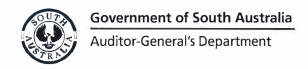
Country Health SA Local Health Network Incorporated

Financial report for the year ended 30 June 2018

INDEPENDENT AUDITOR'S REPORT



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To the Chief Executive Officer Country Health SA Local Health Network Incorporated

As required by section 31(1)(b) of the *Public Finance and Audit Act 1987* and section 36(2) of the *Health Care Act 2008*, I have audited the financial report of the Country Health SA Local Health Network Incorporated and the consolidated entity comprising the Country Health SA Local Health Network Incorporated and its controlled entities for the financial year ended 30 June 2018.

Opinion

In my opinion, the accompanying financial report gives a true and fair view of the financial position of the Country Health SA Local Health Network Incorporated and its controlled entities as at 30 June 2018, its financial performance and its cash flows for the year then ended in accordance with the 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 2018
- a Statement of Financial Position as at 30 June 2018
- a Statement of Changes in Equity for the year ended 30 June 2018
- a Statement of Cash Flows for the year ended 30 June 2018
- notes, comprising significant accounting policies and other explanatory information
- a Certificate from the Chief Executive Officer and the Acting Chief Finance Officer.

Basis for opinion

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

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

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

Auditor's responsibilities for the audit of the financial report

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
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Chief Executive Officer
- 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 2018

Certification of the financial statements

We certify that the:

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

Maree Geraghty

Chief Executive Officer

Danny De Cesare

Acting Chief Finance Officer

Date 13 01 2018

COUNTRY HEALTH SA LOCAL HEALTH NETWORK INCORPORATED STATEMENT OF COMPREHENSIVE INCOME

For the year ended 30 June 2018

		Consolid	lated	Parent		
	Note	2018 \$'000	2017 \$'000	2018 \$'000	2017 \$'000	
Expenses						
Staff benefits expenses	3	551,500	521,025	551,500	521,025	
Supplies and services	4	318,696	302,348	318,692	302,324	
Depreciation and amortisation expense	20,21	34,877	34,307	19,506	18,917	
Grants and subsidies	5	2,026	833	2,026	567	
Borrowing costs	6	1,185	1,396	1,185	1,396	
Net loss from disposal of non-current and other assets	12	790	187	777	118	
Other expenses	7 _	2,491	1,973	9,222	6,178	
Total expenses	34	911,565	862,069	902,908	850,525	
Income						
Revenues from fees and charges	8	79,744	75,437	79.765	75,437	
Grants and contributions	9	135,138	131,284	136,824	132,832	
Interest revenues	10	2,473	2,377	2,166	2,077	
Resources received free of charge	11	5,496	256	5,496	224	
Other revenues/income	13	3,215	4,751	593	630	
Total income	\T	226,066	214,105	224,844	211,200	
Net cost of providing services		685,499	647,964	678,064	639,325	
Revenues from SA Government						
Revenues from SA Government	14	661,476	618,230	661,476	618,230	
Total revenues from SA Government		661,476	618,230	661,476	618,230	
Net result	-	(24,023)	(29,734)	(16,588)	(21,095)	
Other Comprehensive Income						
Items that will not be reclassified to net result						
Changes in property, plant and equipment asset revaluation surplus		60,743		44,442	æ	
Total other comprehensive income	_	60,743	:#:	44,442		
	_					
Total comprehensive result	-	36,720	(29,734)	27,854	(21,095)	

The net result and total comprehensive result are attributable to the SA Government as owner

The above Statement of Comprehensive Income should be read in conjunction with the accompanying notes.

COUNTRY HEALTH SA LOCAL HEALTH NETWORK INCORPORATED STATEMENT OF FINANCIAL POSITION

For the year ended 30 June 2018

		Consolie	dated	Parent		
	Note	2018	2017	2018	2017	
		\$'000	\$'000	\$'000	\$'000	
Current assets		• 555	• 555	• • • • • • • • • • • • • • • • • • • •	\$ 333	
Cash and cash equivalents	15	35,154	24,669	27,396	17,063	
Receivables	16	17,683	19,071	17,651	19,016	
Other financial assets	17	93,527	90,228	82,256	80,247	
Inventories	18	4,599	4,722	4,599	4,722	
Total current assets		150,963	138,690	131,902	121,048	
Non-current assets						
Receivables	16	4 170	2 224	4 170	2 224	
Other financial assets	17	4,179 77	3,234 77	4,179	3,234	
Property, plant and equipment	20	865,794	828,852	453,820	426,327	
Intangible assets	21	2,502	3,538	2,502	3,538	
Total non-current assets		872,552	835,701	460,501	433,099	
Total assets		1,023,515	974,391	592,403	554,147	
Current liabilities						
Payables	23	38,415	36,862	38,415	36,862	
Borrowings	24	3,721	3,627	3,721	3,627	
Staff benefits	25	66,884	63,649	66,884	63,649	
Provisions	26	4,184	6,102	4,184	6,102	
Other liabilities	27 .	81,330	70,550	81,330	70,550	
Total current liabilities	-	194,534	180,790	194,534	180,790	
Non-current liabilities						
Payables	23	3,109	3,671	3,109	3,671	
Borrowings	24	11,278	15,002	11,278	15,002	
Staff benefits	25	93,391	87,701	93,391	87,701	
Provisions	26	5,041	7,785	5,041	7,785	
Total non-current liabilities	-	112,819	114,159	112,819	114,159	
Total liabilities	-	307,353	294,949	307,353	294,949	
Net assets		716,162	679,442	285,050	259,198	
Equity						
Asset revaluation surplus		238,248	178,119	143,773	99,893	
Retained earnings		477,914	501,323	141,277	159,305	
Total equity		716,162	679,442	285,050	259,198	

The total equity is attributable to the SA Government as owner

Unrecognised contractual commitments 28
Contingent asset and liabilities 29

The above Statement of Financial Position should be read in conjunction with the accompanying notes

COUNTRY HEALTH SA LOCAL HEALTH NETWORK INCORPORATED STATEMENT OF CHANGES IN EQUITY For the year ended 30 June 2018

CONSOLIDATED				_
		Asset		
		revaluation	Retained	Total
	Note	surplus	earnings	equity
		\$ '000	\$ '000	\$ '000
Balance at 30 June 2016		178,215	530,961	709,176
Net result for 2016-17		9 4 5	(29,734)	(29,734)
Total comprehensive result for 2016-17			(29,734)	(29,734)
Transfer between equity components		(96)	96	
Balance at 30 June 2017		178,119	501,323	679,442
Net result for 2017-18). 7 .	(24,023)	(24,023)
Gain/(loss) on revaluation of land and buildings	20	60,743	15	60,743
Total comprehensive result for 2017-18		60,743	(24,023)	36,720
Transfer between equity components		(614)	614	- 4
Balance at 30 June 2018		238,248	477,914	716,162

PARENT

	Note	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2016		99,893	180,400	280,293
Net result for 2016-17	-	(i.e.)	(21,095)	(21,095)
Total comprehensive result for 2016-17		1/25	(21,095)	(21,095)
Balance at 30 June 2017		99,893	159,305	259,198
Net result for 2017-18		-	(16,588)	(16,588)
Gain/(loss) on revaluation of land and buildings	20	44,442		44,442
Total comprehensive result for 2017-18			(16,588)	(16,588)
Transfer between equity components	-	(562)	562	:55
Transactions with SA Government as owner Net assets transferred out as a result of an administrative restructure	_	- 1	(2,002)	(2,002)
Balance at 30 June 2018	_	143,773	141,277	285,050

All changes in equity are attributable to the SA Government as owner

The above Statement of Changes in Equity should be read in conjunction with the accompanying notes.

COUNTRY HEALTH SA LOCAL HEALTH NETWORK INCORPORATED STATEMENT OF CASH FLOWS For the year ended 30 June 2018

		Consolidated		Parent		
	Note	2018 2017		2018	2017	
		\$'000	\$'000	\$'000	\$'000	
Cash flows from operating activities						
Cash outflows						
Staff benefits payments		(545,774)	(540,093)	(545,774)	(540,093)	
Payments for supplies and services		(266,732)	(246,183)	(266,711)	(246,176)	
Payments of grants and subsidies		(3,238)	(2,930)	(3,238)	(2,664)	
Interest paid		(1,185)	(1,396)	(1,185)	(1,396)	
Residential aged care bonds refunded Other payments		(14,698) (2,430)	(16,299) (1,833)	(14,698) (2,429)	(16,299) (2,298)	
Cash used in operations	-	(834,057)	(808,734)	(834,035)	(808,926)	
Cash inflows						
Fees and charges		76,045	77,657	76,007	77,916	
Grants and contributions Interest received		135,814	131,920 247	137,500 135	133,468 187	
Residential aged care bonds received		221 24,008	23,717	24,008	23,717	
GST recovered from ATO		19,893	18,406	19,893	18,406	
Other receipts	_	5,429	6,601	2,807	2,480	
Cash generated from operations		261,410	258,548	260,350	256,174	
Cash flows from SA Government						
		507 111	552,530	597,111	552,530	
Receipts from SA Government Cash generated from SA Government	-	597,111 597,111	552,530	597,111	552,530	
Cash generated from 5/1 Government	-	257,111	22,220	557,111	552,550	
Net cash provided by operating activities		24,464	2,344	23,426	(222)_	
Cash flows from investing activities						
Cash outflows						
Purchase of property, plant and equipment		(9,602)	(9,830)	(9,602)	(9,830)	
Purchase of intangibles		(#)	(3,750)	:=0	(3,750)	
Purchase of investments	_	(2,537)	(12,056)	(3)	(8,003)	
Cash used in investing activities	<u> </u>	(12,139)	(25,636)	(9,605)	(21,583)	
Cash inflows						
Proceeds from sale of property, plant and equipment		202	325	(+	4	
Proceeds from sale/maturities of investments		1,446	3,336		401	
Cash generated from investing activities		1,648	3,661	(5)	405	
	_					
Net cash provided by/(used in) investing activities		(10,491)	(21,975)	(9,605)	(21,178)	
Cash flows from financing activities						
Cash outflows						
Repayment of finance leases		(2,798)	(2,603)	(2,798)	(2,603)	
Repayment of borrowings		(834)	(790)	(834)	(790)	
Cash used in financing activities		(3,632)	(3,393)	(3,632)	(3,393)	
Cash inflows						
Proceeds from borrowings		144	144	144	144_	
Cash generated from financing activities	-	144	144	144	144	
Net cash provided by/(used in) financing activities	54	(3,488)	(3,249)	(3,488)	(3,249)	

COUNTRY HEALTH SA LOCAL HEALTH NETWORK INCORPORATED STATEMENT OF CASH FLOWS For the year ended 30 June 2018

Non-cash transactions

		Consoli	dated	Pare	nt
	Note	2018 \$'000	2017 \$'000	2018 \$'000	2017 \$'000
Net increase/(decrease) in cash and cash equivalents		10,485	(22,880)	10,333	(24,649)
Cash and cash equivalents at the beginning of the period		24,669	47,549	17,063	41,712
Cash and cash equivalents at the end of the period	15	35,154	24,669	27,396	17,063

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Inter-entity non-cash revenue and expense transactions have been excluded.

The above Statement of Cash Flows should be read in conjunction with the accompanying notes.

