



**Government
of South Australia**

**WOMEN'S AND CHILDREN'S HEALTH
NETWORK
2020-21 Annual Report**

WOMEN'S AND CHILDREN'S HEALTH NETWORK

72 King William Road North Adelaide SA 5006

www.wchn.sa.gov.au

Contact phone number: 8161 6005

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

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2020-21 ANNUAL REPORT for the Women's and Children's Health Network

To:

The Honourable Stephen Wade MLC
Minister for Health and Wellbeing

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

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

Submitted on behalf of the WOMEN'S AND CHILDREN'S HEALTH NETWORK by:

Jim Birch AM

Chair, Women's and Children's Health Network Governing Board

Date 30/09/2021

Signature



Lindsey Gough

Chief Executive Officer, Women's and Children's Health Network

Date 29/09/2021

Signature



From the Governing Board Chair



On behalf of the Women's and Children's Health Network Governing Board, I am pleased to present the 2020-2021 Annual Report for the Women's and Children's Health Network.

We began this reporting period in the grip of the global pandemic, with no COVID-19 vaccines yet available. This meant our hospital and community services began operating under emergency conditions.

Within just weeks of the virus hitting Australia, the Health Network began adopting new and innovative ways of delivering care to ensure the safety of our staff and the consumers, including the roll-out of telehealth consultations, virtual meetings and working from home provisions.

The Women's and Children's Hospital became one of South Australia's key testing sites for the virus, creating additional demands on our workforce.

The beginning of 2021 brought with it two approved vaccines for COVID-19 and, once again, our teams were able to implement two vaccination clinics at the WCH.

Despite the added pressures brought on by COVID-19, WCHN has also taken strides during 2020-21 to progress some important projects and initiatives.

The new WCH project marked a key milestone in July 2020, with the commencement of the engagement strategy for the planning phase of the project, the launch of the consultation phase, and the subsequent formation of more than 200 Project User Groups.

This work was crucial in the development of service delivery models and functional design briefs for the new hospital. We also saw some preliminary concepts of what the new facility might look like and were pleased to announce that the project would be the first all-electric hospital to be built in Australia.

WCHN also completed a number of key infrastructure upgrades at the WCH, including the new Special Care Baby Unit, the adolescent mental health inpatient unit (re-named Mallee Ward), the Paediatric Emergency Department and operating theatres refurbishments and the new Neonatal Intensive Care Unit was delivered. These capital works will ensure that excellence in care can be maintained at the current site in the remaining years before the move to the new hospital.

It has been an important year for reinforcing our commitment to improving Aboriginal health outcomes, through developing several key strategies for system change, greater recognition of the importance of Indigenous culture, and prioritising reconciliation and anti-racism as core principles within our Health Network.

In this, the second full year of the Governing Board's operation, I note that WCHN is operating at a very high standard.

This is due in large measure to the way staff have adapted and embraced the learning of new skills to build on WCHN's strong foundation and long history of providing outstanding care to the babies, children, women, young people and families of South Australia.



Jim Birch AM

Governing Board Chair

Women's and Children's Health Network

From the Chief Executive



During this past year, I have had the privilege of leading the Women's and Children's Health Network (WCHN) as it played an essential role in South Australia's response to the global COVID-19 pandemic.

Our organisation's values of compassion, respect, equity, accountability and together for excellence have never been more relevant, or evident, as we have united to deliver care in such uncertain times.

Our *Strategy 2026 Realising Potential Creating Together* continues to guide us as we work towards the creation of a new WCH. Having this clear roadmap has been vital in such an unprecedented year and we remain resolute in seeking to develop a workforce that will be able to capitalise on the potential of the new facility.

While COVID-19 remained an ever-present threat, I am pleased to report that WCHN achieved a number of key milestones across a range of areas.

Our *Zero Tolerance to Racism Campaign and Enduring Strategy* reinforced our commitment to culturally safe work practices and ensuring that all staff understand racism and its impacts. This important piece of work makes tackling racist behaviours within our organisation everyone's business and it will also contribute towards making WCHN a safe place for Aboriginal consumers to access and receive care.

This was followed by the release of our *Innovate Reconciliation Action Plan 2021 – 2023*, endorsed by Reconciliation Australia. The plan outlines the actions we will take to achieve our reconciliation goals around the focus areas of relationships, respect, opportunities and governance.

To increase engagement and encourage cultural competence the *dual naming project* delivered updated signage around the Women's and Children's Hospital, with a Kurna translation. Starting with the WCH in North Adelaide, other sites will be included as part of the next phase rollout in 2022. Kurna Warra Karrpanthi (KWK) Aboriginal Corporation translated almost 30 names across the WCH, including the Paediatric Emergency Department, Pharmacy, Aboriginal Family Birthing Program, Aboriginal Liaison Unit and the Play Deck.

This is the largest project of its kind for an SA Health Local Health Network, to include an Aboriginal translation on all its signage across the hospital. This is an important step for providing a welcoming and inclusive space for the entirety of the Women's and Children's community. Using the WCHN Culture app (available to download on iphones) supports you to hear an audio file and pronunciation guide for the translations.

This year we also launched a roadmap for building and sustaining a mentally healthy workplace and supporting the wellbeing of our people. The *WCHN Staff Wellbeing Strategy 2021-2026* acknowledges the essential services our staff provide to the

community and aims to ensure they can be healthy and safe and have the opportunity to thrive during their working lives with us.

WCHN also restated its commitment to enhancing health promotion through a strengthening of partnerships with key advocacy organisations and universities to improve messaging to our primary consumer stakeholder groups.

We also began the mammoth task of preparing for a move to an Electronic Medical Record (EMR) and Patient Administration System (PAS) environment, with the commencement of the discovery phase for the Sunrise EMR/PAS implementation at the WCH.

This system, which will replace the need for paper-based medical records, is set to transform the way clinicians deliver care through a fully integrated and accessible patient medical record and is set to commence at the WCH in the third quarter of 2021.

Two innovative WCHN projects received prestigious awards in 2020-21. The Preventing Neurological Injury in Preterm Infants (PINI) – a multidisciplinary initiative from our Women's and Babies Division, which achieved reductions in neurological injury in pre-term infants – won the *Improving Safety and Quality* category at the 2020 SA Health Awards. The Kidstuff - Indigenous Young Parents Program, run by Metropolitan Youth Health, won the *Excellence in Service Delivery (Team)* category at the 2020 Premier's Excellence Awards.

The launch of our new Changing Places facility has made visits to the WCH a little easier for children and young people living with disability and their families. The first of its kind in a South Australian hospital, Changing Places includes a range of customised features not available in standard accessible toilets, giving people with disability a dignified and purpose-built space to use.

Our Home Equipment Centre, which supplies consumables and equipment to consumers to help with provision of care at home, moved to a new location offering better consumer access.

As we work our way through the constantly changing COVID-19 landscape, and continue to re-evaluate our priorities as an organisation, I am optimistic that we are equipped to face the challenges of the coming year.



Lindsey Gough

Chief Executive Officer

Women's and Children's Health Network

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Overview: about the agency

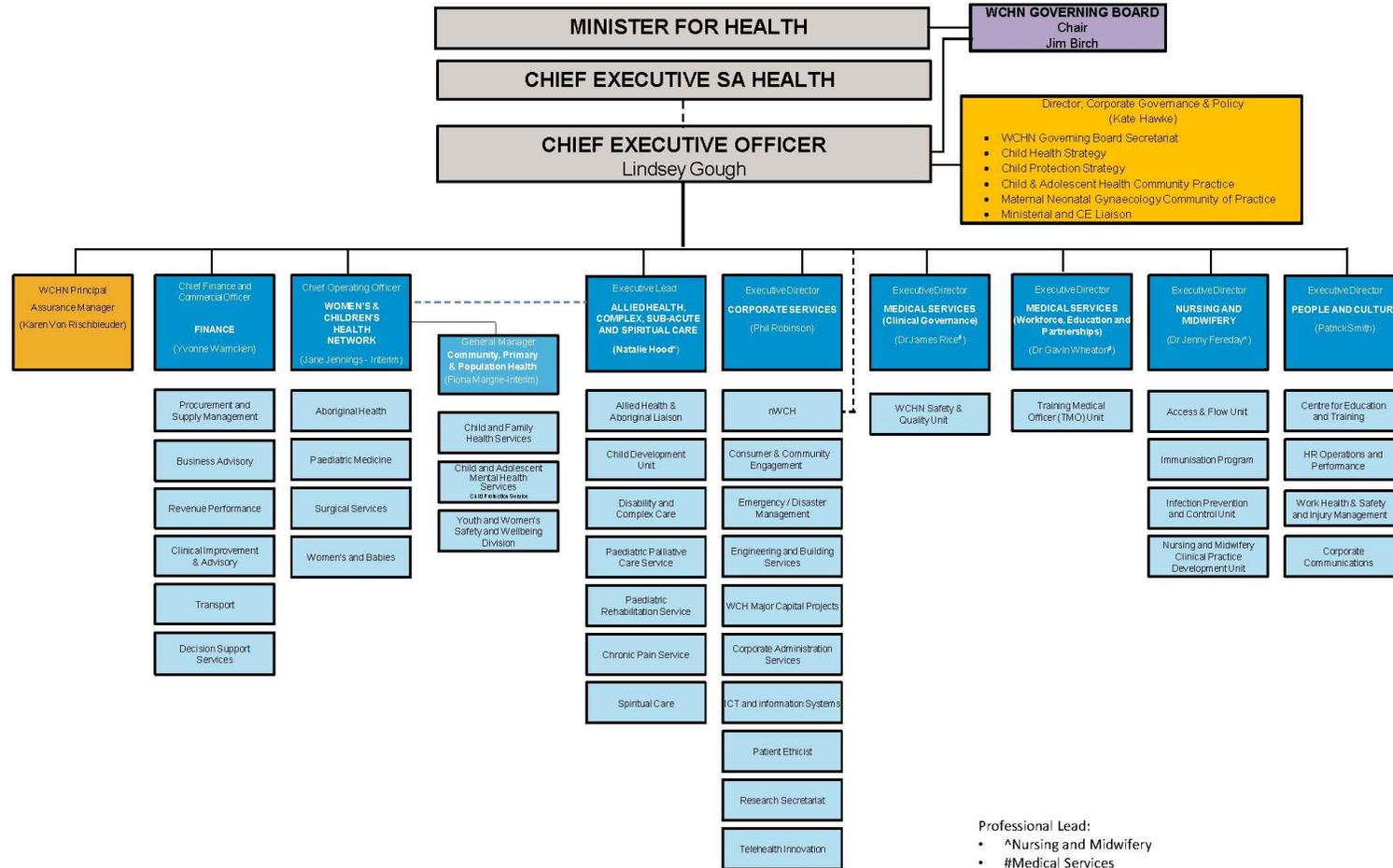
Our strategic focus

<p>Our Purpose</p>	<p>The Women's and Children's Health Network (WCHN) is South Australia's leading provider of specialty care and health services for women, babies, children and young people and their families in South Australia.</p> <p>WCHN puts our consumers and community at the centre of everything we do to ensure that we:</p> <ul style="list-style-type: none"> ○ Provide outstanding care and service ○ Enhance our culture and leadership ○ Design and deliver a new Women's and Children's Hospital ○ Strengthen partnerships and expand innovation ○ Through research, education and learning, inspire others, share specialist knowledge and deliver excellence in everything that we do ○ Deliver an integrated WCHN. <p>The WCHN comprises the Women's and Children's Hospital (WCH), state-wide Child and Adolescent Mental Health Services (CAMHS), state-wide Community and Family Health Services (CaFHS), Youth Women's Safety Wellbeing and a range of metropolitan, rural and remote community based services for babies, children, young people and women across SA and interstate.</p> <p>These services are provided across 180 sites throughout South Australia and employ more than 4000 staff.</p> <p>Services are provided in the context of multi-disciplinary teams that includes nursing, medical, allied health and a range of clinical and non-clinical support staff to deliver high quality care for consumers.</p> <p>The WCHN recognises the importance of early intervention in reducing the risk of poor physical and mental health, social and emotional problems later in life that are at significant cost to our health system and society as a whole.</p> <p>Our mission is to improve the health and wellbeing of families and communities by providing integrated care and support.</p>
<p>Our Vision</p>	<p>To be a leading and respected health network for women, babies, children, young people and their families.</p>

Our Values	Compassion, Respect, Equity, Accountability, Together for Excellence
Our strategic priorities	<ol style="list-style-type: none"> 1. To improve the health and wellbeing of families and communities. <ul style="list-style-type: none"> ○ A healthy start to life ○ A better quality of life ○ Equitable access to care ○ Improved outcomes for vulnerable children and young people and marginalised communities ○ Being champions for improved health and wellbeing ○ A population health approach ○ Work that makes a difference ○ Greater health and wellbeing ○ Engaged and satisfied staff ○ Work/life balance 2. To make meaningful gains in Aboriginal Health <ul style="list-style-type: none"> ○ Measurable improvements in Aboriginal health ○ Improved access to services ○ Culturally safe and respectful services ○ Empowered Aboriginal workforce ○ Respect of culture ○ Zero tolerance to racism in our workplace ○ Culturally competent and respectful workforce 3. To provide leading healthcare for women, babies, children and young people <ul style="list-style-type: none"> ○ Safe and high quality Person and Family Centred Care ○ Evidence informed practice ○ Positive experiences ○ High quality research, education and teaching that improves the health and wellbeing of our communities ○ Culturally and clinically safe workplace ○ Pride in our work ○ Shared and continuous learning to improve what we do ○ High quality research, education and teaching to enhance the capabilities of our people 4. To create one health network <ul style="list-style-type: none"> ○ Flexible and responsive services ○ Co-ordinated and consistent care ○ Equity of access ○ Strong primary healthcare ○ A smooth healthcare journey across services ○ A united team regardless of location ○ Skilled and collaborative inter-professional teams ○ Consistent support and supervision ○ We will be role models for our values

Our organisational structure

WOMEN'S AND CHILDREN'S HEALTH NETWORK Organisational Structure



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Changes to the agency

During 2020-21 there were three changes to the agency's structure and objectives as a result of internal reviews or machinery of government changes.

