated depreciation / amortisation	-	(917)	(272)	-	(2,450)	(580)	(948)	-	(5,167)
Carrying amount at the end of the period	714	4,078	768	4,641	987	581	703	474	12,946

*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.

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Parent

2021-22

	Land and buildings:			Plant and equipment:					Total \$'000
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Right-of-use plant and equipment \$'000	Capital works in progress plant and equipment \$'000	
Carrying amount at the beginning of the period	714	4,518	897	3,666	1,428	890	858	386	13,357
Additions	-	20	-	2,005	342	26	493	11	2,897
Disposals	-	-	-	-	-	-	(3)	-	(3)
Donated assets disposal	-	-	-	(2,126)	-	-	-	-	(2,126)
Transfers between asset classes	-	-	-	-	-	43	-	(43)	-
Remeasurement	-	-	10	-	-	-	-	-	10
Subtotal:	714	4,538	907	3,545	1,770	959	1,348	354	14,135
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(231)	(69)	-	(505)	(211)	(510)	-	(1,526)
Subtotal:	-	(231)	(69)	-	(505)	(211)	(510)	-	(1,526)
Carrying amount at the end of the period*	714	4,307	838	3,545	1,265	748	838	354	12,609
Gross carrying amount									
Gross carrying amount	714	4,995	1,040	3,545	3,099	1,346	1,531	354	16,624
Accumulated depreciation / amortisation	-	(688)	(202)	-	(1,834)	(598)	(693)	-	(4,015)
Carrying amount at the end of the period	714	4,307	838	3,545	1,265	748	838	354	12,609

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

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18. Fair value measurement

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

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

The Hospital's current use is the highest and best use of the asset unless other factors suggest an alternative use. As the Hospital did not identify any factors to suggest an alternative use, fair value measurement was based on current use. The carrying amount of non-financial assets with a fair value at the time of acquisition that was less than \$1.5 million, or an estimated useful life that was less than three years, are deemed to approximate fair value.

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

18.1 Fair value hierarchy

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

The Hospital's policy is to recognise transfers into and out of fair value hierarchy levels as at the end of the reporting period. During 2022 and 2023, 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.

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	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Current				
Creditors and accrued expenses	6,080	7,130	6,069	7,128
Paid Parental Leave Scheme	30	30	30	30
Staff on-costs*	1,896	1,578	1,896	1,578
Other payables	113	128	113	128
Total current payables	8,119	8,866	8,108	8,864
Non-current				
Staff on-costs*	666	613	666	613
Total non-current payables	666	613	666	613
Total payables	8,785	9,479	8,774	9,477

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

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

As a result of an actuarial assessment performed by DTF, the portion of long service leave taken as leave is unchanged at 38% and the average factor for the calculation of employer superannuation on-costs has increased from the 2022 rate (10.6%) to 11.1% to reflect the increase in super guarantee. These rates are used in the staff on-cost calculation. The net financial effect of the changes in the current financial year is an increase in the staff on-cost liability and staff benefits expenses of \$0.086 million. The estimated impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

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

Refer to note 30 for information on risk management.

20. Financial liabilities

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Current				
Lease liabilities	485	527	485	527
Total current financial liabilities	485	527	485	527
Non-current				
Lease liabilities	1,029	1,180	1,029	1,180
Total non-current financial liabilities	1,029	1,180	1,029	1,180
Total financial liabilities	1,514	1,707	1,514	1,707

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	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Lease Liabilities				
1 to 3 years	950	1,081	950	1,081
3 to 5 years	141	141	141	141
5 to 10 years	354	354	354	354
More than 10 years	205	276	205	276
Total lease liabilities (undiscounted)	1,650	1,852	1,650	1,852

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21. Staff benefits

	Consolidated		Parent	
	2023	2022	2023	2022
Current	\$'000	\$'000	\$'000	\$'000
Accrued salaries and wages	3,894	3,331	3,894	3,331
Annual leave	11,779	10,366	11,779	10,366
Long service leave	1,388	1,307	1,388	1,307
Skills and experience retention leave	695	681	695	681
Total current staff benefits	17,756	15,685	17,756	15,685
Non-current				
Long service leave	15,352	14,775	15,352	14,775
Total non-current staff benefits	15,352	14,775	15,352	14,775
Total staff benefits	33,108	30,460	33,108	30,460

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

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

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

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

As a result of the actuarial assessment performed by DTF, the salary inflation rate has increased from the 2022 rate (1.5%) to 2.0% for annual leave and skills and experience retention leave liability. As a result, there is an increase in the employee staff benefits liability and staff benefits expenses of \$0.061 million for the current financial year. The impact on future periods is impractical to estimate.