For the year ended 30 June 2010

1. Basis of financial statements

1.1 Reporting Entity

The Health Care Act 2008 (the Act) became effective on 1 July 2008 and as a consequence the former Hospitals and Incorporated Health Centres were abolished and became sites of the (then) new Country Health SA Hospital Incorporated. At the same time the incorporated and non-incorporated Health Advisory Councils (HACs) were established. Effective 1st July 2011 Country Health SA Hospital Incorporated was renamed to Country Health SA Local Health Network Incorporated (the Hospital).

The consolidated accounts of the Hospital include the assets, liabilities, revenues and expenses of the parent entity, the HACs and the incorporated HACs gift fund trusts. These funds are trusts administered by each HAC pursuant to a Declaration of Trust. The fund receives donations, gifts and bequests from the public which are applied by the Trustee to improve the services offered by the HAC.

The consolidated financial statements have been prepared by combining the financial statements of all entities that comprise the consolidated entity being the Hospital and the HACs, in accordance with AASB 10 Consolidated Financial Statements. Consistent accounting policies have been applied and all inter-entity balances and transactions arising within the consolidated entity have been eliminated in full. Information on the consolidated entity's interests in other entities is at note 31.

The Hospital has administered activities and resources. Transactions and balances relating to administered resources are not recognised as the Hospital's controlled income, expenses, assets and liabilities. As administered items are insignificant in relation to the Hospital's overall financial performance and position, they are disclosed in the Schedule of Administered Financial Statements following the general purpose financial statements. Except as otherwise disclosed, administered items are accounted for on the same basis and using the same accounting policies as for the Hospital's controlled transactions.

1.2 Statement of compliance

These financial statements have been prepared in compliance with section 23 of the Public Finance and Audit Act 1987.

The financial statements are general purpose financial statements. The accounts have been prepared in accordance with relevant Australian Accounting Standards and comply with Treasurer's Instructions and accounting policy statements promulgated under the provisions of the *Public Finance and Audit Act 1987*.

The Hospital has applied Australian Accounting Standards that are applicable to not-for-profit entities, as the Hospital is a not-for-profit entity.

1.3 Basis of preparation

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 on a different basis.

Assets and liabilities that are to be sold, consumed or realised as part of the normal operating cycle even when they are not expected to be realised within 12 months after the reporting date have been classified as current assets or current liabilities. All other assets and liabilities are classified as non-current.

The Hospital did not voluntarily change any of its accounting policies during 2017-18.

The presentation and classification of items in the financial statements are consistent with prior periods except where specific accounting standards and/or accounting policy statements have required a change, or as otherwise noted. The restated comparative amounts do not replace the original financial statements for the preceding period.

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

For the year ended 30 June 2018

1.4 Taxation

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

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

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

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

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

1.5 Continuity of Operations

As at 30 June 2018, the Hospital had working capital deficiency of \$43.571 million (\$42.100 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.

1.6 Equity

The Hospital uses the asset revaluation surplus 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.

2. Objectives and activities

2.1 Objectives

The Hospital is committed to a health system that produces positive health outcomes by focusing on health promotion, illness prevention, early intervention and achieving equitable health outcomes for all South Australians.

The Hospital is part of the SA Health portfolio providing health services for Country and Regional Adelaide, and is responsible to the Minister for Health and Wellbeing (the Minister).

The Hospital is structured to contribute to the outcomes for which the portfolio is responsible by providing health and related services across the country region including primary health services to Aboriginal communities in Ceduna, Port Augusta and surrounding areas and financial assistance to individuals through the Patient Assistance Transport Scheme.

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

HACs may be incorporated or non-incorporated. Incorporated HACs in country South Australia hold assets, manage bequests and provide advice on local health service needs and priorities. The Country Health SA Local Health Network Advisory Council Incorporated holds assets on behalf of non-incorporated HACs.

The Chief Executive Officer administers and manages the Hospital under delegation from the Chief Executive of the Department and is accountable to the Chief Executive of the Department.

2.2 Administrative Restructure - Transferred out

2016-17

• There were no transfers in during this period.

2017-18

• As discussed in Note 1, the assets, rights and liabilities of the former Hospitals and Incorporated Health Centres were vested in the Hospital and the Health Advisory Councils on 1 July 2008. Due to the need to seek clarification from Crown Law it was not possible to transfer all of the assets vested in the Health Advisory Councils in the previous financial year and as a result additional transfers of assets from the Parent Entity to the Health Advisory Councils occurred in the 2017/2018 year. This resulted in net assets of \$2.002 million transferred out of the Parent to the Consolidated entity for land and buildings.

3. Staff benefits expenses

1	Con	Parent		
	2018	2017	2017 2018	
	\$ '000	\$'000	\$'000	\$'000
Salaries and wages	445,690	425,716	445,690	425,716
Targeted Voluntary Separation Packages (refer below)		724	·*	724
Long Service Leave	15,988	7,602	15,988	7,602
Annual leave	41,239	40,754	41,239	40,754
Skills and Experience Retention Leave	2,279	2,198	2,279	2,198
Staff on-costs - superannuation*	47,142	44,534	47,142	44,534
Workers compensation**	(910)	(820)	(910)	(820)
Board and committee fees	88	75	88	75
Other staff related expenses	(16)	242	(16)	242
Total staff benefits expenses	551,500	521,025	551,500	521,025

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

3.1 Targeted voluntary separation packages

	Consolidated		Paren	t
	2018	2017	2018	2017
Amount paid to separated staff:	\$'000	\$'000	\$'000	\$ '000
Targeted Voluntary Separation Packages	8¥₫	724	(4):	724
Leave paid to those employees	₽ = 3	317	(-7)	317
	N#4.	1,041	(2)	1,041
The number of staff who received a TVSP during the reporting period	348	8		8

3.2 Key Management Personnel

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

The compensation detailed below excludes salaries and other benefits:

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

Compensation		2018 3'000	2017 \$'000
Salaries and other short term employee benefits	1	1,733	3,352
Post-employment benefits		511	810
Total		2,244	4,162

For those employees doing long term acting in KMP roles, only compensation for the period that they were acting is included.

^{** 2018} workers compensation expenditure includes statutory workers compensation obligations under the Return to Work Act 2014 (-\$1.368 million) and the new workers compensation non-statutory liability introduced in 2017-18 via various enterprise bargaining agreements and awards (\$0.458 million). Refer to note 26 for further information.

For the year ended 30 June 2018

3.3 Remuneration of staff					
	Consolid	dated	Parent		
The number of staff whose remuneration received or receivable falls within the following bands:	2018 Number	2017 Number	2018 Number	2017 Number	
\$147,000 - \$149,000*	n/a	7	n/a	7	
\$149,001 - \$159,000	21	27	21	27	
\$159,001 - \$169,000	23	19	23	19	
\$169,001 - \$179,000	4	5	4	5	
\$179,001 - \$189,000	6	3	6	3	
\$189,001 - \$199,000	5	3	5	3	
\$199,001 - \$209,000	1	4	1	4	
\$209,001 - \$219,000	5	4	5	4	
\$219,001 - \$229,000	5	1	5	1	
\$229,001 - \$239,000	1	2	1	23	
\$239,001 - \$249,000	2	2	2	2	
\$249,001 - \$259,000	1	1	1	1	
\$259,001 - \$269,000	1	1	1	1	
\$269,001 - \$279,000	3	3	3	3	
\$279,001 - \$289,000	2	2	2	2	
\$299,001 - \$309,000	2	1	2	1	
\$309,001 - \$319,000	3	3	3	3	
\$319,001 - \$329,000	2	5	2	5	
\$329,001 - \$339,000	5	6	5	6	
\$339,001 - \$349,000	3	2	3	2	
\$349,001 - \$359,000	5	2	355	2	
\$359,001 - \$369,000	1	2	1	2	
\$369,001 - \$379,000	2	34	2	+1	
\$379,001 - \$389,000	2	2	2	2	
\$389,001 - \$399,000	1	¥	1	æ	
\$399,001 - \$409,000	2	2	2	2	
\$409,001 - \$419,000	2	2	2	27	
\$419,001 - \$429,000	*	2	: 6	2	
\$429,001 - \$439,000	1	2	1	2	
\$439,001 - \$449,000	3	1	3	1	
\$449,001 - \$459,000	1	1	1	1	
\$459,001 - \$469,000	20	2	12	2	
\$469,001 - \$479,000	1	3	1	3	
\$479,001 - \$489,000	1	8	1	2	
\$489,001 - \$499,000		1	2. 4. 5	1	
\$509,001 - \$519,000	2	3	2	3	
\$519,001 - \$529,000	1	2	1	2	
\$529,001 - \$539,000	2	-	2	=	
\$539,001 - \$549,000	2	1	2	1	
\$549,001 - \$559,000		Ĩ	(H)	1	
\$569,001 - \$579,000	1	1	1	1	
\$579,001 - \$589,000	2	2	920	2	
\$589,001 - \$599,000	1	je.	1	#1	
\$609,001 - \$619,000	1	2	1	2	
\$629,001 - \$639,000	±0	1	1950 1950	1	
\$639,001 - \$649,000	-	1	-	1	
\$669,001 - \$679,000	=	1	243	1	
Total number of staff	122	132	122	132	
#TI' 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C 1 1		1 1 1	· · · · ·	

^{*}This band has been included for the purposes of reporting comparative figures based on the executive base level remuneration for 2016-17.

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 fringe benefits tax paid or payable in respect of those benefits.

3.4 Remuneration of staff by classification

The total remuneration received by staff included above:

	Consolidated							
	2018		2017		2018		2017	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Medical (excluding Nursing)	67	22,694	65	24,181	67	22,694	65	24,181
Executive	14	3,045	12	2,661	14	3,045	12	2,661
Nursing	37	5,917	52	8,708	37	5,917	52	8,708
Non-medical (i.e. administration)	4	630	3	488	4	630	3	488
Total	122	32,286	132	36,038	122	32,286	132	36,038

4. Supplies and services

4. Supplies and services	Cons	solidated	Parent		
	2018	2017	2018	2017	
	\$'000	\$'000	\$'000	\$'000	
Administration	1,484	2,030	1,483	2,018	
Advertising	735	1,096	735	1,096	
Communication	3,815	3,748	3,815	3,748	
Computing	10,336	10,026	10,336	10,026	
Consultants	7	95	6	95	
Contract of services	20,580	21,166	20,580	21,166	
Contractors	1,698	1,695	1,698	1,695	
Contractors - agency staff	9,965	13,351	9,965	13,351	
Drug supplies	8,798	8,028	8,798	8,028	
Electricity, gas and fuel	12,202	8,615	12,202	8,615	
Fee for service	85,656	75,390	85,656	75,390	
Finance lease contingent rentals	2,460	2,359	2,460	2,359	
Food supplies	9,752	9,461	9,752	9,461	
Housekeeping	7,557	7,350	7,557	7,350	
Insurance	7,567	7,567	7,567	7,567	
Internal SA Health SLA payments	4,147	4,727	4,147	4,727	
Interstate patient transfers	9	3	9	3	
Legal	212	175	212	175	
Medical, surgical and laboratory supplies	45,947	43,473	45,947	43,473	
Minor equipment	5,636	5,434	5,636	5,434	
Motor vehicle expenses	1,964	1,664	1,964	1,664	
Occupancy rent and rates	3,982	3,713	3,982	3,713	
Patient transport	20,068	19,464	20,068	19,464	
Services from Shared Services SA	5,465	6,855	5,465	6,855	
Postage	1,300	1,145	1,300	1,145	
Printing and stationery	3,038	2,908	3,038	2,908	
Rental expense on operating lease*	5,436	5,485	5,436	5,485	
Repairs and maintenance	26,808	25,304	26,808	25,304	
Security	915	983	915	983	
Staff training and development	2,928	2,495	2,928	2,495	
Staff travel expenses	2,334	2,272	2,334	2,272	
Other supplies and services	5,895	4,271	5,893	4,259	
Total supplies and services	318,696	302,348	318,692	302,324	

Operating Leases

<u>Professional indemnity and general public insurance</u>
Professional indemnity and general public liability claims arising from the Hospital's operations are managed as part of the State Government Insurance Program. The Hospital pays an annual premium to the Department. The Department and the SA Government Financing Authority, SAICORP Division are responsible for meeting the cost of any claims. Consequently, no provision for these claims is recognised in the Hospital's financial statements.