- Introduction of the General Manager, Community, Primary and Population Health role with the realignment of reporting structures reflected above.
- Restructure of the Executive Director, Medical Services into two focussed roles:

Executive Director Medical Services (Clinical Governance)

Executive Director Medical Services (Workforce, Education and Partnerships)

Our Minister



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

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

Our Governing Board

Mr Jim Birch AM BHA (NSW) FCHSM, Chairperson



Jim Birch was appointed as the inaugural Governing Board Chairperson of the Women's and Children's Health Network Transition Board in August 2018.

Jim is a nationally and internationally respected health sector administrator and strategic thinker in both the private and public sectors. He has more than 30 years' experience in planning, leading and implementing change in complex organisations.

Mr John Bastian AM, Board Member



John Bastian is an experienced Board Director in both the public and private sector. John now concentrates on management consulting, Board and advisory roles. John brings skills in corporate governance, commercial management and finance to the Governing Board.

Dr Stephen Christley GAICD, Board Member



Dr Stephen Christley was formerly the Chief Public Health Officer at SA Health. He has also worked in clinical and management settings in community, rural, regional and metropolitan settings, including 12 years as CEO of area health services. Stephen brings a wealth of expertise and knowledge around public health issues and the management of public health services to the Governing Board.

Susy Daw FGLF (03) GAICD, Deputy Chairperson



Susy Daw trained as a Registered Nurse in 1985, the last hospital based training group from the 'The Adelaide Children's Hospital'. She worked as a Registered Nurse in clinical and management roles before starting a business in Risk and Strategy in 1996, consulting widely across industries in the private and public sector. She has been a facilitator for the Australian Institute of Company Directors for 17 years.

Susy is on a number of Boards and brings skills in clinical governance, risk and audit to the Governing Board.

Karen Glover, Board Member



Karen Glover is a Mein:tnk woman from South East South Australia and from the Wotjobaluk nation in NW Victoria. Karen is currently Aboriginal Senior Research Fellow, Aboriginal Communities and Families Health Research Alliance at the South Australian Health and Medical Research Institute. This is a joint position between SAHMRI and the Murdoch Children's Research Institute, Melbourne. Karen's experience includes policy, continuous quality improvement and change management in relation to Aboriginal people's health and wellbeing.

Ross Haslam, Board Member



Ross Haslam is a Consultant specialising in strategic and risk management. He is a Director of the South Australia Health and Medical Research Institute (SAHMRI) and a member of numerous Risk and Audit Committees including the Performance and Risk Committee of Department for Infrastructure and Transport (Chair), SAHMRI (Chair) and City of Tea Tree Gully. Ross brings specific skills in the areas of corporate strategy, risk management and governance to the Governing Board.

Sandra (Sandy) Miller, Board Member



Sandy Miller is a Wirangu woman from the Ceduna area. Sandy provides strong leadership and excellence in policy development and service design across Aboriginal health, ageing and welfare portfolios. A trailblazer in the public sector at a time when Aboriginal women were not represented, she assisted in breaking down the barriers for Aboriginal women aspiring to leadership roles. Sandy brings significant Aboriginal health experience to the Governing Board.

Prof Brenda Wilson AM, FAICD, Board Member



Brenda Wilson is an experienced Board Director having held several board positions in health, higher education and the arts.

During her career, spanning more than 40 years in health, she held several executive leadership and management roles including Chief Executive, Cancer Council SA; Executive Director Nursing and Patient Services, Flinders Medical Centre and the Lyell McEwen Health Service; and CEO and Director of Nursing, Hampstead Centre.

She was appointed Lieutenant Governor of South Australia in 2014, a role she still holds.

Our Executive team



Lindsey Gough is the CEO of the Women's and Children's Health Network, and responsible for South Australia's leading provider of specialty care and health services for babies, children, young people and women in South Australia.

Lindsey is committed to improving the health and wellbeing of our community.



Sarah McRae served as the Chief Operating Officer from 2019 to January 2021.



Jane Jennings was appointed as the Interim Chief Operating Officer in January 2021. Jane is accountable for the leadership and performance of the Network's operational service delivery.

The role oversees the Women's and Babies Division, Surgical Services, Paediatric Medicine Services, Allied Health, Complex and Sub-Acute Care, Child and Adolescent Mental Health, Child Protection Service, Child and Family Health Service, Youth Women's Safety and Wellbeing Service, Child Safety Strategy, Decision Support Services and the Aboriginal Health Division.



Phil Robinson, PSM is Executive Director, Corporate Services at the Women's and Children's Health Network.

This role oversees a range of functions including, information technology, infrastructure, engineering, research activities, partnerships and consumer and community engagement for the Network.



Dr Cindy Molloy retired from the role of Executive Director, Medical Services for the Women's and Children's Health Network and Divisional Director for the Surgical Services Division in April 2021. Dr Molloy delivered 17 years of dedicated services to the Women's and Children's Hospital.



Dr James Rice was appointed Executive Director, Medical Services (Clinical Governance) on 14 April 2021, having completed his role as Deputy Director, Medical Services. Dr Rice has executive-level responsibility for clinical governance across the Network in addition to being a professional lead for all doctors employed at WCHN.



Dr Gavin Wheaton is a paediatric cardiologist and was appointed as Executive Director, Medical Services (Workforce, Education and Partnerships) on 14 April 2021. Dr Wheaton has extensive clinical and leadership experience in paediatrics and child health.



Dr Jenny Fereday, in her role as Executive Director, Nursing and Midwifery, is the professional lead for all nurses and midwives across the network and is involved in leading and contributing to decision making for nursing and midwifery at a Network, State and National level.



Patrick Smith commenced in January 2019, as the Executive Director, People and Culture, responsible for corporate communications, education and training, human resources, and work health and safety and injury management.



Yvonne Warncken was appointed as the Chief Finance and Commercial Officer in 2020. Yvonne is responsible for executive oversight of Business Advisory Services, Procurement and Supply Management, Revenue Performance and Clinical Improvement and Advisory Services.



Natalie Hood is the Executive Lead, Allied Health, Complex Sub Acute and Spiritual Care. This role is responsible for strategic, clinical and operational performance of the directorate, which includes Allied Health and Aboriginal Liaison, Child Development Unit, Disability and Complex Care, Paediatric Palliative Care Services, Paediatric Rehabilitation Service, Spiritual Care and Chronic Pain Service.



Jackie Ah Kit is the Director, Aboriginal Health Directorate and works across the whole of WCHN in relation to Aboriginal health in the areas of strategic leadership, continuous quality and service improvement, policy advice, Aboriginal workforce development and community engagement.

Legislation administered by the agency

None

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

Other agencies related to the Women's and Children's Health Network are:

- Department for Health and Wellbeing
- Wellbeing SA
- Digital Health
- Commission on Excellence and Innovation in Health
- Central Adelaide Local Health Network
- Northern Adelaide Local Health Network
- Southern Adelaide Local Health Network
- Barossa Hills Fleurieu Local Health Network
- Eyre and Far North Local Health Network
- Flinders and Upper North Local Health Network
- Limestone Coast Local Health Network
- Riverland Mallee Coorong Local Health Network

- Yorke and Northern Local Health Network
- SA Ambulance Service
- Office for Ageing Well

The agency's performance

Performance at a glance

WCHN Annual Report 2020-21 Statistics

	2020/21	2019/20
Emergency		
Paediatric Emergency Department Presentations	48,778	42,674
Women's Assessment Service Presentations	12,431	11,564
Inpatients		
Total Acute Separations	31,761	31,106
Paediatric	23,874	23,340
Aboriginal	1,876	1,795
% of Aboriginal Patients / All Seps	5.9%	5.8%
Average Length of Stay (All Seps)*	2.41 days	2.41 days
Average Length of Stay (Paediatric Seps)*	2.45 Days	2.44 days
Average Length of Stay (Aboriginal Seps)*	3.55 Days	3.55 days
Sub-Acute - Palliative Care Separations	5	1
Sub-Acute - Rehabilitation Separations	10	17
Operating Room Procedures		
Patients discharged who had an OR Procedure	13,245	12,464
Number of Procedures Performed	13,819	13,038
Outpatients		
	249,656	239,397
Mothers Delivering & Babies Born		
Deliveries	4,754	4,730
Live born babies born	4,840	4,803
Stillborn babies over 20 weeks	39	39
Neonatal deaths	2	4
	4,881	4,846
Twin births	250	216
Triplet births	3	12
Single births	4,628	4,618
	4,881	4,846

CaFHS Activity Data 2020/21

Births July 2020-June 2021

- 18,678 infants born during this period were registered with CaFHS

For services provided between July 2020 - June 2021

- 15,559 (90.59%) initial contact visits were performed within 4 weeks of receiving consent to contact form
- 10,106 (58.86%) of initial contact visits performed within 2 weeks of receiving consent to contact form
- 17,432 (89.22%) of eligible infants completed a hearing screening by 4 weeks of age.
- 32,655 families were supported
- 74,835 direct services were provided
- 386 families completed a stay in Torrens House

CAMHS Activity Data 2020/21

Occasions of Service	
CAHMS CONNECT (Triage and referral Service)	10,210
CAMHS Community contacts	94,663
CAMHS Contacts in Paediatric Emergency Department	4,221

Youth, Women's Safety & Wellbeing 2020/21

Occasions of Service	2020/21	2019/20
Multi Agency Protection Service	2,420	3,313
Metropolitan Youth Health	8,335	5,757
Women's Health Service	6,489	9,106
Yarrow Place	13,315	12,317
	30,559	30,493

Training Provided	2020/21	2019/20
Sessions	409	333
Participants	5,838	5,757

Agency response to COVID-19

The Women's and Children's Health Network (WCHN) was the state designated COVID-19 hospital for paediatrics, obstetrics and gynaecology services for women. A multi-disciplinary team response was enacted across multiple services, with oversight by the WCHN Command Centre.

The WCHN response included establishing a COVID-19 testing clinic at the WCH for paediatrics, families, women and the general public until December 2020 when testing was then redirected to other sites. The WCHN continues to provide skilled and experienced staff for external testing sites.

The WCH also established two vaccination clinics at the WCH in January 2021 (Pfizer and AstraZeneca), which were both operational as at 30 June 2021. Vaccinations administered have totalled over 22,800 (end of June 2021) and have included the vaccination of staff, family members of staff in identified high risk areas, general public and consumers. The WCH staff have also been involved in the

establishment of vaccination clinics at Wayville (in conjunction with CALHN) and WCH setup and run a clinic at Enfield initially with a focus on vaccinations for aged care workers.

Multiple pathways for patients have been developed and implemented for consumers accessing WCHN services and/or WCHN sites. These pathways were collaboratively developed by WCHN clinicians with the Communicable Disease Control Branch (CDCB) and the State Control Centre – Health (SCCH) and governed by the WCHN Command Centre.

Acute and Community Divisions have implemented a number initiatives to help staff and consumers access healthcare services in a COVID safe way. This has included (but not limited to):

- Comprehensive care plans for women, neonates, paediatric and adolescents with suspected or confirmed COVID-19 (including patients transferred from a medi-hotel or quarantine facility)
- Upskilling of staff in regards to donning and doffing procedures for Personal Protective Equipment (PPE)
- Preparation of staff and testing of patient pathways through multi-disciplinary simulation scenarios
- Establishment of the 'Code Airway' team and supporting procedures for medical emergencies in COVID-19 suspected or confirmed patients
- Implementation of telehealth services for outpatient appointments, community site appointments and consumer education classes (such as antenatal education)
- Use of telehealth for Early Parent Groups to support parents staying connected through the pandemic
- Establishment and introduction of virtual programs, including for the Torrens House Residential Program
- Utilisation of Health Direct, including an evaluation study of its effectiveness by CAMHS (in progress)
- Implementation of management pathways for staff with identified co-morbidities and working in high risk settings
- Development of information sheets and videos for consumers on COVID-19, including vaccination and healthcare services
- COVID safe workplans for community healthcare sites

Through the COVID-19 pandemic there has been a significant increase in the number of children and young people presenting to the Paediatric Emergency Department (PED) and/or being referred to the Child & Adolescent Mental Health Service (CAMHS) inpatient and community services. Service models have been developed for these patients, and this increased demand is anticipated to continue into 2021/2022.

Agency contribution to whole of Government objectives

Key objective	Agency's contribution
More jobs	<p>30 graduate nurses and 20 graduate midwives were employed through the Nursing and Midwifery Graduate Recruitment – Transition to Professional Practice (TPPP) program.</p> <p>Two Aboriginal people were employed through the Aboriginal Employment Register.</p> <p>WCHN is hosting six Aboriginal trainees through the Skilling SA Program (Group Training Organisation pathway).</p>
Lower costs	<p>Work has continued on the financial efficiency and sustainability program, which focuses on identifying and mitigating areas of inefficiency. This continues to support the government's objective of reducing costs while improving access to safe and quality services.</p>
Better Services	<p>The WCHN is participating in the Demand Management Work-stream which has a key focus on system flow. There are a number of targeted outcomes including:</p> <ul style="list-style-type: none"> ➤ Reducing transfer of care delays (clinical handover between paramedic and ED clinician) greater than 30 mins (by 25%) and eliminating delays greater than 60 mins by 30 June 2021. ➤ Reducing ED visit time in metro EDs by a minimum of 30 minutes in both admission and discharge streams by 30 June 2021. <p>A number of initiatives have been developed and implemented to achieve targeted outcome by the WCHN including:</p> <ul style="list-style-type: none"> • Development of the model for the Child and Adolescent Virtual Urgent Care Service which supports first contact between a consumer and a clinician via a video platform, providing an opportunity for patients, parents and/or carers, with non-urgent care needs, to talk to emergency clinicians from their home or community setting. This model will be launched in 2021/2022. • Development of the General Practitioner (GP) Liaison role which aims to improve consumer care by facilitating and strengthening healthcare collaboration, communication and integration between GPs, community healthcare providers and the WCH PED.