No provision has been made for sick leave, as all sick leave is non-vesting, and the average sick leave taken in future years by 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 the Department of Treasury and Finance has provided a basis for the measurement of long service leave and is based on actuarial assumptions on expected future salary and wage levels, experience of employee departures and periods of service. These assumptions are based on employee data over SA Government entities and the health sector across government.

AASB 119 requires the use of the yield on long-term Commonwealth Government bonds as the discount rate in the measurement of the long service leave liability. The yield on long-term Commonwealth Government bonds has increased from 2022 (3.75%) to 4.0%. This increase in the bond yield, which is used as the rate to discount future long service leave cash flows, results in a decrease in the reported long service leave liability. The actuarial assessment performed by DTF increased the salary inflation rate from 2022 (2.5%) to 3.5% for long service leave liability resulting in an increase in the reported long service leave liability.

The net financial effect of the changes to actuarial assumptions is a decrease in the long service leave liability of \$0.273 million, payables (staff on-costs) of \$0.012 million and staff benefits expense of \$0.285 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. The split for long service leave between current and non-current is based on the best estimate of the amount to be paid in the current year based on leave taken in prior years.

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22. Provisions

Provisions represent workers compensation.

Reconciliation of workers compensation (statutory and non-statutory)

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	9,632	6,408	9,632	6,408
Increase in provisions recognised	4,185	3,713	4,185	3,713
Reductions arising from payments/other sacrifices of future economic benefits	(959)	(489)	(959)	(489)
Carrying amount at the end of the period	12,858	9,632	12,858	9,632

Workers compensation provision (statutory and additional compensation schemes)

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

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

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

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

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

23. Contract liabilities and other liabilities

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Current				
Unclaimed monies	5	-	5	-
Contract liabilities	2,068	3,543	2,068	3,543
Residential aged care bonds	30,579	24,579	30,579	24,579
Other	13	37	13	37
Total contract liabilities and other liabilities	32,665	28,159	32,665	28,159

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.

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK
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24. Cash flow reconciliation

Reconciliation of cash and cash equivalents at the end of the reporting period	Consolidated		Parent	
	2023 S'000	2022 S'000	2023 S'000	2022 S'000
Cash and cash equivalents disclosed in the Statement of Financial Position	18,101	13,005	16,589	11,498
Cash as per Statement of Financial Position	18,101	13,005	16,589	11,498
Balance as per Statement of Cash Flows	18,101	13,005	16,589	11,498
Reconciliation of net cash provided by operating activities to net cost of providing services:				
Net cash provided by (used in) operating activities	7,824	793	7,824	957
Add/less non-cash items				
Asset donated free of charge	-	-	(830)	(2,126)
Capital revenues	1,050	1,338	1,050	1,338
Depreciation and amortisation expense of non-current assets	(9,600)	(10,132)	(1,550)	(1,526)
Gain/(loss) on sale or disposal of non-current assets	(225)	-	(225)	-
Interest credited directly to investments	12	5	2	1
Resources received free of charge	380	-	380	-
Dividend received via reinvestment plan	5	4	-	-
Movement in assets/liabilities				
Increase/(decrease) in inventories	69	69	69	69
Increase/(decrease) in receivables	3,648	329	3,593	298
(Increase)/decrease in other liabilities	(4,506)	1,463	(4,506)	1,463
(Increase)/decrease in payables and provisions	(2,533)	(6,852)	(2,524)	(6,850)
(Increase)/decrease in staff benefits	(2,648)	1,343	(2,648)	1,343
Net result	(6,524)	(11,640)	635	(5,033)

Total cash outflows for leases is \$0.611 million (\$0.596 million)

25. Unrecognised contractual commitments

25.1 Contractual commitments to acquire property, plant & equipment

Capital commitments	Consolidated		Parent	
	2023 S'000	2022 S'000	2023 S'000	2022 S'000
Within one year	747	-	747	-
Total capital commitments	747	-	747	-

25.2 Other contractual commitments

Expenditure commitments	Consolidated		Parent	
	2023 S'000	2022 S'000	2023 S'000	2022 S'000
Within one year	950	1,040	950	1,040
Later than one year but not longer than five years	113	153	113	153
Total expenditure commitments	1,063	1,193	1,063	1,193

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 2023 has not been quantified.