^{*}Operating lease payments are recognised as an expense on a straight-line basis over the lease term as it is representative of the pattern of benefits derived from the leased assets.

For the year ended 30 June 2018

Consultancies

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

	Consolidated				Parent			
	20	18	20	17	20	18	20	17
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Below \$10,000	2	7	1	9	1	6	1	9
Above \$10,000	3,50	1.5	1	86			1	86
Total paid/payable to consultants engaged	2	7	2	95	1	6	2	95

5. Grants and subsidies

	Consolidated		Parent	
	2018 \$'000	2017	2018	2017
		\$'000	\$'000	\$'000
Capital grants	25	14	1	14
Subsidies	9.70	2	771	2
Funding to non-government organisations	1,990	515	1,990	515
Other	36	302	36	36
Total grants and subsidies	2,026	833	2,026	567

The grants given are usually subject to terms and conditions set out in the contract, correspondence, or by legislation. Contributions payable will be recognised as a liability and an expense when the Hospital has a present obligation to pay the contribution and the expense recognition criteria are met.

6. Borrowing costs

_	Consc	Consolidated		Parent	
	2018	2017	2018	2017	
	\$'000	\$'000	\$'000	\$'000	
Finance lease costs	1,125	1,306	1,125	1,306	
Interest paid/payable on borrowings	55	86	55	86	
Other finance charges	5	4	5	4	
Total borrowing cost	1,185	1,396	1,185	1,396	

The Hospital does not capitalise borrowing costs. The total borrowing costs from financial liabilities not at fair value through the profit and loss was \$1.185 million (\$1.396 million).

7. Other expenses

		Conso	olidated	Pa	rent
		2018	2017	2018	2017
	Note	\$'000	\$'000	\$'000	\$'000
Bad and doubtful debts	16	653	285	653	285
Bank fees and charges		19	24	18	24
Donated assets expense		22	20	6,754	3,740
Other*		1,797	1,664	1,797	2,129
Total other expenses		2,491	1,973	9,222	6,178

Donated assets expense includes transfer of buildings and improvements and is recorded as expenditure at their fair value.

^{*} Audit fees paid or payable to the Auditor-General's Department relating to work performed under the *Public Finance and Audit Act* were \$0.454 million (\$0.528 million). No other services were provided by the Auditor-General's Department. Payments to Galpins Accountants Auditors and Business Consultants were \$0.288 million (\$0.227) for other audit services.

8. Revenues from fees and charges				
· ·	Cons	olidated	Pa	arent
	2018	2017	2018	2017
	\$'000	\$'000	\$'000	\$'000
Insurance recoveries	119	9	119	9
Patient and client fees	20,735	19,351	20,735	19,351
Private practice fees	1,098	1,620	1,098	1,620
Recoveries	18,192	15,843	18,192	15,843
Residential and other aged care charges	26,913	26,835	26,913	26,835
Sale of goods - medical supplies	1,521	1,469	1,521	1,469
Other user charges and fees	11,166	10,310	11,187	10,310
Total revenues from fees and charges	79,744	75,437	79,765	75,437

9. Grants and contributions

	Consolidated		Parent		
	2018	2018 2017	2017	2018	2017
	\$'000	\$'000	\$'000	\$'000	
Commonwealth grants and donations	46,253	41,206	46,253	41,206	
Commonwealth aged care subsidies	73,028	74,080	73,028	74,080	
SA Government capital contributions	S#0		811	969	
Other SA Government grants and contributions	7,025	7,474	7,900	8,053	
Private sector grants and contributions	8,832	8,524	8,832	8,524	
Total grants and contributions	135,138	131,284	136,824	132,832	

Contributions are recognised as an asset and income when the Hospital obtains control of the contributions or obtains the right to receive the contributions and the income recognition criteria are met.

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

Of the \$135.138 million (\$131.284 million) received in 2017-18 for grants and contributions, \$135.942 million (\$131.284 million) was provided for specific purposes such as aged care, community health services and other related health services.

10. Interest revenues

	Consolidated		Parent	
	2018	2017	2018	2017
	\$'000	\$'000	\$'000	\$'000
Bank interest	2,446	2,353	2,139	2,053
Interest from SAFA	25	24	25	24
Interest on Special Purpose Funds	2	4	2	
Total interest revenues	2,473	2,377	2,166	2,077

11. Resources received free of charge

	Consolidated		Parent	
	2018	2017	2018	2017
	\$'000	\$'000	\$'000	\$'000
Land and buildings	:#:	200	10 4 0	200
Plant and equipment	65	24	65	24
Services	5,431	*	5,431	-
Other	, - ,	32		
Total resources received free of charge	5,496	256	5,496	224

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

The Hospital receives Payroll, Accounts Payable and Accounts Receivable services from Shared Services SA free of charge, following Cabinet's approval to cease intra-government charging.

Contribution of services are recognised only when a fair value can be determined reliably and the services would be purchased if they had not been donated.

12 N-4:- //1) fu lil	4-			35	
12. Net gain/(loss) from disposal of non-current and other a	Ssets Consolida	ated	Paren	Parent	
	2018	2017	2018	2017	
Land and buildings:	\$'000	\$'000	\$'000	\$'000	
Proceeds from disposal	212	307	-	=	
Less net book value of assets disposed	(508)	(457)	(293)	(98)	
Less other costs of disposal	(10)	(17)	.		
Net gain/(loss) from disposal of land and buildings	(306)	(167)	(293)	(98)	
Plant and equipment:					
Proceeds from disposal	-	4	-	4	
Less net book value of assets disposed	(484)	(23)	(484)	(23)	
Less other costs of disposal	·	(1)		(1)	
Net gain/(loss) from disposal of plant and equipment	(484)	(20)	(484)	(20)	
				2 5	
Non-current assets held for sale:					
Proceeds from disposal	u u	32	40	-	
Less net book value of assets disposed	.5	(32)	-	= =	
Net gain/(loss) from disposal of non-current assets held for sale	⊈	-	2		
Total assets:					
Total proceeds from disposal	212	343	0 ∺	4	
Less total value of assets disposed	(992)	(512)	(777)	(121)	
Less other costs of disposal	(10)	(18)	**	(1)	
Total net gain/(loss) from disposal of assets	(790)	(187)	(777)	(118)	

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 net book value of the asset from the proceeds at that time. When revalued assets are disposed, the revaluation surplus is transferred to retained earnings.

13. Other revenues/income

	Consolidated		Parent	
	2018 \$'000	2017	2018 \$'000	2017
		\$'000		\$'000
Commissions revenue	2	17	2	17
Dividend revenue	3	2	3	2
Training revenue	9	5	9	5
Donations	2,927	4,583	408	548
Car parking revenue	8	3	8	3
Other	266	141	163	55
Total other revenues/income	3,215	4,751	593	630

14. Revenues from SA Government

The reliaced from 5.12 Government	Consolidated		P	Parent	
	2018	2017	2018	2017	
	\$'000	\$'000	\$'000	\$'000	
Capital funding	9,950	14,009	9,950	14,009	
Recurrent funding	651,526	604,221	651,526	604,221	
Total revenues from Department for Health and Wellbeing	661,476	618,230	661,476	618,230	

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

15. Cash and cash equivalents

	Consolidated		Parent	
	2018	2017	2018	2017
	\$'000	\$'000	\$'000	\$'000
Cash at bank or on hand: non-government financial institutions	19,858	19,354	12,101	11,807
Deposits with Treasurer	15,288	5,209	15,288	5,209
Imprest account/cash on hand	8	106	7	47
Total cash	35,154	24,669	27,396	17,063

Cash is measured at nominal amounts.

Deposits with the Treasurer

The Hospital operates through the Department's two deposit accounts held with the Treasurer, one general operating account and one special purpose deposit account. The Hospital earns interest on the special deposit account and does not earn interest on the general operating account held with the Treasurer.

16. Receivables

		Cons	olidated	Parent		
Current	Note	2018 \$'000	2017 \$'000	2017 2018 \$'000 \$'000 623 1,412 3,774 3,621 3,553 2,790 3,526 4,325 1,446) (1,370) 655 185 144 - 650 618 3,385 1,554 3,208 3,268 999 1,248 19,071 17,651 89 49 1,884 3,143 1,261 987 3,234 4,179	2017 \$'000	
Patient/client fees: compensable		1,412	623	1,412	623	
Patient/client fees: aged care		3,621	3,774	3,621	3,774	
Patient/client fees: other		2,790	3,553	2,790	3,553	
Debtors		4,325	3,526	4,325	3,517	
Less: allowance for doubtful debts	16.1	(1,370)	(1,446)	(1,370)	(1,446)	
Prepayments		185	655	185	655	
Loans		(35)	144	5 5 5	144	
Interest		712	650	618	575	
Workers compensation provision recoverable		1,554	3,385	1,554	3,385	
Sundry receivables and accrued revenue		3,205	3,208	3,268	3,223	
GST input tax recoverable		1,249	999	1,248	1,013	
Total current receivables		17,683	19,071	17,651	19,016	
Non-current						
Debtors		49	89	49	89	
Workers compensation provision recoverable		3,143	1.884	3,143	1,884	
GST input tax recoverable		987		987	1,261	
Total non-current receivables		4,179	3,234	4,179	3,234	
Total receivables		21,862	22,305	21,830	22,250	

16.1 Movement in the allowance for doubtful debts

The allowance for doubtful debts (allowance for impairment loss) is recognised when there is objective evidence that a receivable is impaired.

An allowance for impairment loss has been recognised in other expenses for specific debtors and debtors assessed on a collective basis for which such evidence exists.

	Consc	olidated	Pa	arent
	2018 \$'000	2017 \$'000	2018 \$'000	2017 \$'000
Carrying amount at the beginning of the period	1,446	2,095	1,446	2,095
Amounts written off	(218)	(294)	(218)	(294)
Increase/(Decrease) in allowance recognised in profit or loss	142	(355)	142	(355)
Carrying amount at the end of the period	1,370	1,446	1,370	1,446

The Hospital has recognised a bad and doubtful debt expense of \$0.653 million (\$0.285 million)

For the year ended 30 June 2018

16.2 Interest rate and credit risk

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.

Collectability of receivables is reviewed on an ongoing basis. An allowance for doubtful debts is raised when there is objective evidence that the Hospital will not be able to collect the debt. Other than as recognised in the allowance for doubtful debts, 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.

Refer to note 34 for further information on risk management.

17. Other financial assets

17. Other manetal assets	Consoli	dated	Parent		
	2018	2018 2017		2017	
Current	\$'000	\$'000	\$'000	\$'000	
Term deposits	93,419	90,141	82,148	80,160	
Other investments	108	87	108	87	
Total current investments	93,527	90,228	82,256	80,247	
Non-current					
Other investments	77	77	= =	*	
Total non-current investments	77	77		<u> </u>	
Total investments	93,604	90,305	82,256	80,247	

The Hospital measures financial assets and debts at historical cost, except for listed equities which are measured at market value.