	<ul style="list-style-type: none"> • An external safety and quality review of the Paediatric Emergency Department (PED) was commissioned in May 2021. The review was commissioned as part of the WCHN's commitment to the continuous improvement of service delivery and in consideration of the increased demand and patient flow issues in PED. A report and recommendations from this review is expected in 2021/2022. • Undertaken process mapping exercises in PED to review the patient journey and identify opportunities to improve patient flow. Opportunities included trial of waiting room coordinator role, development of models of care for the PODS in PED and the Emergency Extended Care Unit (EECU), review of processes for patient referral to Priority Care Centres (PCCs). <p>There has been significant increases in demand in mental health across all areas from acute to community. This includes an increase of 41% of referrals to Paediatric Emergency Department and a 21% increase in admissions to the new Mallee Ward. There have been significant increases in activity in demand to the CAMHS Connect Triage Service of 1,111 contacts per month and a 4.2% increase in community CAMHS contacts.</p> <p>Developments: Development of a new pre and post hospital service referred to as "The Bridge". The goal is to provide a multi-disciplinary in reach service for mothers and infants with acute mental health concerns. The goal is to support stabilisation and provide an alternative to inpatient treatment by providing a 'hospital in the home' arrangement. The principles of this service are underpinned by collaborative and systemic levels of care, clear and visible support and integration with key community based services including GP's and other private providers.</p> <p>The addition of a new Nurse Lead/Clinical Coordinator for the Emergency Mental Health Service to support consistency, clarity to the team and guide/lead systemic committees to reduce hospital representations. Initiation of the new CAMHS RACER (Rapid Assessment Consultation and Review) service. This service aims to provide an urgent assessment and brief therapy (3 sessions) to provide solution focussed support to young people aged 11- 18 years.</p>
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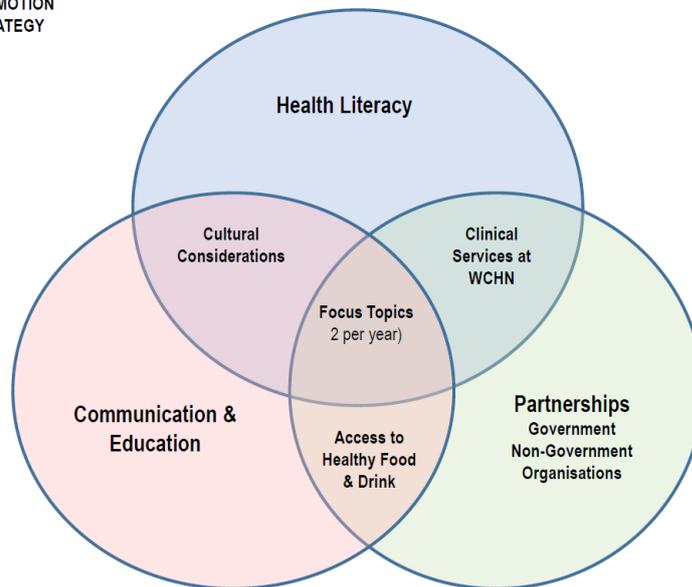
Agency specific objectives and performance

Agency objectives	Indicators	Performance
<p>Improved health and wellbeing of families and communities</p>	<p>Develop a WCHN Health Improvement Plan, comprising:</p> <ul style="list-style-type: none"> • Health Promotion and Prevention Strategy • Appropriateness of Care • Prevention of harm 	<p>As per diagram below.</p> <p>Appropriateness of care is being assessed through the clinical evaluation program, by looking at variations in care processes and clinical outcomes against agreed guidelines and recommendations.</p> <p>At present there are 18 clinical conditions/process from 15 Units being evaluated.</p> <p>WCHN implemented a number of clinical improvement strategies to reduce the risk of harm to consumers in 2020/21 including strengthening risk assessment processes, improving physical environments and re-designing clinical care processes.</p> <p>As a consequence WCHN saw a reduction in health-care acquired complication and instances of use of restraint and seclusion to manage significant unpredictable behaviours.</p>

Agency objectives	Indicators	Performance
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WCHN HEALTH PROMOTION & PREVENTION STRATEGY

April 2021



FOCUS TOPICS	HEALTH LITERACY	CULTURAL CONSIDERATIONS	COMMUNICATION AND EDUCATION	KEY PARTNERSHIPS	ACCESS TO HEALTHY FOOD AND DRINKS	CLINICAL SERVICES
Goal 1	Goal 2	Goal 3	Goal 4	Goal 5	Goal 6	Goal 7
Clinicians and consumers will be engaged to identify 2 evidence based key health promotion topics each year.	Information will be presented in multiple formats to cover different levels of health literacy, including developmental ages	Communication and clinical care will be proactive in addressing Aboriginal and Culturally & Linguistically Diverse (CALD) consumer needs	Communication will be accessible, in different formats, follow learning principles and will be person and family centred	WCHN will actively form partnerships with government and non-government organisations (NGOs) to enhance health promotion messages, research and projects and build on the WCHN brand.	WCHN will role model health promotion by the availability of healthy food and drinks and follow the SA Healthy Food and Drink Policy in SA Health Facilities	Screening and assessment will identify requirements for preventative interventions and promotion of optimal health.
Key Actions	Key Actions	Key Actions	Key Actions	Key Actions	Key Actions	Key Actions
Survey and discuss with clinical staff, consumer advocates and WCHN Board key topics. Identify 2 per year Communication plan for each topic Action plan of key activities for promotion and prevention	Integrate Health Literacy Guidelines WCHN Website improvements for accessible information Social media information and vignettes Podcasts and Webinars for staff and public access	Interpreters used for appointments Translate Information in key languages Aboriginal and CALD parent easy guides expanded Consult Aboriginal Healers to guide health promotion Consultation with CALD Consumer Advocates	Records of teaching documented in case notes including plan and outcomes Guidelines for patient education using learning principles Patient Information available on the WCHN Internet Dedicated Health Promotion areas in Outpatients	Participate in projects led by Wellbeing SA relevant to women, children and young people Engage with NGOs for projects and promotion eg Asthma SA, Autism SA, Diabetes SA, Relationships Australia Research with SAMHRI and Universities	Role Model healthy options in Cafes, Vending Machines and Volunteer Shops within WCHN as per SA Policy Enable access to health food and drinks through variety of price points and free piece of fruit for children in the cafeteria Available water	Screening, Advice, Referral for example (but not limited to) on admission weight height and vital signs, Ask, Assess and Respond (AAA) for Domestic Violence, Safe Sleeping in the hospital and on discharge, Vaccination clinic and checks of inpatient records.
KEY PERFORMANCE INDICATORS						
<ul style="list-style-type: none"> Identify two evidence based key topics, engage with relevant partners and deliver on action plans – Annual 100% Health promotion literature communicated in plain English, infographics, or translated into different languages – 100% Audits for clinical screening and referrals to demonstrate compliance – Annual with >80% result Social Media posts and Website information - number of hits/likes/downloads – increase each year Vaccination rates for WCHN -95% Audit of food and drinks against SA Health Food and Drinks Policy – 100% compliance Aboriginal specific resources for health promotion – Evidence of Engagement and feedback from Aboriginal consumers 						

Improved health and wellbeing of families and communities	Develop a Staff Wellbeing Strategy.	WCHN Staff Wellbeing Strategy approved by the Board, and Implementation Plan with KPIs developed.
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Agency objectives	Indicators	Performance
		Wellbeing Committee continues to meet and implementation of actions has commenced.
Improved health and wellbeing of families and communities	Develop next iteration of the Disability Inclusion Plan.	<p>WCHN Disability Access and Inclusion Plan 2020-2024 completed and published on the WCH Internet and Intranet sites.</p> <p>Established KPIs to measure consumer satisfaction with improved access and care for children with disability and complex needs.</p>
Meaningful gains in Aboriginal health and wellbeing	Develop the next iteration of the Reconciliation Action Plan RAP.	In June 2021, WCHN launched our comprehensive Innovate Reconciliation Action Plan 2021 – 2023 which outlines the actions our Network will take over the next three years to achieve this goal. This Reconciliation Action Plan is endorsed by Reconciliation Australia.
Meaningful gains in Aboriginal health and wellbeing	Implement the Aboriginal Health Strategy.	<p>The <i>Women's and Children's Health Network Aboriginal Health Plan 2018–2022</i> is the result of an extensive consultation process undertaken both internal and external to our Network. The following strategic priorities contained in the plan guide all aspects of service delivery, from individual care through to service planning and policy development:</p> <ul style="list-style-type: none"> • Tackling Racism and Discrimination • The First 1000 Days • Engaging Aboriginal People, Families and Communities

Agency objectives	Indicators	Performance
		<ul style="list-style-type: none"> • Closing the Gap • Monitoring and Accountability. <p>Throughout 2020/21, the following work was central to the implementation of the <i>Women’s and Children’s Health Network Aboriginal Health Plan 2018–2022</i>:</p> <p>Tackling Racism and Discrimination</p> <ul style="list-style-type: none"> • In February 2021, the WCHN launched its <i>Zero Tolerance to Racism Campaign and Enduring Strategy</i>. • Essential to enacting our commitment to tackle racism, is the development and implementation of the Corporate Procedure: <i>Zero Tolerance to Racism – Identifying, Responding, and Managing Racism in the Workplace</i>. • In April 2021, the Aboriginal Health Steering Committee also endorsed an anti-racism statement to be included in all role descriptions and job packs. <p>Although this campaign, strategy and corporate procedure has been specifically developed in line with the <i>Aboriginal Health Plan 2018-2022</i>, its intent can, and will be, applied to racism towards any staff member, non-employee</p>

Agency objectives	Indicators	Performance
		<p>worker or consumer representative of any race or cultural background.</p> <p>The First 1000 Days</p> <ul style="list-style-type: none"> • The Collaborative Approach Antenatal to Two Years Program was a collaborative approach funded from 2018–2020, between Women and Babies and Child and Family Health Services (CaFHS). • From 1 July 2020, the Family Support component of the Collaborative Approach was embedded in to the staffing structure of CaFHS. • In 2020, a review of the WCHN Aboriginal Family Birthing Program commenced; and in 2021, the final report was received. Work is underway to establish a governance structure which will oversee the implementation of the recommendations. <p>Engaging Aboriginal People, Families and Communities</p> <ul style="list-style-type: none"> • Following the success of the inaugural WCHN Aboriginal Health Community Forum in 2019, the second Aboriginal Health Community Forum was

Agency objectives	Indicators	Performance
		<p>initially scheduled for November 2020. However, due to COVID-19 restrictions, the forum was postponed to March 2021.</p> <ul style="list-style-type: none"> • Using a hybrid method, the Forum was held in the Alan Crompton Board Room (18), Norwich House (19) and virtually via MS Teams (35). In line with social distancing requirements, participants could attend either in-person or online. Attendance increased by 60%, up from 45 in 2019. • There are 19 Aboriginal people on the WCHN Consumer Register. • Co-Chaired by the Chief Operating Officer and the Director Aboriginal Health, the New Women's and Children's Hospital (nWCH) Aboriginal Advisory Group (AAG) commenced its series of meetings in the first round of the consultation process. • Membership is inclusive of the Aboriginal members of the WCHN Board, senior staff, consumers; Kaurna representatives; Aboriginal Health Council of SA; Department of Health and Wellbeing (Aboriginal Health Strategy); Aboriginal Affairs and Reconciliation; and the nWCH Project Team.

Agency objectives	Indicators	Performance
		<ul style="list-style-type: none"> • The Aboriginal members of the Board, Aboriginal staff and Aboriginal consumers have been involved in first round consultations either through the AAG, the Strategic User Groups (SUGs) and/or the Project User Groups (PUGs); and were also included in the membership of the various Functional Design Brief PUGs. <p>Closing the Gap</p> <ul style="list-style-type: none"> • In 2020, there was a greater focus on partnership between governments and Aboriginal people. The significance of this new partnership is reflected in the establishment of the Joint Council on Closing the Gap. This is the first time a COAG Ministerial Council has included non-government representatives. There are 16 new Closing the Gap Targets. • There were some changes to the State's investment in Closing the Gap (CtG). • Due to the COVID-19 pandemic, the Commissioning in Aboriginal Health for CtG priorities in Chronic Disease and Mental Health and Social and Emotional Wellbeing were delayed. Consequently, some CtG contracts were extended

Agency objectives	Indicators	Performance
		<p>for the period July 2020 – June 2021.</p> <ul style="list-style-type: none"> • For WCHN, only the Kunpungku Atunymankunyjacku Tjitji Uwarkara (KATU) Program, formerly known as CAMHS on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands, was extended. The extension enables the commissioning process for the CtG priorities in Chronic Disease and Mental Health and Social and Emotional Wellbeing to continue. • In 2020/2021, WCHN received transitional funding for its Aboriginal Family Birthing Program. • Throughout the year, work was undertaken across the Network to minimise the impact of the funding cessation; and to consider revised models of care. • Creating an Aboriginal Cultural Identity within our Corporate Identity is another focus area for action. The WCHN Aboriginal Cultural Identity Artwork was created to promote a new overarching and consistent Aboriginal cultural and corporate identity for Aboriginal health across the Network. • Artwork was launched in September 2020 in the Queen Victoria Lecture Theatre.