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK
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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	
	2023	2022	2023	2022
	S'000	S'000	S'000	S'000
Carry amount at the beginning of period	59	54	59	54
Client trust receipts	29	39	29	39
Client trust payments	(24)	(34)	(24)	(34)
Carrying amount at the end of the period	64	59	64	59

27. Contingent assets and liabilities

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

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

28. Events after balance date

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

29. Impact of Standards not yet implemented

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

30. Financial instruments/financial risk management

30.1 Financial risk management

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

Liquidity Risk

The Hospital is funded principally by the SA Government. The Hospital works with the SA Government to determine the cash flows associated with the SA Government approved program of work and to ensure funding is provided through SA Government budgetary processes to meet the expected cash flows.

Refer to notes 1, 5, 19 and 20 for further information.

Credit risk

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

Refer to notes 13 and 14 for further information.

Market risk

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

30.2 Categorisation of financial instruments

Details of the significant accounting policies and methods adopted including the criteria for recognition, the basis of measurement, maturity analysis and the basis on which income and expenses are recognised with respect to each class of financial asset, financial liability and equity instrument are disclosed in note 1 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.

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CONSOLIDATED AND PARENT	30 June 2023			30 June 2022		
	Expected credit loss rate(s) %	Gross carrying amount S'000	Expected credit losses S'000	Expected credit loss rate(s) %	Gross carrying amount S'000	Expected credit losses S'000
Days past due						
Current	0.1 - 10.2 %	583	18	0.1 - 10.2 %	757	18
<30 days	0.4 - 13.9 %	271	11	0.4 - 13.9 %	298	12
31-60 days	0.8 - 20.9 %	81	6	0.9 - 21.0 %	117	8
61-90 days	1.1 - 31.6 %	241	33	1.1 - 31.6 %	72	8
91-120 days	1.3 - 35.4 %	100	16	1.4 - 35.5 %	63	9
121-180 days	1.9 - 48.4 %	86	20	1.9 - 48.6 %	112	31
181-360 days	3.6 - 76.1 %	199	80	3.7 - 76.5 %	140	55
361-540 days	4.7 - 92.2 %	194	111	4.8 - 91.6 %	131	56
>540 days	5.5 - 100.0 %	297	111	5.5 - 100.0 %	375	132
Total		2052	406		2065	329

31. Significant transactions with government related entities

The Hospital is controlled by the SA Government

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

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

The Hospital received funding from the SA Government via the Department (note 2), and incurred significant expenditure via the Department for medical, surgical and laboratory supplies, computing and insurance (note 9). The Department transferred capital works in progress of \$1 030 million (\$1 338 million) to the Hospital. The Hospital incurred significant expenditure with the Department for Infrastructure and Transport (DIT) for capital works of \$0 367 million (\$0 530 million).

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.

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

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

RIVERLAND MALLEE COORONG LOCAL HEALTH NETWORK
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33. 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, Ottaway M, Toogood F
Riverland Mallee Coorong Local Health Network Risk and Audit Committee*	-	Brass P (Chair)*, Goldsmith C, Joyner P, Ottaway M

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

Refer to note 8.2 for remuneration of board and committee members

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34. 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. In 2023 there were no longer any doctors working under this arrangement with services instead being provided by locums and salaried medical officers.

	2023	2022
	\$'000	\$'000
Other expenses	-	(128)
Revenue from fees and charges	-	128
Net result	-	-
Opening cash	-	-
Cash inflows	-	128
Cash outflows	-	(128)
Cash at 30 June	-	-

**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
Board Chair

.....
Wayne Champion
Chief Executive Officer


.....
Ken Brown
Acting Chief Finance Officer

Date 12/09/2023