Refer to note 34 for further information on risk management.

18. Inventories

	Cons	olidated	Pa	arent	
	2018	2017	2018	2017	
	\$'000	\$'000	\$'000	\$'000	
Drug supplies	1,343	1,312	1,343	1,312	
Medical, surgical and laboratory supplies	2,501	2,641	2,501	2,641	
Food and hotel supplies	567	553	567	553	
Engineering supplies	29	36	29	36	
Other	159	180	159	180	
Total current inventories - held for distribution	4,599	4,722	4,599	4,722	

All inventories are held for distribution at no or nominal consideration and are measured at the lower of average weighted cost and replacement cost.

The amount of any inventory write-down to net realisable value/replacement cost or inventory losses are recognised as an expense in the period the write-down or loss occurred. Any write-down reversals are also recognised as an expense reduction.

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

19.1 Acquisition and recognition of non-current assets

Non-current assets are initially recorded at cost or at the value of any liabilities assumed, plus any incidental cost involved with the acquisition. Non-current assets are subsequently measured at fair value after allowing for accumulated depreciation. 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 all non-current tangible property, plant and equipment and intangible assets that it controls valued at or greater than \$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.

For the year ended 30 June 2018

19.2 Depreciation and amortization of non-current assets

All non-current assets, that have a limited useful life, are systematically depreciated/amortised over their useful lives in a manner that reflects the consumption of their service potential.

The useful lives, depreciation and amortisation methods of all major assets held by the Hospital are reassessed on an annual basis.

Changes in expected useful life or the expected pattern of consumption of future economic benefits embodied in the asset are accounted for prospectively by changing the time period or method, as appropriate, which is a change in accounting estimate.

Land and non current assets held for sale are not depreciated.

Depreciation/amortisation is calculated on a straight line basis over the estimated or revised remaining useful life of the following classes of assets as follows:

Class of asset	<u>Usefu</u>	<u>ll life (years)</u>
Buildings and improvements Leasehold improvements Plant and equipment:		10 - 80 Life of lease
 Medical, surgical, dental and biomedical equipment and furniture 		2 - 20
Computing equipment		3 - 5
 Vehicles 		2 - 20
Other plant and equipment Intangibles	¥	3 - 30 5 - 10

19.3 Revaluation of non-current assets

All non-current tangible assets are valued at fair value.

The Hospital revalues all land, buildings and site improvements triennially via a Certified Practicing Valuer. A triennial revaluation of other non-current assets by a Certified Practicing Valuer is only performed when the asset's fair value at the time of acquisition is greater than \$1 million and the estimated useful life exceeds three years.

If at any time management considers that the carrying amount of an asset greater than \$1 million materially differs from its fair value, then the asset will be revalued regardless of when the last revaluation took place.

Non-current tangible assets that are acquired between revaluations are held at cost until the next valuation, where they are revalued to fair-value.

Revaluation increases and revaluation decreases relating to individual assets within a class of property, plant and equipment, are offset against one another within that class, but are not offset in respect of assets in different classes.

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.

19.4 Impairment

The Hospital holds its property, plant and equipment and intangible assets for their service potential (value in use). All non-current tangible assets are valued at fair value. 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. The recoverable amount is determined as the higher of the asset's fair value less costs of disposal and depreciated replacement cost. The amount by which the asset's carrying amount exceeds the recoverable amount is recorded as an impairment loss. For revalued assets, an impairment loss is offset against the revaluation surplus for that class of assets, to the extent that the impairment loss does not exceed the amount in the respective asset revaluation surplus.

There were no indications of impairment of property, plant and equipment or intangibles as at 30 June 2018.

19,5 Intangible assets

An intangible asset is an identifiable non-monetary asset without physical substance. Intangible assets are 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 useful lives of intangible assets are assessed to be either finite or indefinite. The amortisation period and the amortisation method for intangible assets is reviewed on an annual basis.

The Hospital has aged care bed licences which have an indefinite useful life therefore no amortisation is recognised.

The acquisition of, or internal development of, software is capitalised only when the expenditure meets the definition criteria (identifiability, control and the existence of future economic benefits) and recognition criteria (probability of future economic benefits and cost can be reliably measured), 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.

19.6 Valuation of land and building

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

19.7 Valuation of plant and equipment

All items of plant and equipment that had a fair value at the time of acquisition less than \$1 million have not been revalued in accordance with Accounting Policy Framework III Asset Accounting Framework. The carrying value of these items are deemed to approximate fair value. These assets are classified in Level 3 as there has been no subsequent adjustments to their value, except for management assumptions about the asset condition and remaining useful life.

20. Reconciliation of property, plant and equipment

The following table shows the movement:

Consolidated 2017-18

Capital Plant and Capital	
Buildings works in Medical/ equipment works in under progress Leasehold surgical/ Other under progress finance land and improve- dental/ plant and finance plant and Land Buildings lease buildings ments biomedical equipment lease equipment \$'000 \$'000 \$'000 \$'000 \$'000 \$'000 \$'000 \$'000	Total \$'000
Carrying amount at the beginning of the period 46,751 676,255 86,661 3,696 - 5,821 6,358 8 3,302	828,852
Additions - 38 - 7,287 - 1,381 1,028 - 1,255	10,989
Assets received free of charge 43 22	65
Disposals (28) (187) - (293) - (7) (64) - (413)	(992)
Donated assets disposal - (22)	(22)
<u>Transfers between asset classes</u> - 9,087 - (9,087) - 2,429 451 (6) (2,874)	Y=1
Subtotal: 46,723 685,193 86,661 1,603 - 9,667 7,795 2 1,248	838,892
Gains/(losses) for the period recognised in net	
result:	
Depreciation and amortisation - (28,034) (1,840) (2,688) (1,278) (1) -	(33,841)
Subtotal: - (28,034) (1,840) (2,688) (1,278) (1) -	(33,841)
Gains/(losses) for the period recognised in other	
comprehensive income:	
Revaluation increment / (decrement) (1,028) 71,594 (9,823) -	60,743
Subtotal: (1,028) 71,594 (9,823)	60,743
Carrying amount at the end of the period* 45,695 728,753 74,998 1,603 - 6,979 6,517 1 1,248	865,794
Gross carrying amount	
Gross carrying amount 45,695 731,694 75,194 1,603 741 38,578 19,327 81 1,248	914,161
Accumulated depreciation / amortisation - (2,941) (196) - (741) (31,599) (12,810) (80) -	(48,367)
Carrying amount at the end of the period 45,695 728,753 74,998 1,603 - 6,979 6,517 1 1,248	865,794

All property, plant and equipment are classified in the level 3 fair value hierarchy except for capital works in progress (not classified).

Consolidated

2016-17 Land and buildings:

Plant and equipment:

		8								
	Land \$'000	Buildings \$'000	Buildings under finance lease \$'000	Capital works in progress land and buildings \$'000	Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Plant and equipment under finance lease \$'000	Capital works in progress plant and equipment \$'000	Total \$'000
Carrying amount at the beginning of the period	46,911	695,443	88,571	6,680	74	5,770	6,556	9	1,703	851,717
Additions	2	83	2	5,677	_	924	298	120	3,680	10,662
Assets received free of charge	120	80	-		-	24	350			224
Disposals	(280)	(79)	2	(98)		(3)	(16)	323	(4)	(480)
Transfers between asset classes	-	8,564	72	(8,563)	9 = 0	1,607	397	3.50	(2,077)	5
Subtotal:	46,751	704,091	88,643	3,696	74	8,322	7,235	9	3,302	862,123
Gains/(losses) for the period recognised in net										
result:										
Depreciation and amortisation		(27,836)	(1,982)		(74)	(2,501)	(877)	(1)		(33,271)
Subtotal:	-	(27,836)	(1,982)		(74)	(2,501)	(877)	(1)	=	(33,271)
Carrying amount at the end of the period*	46,751	676,255	86,661	3,696		5,821	6,358	8	3,302	828,852
Gross carrying amount										
Gross carrying amount	46,751	735,654	90,802	3,696	741	36,119	18,238	131	3,302	935,434
Accumulated depreciation / amortisation	¥	(59,399)	(4,141)	190	(741)	(30,298)	(11,880)	(123)	-	(106,582)
Carrying amount at the end of the period	46,751	676,255	86,661	3,696	-	5,821	6,358	8	3,302	828,852

All property, plant and equipment are classified in the level 3 fair value hierarchy except for land (classified as level 2) and capital works in progress (not classified).

P	ar	eı	11
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2017-18	Land and b	uildings:	ldings: Plant and equipment:							
	Land \$'000	Buildings \$'000	Buildings under finance lease \$'000	Capital works in progress land and buildings \$'000	Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Plant and equipment under finance lease \$'000	Capital works in progress plant and equipment \$'000	Total \$'000
Carrying amount at the beginning of the period	18,925	301,556	86,661	3,696	1 , . .	5,821	6,358	8	3,302	426,327
Additions	, a	38		7,287	340	1,381	1,028	-	1,255	10,989
Assets received free of charge	_	-	-			43	22		-,	65
Disposals	-	3#0	<u> </u>	(293)	386	(7)	(64)	-	(413)	(777)
Donated assets disposal		470		(6,732)	1.50		()		(22)	(6,754)
Acquisition / (disposal) through administrative	(125)	(1,877)	-	5 4 6		2	100		. ,	(2,002)
restructuring	,	, , ,								(, ,
Transfers between asset classes	=	2,355	£	(2,355)	3 4 3	2,429	451	(6)	(2,874)	<u> </u>
Subtotal:	18,800	302,072	86,661	1,603	-	9,667	7,795	2	1,248	427,848
Gains/(losses) for the period recognised in net							·			
result:										
Depreciation and amortisation	<u>=</u>	(12,663)	(1,840)	200	(2)	(2,688)	(1,278)	(1)	ĕ	(18,470)
Subtotal:	-	(12,663)	(1,840))#X		(2,688)	(1,278)	(1)	-	(18,470)
Gains/(losses) for the period recognised in other									_	
comprehensive income:										
Revaluation increment / (decrement)	(432)	54,697	(9,823)	974		5	650	(-		44,442
Subtotal:	(432)	54,697	(9,823)	141	74	**	141	(A)	Ė	44,442
Carrying amount at the end of the period	18,368	344,106	74,998	1,603	87.00	6,979	6,517	1	1,248	453,820
Gross carrying amount										
Gross carrying amount	18,368	345,516	75,194	1,603	741	38,578	19,327	81	1,248	500,656
Accumulated depreciation / amortisation		(1,410)	(196)	(54	(741)	(31,599)	(12,810)	(80)		(46,836)
Carrying amount at the end of the period	18,368	344,106	74,998	1,603	200	6,979	6,517	1	1,248	453,820

All property, plant and equipment are classified in the level 3 fair value hierarchy except capital works in progress (not classified).