Agency objectives	Indicators	Performance
		<ul style="list-style-type: none"> • A WCHN Aboriginal Cultural Identity Style Guide together with a range of Microsoft Office templates has been developed; and an email signature block has also been designed for all WCHN staff to include in their email communications. • The WCHN Innovate Reconciliation Action Plan (RAP) was finalised; lodged with Reconciliation Australia; and launched in Reconciliation Week on 2 June 2021 at the Grand Round. • Stage 1A of the Dual Naming Project has been completed; and Stage 1B has commenced, this stage will include community sites across the Network. <p>Monitoring and Accountability</p> <ul style="list-style-type: none"> • The WCHN Risk Register now includes two risks specific to Aboriginal health: 6780: The level of Aboriginal cultural capability of WCHN staff varies across the network impacts engagement with Aboriginal people, families and communities; and 6781: Inequity of access to culturally safe and responsive WCHN services impacts health outcomes for Aboriginal consumers.

Agency objectives	Indicators	Performance
		<ul style="list-style-type: none"> • Consistent with the <i>Aboriginal Health Plan 2018 – 2022</i>, the Aboriginal Health Scorecard was developed to increase visibility and ensure reporting on specific Aboriginal health indicators to measure and monitor progress on Aboriginal clinical health outcomes across the Network. • The Scorecard meets the requirements of the National Safety and Quality Health Services Standards and the six actions on Aboriginal Health. • The Aboriginal Health Division continues to engage divisions and directorates in discussions to explore and identify specific Aboriginal health indicators for their placemats and possible consideration for inclusion in the scorecard.
<p>Meaningful gains in Aboriginal health and wellbeing</p>	<p>Implement the Aboriginal Workforce Plan.</p>	<p>Aboriginal workforce increased from 2.4% in June 2020 to 2.5% in June 2021. Six Aboriginal trainees commenced in June 2021.</p>
<p>Meaningful gains in Aboriginal health and wellbeing</p>	<p>Roll out the Aboriginal Signage Plan.</p>	<ul style="list-style-type: none"> • Working to a project plan, an application was submitted to Kaurua Warra Karrpanthi (KWK), a leading organisation dedicated to Kaurua language revitalisation and maintenance, requesting a series of Kaurua interpretation and translation of words for

Agency objectives	Indicators	Performance
		<p>various sites across the Network, predominantly, the Women's and Children's Hospital (WCH) site as part of Stage 1A of the Dual Naming Project.</p> <ul style="list-style-type: none"> • Some 30 names were interpreted and translated by KWK; and a media opportunity during National Reconciliation Week (28 May) coincided with the installation of the dual named flags on Kermode Street and the banner on the Queen Victoria side of the WCH. All of the decals and feature signs have now been installed across the hospital campus. • An app has been developed and can be downloaded from the App Store. The app assists with verbal pronunciations with voice recordings provided by KWK. • Stage 1A of the project has been completed; and Stage 1B has commenced, this stage will include community sites across the Network.
<p>Meaningful gains in Aboriginal health and wellbeing</p>	<p>Develop a zero tolerance to racism and discrimination policy and campaign.</p>	<p>In February 2021 WCHN launched the 'Zero Tolerance to Racism' campaign and enduring strategy. This strategy is built on the foundation that all staff need to understand the history of colonisation and the impact on Aboriginal peoples. We want to ensure a culturally safe environment that is anti-racist. This will enable a safe</p>

Agency objectives	Indicators	Performance
		place for current, and potential, WCHN Aboriginal staff to work in; and a safe health service for Aboriginal consumers to access and receive care. A culturally safe environment, in this context, is an organisation with a defined set of values and principles to tackle racism with demonstrated behaviours, attitudes, policies, and structures that are anti-racist.
Provide leading healthcare for women, babies, children and young people	Develop consistent and standardised data and information dashboards for clinicians, Executive and Board.	An improved suite of dashboards has been developed and will be progressively rolled out across the business during the 2021-22 financial year.
Provide leading healthcare for women, babies, children and young people	Review S&Q systems in accordance with the Evaluation Schedule.	Safety and quality systems have been reviewed in accordance with the Evaluation schedule. Significant improvements to SQ systems include implementation of Risk Console, a new risk register, implementation of a safety and quality staff recognition program, strengthening safety and quality education and enhancing reporting between the divisions and organisational operational committees.
Create one health network	Evaluate current roll out of telehealth as a result of COVID-19 and develop a plan to embed in future service delivery.	The Flinders University of SA (FUSA) research project has been approved through Research and Ethics to evaluate requirements to enable a virtual health environment WCH and will continue in 2021. Telehealth consultations are offered as a mode of service delivery across all outpatients

Agency objectives	Indicators	Performance
		and currently equate to just under 3% of all occasions of service. It is hoped the FUSA project will assist to identify where further opportunities exist.
Create one health network	Roll out the next stage of CREATE. Together to increase the sense of belonging and connection to our values.	<p>The Leader Evaluation Manager software has been implemented by Executive Directors.</p> <p>Executive Rounding across WCHN commenced March 2021, with over 100 Rounds completed.</p> <p>67% of WCHN department/teams have completed their team behaviours.</p>
Create one health network	Achieve >80% Employee engagement in 2021 staff survey.	WCHN full staff survey was delayed due to SA Public Sector staff survey. The WCHN 2020 Pulse survey engagement score achieved 76% engagement score, with 54% response rate.
Create one health network	Improve consumer experience measure. From benchmark level set by DHW for the patient reported experience measure (PREM).	Overarching measures of SACCESS Consumer Experience for the reporting period January to March 2021 from SA Health highlighted 88.8% rated positively the overall treatment of the care they received and 93.2% would recommend the hospital to a relative or friend. WCHN reached 80% or more for all of the experience benchmarks required by SA Health.

Corporate performance summary

WCHN Tier 1 Indicators identify opportunities for further improvement in performance. The Paediatric Emergency Department's (PED) achievement of the National Emergency Access Target (NEAT) remains below the set target of 83%.

Other indicators, such as ED seen on time and Category 3 patient seen on time, also remain below established targets. PED is implementing a number of quality improvement initiatives which aim to both reduce the demand for PED services and improve patient flow through the ED.

Elective surgery indicators have been impacted again this year by the COVID-19 pandemic and the resulting cancellation or delay of some elective surgery procedures and sustainment works occurring throughout theatres. Surgical Services achieved 100% for elective surgery admissions for Category 1 patients in June 2021 and 99.4% YTD which is consistent with 2019/2020 performance. Elective Surgery Timely Admissions for Category 2 and Category 3 patients remain below targets but elective surgery patients overdue in both Category 2 and 3 remain low, with plans in place for individual patients.

Healthcare associated SAB infection rates remain below the target of 2.0 and have improved 2020/2021 to 2019/2020 by 0.3. The WCHN Infection Prevention & Control team review each reported infection for system improvement opportunities.

Mental Health seclusion per 1000 bed days remains above the target of 3 days at 23.4 (May 2021). All incidences involved attempted physical assault on staff and/or property. Staff provided de-escalation techniques and implemented escalation processes. Seclusion is only used when other methods of de-escalation have been unsuccessful and, in all cases, this was the least restrictive means with seclusion ceased at the earliest possible time. Debriefing is provided to both consumers and staff when seclusion and/or restraint has occurred. The transition to the new Mallee Ward environment, with access to an outdoor space, individual rooms and a high dependency unit is expected to positively impact on seclusion and restraint rates.

Employment opportunity programs

Program name	Performance
Nursing and Midwifery Graduate Recruitment – Transition to Professional Practice (TPPP)	WCHN provides employment opportunities for graduate nurses and midwives through a supported transition to practice; in 2020/2021 there were a total of 30 graduate nurses and 20 graduate midwives employed in this program.
Aboriginal Employment Register	The Aboriginal Employment Register is an employment program which allows Aboriginal people to apply for all advertised vacancies in the SA Public Sector. In 2020-2021 WCHN employed a total of two Aboriginal people through this program.
Skillings SA – GTO Traineeships	WCHN is hosting six Aboriginal trainees through the Skillings SA Program (Group Training Organisation pathway)

Agency performance management and development systems

Performance management and development system	Performance
Performance Review & Development	<p>Compliance is monitored monthly in a multi-tiered approach throughout the network and reported to the board. Employees are considered compliant where a Performance Review and Development discussion is held within the initial six months of employment, with subsequent Annual Planning Discussions and six monthly reviews.</p> <p>In the 12 months to June 2021, a total of 3,890 Performance Review and Development Discussions were recorded for the network, with overall compliance as at end of June 2021 at 49%.</p>

Work health, safety and return to work programs

Program name	Performance
Reduction of total claims costs compared to previous year	Total claims costs increased 9% compared to previous financial year
Reduction of Manual tasks body stressing injuries	New Manual tasks injury claims increased by 50% compared to previous financial year.
Reduction of Psychological claims and incidents	Staff related psychological / mental stress claims reduced by 43% compared to previous financial year.

Workplace injury claims	2020-21	2019-20	% Change (+ / -)
Total new workplace injury claims	52	42	+23.8%
Fatalities	0	0	0.0%
Seriously injured workers*	0	0	0.0%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	9.19	7.72	+19.0%

*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	2020-21	2019-20	% Change (+ / -)
Number of notifiable incidents (<i>Work Health and Safety Act 2012, Part 3</i>)	1	0	-
Number of provisional improvement, improvement and prohibition notices (<i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i>)	6	0	-

Return to work costs**	2020-21	2019-20	% Change (+ / -)
Total gross workers compensation expenditure (\$)	\$1,707,755	\$1,559,662	+9.5%
Income support payments – gross (\$)	\$732,893	\$651,899	+12.4%

**before third party recovery

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/wchn>

Executive employment in the agency

Executive classification	Number of executives
EXEC0E	1
SAES1	6

Executive classification	Number of executives
EXEC0B	1

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/wchn>

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

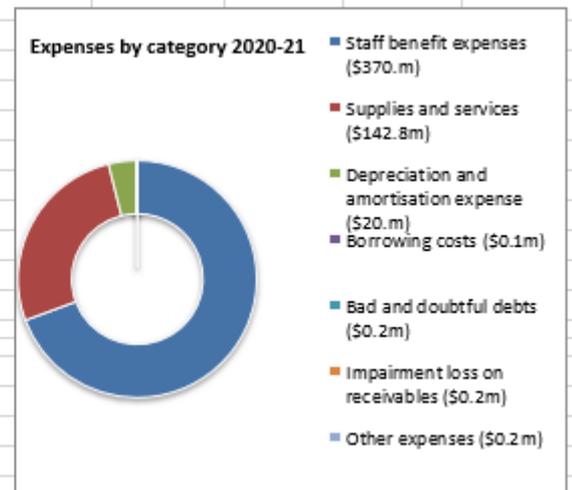
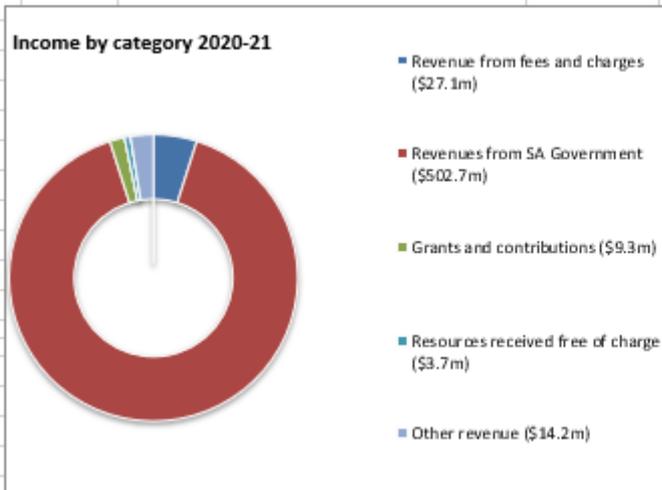
Financial performance

Financial performance at a glance

Financial overview

The following table and charts provide a brief summary of the overall financial performance of WCHN. The Audited 2020-21 Financial Statements are attached to this report.

WCHN three-year financial summary					
Three-year financial summary (\$000)	2020-21	%	2019-20	%	2018-19
		↑↓		↑↓	↑↓
Total income	557 065	↑4.3%	534 148	↑15.3%	463 317
Total expenses	533 558	↑3.1%	517 272	↑5.0%	492 478
Net result for the period	23 507	↑39.3%	16 876	↑157.9%	(29 161)
Net cash provided/(used in) by operating activities	15 284	↓-5.2%	16 128	↑5017.1%	(328)
Total assets	446 806	↑5.8%	422 186	↑6.3%	396 999
Total liabilities	156 180	↑0.5%	155 379	↑6.2%	146 371
Net assets	290 626	↑8.9%	266 807	↑6.5%	250 628



Consultants disclosure

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

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

Consultancies	Purpose	\$ Actual payment
All consultancies below \$10,000 each - combined	Various	\$4,036

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

Consultancies	Purpose	\$ Actual payment
KPMG	Financial Improvement Program (Phase 2) Implementation for WCHN	\$818,984
Ernst & Young	Development of Statements/Fieldwork and report/Job Planning Improvement	\$337,069
	Total	\$1,156,053
	Grand Total	\$1,160,089

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/wchn>

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	\$ 19,162

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

Contractors	Purpose	\$ Actual payment
Lucid Consulting Pty Ltd	Critical Electrical Infrastructure Assessment Water Management Plan NICU Milk formula room and store Building Services (Multi Discipline)	\$195,730
Studer Group Australia Pty Ltd	Consulting advisory, mentoring, facilitation and development services	\$191,050
BCA Engineers	WCH Fire Upgrades WCH Site SHM Control Strategy Stage 2	\$93,810
Donald Cant Watts Corke	Project Management Support Services	\$71,130
Australian Breastfeeding Association	Service Agreement	\$ 40,000
Chamonix Consulting	Project Management Support Services	\$30,000
Gondwana Landscapes & Consultancy	Child Adolescent & Mental Health Services Installation of Sensory and Bushtucker Gardens	\$28,115
Studio 9 Architects Pty Ltd	Angas & Allan Campbell Building Engineering & Building costs	\$16,509
Robert Bird Group	Provision of Engineering Services Building	\$ 12,000

	Condition Review CAFHS Sites	
	Total	\$ 678,344
	Grand Total	\$697,506

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/wchn>

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

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

Risk management

Risk and audit at a glance

The WCHN Audit and Risk Committee assist the Governing Board fulfil its responsibilities in matters relating to:

- integrity of the financial statements
- compliance with legal and regulatory requirements
- independent auditor's qualification and independence
- performance of the internal audit function
- efficient and effective management of all aspects of risk.

The Committee is chaired by an independent external member and met four times during 2020-21.

WCHN's risk profile has continued to evolve in light of the dynamic operating environment associated with COVID-19 and varying community transmission levels across the State and more broadly. WCHN was able to maintain provision of high quality clinical services to our consumers in accordance with evidence informed safety measures and SA Health directives and a key component of this was our ability to effectively assess our risks.

The Governing Board endorsed WCHN's Risk Appetite Statement in February 2021. It provides a clear statement of the level of risk WCHN is prepared to take in pursuit of its strategy and in delivery of its key objectives over the next five years. Work will continue over the next 12 months to embed the Risk Appetite statement into reporting and governance.

A new risk register was successfully implemented during December 2020, which is the primary repository of information relating to WCHN's risks. The new system will improve visibility of risk linkages with organisational objectives across WCHN operations and services and provides access to default reporting templates with increased risk data analytics.

Fraud detected in the agency

Category/nature of fraud	Number of instances
Nil	0

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

Strategies implemented to control and prevent fraud

WCHN has zero appetite for fraud and/or maladministration, with the aim to manage the potential for fraud to as low as reasonably practical.

All fraud related risks are formally reviewed on an ongoing basis and monitored on a minimum six monthly basis. This process forms part of the WCHN Risk Management process. The outcome of the review, including control effectiveness and the status

of remediation activities, is reported to relevant oversight committees and forms part of a broader six monthly finance risk report to the WCHN Audit and Risk Committee.

In response to the November 2019 report issued by the Independent Commissioner against Corruption (ICAC) titled "Troubling Ambiguity: Governance in SA Health", WCHN has developed a Conflict of Interest procedure and implementation commenced in April 2020. It requires all WCHN employees to declare actual, potential or perceived conflicts of interest and to develop management plans to mitigate identified risks.

Code of Ethics training is mandatory for all staff and the WCHN Orientation program includes an overview of the role of ICAC and the responsibilities of staff to report fraudulent or corrupt behaviour.

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/wchn>

Public interest disclosure

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

Nil

Data for previous years is available at: <https://data.sa.gov.au/data/dataset/wchn>

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

Reporting required under the *Carers’ Recognition Act 2005*

WCHN is committed to embedding the SA Carers Charter principles that guide services for carers. Our compliance is evident in the South Australian Consumer Experience Surveillance System (SACCESS) results. SACCESS is an epidemiological surveillance system involving a representative sample of South Australian adults, aged 16 years or more, and designed to measure and monitor high quality data on consumers’ experiences of the care they received in a metropolitan or country public hospital.

Overall, **236 consumers** who attended a public hospital within the Women’s and Children’s Health Network met the SACCESS eligibility criteria and were interviewed. AHPEQS has been designed by the Australian Commission on Safety and Quality in Health Care (ACSQHC) as a core set of questions with the purpose of local monitoring and quality improvement, and to provide a nationally consistent assessment of patients’ experiences.

The findings from SACCESS of consumer’s experiences of overnight care received from a South Australian public hospital within the WCHN.

Benchmark set by DHW is 85%	Being Heard	Being Heard – involvement in treatment and care	Feeling cared about by staff	Being kept informed
Actual WCHN	90%	93%	90%	93%
Published Target by WCHN	85%	85%	85%	85%

The majority of WCH respondents rated the overall quality of the treatment they received as very good (61.6%) or good (28.3%) and 94.8% of respondents would recommend the hospital to a relative or friend. WCHN reached all benchmarks required by SA Health. The WCHN consumer experience feedback survey results indicate that WCHN is tracking above expected.

Rationale for above expected results provided are:

- Consumer Engagement Framework driven by Board and Executive, with Executives having key operational leadership roles for consumer engagement.
- Consumer partnership and decision making on multiple governance and operational committees
- Multiple pathways for Voice of consumer, including dynamic planning groups when needed, multiple feedback systems, crowd sourcing, specific mechanisms to foster engagement of children and adolescents and minority groups
- National Safety and Quality standards drive localised systems in planning, design, delivery, measurement and evaluation of care

Public complaints

Number of public complaints reported

A whole of SA Health response will be provided in the 2020-21 Department for Health and Wellbeing Annual Report, which can be accessed on the [SA Health website](#).

Additional Metrics	Total
Number of positive feedback comments	185
Number of negative feedback comments	649
Total number of feedback comments	842
% complaints resolved within policy timeframes	80%

Data for previous years is available at:

<https://data.sa.gov.au/data/dataset/department-for-health-and-wellbeing>

Service Improvements

System improvements in the previous twelve months include:

- Strengthened reporting of complaints received from Aboriginal consumers and other cultural groups
- Introduced a revised complaint assessment matrix derived from a severity of the event (level of harm) rather than based on an assessment of the workload of the Consumer Feedback Coordinator.
- Held focus groups with Aboriginal advocates and leaders to begin to explore how to support Aboriginal consumers and their families make a complaint and support the organisation to deliver a culturally responsive and safe response.

Practice improvements implemented in response to complaints received in the previous twelve months include:

- Appointment of the Emergency Mental Health Coordinator Role within the Emergency Mental Health Services (EMHS) and ongoing review and planning to improve services to Children and Adolescents presenting to the Paediatric Emergency Department in a Mental Health Crisis
- Strengthening information regarding outpatient and telehealth appointments

- On-going planning to facilitate the re-establishment of the Early Pregnancy Unit model of care with the WABS Division
- Establishment of the Gender Diversity Service (Paediatric Medicine)
- Development of the Haematology / Oncology Services – Outlier Management Plan
- Revision of communications to families describing visitor restrictions and outpatient appointments

Compliance Statement

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

Appendix: Audited financial statements 2020-21



Our ref: A21/334

20 September 2021

Level 9
State Administration Centre
200 Victoria Square
Adelaide SA 5000
Tel +618 8226 9640
Fax +618 8226 9688
ABN 53 327 061 410
audgensa@audit.sa.gov.au
www.audit.sa.gov.au

Mr J Birch AM
Board Chair
Women's and Children's Health Network Incorporated
Allan Campbell Building
72 King William Road
NORTH ADELAIDE SA 5006

Dear Mr Birch

**Audit of the Women's and Children's Health Network Incorporated
for the year to 30 June 2021**

We have completed the audit of your accounts for the year ended 30 June 2021. Two key outcomes from the audit are the:

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

1 Independent Auditor's Report

We are returning the financial statements for the Women's and Children's Health Network Incorporated, with the Independent Auditor's Report. This report is unmodified.

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

2 Audit management letter

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

Significant matters related to:

- delays in medical officers submitting timesheets
- inconsistent management of medical practitioner's rosters
- insufficient review of payroll information

- nurses' time records not always approved
- limited workforce planning for medical officers
- invoices paid without purchase orders
- an example of a consultancy engagement that was not approved in line with delegations.

We have received responses to our letter and will follow these up in the 2021-22 audit.

What the audit covered

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

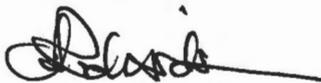
Our audit covered the principal areas of the agency's financial operations and included test reviews of systems, processes, internal controls and financial transactions. Some notable areas were:

- cash
- payroll
- accounts payable
- procurement and contract management
- revenue and accounts receivable
- fixed assets
- general ledger.

Particular attention was given to year end allocation processes, including completed capital works. We concluded that the financial report was prepared in accordance with the financial reporting framework in this respect.

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

Yours sincerely



Andrew Richardson
Auditor-General

enc



Level 9
State Administration Centre
200 Victoria Square
Adelaide SA 5000
Tel +618 8226 9640
Fax +618 8226 9688
ABN 53 327 061 410
audgensa@audit.sa.gov.au
www.audit.sa.gov.au

To the Board Chair Women's and Children's Health Network Incorporated

Opinion

I have audited the financial report of Women's and Children's Health Network Incorporated for the financial year ended 30 June 2021.

In my opinion, the accompanying financial report gives a true and fair view of the financial position of the Women's and Children's Health Network Incorporated as at 30 June 2021, its financial performance and its cash flows for the year then ended in accordance with relevant Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and Australian Accounting Standards.

The financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 2021
- a Statement of Financial Position as at 30 June 2021
- a Statement of Changes in Equity for the year ended 30 June 2021
- a Statement of Cash Flows for the year ended 30 June 2021
- notes, comprising significant accounting policies and other explanatory information
- a Certificate from the Deputy Board Chair, the Acting Chief Executive Officer and the Chief Finance and Commercial 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 Women's and Children's Health Network Incorporated. The *Public Finance and Audit Act 1987* establishes the independence of the Auditor-General. In conducting the audit, the relevant ethical requirements of APES 110 *Code of Ethics for Professional Accountants* (including Independence Standards) have been met.

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

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

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

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

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

Auditor's responsibilities for the audit of the financial report

As required by section 31(1)(b) of the *Public Finance and Audit Act 1987* and section 36(2) of the *Health Care Act 2008*, I have audited the financial report of Women's and Children's Health Network Incorporated for the financial year ended 30 June 2021.

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

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

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

expressing an opinion on the effectiveness of the Women's and Children's Health Network Incorporated's internal control

- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Chief Executive Officer
- conclude on the appropriateness of the Chief Executive Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern: If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify the opinion. My conclusion is based on the audit evidence obtained up to the date of the auditor's report. However, future events or conditions may cause an entity to cease to continue as a going concern
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

I communicate with the Chief Executive Officer 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 2021

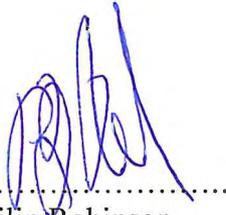
Certification of the financial statements

We certify that the:

- financial statements of the Women's and Children's 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 Women's and Children's Health Network Inc. over its financial reporting and its preparation of the financial statements have been effective throughout the financial year.



Susy Daw
Deputy Board Chair



Philip Robinson
A/ Chief Executive Officer



Yvonne Warncken
Chief Finance and
Commercial Officer

Date 14/9/21

WOMEN'S AND CHILDREN'S HEALTH NETWORK
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2021

	Note	2021 \$'000	2020 \$'000
Income			
Revenues from SA Government	2	502,726	481,819
Fees and charges	3	27,106	26,364
Grants and contributions	4	9,313	9,048
Interest	11	7	105
Resources received free of charge	5	3,700	2,717
Gain on revaluation of investment property	15	-	608
Other revenues/income	6	14,213	13,487
Total income		557,065	534,148
Expenses			
Staff benefits expenses	7	369,986	363,756
Supplies and services	8	142,794	132,033
Depreciation and amortisation	15,16	20,016	20,425
Grants and subsidies		7	7
Borrowing costs	19	91	128
Net loss from disposal of non-current and other assets	9	82	-
Impairment loss on receivables	12.1	207	254
Other expenses	10	375	669
Total expenses		533,558	517,272
Net result		23,507	16,876
Other Comprehensive Income			
Items that will be reclassified subsequently to net result when specific conditions are met			
Gains or losses recognised directly in equity		312	(231)
Total other comprehensive income		312	(231)
Total comprehensive result		23,819	16,645

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

WOMEN'S AND CHILDREN'S HEALTH NETWORK
 STATEMENT OF FINANCIAL POSITION
 As at 30 June 2021

	Note	2021 \$'000	2020 \$'000
Current assets			
Cash and cash equivalents	11	31,682	28,695
Receivables	12	8,931	7,723
Inventories	14	930	761
Total current assets		41,543	37,179
Non-current assets			
Receivables	12	1,429	1,291
Other financial assets	13	1,418	1,106
Property, plant and equipment	15,16	384,455	364,642
Investment property	15,16	17,950	17,950
Intangible assets	15.5	11	18
Total non-current assets		405,263	385,007
Total assets		446,806	422,186
Current liabilities			
Payables	18	12,346	10,602
Financial liabilities	19	1,561	2,354
Staff benefits	20	53,462	52,145
Provisions	21	2,198	1,990
Contract liabilities and other liabilities	22	1,773	1,506
Total current liabilities		71,340	68,597
Non-current liabilities			
Payables	18	2,817	2,841
Financial liabilities	19	3,389	4,292
Staff benefits	20	71,085	73,909
Provisions	21	7,549	5,740
Total non-current liabilities		84,840	86,782
Total liabilities		156,180	155,379
Net assets		290,626	266,807
Equity			
Retained earnings		86,982	63,475
Asset revaluation surplus		202,933	202,933
Other reserves		711	399
Total equity		290,626	266,807