Parent 2016-17

Land and buildings:

Plant and equipment:

	Land \$'000	Buildings \$'000	Buildings under finance lease \$'000	Capital works in progress land and buildings \$'000	Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Plant and equipment under finance lease \$'000	Capital works in progress plant and equipment \$'000	Total \$'000
Carrying amount at the beginning of the period	18,805	309,015	88,571	6,680	74	5,770	6,556	9	1,703	437,183
Additions	÷	83	345	5,677	+3	924	298	2 3	3,680	10,662
Assets received free of charge	120	80	15		:50	24	S20	100		224
Disposals	*	9 4 00	28	(98)		(3)	(16)	3 50	(4)	(121)
Donated assets disposal	-	3 7 23	1.75	(3,740)	.50	70	150	17)	170	(3,740)
Transfers between asset classes	×	4,824	72	(4,823)	⊕ ∂	1,607	397	(#)	(2,077)	>#C
Subtotal:	18,925	314,002	88,643	3,696	74	8,322	7,235	9	3,302	444,208
Gains/(losses) for the period recognised in net				7						
result:										
Depreciation and amortisation		(12,446)	(1,982)		(74)	(2,501)	(877)	(1)	121	(17,881)
Subtotal:	-	(12,446)	(1,982)	-	(74)	(2,501)	(877)	(1)	17 4 :	(17,881)
Carrying amount at the end of the period	18,925	301,556	86,661	3,696	Ŧ.	5,821	6,358	8	3,302	426,327
Gross carrying amount										
Gross carrying amount	18,925	328,791	90,802	3,696	741	36,119	18,238	131	3,302	500,745
Accumulated depreciation / amortisation	==,= 20	(27,235)	(4,141)	-,	(741)	(30,298)	(11,880)	(123)	- ,	(74,418)
Carrying amount at the end of the period	18,925	301,556	86,661	3,696		5,821	6,358	8	3,302	426,327

All property, plant and equipment are classified in the level 3 fair value hierarchy except for land (classified as level 2) and capital works in progress (not classified).

21. Reconciliation of intangible assets

The following table shows the movement:

Consolidated	Computer software \$'000	2017-18 Bed licences \$'000	Total \$'000	Computer software \$'000	2016-17 Bed licences \$'000	Total \$'000
Carrying amount at the beginning of the period	2,838	700	3,538	124	700	824
Additions	· .	3		3,750	1.5	3,750
Amortisation	(1,036)	**	(1,036)	(1,036)		(1,036)
Carrying amount at the end of the period	1,802	700	2,502	2,838	700	3,538
Gross carrying amount Gross carrying amount	3,931	700	4,631	2.021	700	4.621
Accumulated amortisation	(2,129)	700	(2,129)	3,931 (1,093)	700	4,631
Carrying amount at the end of the period	1,802	700	2,502	2,838	700	(1,093) 3,538
Carrying amount at the end of the period	1,002	700	2,502	2,030	700	3,330
Parent						
Carrying amount at the beginning of the period	2,838	700	3,538	124	700	824
Additions	:-	(-):	3₩3	3,750	100	3,750
Amortisation	(1,036)	2	(1,036)	<u>(1,036)</u>	1/2	(1,036)
Carrying amount at the end of the period	1,802	700	2,502	2,838	700	3,538
Gross carrying amount						
Gross carrying amount	3,931	700	4,631	3,931	700	4,631
Accumulated amortisation	(2,129)	3	(2,129)	(1,093)	-	(1,093)
Carrying amount at the end of the period	1,802	700	2,502	2,838	700	3,538

^{*}Residential aged care bed licences that are purchased are initially recorded at cost. Bed licences that are received for no consideration from the Commonwealth Government are recognised at their fair value at the date of implementation, having regard to recent sale activity within SA's country areas and the relaxation of ceiling limits on bed licenses, the Hospital has recorded these licences at Nil value.

For the year ended 30 June 2018

22. Fair value measurement

AASB 13 Fair Value Measurement defines fair value as the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants, in the principal or most advantageous market, at the measurement date.

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.

In determining fair value, the Hospital has taken into account the characteristic of the asset (e.g. condition and location of the asset and any restrictions on the sale or use of the asset); and the asset's highest and best use (that is physically possible, legally permissible and financially feasible).

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 19 and 22.2 and for disclosure regarding fair value measurement techniques and inputs used to develop fair value measurements for non-financial assets.

22.1 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:

1	Fair	val	lua n	100611	remei	ate at	130	Iuna	2019	Q
	rair	val	ше п	ieasu	remei	IIS A		June	2016	Э.

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Recurring fair value measurements						
(Note 20)						
Land	34	45,695	45,695	-	18,368	18,368
Buildings and improvements	(-)2	803,751	803,751		419,104	419,104
Plant and equipment	-	13,497	13,497		13,497	13,497
Total recurring fair value measurements		862,943	862,943	(40)	450,969	450,969

Fair value	measurements	at 30	June	2017
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	Consolidated					
	Level 2	Level 3	Total	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Recurring fair value measurements (Note 20)						
Land	46,751	191	46,751	18,925	+:	18,925
Buildings and improvements		762,916	762,916		388,217	388,217
Plant and equipment	740	12,187	12,187	-	12,187	12,187
Total recurring fair value measurements	46,751	775,103	821,854	18,925	400,404	419,329

There are no non-recurring fair value measurements.

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

During 2018 and 2017, the Hospital had no valuations categorised into Level 1; there were no transfers of assets between Level 1 and 2 fair value hierarchy levels in 2018-17.

In 2018, land was transferred from Level 2 to Level 3 as there were unobservable inputs.

22.2 Valuation techniques and inputs

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

Unobservable inputs used to arrive at final valuation figures included:

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

23. Payables

		Consolidated		Parent	
		2018	2017	2018	2017
Current		\$'000	\$'000	\$'000	\$'000
Creditors and accrued expenses		29,059	29,578	29,059	29,578
Paid Parental Leave Scheme	₩.	123	69	123	69
Staff on-costs*		8,529	6,383	8,529	6,383
Other payables		704	832	704	832
Total current payables		38,415	36,862	38,415	36,862
Non-current					
Staff on-costs*		3,109	3,671	3,109	3,671
Total non-current payables		3,109	3,671	3,109	3,671
Total payables		41,524	40,533	41,524	40,533

^{*}Staff on-costs include superannuation contributions. 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 the Department of Treasury and Finance, the percentage of the proportion of long service leave taken as leave has decreased from the 2017 rate of 48% to 35%. Further, Mercer Consulting (Australia) Pty Ltd has determined that the average factor for the calculation of employer superannuation cost on-cost has decreased from the 2017 rate of 9.94% to 9.85%. These rates are used in the employment on-cost calculation. The net financial effect of the changes in the current financial year is a decrease in the employment on-cost of \$1.137 million and employee benefits expense of \$1.137 million. The estimated impact on 2019 and 2020 is \$1.182 million and \$1.229 million respectively.

Creditors represent the amounts owing for goods and services received prior to the end of the reporting period that are unpaid at the end of the reporting period. Creditors include all unpaid invoices received relating to normal operations of the Hospital.

Accrued expenses represent goods and services provided by other parties during the period that are unpaid at the end of the reporting period, and where an invoice has not been processed/received.

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.

For the year ended 30 June 2018

Interest rate and credit risk

Payables are measured at nominal amounts. Creditors and accruals are raised for all amounts owed. 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 benefit that they relate to is discharged. All payables are non-interest bearing. The carrying amount of payables approximates net fair value due to the amounts being payable on demand.

Refer to note 34 for further information on risk management.

24. Borrowings

2 W Dollo Wings		Consolidated		Parent	
		2018	2017	2018	2017
Current	Note	\$'000	\$'000	\$'000	\$'000
Loans		713	829	713	829
Finance lease	28.2	3,008	2,798	3,008	2,798
Total current borrowings		3,721	3,627	3,721	3,627
Non-current	Note	\$'000	\$'000	\$'000	\$'000
Loans		418	1,135	418	1,135
Finance lease	28.2	10,860	13,867	10,860	13,867
Total non-current borrowings		11,278	15,002	11,278	15,002
Total borrowings		14,999	18,629	14,999	18,629
Total Bollowings		,	20,022	2 - 1,	10,022

^{*}The contractual maturities for loans (financial liabilities at cost) is within 5 years.

The Hospital measures financial liabilities including borrowings/debt at historical cost.

The movement in loans liability of \$0.834 million (\$0.790 million) and the movement in finance lease liability of \$2.798 million (\$2.603 million) arises from financing cash flows.

Refer to note 34 for further information on risk management.

Defaults and breaches

There were no defaults or breaches on any of the above liabilities throughout the year.

25. Staff benefits

	Consolidated		Parent	
	2018	2017	2018	2017
Current	\$'000	\$'000	\$'000	\$'000
Annual leave	44,579	43,823	44,579	43,823
Long service leave	7,437	6,984	7,437	6,984
Accrued salaries and wages	10,843	8,875	10,843	8,875
Skills and experience retention leave	3,965	3,948	3,965	3,948
Other	60	19	60	19
Total current staff benefits	66,884	63,649	66,884	63,649
Non-current				
Long service leave	93,391	87,701	93,391	87,701
Total non-current staff benefits	93,391	87,701	93,391	87,701
Total staff benefits	160,275	151,350	160,275	151,350

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.

For the year ended 30 June 2018

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

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

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

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.

25.2 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 contains the calculation methodology for long service leave liability.

The actuarial assessment performed by Mercer Consulting (Australia) Pty Ltd has provided a basis for the measurement of long service leave.

AASB 119 requires the use of the yield on long term Commonwealth Government bonds which matches the expected term of the liabilities as the discount rate in the measurement of the long service leave liability.

The appropriate yield on long term Commonwealth Government bonds has increased from 2017 (2.27%) to 2018 (2.65%). This increase of the bond yield, which is used as the rate to discount future long service leave cash flows, results in a decrease in the reported long service leave liability.

The net financial effect of the change in the bond yield in the current financial year is a decrease in the long service leave liability of \$3.582 million and staff benefit expense of \$3.706 million. This decrease has largely been offset by changes to the assumptions associated with the duration of the liability resulting in an overall net increase in the reported LSL liability relative to 2017. The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions - a key assumption being the long-term discount rate.

The actuarial assessment performed by the Department of Treasury and Finance left the salary inflation rate at 4.00% for long service leave liability and 3.00% for annual leave and skills, experience and retention leave liability. As a result, there is no net financial effect resulting from changes in the salary inflation rate.

26. Provisions

		Consolidat		Pa	rent
Current	Note	2018 \$'000	2017 \$'000	2018 \$'000	2017 \$'000
Workers compensation	26.1	4,184	6,102	4,184	6,102
Total current provisions		4,184	6,102	4,184	6,102
Non-current					
Workers compensation	26.1	5,041	7,785	5,041	7,785
Total non-current provisions		5,041	7,785	5,041	7,785
Total provisions		9,225	13,887	9,225	13,887

26.1 Workers Compensation

Workers compensation statutory provision

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.

The workers compensation provision is an actuarial estimate of the outstanding liability as at 30 June 2018 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment. The provision is for the estimated cost of ongoing payments to staff as required under current legislation. The liability covers claims incurred but not yet paid, incurred but not reported and the anticipated direct and indirect costs of settling these claims. There is a high level of uncertainty as to the valuation of the liability (including future claim costs). The liability for outstanding claims is measured as the present value of the expected future payments reflecting the fact that all claims do not have to be paid in the immediate future.

Workers compensation non-statutory provision

Additional insurance/compensation for certain work related in juries has been introduced for most public sector employees through various enterprise bargaining agreements and industrial awards. This insurance/compensation is intended to provide continuing benefits to non-seriously injured workers who have suffered eligible work-related injuries and whose entitlements have ceased under the statutory workers compensation scheme.