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

WOMEN'S AND CHILDREN'S HEALTH NETWORK
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2021

	Asset revaluation surplus \$ '000	Other reserves \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2019	202,933	630	47,065	250,628
Net result for 2019-20	-	-	16,876	16,876
Gain/(loss) on revaluation of other financial assets	-	(231)	-	(231)
Total comprehensive result for 2019-20	-	(231)	16,876	16,645
Transactions with SA Government as owner				
Net assets received from an administrative restructure	-	-	(466)	(466)
Balance at 30 June 2020	202,933	399	63,475	266,807
Net result for 2020-21	-	-	23,507	23,507
Gain/(loss) on revaluation of other financial assets	-	312	-	312
Total comprehensive result for 2020-21	-	312	23,507	23,819
Balance at 30 June 2021	202,933	711	86,982	290,626

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

WOMEN'S AND CHILDREN'S HEALTH NETWORK
STATEMENT OF CASH FLOWS
For the year ended 30 June 2021

	Note	2021 \$'000	2020 \$'000
Cash flows from operating activities			
Cash inflows			
Receipts from SA Government		417,780	460,037
Fees and charges		26,056	25,247
Grants and contributions		9,591	10,269
Interest received		7	105
GST recovered from ATO		5,737	5,365
Other receipts		2,163	13,975
Cash generated from operations		<u>461,334</u>	<u>514,998</u>
Cash outflows			
Staff benefits payments		(368,589)	(358,693)
Payments for supplies and services		(76,774)	(139,359)
Payments of grants and subsidies		(8)	(11)
Interest paid		(91)	(128)
Other payments		(588)	(679)
Cash used in operations		<u>(446,050)</u>	<u>(498,870)</u>
Net cash provided by/(used in) operating activities		<u>15,284</u>	<u>16,128</u>
Cash outflows			
Purchase of property, plant and equipment		(9,860)	(8,208)
Cash used in investing activities		<u>(9,860)</u>	<u>(8,208)</u>
Net cash provided by/(used in) investing activities		<u>(9,860)</u>	<u>(8,208)</u>
Cash outflows			
Repayment of lease liabilities		(2,437)	(2,679)
Cash used in financing activities		<u>(2,437)</u>	<u>(2,679)</u>
Net cash provided by/(used in) financing activities		<u>(2,437)</u>	<u>(2,679)</u>
Net increase/(decrease) in cash and cash equivalents		2,987	5,241
Cash and cash equivalents at the beginning of the period		28,695	23,454
Cash and cash equivalents at the end of the period	11	<u>31,682</u>	<u>28,695</u>
Non-cash transactions	23		

The accompanying notes form part of these financial statements.

WOMEN'S AND CHILDREN'S HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2021

1. About Women's and Children's Health Network

The Women's and Children's Health Network Incorporated (the Hospital) is a not-for-profit incorporated hospital established under section 29 of the *Health Care Act 2008*. The financial statements include all controlled activities of the Hospital. The Hospital does not control any other entity and has no interests in unconsolidated structured entities.

Administered items

The Hospital has administered activities and resources. Transactions and balances relating to administered resources are presented separately and are disclosed in Administered Items (note 30). Except as otherwise disclosed, administered items are accounted for on the same basis and using the same accounting policies as for the Hospital's transactions.

1.1 Objectives and activities

The Hospital is committed to protecting and improving the health of all South Australians by delivering a system that balances the provision of safe, high-quality and accessible services that are sustainable and reflective of local values, needs and priorities with strategic system leadership, regulatory responsibilities and an increased focus on wellbeing, illness prevention, early intervention and quality care.

The Hospital is part of the SA Health portfolio providing health services for women, youth and children across South Australia.

The Hospital is structured to contribute to the outcomes for which the portfolio is responsible by providing hospital, mental and community health services for children, youth and women across the State.

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 accordance with:

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

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

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

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

1.3 Taxation

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

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

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

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

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

WOMEN'S AND CHILDREN'S HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2021

1.4 Continuity of Operations

As at 30 June 2021, the Hospital had working capital deficiency of \$29.797 million (\$31.418 million deficiency). The SA Government is committed and has consistently demonstrated a commitment to the ongoing funding of the Hospital to enable it to perform its functions.

1.5 Equity

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

Other reserves includes investment revaluation reserve to record unrealised gains or losses on available for sale investments.

1.6 Administrative restructures

Administrative Restructure – Transferred in

2020-21

There were no transfers during this period.

2019-20

As part of governance reforms and new Department structure, it was agreed that a portion of the following functions would be transferred from the Department to the Hospital, effective 1 July 2019:

- Local Health Network based Biomedical Engineering
- Debt management

This resulted in the transfer in of net liabilities of \$0.466 million, consisting of staff benefits liabilities of \$0.470 million and Payables - staff on-costs of \$0.027 million, and \$0.31 million in property, plant and equipment. This included the transfer of 10 staff.

Net assets assumed by the Hospital as a result of the administrative restructure are at the carrying amount of those assets in the transferor's Statement of Financial Position immediately prior to the transfer. The net assets transferred were treated as a contribution by the Government as owner.

1.7 Impact of COVID-19 pandemic

The COVID-19 pandemic continues to have an impact on the Hospital's operations. This includes an increase in costs associated with COVID capacity and preparation, the readiness of COVID-19 testing clinics, establishment of vaccine clinics, increased demand for personal protective equipment, increased staffing costs (including agency) to ensure necessary compliance measures are followed. Net COVID-19 specific costs for the Hospital was \$10.377 million (\$3.441 million), this includes a \$1.078 million (\$0.277 million) loss of revenue predominantly associated with SA Health's initiative to support frontline staff with car parking fees.

1.8 Change in accounting policy

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

2. Revenues from SA Government

	2021	2020
	\$'000	\$'000
Operational funding	465,414	451,735
Capital projects funding	37,312	30,084
Total revenues from Department for Health and Wellbeing	502,726	481,819

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

WOMEN'S AND CHILDREN'S HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2021

3. Fees and charges

	2021	2020
	\$'000	\$'000
Car parking revenue	1,634	2,402
Commissions revenue	55	120
Patient and client fees	13,424	12,275
Private practice fees	2,049	2,001
Fees for health services	1,997	2,126
Royalty income	-	139
Sale of goods - medical supplies	452	298
Training revenue	380	358
Other user charges and fees	7,115	6,645
Total fees and charges	27,106	26,364

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

Contracts with Customers disaggregated by pattern of revenue recognition and type of customer	2021	2021	2020	2020
	Goods/Services transferred at a point in time	Goods/Services transferred over a period of time	Goods/Services transferred at a point in time	Goods/Services transferred over a period of time
Car parking revenue	1,634	-	2,235	167
Commissions revenue	55	-	120	-
Patient and client fees	12,535	-	11,496	-
Private practice fees	2,049	-	2,001	-
Fees for health services	1,344	-	1,427	-
Sale of goods - medical supplies	452	-	298	-
Training revenue	319	-	235	-
Other user charges and fees	6,712	-	6,492	-
Total contracts with external customers	25,100	-	24,304	167
Patient and client fees	889	-	779	-
Fees for health services	653	-	699	-
Royalty income	-	-	139	-
Training revenue	61	-	123	-
Other user charges and fees	403	-	153	-
Total contracts with SA Government customers	2,006	-	1,893	-
Total contracts with customers	27,106	-	26,197	167

The Hospital recognises contract liabilities for consideration received in respect of unsatisfied performance obligations and reports these amounts as other liabilities (refer to note 22). Similarly, if the Hospital satisfies a performance obligation before it receives the consideration, The Hospital recognises either a contract asset or a receivable, depending on whether something other than the passage of time is required before the consideration is due (refer to note 12).

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

Patient and Client Fees

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

WOMEN'S AND CHILDREN'S HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2021

Private practice fees

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

Car Parking Revenue

The Hospital provides access to car parks directly to employees, patients and visitors. Public car parking is available for the Hospital at the Medical Centre Car Park located in Kermode Street, North Adelaide (adjacent to the pedestrian crossing) and is payable by the hour based on the time consumed. Tickets are purchased via the paystation. A discounted weekly ticket is also available. Revenue is recognised when control of the goods has transferred to the customer, being when the ticket is purchased.

4. Grants and contributions

	2021 \$'000	2020 \$'000
Other SA Government grants and contributions	6,028	5,334
Private sector capital contributions	355	117
Private sector grants and contributions	2,930	3,597
Total grants and contributions	9,313	9,048

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

Of the \$9.313 million (\$9.048 million) received during the reporting period or grants and contributions, \$0.806 million (\$0.777 million) was provided for specific purposes, such as research and associated activities.

5. Resources received free of charge

	2021 \$'000	2020 \$'000
Plant and equipment	147	-
Services	3,553	2,717
Total resources received free of charge	3,700	2,717

Contributions of services are recognised only when a fair value can be determined reliably and the services would be purchased if they had not been donated. The Hospital receives Financial Accounting, Taxation, Payroll, Accounts Payable and Accounts Receivable services from Shared Services SA free of charge valued at \$2.797 million (\$2.717 million) and ICT services from DPC valued at \$0.756 million (\$Nil), following Cabinet's approval to cease intra-government charging.

In addition, although not recognised the Hospital received volunteer services, the volunteers provide patient and staff support services to individuals using the Hospital's services. The services include but not limited to: childcare, respite care, transport, therapeutic activities, gift shop support and café support.

6. Other revenues/income

	2021 \$'000	2020 \$'000
Dividend revenue	75	58
Donations	803	1,235
Health recoveries	12,319	11,150
Insurance recoveries	23	174
Other	993	870
Total other revenues/income	14,213	13,487

WOMEN'S AND CHILDREN'S HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2021

7. Staff benefits expenses

	2021	2020
	\$'000	\$'000
Salaries and wages	300,908	292,297
Targeted voluntary separation packages (refer below)	-	2,709
Long service leave	3,232	6,423
Annual leave	28,921	28,530
Skills and experience retention leave	1,658	1,668
Staff on-costs - superannuation*	30,969	30,778
Staff on-costs - other	2	2
Workers compensation	3,555	375
Board and committee fees	321	327
Other staff related expenses	420	647
Total staff benefits expenses	369,986	363,756

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

7.1 Key Management Personnel

Key management personnel (KMP) of the Hospital includes the Minister, the eight (eight) members of the governing board, the Chief Executive of the Department, the Chief Executive Officer of the Hospital and the seven (eight) members of the Executive Management Group.

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

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

Compensation	2021	2020
	\$'000	\$'000
Salaries and other short term employee benefits	2,672	2,469
Post-employment benefits	431	411
Other long-term employment benefits	61	-
Total	3,164	2,880

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.

7.2 Remuneration of Board and Committees

	2021	2020
	No. of	No. of
	Members	Members
\$0	4	2
\$1 - \$20,000	2	8
\$20,001 - \$40,000	7	7
\$60,001 - \$80,000	1	1
Total	14	18

The total remuneration received or receivable by members was \$0.351 million (\$0.356 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits and fringe benefits and any related fringe benefits tax. In accordance with the Premier and Cabinet Circular No. 016, government employees did not receive any remuneration for board/committee duties during the financial year.

Unless otherwise disclosed, transactions between members are on conditions no more favorable 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 31 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.

WOMEN'S AND CHILDREN'S HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2021

7.3 Remuneration of Staff

	2021	2020
The number of staff whose remuneration received or receivable falls within the following bands:	No.	No.
\$154,678 - \$175,000	97	87
\$175,001 - \$195,000	38	23
\$195,001 - \$215,000	20	22
\$215,001 - \$235,000	16	14
\$235,001 - \$255,000	14	12
\$255,001 - \$275,000	15	12
\$275,001 - \$295,000	8	14
\$295,001 - \$315,000	12	7
\$315,001 - \$335,000	11	11
\$335,001 - \$355,000	5	9
\$355,001 - \$375,000	8	4
\$375,001 - \$395,000	13	11
\$395,001 - \$415,000	12	13
\$415,001 - \$435,000	10	10
\$435,001 - \$455,000	3	5
\$455,001 - \$475,000	7	6
\$475,001 - \$495,000	2	2
\$495,001 - \$515,000	6	4
\$515,001 - \$535,000	1	10
\$535,001 - \$555,000	5	2
\$555,001 - \$575,000	10	9
\$575,001 - \$595,000	5	2
\$595,001 - \$615,000	3	-
\$615,001 - \$635,000	-	1
\$635,001 - \$655,000	1	-
\$655,001 - \$675,000	1	2
\$675,001 - \$695,000	1	-
\$715,001 - \$735,000	-	1
Total number of staff	324	293

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

7.4 Remuneration of staff by classification

The total remuneration received by these staff included above:

	2021		2020	
	No.	\$'000	No.	\$'000
Executive	9	1,996	8	1,866
Medical (excluding Nursing)	274	81,565	256	76,615
Non-medical (i.e. administration)	10	1,695	8	1,444
Nursing	31	5,080	21	3,420
Total	324	90,336	293	83,345

7.5 Targeted voluntary separation packages

	2021	2020
Amount paid to separated staff:	\$'000	\$'000
Leave paid/payable to separated employees	-	1,392
Targeted voluntary separation packages	-	2,709
	-	4,101

The number of staff who received a TVSP during the reporting period	-	41
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8. Supplies and services

	2021	2020
	\$'000	\$'000
Administration	551	411
Advertising	134	105
Communication	2,200	1,897
Computing	4,976	5,183
Consultants	1,160	1,472
Contractors	698	434
Contractors - agency staff	7,495	7,307
Drug supplies	10,414	10,899
Electricity, gas and fuel	3,310	3,865
Fee for service	3,988	3,385
Food supplies	2,174	2,131
Housekeeping	12,048	11,190
Insurance	5,850	5,731
Internal SA Health SLA payments	7,127	6,953
Interstate patient transfers	19	2
Legal	188	237
Medical, surgical and laboratory supplies	40,657	37,060
Minor equipment	2,323	1,736
Motor vehicle expenses	828	996
Occupancy rent and rates	3,362	3,222
Patient transport	2,472	2,079
Postage	958	890
Printing and stationery	1,670	1,747
Rental expense on operating lease	2	3
Repairs and maintenance	12,497	8,465
Security	4,378	2,591
Services from Shared Services SA	2,833	2,775
Short term lease expense	-	(26)
Training and development	3,966	3,387
Travel expenses	500	2,006
Other supplies and services	4,016	3,900
Total supplies and services	142,794	132,033

Accommodation – part of the Hospital's accommodation is provided by DIT under MoAA issued in accordance with Government-wide accommodation policies. These arrangements did not meet the definition of a lease and accordingly are expensed (disclosed within Occupancy rent and rates).

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

Consultants

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

	2021		2020	
	No.	\$'000	No.	\$'000
Below \$10,000	2	4	-	-
Above \$10,000	2	1,156	4	1,472
Total	4	1,160	4	1,472

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

	2021	2020
	\$'000	\$'000
Land and buildings:		
Proceeds from disposal	-	-
Less carrying amount of assets disposed	-	-
Net gain/(loss) from disposal of land and buildings	-	-
Plant and equipment:		
Proceeds from disposal	-	-
Less carrying amount of assets disposed	(82)	-
Total net gain/(loss) from disposal of plant and equipment	(82)	-
Total assets:		
Total proceeds from disposal	-	-
Less total carrying amount of assets disposed	(82)	-
Total net gain/(loss) from disposal of non-current and other assets	(82)	-

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.

10. Other expenses

	2021	2020
	\$'000	\$'000
Debts written off	185	54
Bank fees and charges	50	48
Other*	140	567
Total other expenses	375	669

* Includes Audit fees paid/payable to the Auditor-General's Department relating to work performed under the *Public Finance and Audit Act 1987* of \$0.166 million (\$0.170 million). No other services were provided by the Auditor-General's Department.

11. Cash and cash equivalents

	2021	2020
	\$'000	\$'000
Cash at bank or on hand	956	890
Deposits with Treasurer: general operating	14,249	11,550
Deposits with Treasurer: special purpose funds	16,477	16,255
Total cash and cash equivalents	31,682	28,695

Cash is measured at nominal amounts. The Government has a policy to align agency cash balances with the appropriation and expenditure authority

The Hospital receives specific purpose funds from various sources including government, private sector and individuals. The amounts are controlled by the Hospital, and are used to help achieve the Hospital objectives, notwithstanding that specific uses can be determined by the grantor or donor. Accordingly, the amounts are treated as revenue at the time they are earned or at the time control passes to the Hospital.

The Hospital only earns interest on the special deposit account and in 2020-21, received \$0.007 million (\$0.105 million).

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12. Receivables

		2021	2020
	Note	\$'000	\$'000
Current			
Patient/client fees: compensable		502	595
Patient/client fees: other		5,229	4,424
Debtors		3,213	2,157
Less: allowance for impairment loss on receivables	12.1	(1,405)	(1,198)
Prepayments		149	411
Dividends		13	19
Workers compensation provision recoverable		676	663
Sundry receivables and accrued revenue		549	586
GST input tax recoverable		5	66
Total current receivables		8,931	7,723
Non-current			
Workers compensation provision recoverable		1,248	1,152
Debtors		181	139
Total non-current receivables		1,429	1,291
Total receivables		10,360	9,014

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

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

12.1 Impairment of receivables

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

Movement in the allowance for impairment loss on receivables:

	2021	2020
	\$'000	\$'000
Carrying amount at the beginning of the period	1,198	944
Increase/(Decrease) in allowance recognised in profit or loss	207	254
Carrying amount at the end of the period	1,405	1,198

Impairment losses relate to receivables arising from contracts with customers that are external to the SA Government. Refer to note 28 for details regarding credit risk and the methodology for determining impairment.

13. Other financial assets

	2021	2020
	\$'000	\$'000
Non-current		
Other investments FVOCI	1,418	1,106
Total non-current investments	1,418	1,106
Total investments	1,418	1,106

The Hospital measures other investments as fair value represented by market value. This includes shares in other corporations, floating rate notes, listed securities and managed funds. There is no impairment on other financial assets. Refer to note 28 for information on risk management.

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14. Inventories

Inventories of \$0.930 million (\$0.761 million) 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.

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

15.1 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.

15.2 Depreciation and amortisation

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

Depreciation and amortisation 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	40-80
Right-of-use buildings	Lease term
Accommodation and Leasehold improvements	Lease term
Plant and equipment	
• Medical, surgical, dental and biomedical equipment and furniture	2-25
• Computing equipment	3-5
• Vehicles	2-25
• Other plant and equipment	3-50
Right-of-use plant and equipment	Lease term
Intangibles	5-30

15.3 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 assets fair value at the time of acquisition is greater than \$1 million, and the estimated useful life exceeds three years. Revaluations are undertaken on a regular cycle. Non-current tangible assets that are acquired between revaluations are held at cost until the next valuation, where they are revalued to fair-value. If at any time, management considers that the carrying amount of an asset greater than \$1 million materially differs from its fair value, then the asset will be revalued regardless of when the last valuation took place.

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

15.4 Impairment

The Hospital holds its property, plant and equipment and intangible assets for their service potential (value in use). Specialised assets would rarely be sold and typically any costs of disposal would be negligible, accordingly the recoverable amount will be closer to or greater than fair value. Where there is an indication of impairment, the recoverable amount is estimated. For revalued assets, fair value is assessed each year.

There were no indications of impairment for property, plant and equipment, intangibles or investment property or as at 30 June 2021.

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15.5 Intangible assets

Intangible assets are initially measured at cost and are tested for indications of impairment at each reporting date. Following initial recognition, intangible assets are carried at cost less any accumulated amortisation and any accumulated impairment losses.

The amortisation period and the amortisation method for intangible assets with finite useful lives are reviewed on an annual basis.

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

Intangible assets consist of carrying amount at the beginning of the period \$0.018 million (\$0.030 million), less amortisation of \$0.007 million (\$0.012 million), resulting in a carrying amount at end of period of \$0.011 million (\$0.018 million).

15.6 Land and buildings

An independent valuation of owned land and buildings, including site improvements, was performed in March 2018 by a Certified Practising Valuer from AssetVal (JLT) Pty Ltd, as at 1 June 2018.

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

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

15.7 Plant and equipment

The Hospital's plant and equipment assets with a fair value greater than \$1 million or had an estimated useful life of greater than three years were revalued using fair value methodology, as at 1 June 2018, based on independent valuations performed by a Certified Practising Valuer from Jones Lang Lasalle (SA) Pty Ltd. The value of all other 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.

15.8 Investment property

Subsequent to initial recognition at cost, investment properties are revalued to fair value with changes in the fair value recognised as income or expense in the period that they arise. The properties are not depreciated and are not tested for impairment.

An independent valuation was performed on the investment property at Unit 1, 27 Kermode Street North Adelaide, by AssetVal (JLT) Pty Ltd, as at 30 June 2020. Fair value has been determined by the income approach, where the net income is capitalised at an appropriate yield with recent experience in the local market and equivalent properties. There is no change in the fair value as a result of fair value measurement as at 30 June 2021.

Where there is a recent market transaction for similar properties, the valuations are based on the amounts for which the properties could be exchanged between willing parties in an arm's length transaction, based on current prices in the active market for similar properties. The investment property has been categorised as Level 2.

15.9 Leased property, plant and equipment

Right-of-use assets are recorded at cost, and there were no indications for impairment. Additions to right-of-use assets during 2020-21 were \$0.750 million (\$0.798 million).

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The Hospital has a number of lease agreements. Lease terms vary in length from 2 to 20 years.

Major lease activities include the use of:

- Properties – buildings and health clinics are generally leased from the private sector. Generally, property leases are non-cancellable with many having the right of renewal. Rent is payable in arrears, with increases generally linked to CPI increases. Prior to renewal, most lease arrangements undergo a formal rent review linked to market appraisals or independent valuers.
- Motor vehicles – leased from the South Australian Government Financing Authority (SAFA) through their agent LeasePlan Australia. The leases are non-cancellable and the vehicles are leased for a specified time period (usually 3 years) or a specified number of kilometres, whichever occurs first.
- Plant and equipment – these leases for material handling equipment are cancellable and renewable every 2 years.

The Hospital has committed to lease arrangements that commence from 1 July 2021, which are included in the lease liability maturity analysis. The Hospital has not entered into any sub-lease arrangements and has no concessional lease arrangements.

The lease liabilities related to the right-of-use assets (and the maturity analysis) are disclosed at note 19. Expenses related to right-of-use assets including depreciation and interest expense are disclosed at note 16 and 19. Cash outflows related to right-of-use assets are disclosed at note 23.

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16. Reconciliation of property, plant and equipment and investment properties

The following table shows the movement :

2020-21	Land and buildings:				Plant and equipment:							Investment property \$'000	Total \$'000
	Land \$'000	Buildings \$'000	Right-of-use buildings \$'000	Capital works in progress land and buildings \$'000	Accommodation and Leasehold improvements \$'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	45,802	271,172	5,005	31,869	246	5,887	1,484	1,498	1,679	17,950	382,592		
Additions	-	-	-	34,453	-	3,373	50	750	1,140	-	39,766		
Assets received free of charge	-	-	-	-	-	-	-	-	147	-	147		
Disposals	-	-	-	-	-	(54)	(28)	(5)	-	-	(87)		
Transfers between asset classes	-	2,578	-	(2,748)	-	932	179	-	(941)	-	-		
Other movements	-	-	(4)	-	-	-	-	-	-	-	(4)		
Subtotal:	45,802	273,750	5,001	63,574	246	10,138	1,685	2,243	2,025	17,950	422,414		
Gains/(losses) for the period recognised in net result:													
Depreciation and amortisation	-	(14,739)	(1,481)	-	(20)	(2,570)	(192)	(1,007)	-	-	(20,009)		
Subtotal:	-	(14,739)	(1,481)	-	(20)	(2,570)	(192)	(1,007)	-	-	(20,009)		
Carrying amount at the end of the period	45,802	259,011	3,520	63,574	226	7,568	1,493	1,236	2,025	17,950	402,405		
Gross carrying amount													
Accumulated depreciation / amortisation	-	(44,797)	(3,249)	-	(2,287)	(17,478)	(2,708)	(1,288)	-	-	(71,807)		
Gross carrying amount	45,802	303,808	6,769	63,574	2,513	25,046	4,201	2,524	2,025	17,950	474,212		
Carrying amount at the end of the period	45,802	259,011	3,520	63,574	226	7,568	1,493	1,236	2,025	17,950	402,405		

All property, plant and equipment are classified in the level 3 fair value hierarchy except for investment property (classified as level 2) and capital works in progress (not classified). Refer to note 19 for details about the lease liability for right-of-use assets.

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2019-20	Land and buildings:				Plant and equipment:						
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Accommod- ation and Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Right-of- use plant and equipment \$'000	Capital works in progress plant and equipment \$'000	Investment property \$'000	Total \$'000
Carrying amount at the beginning of the period	45,802	280,852	6,665	8,569	266	6,230	1,698	1,759	2,172	17,342	371,355
Additions	-	15	108	28,518	-	1,530	14	798	68	-	31,051
Disposals	-	-	-	-	-	-	-	(4)	-	-	(4)
Acquisition / (disposal) through administrative restructuring	-	-	-	-	-	31	-	-	-	-	31
Transfers between asset classes	-	5,597	-	(5,218)	-	146	-	-	(525)	-	-
Other movements	-	-	-	-	-	-	-	-	(36)	-	(36)
Subtotal:	45,802	286,464	6,773	31,869	266	7,937	1,712	2,553	1,679	17,342	402,397
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(15,292)	(1,768)	-	(20)	(2,050)	(228)	(1,055)	-	-	(20,413)
Revaluation increment / (decrement)	-	-	-	-	-	-	-	-	-	608	608
Subtotal:	-	(15,292)	(1,768)	-	(20)	(2,050)	(228)	(1,055)	-	608	(19,805)
Carrying amount at the end of the period	45,802	271,172	5,005	31,869	246	5,887	1,484	1,498	1,679	17,950	382,592
Gross carrying amount											
Accumulated depreciation / amortisation	-	(30,058)	(1,768)	-	(2,356)	(16,318)	(2,694)	(962)	-	-	(54,156)
Gross carrying amount	45,802	301,230	6,773	31,869	2,602	22,205	4,178	2,460	1,679	17,950	436,748
Carrying amount at the end of the period	45,802	271,172	5,005	31,869	246	5,887	1,484	1,498	1,679	17,950	382,592

All property, plant and equipment are classified in the level 3 fair value hierarchy except for investment property (classified as level 2) and capital works in progress (not classified). Refer to note 19 for details about the lease liability for right-of-use assets.

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17. Fair value measurement

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

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

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

Refer to notes 15 and 17.2 for disclosure regarding fair value measurement techniques and inputs used to develop fair value measurements for non-financial assets.