The workers compensation non-statutory provision is an actuarial assessment of the outstanding claims liability, for the first time, as at 30 June 2018 provided by a consulting actuary (PricewaterhouseCoopers) engaged through the Office of the Commissioner for Public Sector Employment. There is a high level of uncertainty as to the valuation of the liability (including future claim costs), this is largely due to the enterprise bargaining agreements and industrial awards being in place for a short period of time and the emerging experience is unstable. The average claim size has been estimated based on applications to date and this may change as more applications are made. As at 30 June 2018 the Hospital recognised a workers compensation non-statutory provision of \$0.458 million, as this provision was introduced in 2017-18 there are no comparatives available.

Reconciliation of workers compensation (statutory and non-statutory)

	Consolidated		Parent	
	2018	2018 2017	2018	2017
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	13,887	19,387	13,887	19,387
Reductions resulting from re-measurement or settlement without cost	(4,662)	(5,500)	(4,662)	(5,500)
Carrying amount at the end of the period	9,225	13,887	9,225	13,887

A liability has been reported to reflect unsettled workers compensation claims. The workers compensation provision is based on an actuarial assessment performed by the Office for the Public Sector.

27. Other liabilities

	Consolidated		Parent	
9	2018	2017	2018	2017
Current	\$'000	\$'000	\$'000	\$'000
Unclaimed monies	56	133	56	133
Unearned revenue	6,007	3,822	6,007	3,822
Residential aged care bonds	75,144	66,549	75,144	66,549
Other	123	46	123	46
Total other liabilities	81,330	70,550	81,330	70,550

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

28. Unrecognised contractual commitments

Commitments include operating, capital and outsourcing arrangements arising from contractual or statutory sources, and are disclosed at their nominal value. Unrecognised contractual commitments are disclosed net of the amount of GST recoverable or payable. If GST is not recoverable or payable, the commitments are disclosed on a gross basis.

28.1 Operating lease expenditure commitments					
	Consc	olidated	Pa	Parent	
Commitments in relation to operating leases contracted for at the	2018	2017	2018	2017	
reporting date but not recognised as liabilities are payable as follows:	\$'000	\$'000	\$'000	\$'000	
Within one year	5,241	5,006	5,241	5,006	
Later than one year but not longer than five years	5,883	6,067	5,883	6,067	
Later than five years	1,581	1,217	1,581	1,217	
Total operating lease commitments	12,705	12,290	12,705	12,290	
Representing:					
Cancellable operating leases	6,336	6,524	6,336	6,524	
Non-cancellable operating leases*	6,369	5,766	6,369	5,766	
Total operating lease commitments	12,705	12,290	12,705	12,290	

The Hospital has a number of lease agreements. Lease terms vary in length. Each lease agreement has renewal options for a determined period, exercisable by both the lessor and lessee. The majority of the operating lease arrangements are for the use of properties.

28.2 Finance lease liabilities commitments

Future minimum lease payments for the Hospital under finance lease and hire purchase contracts together with the present value of net minimum lease payments are as follows:

	2018		20	17
	Minimum lease payments \$'000	Present value of lease payments \$'000	Minimum lease payments \$'000	Present value of lease payments \$'000
Within one year	6,749	3,768	6,624	3,768
Later than one year but not longer than five years	20,927	10,100	22,969	9,794
Later than five years	#1	:=	4,193	3,103
Total minimum lease payments	27,676	13,868	33,786	16,665
Less future finance lease charges and contingent rentals	(13,808)	=	(17,121)	:#V
Total finance lease commitments	13,868	13,868	16,665	16,665
	Consolidated		Parent	
	2018	2017	2018	2017
Included in the Statement of Financial Position as:	\$'000	\$'000	\$'000	\$'000
Current borrowings (Note 24)	3,008	2,798	3,008	2,798

The Hospital has entered into a number of finance leases. These finance leases are for buildings. The leases are non-cancellable with some leases having the right of renewal. Rent is payable in arrears.

10,860

13,868

13,867

16,665

10,860

13,868

13,867

16,665

Minimum lease payments are allocated between interest expense/borrowing costs and reduction of the lease liability to each period during the lease term, so as to produce a constant periodic rate of interest on the remaining balance of the liability.

28.3 Expenditure commitments

Non-current borrowings (Note 24)

Total included in borrowings

28.3.1 Other expenditure commitments

	Conso	Parent		
Expenditure commitments	2018	2017	2018	2017
	\$'000	\$'000	\$'000	\$'000
Within one year	20,734	18,477	20,734	18,477
Later than one year but not longer than five years	17,344	18,497	17,344	18,497
Later than five years	7.	558	*	558
Total other expenditure commitments	38,078	37,532	38,078	37,532

^{*}Motor vehicles are leased from 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 or a specified number of kilometres, whichever occurs first.

For the year ended 30 June 2018

The Hospital expenditure commitments are for agreements for goods and services ordered but not received

The Hospital also has commitments to provide funding to various non-government organisations in accordance with negotiated service agreements. The value of these commitments as at 30 June 2018 has not been quantified.

29. 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. Contingencies are disclosed net of the amount of GST recoverable or payable. If GST is not recoverable or payable, the contingencies are disclosed on a gross basis.

29.1 Contingent Assets

The Hospital is not aware of any contingent assets.

29.2 Contingent Liabilities

Under the Act, all real property except for property associated with Crown Land of the former Hospitals and Health Centre entities was to be transferred to the associated Health Advisory Council. To date a limited number of real properties have not transferred to the Health Advisory Councils as the vesting instruments have not been finalised or there is a requirement to seek clarification from Crown Law regarding encumbrances on some properties and whether a Health Advisory Council can hold property that is encumbered. Given the uncertainty of the outcome of the advice sought from Crown Law it is not possible to reliably measure the value of the real property that could transfer to the Health Advisory Councils in the future. Similarly, it is not possible to determine when the vesting instruments will be finalised or to reliably measure the value of the real property that will transfer to the Health Advisory Councils at that time.

29.3 Guarantees

The Hospital has made no guarantees.

30. Related party transactions

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.

30.1 Significant transactions with government related entities

Significant transactions with the SA Government are identifiable throughout this financial report. In addition, the Hospital received funding from the SA Government via the Department (note 14), and incurred significant expenditure via the Department for medical, surgical and laboratory supplies, inter-health staff recharging and insurance (note 4 and 32). The Hospital had an outstanding loan balance payable to the Department at 30 June of \$1.134 million (\$1.964 million). The Hospital incurred significant expenditure with the Department of Planning, Transport and Infrastructure (DPTI) for capital works of \$5.540 million (\$5.189 million) and for property repairs and maintenance of \$15.152 million (\$12.154 million) (note 4 and 32). As at 30 June the outstanding balance payable to DPTI was \$5.045 million (\$5.702 million) (note 23) and unrecognised contractual expenditure commitments of \$2.372 million (\$3.122 million).

Quantitative information about transactions and balances between the Hospital and other SA Government controlled entities is disclosed at note 32.

The Hospital has lease arrangements (both as lessee and as lessor) with other SA Government controlled entities. The premises are provided/received at nil or nominal rental with outgoings such as utilities being paid by the lessee.

30.2 Transactions with Key Management Personnel and other related parties

Compensation of key management personnel is disclosed at note 3

The Hospital did not enter into any transactions with key management personnel or their close family in 2017-18 that were not consistent with normal procurement arrangements.

31. Interests in other entities

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

Controlled Entities

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

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

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

The above assets, rights and liabilities of the former Hospitals whose HAC elected not to become incorporated were vested in the Country Health SA Board Health Advisory Council Inc.

The HAC have no powers to direct or make decisions with respect to the management and administration of Country Health SA Local Health Network.

	Health Advisory Council	
Incorporated HACs		
Balaklava Riverton Health Advisory	Barossa and Districts Health Advisory	Berri Barmera District Health Advisory
Council Inc	Council Inc	Council Inc
Bordertown and District Health Advisory	Ceduna District Health Services Health	Coorong Health Service Health Advisory
Council Inc	Advisory Council Inc	Council Inc
Country Health SA Local Health Network	Eastern Eyre Health Advisory Council	Eudunda Kapunda Health Advisory
Health Advisory Council Inc	Inc	Council Inc
Gawler District Health Advisory Council Inc	Hills Area Health Advisory Council Inc	Kangaroo Island Health Advisory Council Inc
Kingston/Robe Health Advisory Council Inc	Lower Eyre Health Advisory Council Inc	Lower North Health Advisory Council Inc
Loxton and Districts Health Advisory	Mallee Health Service Health Advisory	Mannum District Hospital Health
Council Inc	Council Inc	Advisory Council Inc
Mid North Health Advisory Council Inc	Mid West Health Advisory Council Inc	Millicent and Districts Health Advisory Council Inc
Mount Gambier and Districts Health	Naracoorte Area Health Advisory	Northern Yorke Peninsula Health
Advisory Council Inc	Council Inc	Advisory Council Inc
Penola and Districts Health Advisory Council Inc	Port Broughton District Hospital and Health Services Health Advisory Council Inc	Renmark Paringa District Health Advisory Council Inc
South Coast Health Advisory Council Inc	The Murray Bridge Soldiers' Memorial Hospital Health Advisory Council Inc	Waikerie and Districts Health Advisory Council Inc
Yorke Peninsula Health Advisory Council Inc		
Unincorporated HACs		
Far North Health Advisory Council	Hawker District Memorial Health Advisory Council	Leigh Creek Health Service Health Advisory Council
Port Augusta, Roxby Downs, Woomera Health Advisory Council	Port Lincoln Health Advisory Council	Port Pirie Health Service Health Advisory Council
Quorn Health Services Health Advisory Council	Southern Flinders Health Advisory Council	Whyalla Hospital and Health Services Health Advisory Council

32. Transactions with SA Government

TOTAL EXPENSES

The following table discloses revenues, expenses, financial assets and liabilities where the counterparty/transaction is with an entity

Note	SA Govern	nment	Non-SA Gov	ernment	Total	
	2018	2017	2018	2017	2018	2017
EXPENSE	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
3 Staff benefits expenses	164	239	551,336	520,786	551,500	521,025
4 Supplies and services	101,537	102,738	217,155	199,586	318,692	302,324
Administration	229	303	1,254	1,715	1,483	2,018
Advertising	214	491	521	605	735	1,096
Communication	1,503	1,787	2,312	1,961	3,815	3,748
Computing	9,310	9,296	1,026	730	10,336	10,026
Consultants	9,510	9,290	1,020	95	10,330	10,020
Contract of services		73	20,598	21,093	20,580	21,166
	(18)	/3				
Contractors			1,698	1,695	1,698	1,695
Contractors - agency staff	5,425	7,766	4,540	5,585	9,965	13,351
Drug supplies	4,366	798	4,432	7,230	8,798	8,028
Electricity, gas and fuel	38	24	12,164	8,591	12,202	8,615
Fee for service	4,753	4,157	80,903	71,233	85,656	75,390
Finance lease contingent rentals	220	207	2,460	2,359	2,460	2,359
Food supplies	330	287	9,422	9,174	9,752	9,461
Housekeeping	1,943	1,932	5,614	5,418	7,557	7,350
Insurance	6,265	6,122	1,302	1,445	7,567	7,567
Internal SA Health SLA payments	4,147	4,727			4,147	4,727
Interstate patient transfers	4.04	4.60	9	3	9	3
Legal	131	168	81	7	212	175
Medical, surgical and laboratory supplies	18,982	19,493	26,965	23,980	45,947	43,473
Minor equipment	713	470	4,923	4,964	5,636	5,434
Motor vehicle expenses	1,518	1,283	446	381	1,964	1,664
Occupancy rent and rates	2,872	2,647	1,110	1,066	3,982	3,713
Patient transport	10,770	10,568	9,298	8,896	20,068	19,464
Services from Shared Services SA	5,465	6,855	Ħ	=	5,465	6,855
Postage	60	34	1,240	1,111	1,300	1,145
Printing and stationery	750	819	2,288	2,089	3,038	2,908
Rental expense on operating lease	4,049	4,129	1,387	1,356	5,436	5,485
Repairs and maintenance	16,336	17,319	10,472	7,985	26,808	25,304
Security	90	73	825	910	915	983
Staff training and development	312	245	2,616	2,250	2,928	2,495
Staff travel expenses	31	22	2,303	2,250	2,334	2,272
Other supplies and services	953	850	4,940	3,409	5,893	4,259
Depreciation and amortisation expense		200	19,506	18,917	19,506	18,917
5 Grants and subsidies	36	36	1,990	531	2,026	567
Capital grants	950	875		14	2.52	14
Subsidies	- 3 4 1	140	2	2	-	2
Funding to non-government organisations	S# :	250	1,990	515	1,990	515
Other	36	36	2	-	36	36
6 Borrowing costs	60	90	1,125	1,306	1,185	1,396
12 Net loss from disposal of non-current and	-	(4)	777	118	777	118
other assets				110		
Total proceeds from disposal		-	-	(4)	:=:	(4)
Less total value of assets disposed	1.53 1.54	120	777	121	777	121
Less other costs of disposal	1-1	_		121	111	121
7 Other expenses	7,615	5,208	1,607	970	9,222	6,178
	610,1	3,200		285	653	285
Bad and doubtful debts	2 ± 3	(3)	653			
Bank fees and charges	(254	2 740	18	24	18	2.740
Donated assets expense	6,754	3,740	026	((1	6,754	3,740
Other TOTAL EXPENSES	861 109,412	1,468 108.311	936 793.496	661 742,214	1,797 902 - 908	2,129 850.52

108,311

109,412

793,496

902,908

850,525

742,214

Note	SA Gover	nment	Non-SA Gov	ernment	Total		
	2018	2017	2018	2017	2018	2017	
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	
INCOME							
8 Revenues from fees and charges	4,879	3,516	74,886	71,921	79,765	75,437	
Ambulance transport		1	9	(1)	(a)		
Insurance recoveries	119	8		1	119	9	
Patient and client fees	25	9	20,710	19,351	20,735	19,351	
Private practice fees		-	1,098	1,620	1,098	1,620	
Recoveries	4,358	3,238	13,834	12,605	18,192	15,843	
Residential and other aged care charges	100		26,913	26,835	26,913	26,835	
Sale of goods - medical supplies	186	115	1,335	1,354	1,521	1,469	
Other user charges and fees	191	154	10,996	10,156	11,187	10,310	
9 Grants and contributions	8,711	9.022	128,113	123,810	136,824	132,832	
Commonwealth grants and donations	0,711	5,022	46,253	41,206	46,253	41,206	
Commonwealth aged care subsidies	1-0		73,028	74,080	73,028	74,080	
SA Government capital contributions	811	969	75,020	7 1,000	811	969	
Other SA Government grants and	7,900	8,053		:: * :	7,900	8,053	
contributions	7,500	0,055			7,500	0,055	
Private sector grants and contributions		_	8,832	8,524	8,832	8,524	
10 Interest revenues	27	24	2,139	2,053	2,166	2,077	
	5,431	200	65	2,033	5,496	224	
11 Resources received free of charge	5,431				593		
13 Other revenues/income		5	543	625		630	
Commissions revenue	-	2	2	17	2	17	
Dividend revenue) = 3	77	3	2	3	2	
Training revenue	8	<u> </u>	1	5	9	5	
Donations		1	408	547	408	548	
Car parking revenue	-	3	8	3	8	3	
Other	42	4	121	51	163	55	
14 Revenues from SA Government	661,476	618,230	= =		661,476	618,230	
TOTAL INCOME	680,574	630,997	205,746	198,433	886,320	829,430	
FINANCIAL ASSETS							
FINANCIAL ASSETS							
15 Cash and cash equivalents	15,288	5,209	12,108	11,854	27,396	17,063	
16 Receivables	5,229	5,776	16,601	16,474	21,830	22,250	
Patient/client fees: compensable	180		1,412	623	1,412	623	
Patient/client fees: aged care	(2)	12	3,621	3,774	3,621	3,774	
Patient/client fees: other	3000	-	2,790	3,553	2,790	3,553	
Debtors	437	470	3,937	3,136	4,374	3,606	
Less: allowance for doubtful debts	157	.,,	(1,370)	(1,446)	(1,370)	(1,446)	
Prepayments	220	27	185	655	185	655	
Loans	_	-	105	144	105	144	
Interest	2	2	616	573	618	575	
Workers compensation provision recoverable	4,697	5,269	010	313	4,697	5,269	
Sundry receivables and accrued revenue	93	35	3,175	3,188	3,268	3,223	
GST input tax recoverable	75	55	2,235	2,274	2,235	2,274	
17 Other financial assets	1,302	1,279	80,954	78,968	82,256	80,247	
Term deposits				78,881		80,160	
•	1,302	1,279	80,846 108	78,881 87	82,148 108	80,160	
Other investments	21.010	12.264					
TOTAL FINANCIAL ASSETS	21,819	12,264	109,663	107,296	131,482	119,560	

Note	SA Governm	SA Government		overnment	Total		
	2018	2017	2018	2017	2018	2017	
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	
FINANCIAL LIABILITIES							
23 Payables	9,496	5,961	32,028	34,572	41,524	40,533	
Creditors and accrued expenses	9,496	5,961	19,563	23,617	29,059	29,578	
Paid Parental Leave Scheme	3, 130	4	123	69	123	69	
Staff on-costs	:=:	-	11,638	10,054	11,638	10,054	
Other payables	(a)	-	704	832	704	832	
24 Borrowings	1,131	1,964	13.868	16,665	14,999	18,629	
Loans	1,131	1,964	13,000	10,005	1,131	1,964	
Finance lease	1,151	1,501	13,868	16,665	13,868	16,665	
27 Other liabilities	1,900	892	79,430	69,658	81,330	70,550	
Unclaimed monies	1,500	U)2	56	133	56	133	
Unearned revenue	1,899	891	4,108	2,931	6,007	3,822	
Residential aged care bonds	1,099	071	75,144	66,549	75,144	66,549	
Other	1	1	122	45	123	46	
TOTAL FINANCIAL LIABILITIES	12,527	8,817	125,326	120,895	137,853	129,712	
TOTAL FINANCIAL LIABILITIES	12,527	0,01/	125,520	120,093	137,033	129,/12	
33. Cash flow reconciliation							
Reconciliation of cash and cash equivalents at t	he end of the		Consolid	lated	Pare	ent	
reporting period	ine end of the		2018	2017	2018	2017	
reporting period			\$'000	\$'000	\$'000	\$'000	
Cash and cash equivalents disclosed in the Statem	ent of Financial		35,154	24,669	27,396	17,063	
Position Cash as per Statement of Financial Position			35,154	24,669	27,396	17,063	
Cash as per Statement of Financial Fosition			33,134	24,009	27,370	17,005	
Balance as per Statement of Cash Flows			35,154	24,669	27,396	17,063	
-							
Reconciliation of net cash provided by operating	g activities to net	t cost		₹.			
of providing services:						(222)	
Net cash provided by (used in) operating activities			24,464	2,344	23,426	(222)	
Department for Health and Wellbeing contribution	ons for the provisi	on of	(661,476)	(618,230)	(661,476)	(618,230)	
health services							
Add/less non-cash items							
Asset donated free of charge			(22)		(6,754)	(3,740)	
Capital revenues			92	1,499	92	1,499	
Depreciation and amortisation expense of non-cur	rent assets		(34,877)	(34,307)	(19,506)	(18,917)	
Gain/(loss) on sale or disposal of non-current asse			(790)	(187)	(777)	(118)	
Interest credited directly to investments			2,190	2,119	1,988	1,905	
Resources received free of charge			65	256	65	224	
Revaluation of investments			18	16	18	16	
Movement in assets/liabilities							
Increase/(decrease) in inventories			(122)	229	(122)	229	
Increase/(decrease) in receivables			(302)	(8,122)	(276)	(8,390)	
(Increase)/decrease in other liabilities			(10,779)	(6,609)	(10,779)	(6,609)	
` ,			4,966	11,876	4,963	11,876	
(Increase)/decrease in payables and provisions (Increase)/decrease in staff benefits			,	1,152	,	1,152	
			(8,926)		(8,926)		
Net cost of providing service			(685,499)	(647,964)	(678,064)	(639,325)	

Cash and cash equivalents in the Statement of Cash Flows consist of cash and cash equivalents as per the Statement of Financial Position, net of bank overdrafts.

For the year ended 30 June 2018

34. Financial instruments/financial risk management

34. 1 Financial risk management

Risk management is managed by the Department for Health and Wellbeing's Risk and Assurance Services section and risk management policies are in accordance with the Risk Management Policy Statement issued by the Premier and Treasurer and the principles established in the Australian Standard Risk Management Principles and Guidelines.

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.

34.2 Liquidity Risk

The Hospital is funded principally by the Department for Health and Ageing. The Department for Health and Ageing works with the Department of Treasury and Finance to determine the cash flows associated with this 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 23 and 24 for further information.

34.3 Credit and market risk

The Hospital has policies and procedures in place to ensure that transactions occur with customers with appropriate credit history. The Hospital does not trade in foreign currency, enter into transactions for speculative purposes, nor for hedging. No collateral is held as security and no credit enhancements relate to financial assets held by the Hospital.

Refer to notes 15, 16 and 17 for further information.

Exposure to interest rate risk may arise through its interest bearing liabilities, including borrowings. There is no exposure to foreign currency or other price risks.

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

34.4 Categorisation of financial instruments

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

The carrying amounts of each of the following categories of financial assets and liabilities: Held-to-maturity investments; loan and receivables; and financial liabilities measured at cost are detailed below.

The Hospital does not recognise any financial assets or financial liabilities at fair value, but does disclose fair value in the notes. All of the resulting fair value estimates are included in Level 2 as all significant inputs required are observable.

- The carrying value less impairment provisions of receivables and payables is a reasonable approximation of their fair values due to the short-term nature of these (refer notes , 16 and 23).
- Borrowings are initially recognised at fair value, plus any transaction cost directly attributable to the borrowings, then subsequently held at amortised cost. The fair value of borrowings approximates the carrying amount, as the impact of discounting is not significant (refer notes and 24).
- Held-to-maturity investments are initially recognised at fair value, then subsequently held at amortised cost. This is the most representative of fair value in the circumstances (refer notes and 17).