17.1 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 into hierarchy based on the level of inputs used in measurement as follows:

Fair value measurements at 30 June 2021

	Level 2 \$'000	Level 3 \$'000	Total \$'000
Recurring fair value measurements (Note 16)			
Land	-	45,802	45,802
Buildings and improvements	-	259,011	259,011
Leasehold improvements	-	226	226
Plant and equipment	-	9,061	9,061
Investment property	17,950	-	17,950
Total recurring fair value measurements	17,950	314,100	332,050

Fair value measurements at 30 June 2020

	Level 2 \$'000	Level 3 \$'000	Total \$'000
Recurring fair value measurements (Note 16)			
Land	-	45,802	45,802
Buildings and improvements	-	271,172	271,172
Leasehold improvements	-	246	246
Plant and equipment	-	7,371	7,371
Investment property	17,950	-	17,950
Total recurring fair value measurements	17,950	324,591	342,541

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. Valuation techniques and inputs used to derive Level 2 and 3 fair values are at note 15 and 17.2.

During 2021 and 2020, the hospital had no valuations categorised into Level 1 and there were no transfers of assets between Level 1, 2 and 3 fair value hierarchy levels.

17.2 Valuation techniques and inputs

Land fair values were derived by using the market approach, being recent sales transactions of other similar land holdings within the region, adjusted for differences in key attributes such as property size, zoning and any restrictions on use, and then adjusted with a discount factor. For this reason, they are deemed to have been valued using Level 3 valuation inputs.

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

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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.

Investment property has been valued using the income approach, based on capitalised net income at an appropriate yield, and is classified as Level 2.

The Hospital buildings have been valued on the basis of existing/current use with no consideration given to any future alternate use.

18. Payables

	2021	2020
	\$'000	\$'000
Current		
Creditors and accrued expenses	6,700	5,317
Paid Parental Leave Scheme	71	58
Staff on-costs*	4,963	4,628
Other payables	612	599
Total current payables	12,346	10,602
Non-current		
Staff on-costs*	2,817	2,841
Total non-current payables	2,817	2,841
Total payables	15,163	13,443

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

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

As a result of an actuarial assessment performed by DTF, the portion of long service leave taken as leave is unchanged at 38% and the average factor for the calculation of employer superannuation on-costs has increased from the 2020 rate (9.8%) to 10.1% to reflect the increase in super guarantee. These rates are used in the 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 \$0.193 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 28 for information on risk management.

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19. Financial liabilities

	2021	2020
Current	\$'000	\$'000
Lease liabilities	1,561	2,354
Total current financial liabilities	1,561	2,354
Non-current		
Lease liabilities	3,389	4,292
Total non-current financial liabilities	3,389	4,292
Total financial liabilities	4,950	6,646

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. The borrowing cost associated with leasing activities is \$0.091 million (\$0.128 million).

Refer to note 28 for information on risk management.

Refer note 16 for details about the right of use assets (including depreciation) and note 19 for borrowing costs associated with these leasing activities.

19.1 Concessional lease arrangements

The Hospital has no concessional lease arrangements.

19.2 Maturity analysis

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

	2021	2020
Lease Liabilities	\$'000	\$'000
1 to 3 years	3,710	4,753
3 to 5 years	768	1,147
5 to 10 years	687	952
More than 10 years	-	85
Total lease liabilities (undiscounted)	5,165	6,937

20. Staff benefits

	2021	2020
Current	\$'000	\$'000
Accrued salaries and wages	12,442	12,521
Annual leave	31,734	30,067
Long service leave	6,249	6,689
Skills and experience retention leave	3,013	2,857
Other	24	11
Total current staff benefits	53,462	52,145
Non-current		
Long service leave	71,085	73,909
Total non-current staff benefits	71,085	73,909
Total staff benefits	124,547	126,054

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

20.1 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.

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

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

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20.2 Long service leave

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

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

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

The net financial effect of the changes to actuarial assumptions is a decrease in the long service leave liability of \$4.948 million, payables (staff on-costs) of \$0.190 million and staff benefits expense of \$5.138 million. The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions – a key assumption being the long-term discount rate.

21. Provisions

21.1 Workers Compensation

Reconciliation of workers compensation (statutory and non-statutory)

	2021	2020
	\$'000	\$'000
Carrying amount at the beginning of the period	7,730	9,011
Additions resulting from re-measurement or settlement without cost	431	-
Decrease in provisions recognised	-	(1,395)
Increase/(Decrease) in provisions recognised	1,808	-
Reductions arising from payments/other sacrifices of future economic benefits	(222)	266
Reductions resulting from re-measurement or settlement without cost	-	(152)
Carrying amount at the end of the period	9,747	7,730

Total workers compensation contains current provision of \$2.198 million (\$1.990 million) and non-current provision of \$7.549 million (\$5.740 million).

Workers compensation

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

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

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

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

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

The Hospital has recognised an additional compensation provision from 30 June 2018. 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.

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

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There is a significant degree of uncertainty associated with this estimate. In addition to the general uncertainties with estimating future claim and expense payments, the additional compensation provision is impacted by the limited claims history and the evolving nature of the interpretation of, and evidence required to meet, eligibility criteria. Given these uncertainties, the actual cost of additional compensation claims may differ materially from the estimate. Assumptions used will continue to be refined to reflect emerging experience.

22. Contract liabilities and other liabilities

	2021	2020
	\$'000	\$'000
Current		
Unearned revenue	1,748	1,362
Other	25	144
Total current contract liabilities and other liabilities	1,773	1,506
Total contract liabilities and other liabilities	1,773	1,506

A contract liability is recognised for revenue relating to access assistance and health assistance projects /programs 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.

23. Cash flow reconciliation

Reconciliation of cash and cash equivalents at the end of the reporting period

	2021	2020
	\$'000	\$'000
Cash and cash equivalents disclosed in the Statement of Financial Position	31,682	28,695
Cash as per Statement of Financial Position	31,682	28,695
Balance as per Statement of Cash Flows	31,682	28,695

Reconciliation of net cash provided by operating activities to net result:

Net cash provided by (used in) operating activities	15,284	16,128
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Add/less non-cash items

Capital revenues	29,312	21,841
Depreciation and amortisation expense of non-current assets	(20,016)	(20,425)
Gain/(loss) on sale or disposal of non-current assets	(82)	-
Increments/(decrements) on revaluation of non-current assets	-	608
Resources received free of charge	147	-

Movement in assets and liabilities

Increase/(decrease) in receivables	1,346	579
Increase/(decrease) in inventories	169	(52)
(Increase)/decrease in staff benefits	1,507	(5,039)
(Increase)/decrease in payables and provisions	(3,893)	3,646
(Increase)/decrease in other liabilities	(267)	(410)
Net result	23,507	16,876

Total cash outflows for leases is \$2.437 million (\$2.807) million.

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24. Unrecognised contractual commitments

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

24.1 Capital and Expenditure Commitments

24.1.1 Capital commitments

	2021	2020
	\$'000	\$'000
Within one year	455	1,329
Total capital commitments	455	1,329

The Hospital's capital commitments are for plant and equipment ordered but not received.

24.2.1 Expenditure commitments

	2021	2020
	\$'000	\$'000
Within one year	18,142	16,091
Later than one year but not longer than five years	610	516
Total other expenditure commitments	18,752	16,607

The Hospital expenditure commitments are for agreements for goods and services ordered but not received; and administrative arrangements with DIT for accommodation.

25. 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 contingent liabilities. In addition to this, the Hospital has made no guarantees.

26. 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.

27. Impact of Standards not yet implemented

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

- Amending Standard AASB 2020-3 *Amendments to Australian Accounting Standards – Annual Improvements 2018-2020 and Other Amendments* will apply from 1 July 2022 and Amending Standard AASB 2021-2 *Amendments to Australian Accounting Standards - Disclosure of Accounting Policies and Definition of Accounting Estimates* will apply from 1 July 2023. Although applicable to the Hospital, these amending standard are not expected to have an impact on the Hospital's general purpose financial statements. SA Health will update its policies, procedures and work instructions, where required, to reflect the additional clarification requirements.
- Amending Standard AASB 2020-1 *Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-current* will apply from 1 July 2023. The Hospital continues to assess liabilities e.g. LSL and whether or not the Hospital has a substantive right to defer settlement. Where applicable these liabilities will be classified as current.

28. Financial instruments/financial risk management

28.1 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 via the Department. The Department works with DTF to determine the cash flows associated with the SA Government approved program of work and to ensure funding is provided through SA Government budgetary processes to meet the expected cash flows. Refer to Note 18 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 11, 12 and 13 for further information.

Market risk

The Hospital does not engage in high risk hedging for its financial assets. Exposure to interest rate risk may arise through its interest bearing liabilities, including borrowings. The Hospital's interest bearing liabilities are managed through SAFA and any movement in interest rates are monitored on a daily basis. There is no exposure to foreign currency or other price risks.

There have been no changes in risk exposure since the last reporting period.

28.2 Categorisation of financial instruments

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

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

A financial asset is measured at amortised cost if:

- it is held within a business model whose objective is to hold assets to collect contractual cash flows; and
- its contractual terms give rise on specified dates to cash flows that are solely payments of principal and interest only on the principal amount outstanding.

Category of financial asset and financial liability	Notes	2021 Carrying amount/ Fair value S'000	2020 Carrying amount/ Fair value S'000
Financial assets			
Cash and equivalent			
Cash and cash equivalents	11, 23	31,682	28,695
Amortised Cost			
Receivables ⁽¹⁾⁽²⁾	12	8,069	6,550
Fair value through other comprehensive income			
Other financial assets	13	1,418	1,106
Total financial assets		41,169	36,351
Financial liabilities			
Financial liabilities at amortised cost			
Payables ⁽¹⁾	18	7,146	5,747
Other liabilities	22	25	146
Total financial liabilities		7,171	5,893

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

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

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28.3 Credit risk exposure and impairment of financial assets

Loss allowances for receivables are measured at an amount equal to lifetime expected credit loss using the simplified approach in AASB 9. Loss allowances for contract assets are measured at an amount equal to the expected credit loss method using a 12 month method. No impairment losses were recognised in relation to contract assets during the year.

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

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

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

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

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

	30 June 2021			30 June 2020		
	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000
Days past due						
Current	0.7%-3.0%	2,159	24	0.5%-3.6%	1,748	26
<30 days	1.4%-3.8%	1,108	18	1.4%-4.7%	1,071	20
31-60 days	2.0%-6.9%	700	23	2.4%-8.5%	606	16
61-90 days	4.2%-10.1%	313	15	5.0%-10.7%	519	28
91-120 days	6.6%-11.9%	438	30	7.8%-12.6%	117	9
121-180 days	11.5%-16.9%	215	25	11.0%-17.7%	190	24
181-360 days	26.9%-37.6%	740	214	17.7%-37.6%	423	123
361-540 days	47.5%-60.2%	289	169	38.2%-60.2%	193	112
>540 days	53.2%-75.9%	1,204	887	43.6%-75.9%	1,236	840
Total		7,166	1,405		6,103	1,198

29. 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 expenditure via the Department for medical, surgical and laboratory supplies, insurance and computing (note 8). The Department transferred capital works in progress of \$29.311 million (\$21.841 million) to the Hospital. The Hospital incurred significant expenditure with the DIT for capital works of \$1.358 million (\$3.735 million) and \$0.986 million (\$0.843 million) which largely reflects occupancy rent and rates (note 3). The value of unrecognised contractual expenditure commitments for accommodation with DIT was \$0.517 million (\$0.895 million) (note 24.2).

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30. Administered items

The Hospital administrators:

- *Strata Corp* represents the financial operations of the Car Park located at Unit 1, 27 Kermode Street North Adelaide which services the Hospital and surrounds. Strata Corp administers and manages the Car Park on behalf of the Unit holders (the Hospital, Women's and Children's Hospital Foundation, and the Residential Unit holders).
- *Private Practice* represents funds billed on behalf of salaried medical officers and subsequently distributed to the Hospital and salaried medical officers according to individual Rights of Private Practice Deeds of Agreement.
- *Other* administered funds include the Nurses Education Fund

	Strata Corp		Private Practice		Total	
	2021	2020	2021	2020	2021	2020
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Revenue from fees and charges	348	209	4,922	5,198	5,270	5,407
Employee benefit expenses	(57)	(56)	-	-	(57)	(56)
Supplies and services	(183)	(51)	-	-	(183)	(51)
Depreciation and amortisation expense	(3)	(3)	-	-	(3)	(3)
Other expenses	-	(158)	(4,997)	(5,199)	(4,997)	(5,357)
Net result	105	(59)	(75)	(1)	30	(60)
Payables	(16)	(16)	-	-	(16)	(16)
Other provisions/liabilities	-	-	-	(1)	-	(1)
Receivables	1	18	1	(13)	2	5
Cash and cash equivalents	144	17	-	607	144	624
Property, plant and equipment	29	51	29	-	58	51
Net assets	158	70	30	593	188	663
Cash at 1 July					624	681
Cash inflows					5,033	5,407
Cash outflows					(4,997)	(5,464)
Cash at 30 June					660	624

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31. Board and committee members

Members of boards/committees that served for all or part of the financial year, where at least one member was entitled to receive income from membership in accordance with the APS 124 B were:

Board/Committee name:	Government employee members*	Other members
Audit and Risk Committee	-	Connor G (Chair), Daw S, Haslam R
Clinical Governance Group	-	Daw S (Chair), Cadzow M, Christley S, Glover K, Griffin L
Consumer and Community Engagement Committee	-	Birch J (Chair), Gray R, Griffin L, Hurrell E, Miller S, Sands S
Women's and Children's Governing Board	-	Bastian J, Birch J (Chair), Christley S, Daw S, Glover K, Haslam R, Miller S, Wilson B

Refer to note 7.2 for remuneration of board and committee members. Note board members only received income from board membership.