For the year ended 30 June 2018

		Consol	idated	Parent		
		2018	2017	2018	2017	
Category of financial asset and financial liability	Notes	Carrying amount/ Fair value \$'000	Carrying amount/ Fair value \$'000	Carrying amount/ Fair value \$'000	Carrying amount/ Fair value \$'000	
Financial assets						
Cash and equivalent						
Cash and cash equivalents	15,33	35,154	24,669	27,396	17,063	
Loans and receivables						
Receivables (1)(2)	16	14,649	13,981	14,618	13,912	
Held to maturity investments						
Other financial assets	17	93,604	90,305	82,256	80,247	
Total financial assets		143,407	128,955	124,270	111,222	
Financial liabilities						
Financial liabilities at cost						
Payables (1)	23	29,122	29,733	29,120	29,733	
Borrowings	24	1,131	1,964	1,131	1,964	
Other financial liabilities	27	75,323	66,728	75,323	66,728	
Finance lease liability	24,28	13,868	16,665	13,868	16,665	
Total financial liabilities		119,444	115,090	119,442	115,090	

Receivable and payable amounts disclosed here exclude amounts relating to statutory receivables and payables (e.g. Commonwealth taxes; Auditor-General's Department audit fees etc.). In government, certain rights to receive or pay cash may not be contractual and therefore in these situations, the requirements 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 (not materially different from amortised cost).

35. Impact of Standards and Statements not yet implemented

The Hospital did not voluntarily change any of its accounting policies during 2017-18.

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. The material impacts on the Hospital are outlined below.

35.1 AASB 9 Financial Instruments

AASB 9 applies to reporting periods commencing after 1 January 2018. The application date for the Hospital is 1 July 2018.

AASB 9 changes the requirements for classification, impairment and disclosures associated with the Hospital's financial assets. AASB 9 introduces different criteria for whether financial assets can be measured at amortised cost or fair value. The Hospital has reviewed the impact of AASB 9 on the classification and measurement of its financial assets. The following summarises the estimated impact on categorisation and valuation of the amounts reported in notes 16 and 17.

- there will be no change to either the classification or valuation of cash and cash equivalent items.
- term deposits will be classified as 'Sole Payment of Principal and Interest' and measured at amortised cost, similar to the current classification of 'Held to Maturity'
- trade receivables will be classified as 'Debt' and measured at amortised cost, similar to the current classification of 'loans and receivables'; and
- the measurement basis for quoted equity instruments not held for trading will change from the current measurement basis using fair value through profit and loss as the Hospital has elected to measure these at fair value through other comprehensive income.

However, the new impairment requirements will result in a provision being applied to all receivables (expected loss) rather than only on those receivables that are credit impaired (incurred loss). The Hospital will be adopting the simplified impairment approach under AASB 9 and will measure the impairment allowance at lifetime expected credit losses on all trade receivables and contract assets using a provision matrix as a practical expedient.

Receivable amount disclosed here excludes prepayments. Prepayments are presented in note 21 as trade and other receivables in accordance with paragraph 78(b) of AASB 101 Presentation of Financial Statements. However, prepayments are not financial assets as defined in AASB 132 Financial Instruments. Presentation as the future economic benefit of these assets is the receipt of goods and services rather than the right to receive cash or another financial asset.

For the year ended 30 June 2018

Applying this approach, the Hospital has estimated the opening impairment provision on 1 July 2018 to be \$0.313m, a decrease of \$1.057m compared to the amount reported at 30 June 2018, resulting in net receivables of \$22.919m on transition and will not restate comparatives on adopting AASB 9.

There will be no additional impairment provisions for State, Territory or Commonwealth Government receivables due to the Governments' high quality credit rating.

35.2 AASB 15 Revenue from Contracts with Customers and AASB 1058 Income of Not For Profit Entities

AASB 15 and AASB 1058 apply to reporting periods commencing after 1 January 2019. The application date for the Hospital is 1 July 2019.

AASB 15 establishes a comprehensive framework for determining the nature, amount and timing of revenue arising from contracts with customers. AASB 1058 clarifies and simplifies the income recognition requirements that apply to not for profit entities, in conjunction with AASB 15. These standards replace AASB 111, AASB 118 and a large part of AASB 1004.

The Hospital has commenced consideration and analysis of the new revenue recognition requirements and has not yet finalised its assessment of their impact. The Hospital will continue its assessment of the impact over the next 12 months.

Potential impacts identified at this time are:

- grants presently recognised as revenue upfront may be progressively recognised as the associated performance obligations are satisfied, where those performance obligations are enforceable and sufficiently specific.
- grants that are not enforceable and/or sufficiently specific will continue to be recognised as revenue upfront i.e. no change to current treatment.
- peppercorn lease arrangements currently recognised at nominal amounts, will now be recognised at fair value under AASB 1058.
- depending on the respective contractual terms, AASB 15 may potentially result in a change to the timing of revenue from
 contracts and fees and charges. Some revenue may need to be deferred to a future reporting period if the Hospital receives
 funds prior to completing the associated obligations; and
- contributed services will continue to be recognised by the Hospital when a fair value can be determined reliably and the services would be purchased if they had not been donated.

35.3 AASB 16 Leases

AASB 16 will apply to reporting periods commencing after 1 January 2019. The application date for the Hospital is 1 July 2019. This standard replaces AASB 117 and Interpretation 4, 115 and 127.

AASB 16 largely retains the current lessor accounting model but does introduce a single lessee accounting model. It requires a lessee to recognise assets (representing rights to use the underlying leased asset) and liabilities (representing the obligation to make lease payments) for all leases with a term of more than 12 months, unless the underlying asset value is low. In effect, the majority of leases presently classified as operating leases will be recognised in the Statement of Financial Position.

The right of use asset will initially be recognised at cost and will give rise to a depreciation expense. The lease liability will initially be recognised as the present value of the lease payments during the term of the lease. Current operating lease rental payments will no longer be expensed in the Statement of Comprehensive Income. These payments will now reduce the recognised liability over time and the finance charge component recognised as an expense.

The Hospital has commenced its analysis and assessment of right to use arrangements and notes the significant work involved to capture, assess and report these arrangements due to the large scale of its leasing activities.

The Hospital has not yet quantified the exact impact on the Statement of Comprehensive Income and Statement of Financial Position as a result of applying AASB 16 to its right to use asset arrangements. However, the Department's current operating lease commitments note (see note 28) provides an indication of the amounts to be recognised 'on-balance sheet' at transition (an expected increase in lease liabilities with a corresponding right-of-use asset). The reclassification between supplies and services expense and depreciation/interest expense has not yet been estimated.

The Hospital will continue its assessment of the impact over the next 12 months. It is envisaged that the Hospital will apply the cumulative approach via an adjustment to accumulated surplus at date of initial application and will not restate comparatives.

36. Events after balance date

Adjustments are made to amounts recognised in the financial statements, where an event occurs after 30 June and before the date the financial statements are authorised for issue, where those events provide information about conditions that existed at 30 June.

Note disclosure is made about events between 30 June and the date the financial statements are authorised for issue, where the events relate to a condition which arose after 30 June, and which may have a material impact on the results of subsequent years.

The Hospital is aware of the following non-adjusting event:

On 2 August, the State Government created the following hospitals:

- Barossa Hills Fleurieu Local Health Network Incorporated
- Eyre and Far North Local Health Network Incorporated
- Flinders and Upper North Local Health Network Incorporated
- Riverland Mallee Coorong Local Health Network Incorporated
- South East Local Health Network Incorporated
- Yorke and Northern Local Health Network Incorporated

In addition, the State Government is reforming SA Health's governance arrangements and accordingly a Health Care (Governance) Amendment Act (amending Act) was proclaimed on 2 August 2018 and will come into effect 1 July 2019. The amended Act, amongst other matters, will enable the hospitals (above) to be governed by a Board (Governing Board). The Hospital has commenced consideration and analysis of amendments to the Act and has not yet finalised its assessment of their impact. The Hospital will continue its assessment of the impact over the next 12 months.

For the year ended 30 June 2018

37. Remuneration of board and committee members

Members of boards/committees that served for all or part of the financial year and were entitled to receive income from membership in accordance with Accounting Policy Framework II General Purpose Financial Statements were:

	Governemen	
	employee	
Board/Committee name:	members*	Other members
		Blacker P (Chair), Evans L, Gregurke K, Healy R, Mcarthur A (appointed 01/07/2017), Fuller
Country Health SA Local Health Network Advisory Council Inc	-	J (appointed 01/07/2017), Johnston J (appointed 01/07/2017), Mackay M (appointed
		01/07/2017)
Country Health SA Risk Management and Audit Committee		Stubbs T Dr (Chair), Martin M, Wilson R (resigned 20/11/2017), Brown G, Christley S
Country Health SA Risk Management and Audit Committee		(appointed 25/02/2018)

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

	2010	2017
	No. of Members	No. of Members
\$0	1	2
\$1 - \$9,999	10	6
\$10,000 - \$19,999	1	2
\$20,000 - \$29,999	1	1
Total	13	11

2019

2017

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 fringe benefits tax paid or payable in respect of those benefits. The total remuneration received or receivable by members was \$0.088 million (\$0.075 million).

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

^{*}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.

For the year ended 30 June 2018

38. Schedules of administered items

38.1 Basis of preparation

The basis of preparation for the Schedule of administered items is the same as the basis outlined in note 1.

The following incomes, expenses, assets and liabilities were administered but not controlled by the Hospital and have not been included in the financial statements. In accordance with Accounting Policy Framework II General Purpose Financial Statements para. APS 3.13.2, these items are regarded as insignificant to the Hospital's overall performance and are disclosed in the following schedules.

38.2 Categories of administered items

Private Practice represents funds billed on behalf of salaried medical officers and subsequently distributed to the LHN and salaried medical officers according to individual Rights of Private Practice Deeds of Agreement.

Consumer Funds represents funds held by the Hospital on behalf of consumers that reside in a Hospital facility whilst the consumer is receiving residential aged care services. The Hospital performs only a custodial role in respect of these funds.

The Hospital cannot use these administered funds for the achievement of its objectives.

38.3 Administered contingent assets and liabilities

The Hospital has no administered contingent assets and liabilities.

Schedule of Administered Expenses and Income

	Private Practice		Consumer Funds		Total	
	2018	2017	2018	2017	2018	2017
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Administered expenses						
Other expenses	3,205	3,252	2 7 4	32 7	3,4 7 9	3,5 7 9
Total Administered expenses	3,205	3,252	274	327	3,479	3,579
Administered income						
Revenue from fees and charges	3,215	3,298	284	331	3,499	3,629
Total Administered income	3,215	3,298	284	331	3,499	3,629
Net result	10	46	10	4	20	50

For the year ended 30 June 2018

Schedule of Administered Assets and Liabilities						
	Private P		Consumer		Total	
	2018	2017	2018	2017	2018	2017
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Administered current assets				*		
Cash and cash equivalents	277	267	150	140	427	407
Receivables	1	1	+	+	1	1
Total Administered current assets	278	268	150	140	428	408
Total administered assets	278	268	150	140	428	408
Net administered assets	278	268	150	140	428	408
Schedule of Administered Changes in Equity						
	Total	Total				
	2018	2017				
	\$'000	\$'000				
Balance at the beginning of the reporting period	408	358				
Restated Opening Balance	408	358				
Total comprehensive result for the period	20	50				
Balance at the end of the reporting period	428	408				
Schedule of Administered Cash Flows						
Schedule of Administered Cash Plows	Total	Total				
	2018	2017				
	\$'000	\$'000				
Cash flows from operating activities	\$ 555	*				
Cash inflows						
Fees and charges	3,499	3,659				
Total Cash inflows	3,499	3,659				
Total Cush innove	5,199	2,022				
Cash outflows						
Other payments	3,479	3,711				
Total Cash outflows	3,479	3,711				
Net cash inflows/cash outflows from operating activities	20	(52)				
The cash intons cash outlions from operating activities	20	(32)				
Net increase/(decrease) in cash held	20	(52)				
Cash at the beginning of the reporting period	407	459				
Cash at the end of the reporting period	427	407				