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To the Chief Executive Department for Health and Wellbeing

Qualified Opinion

I have audited the financial report of the Department for Health and Wellbeing and the consolidated entity comprising the Department for Health and Wellbeing and its controlled entities for the financial year ended 30 June 2025.

In my opinion, except for the effects of the matter described in the 'Basis for qualified opinion' section of my report, the accompanying financial report gives a true and fair view of the financial position of the Department for Health and Wellbeing and its controlled entities as at 30 June 2025, their financial performance and their cash flows for year then ended in accordance with relevant Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and Australian Accounting Standards.

The financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 2025
- a Statement of Financial Position as at 30 June 2025
- a Statement of Changes in Equity for the year ended 30 June 2025
- a Statement of Cash Flows for the year ended 30 June 2025
- notes, comprising material accounting policy information and other explanatory information
- a Certificate from the Chief Executive and the Deputy Chief Executive, Commissioning and Performance.

Basis for qualified opinion

Procurement reporting disclosure

The Department for Health and Wellbeing and the consolidated entity was required by the Treasurer's Instructions (Accounting Policy Statements) to include a disclosure reporting the value of procurement with South Australian businesses and non-South Australian businesses for 2024-25.

This requirement uses a framework established by the Treasurer's Instructions (Accounting Policy Statements) and definitions within Treasurer's Instructions 18 – *Procurement*.

The Department for Health and Wellbeing and the consolidated entity did not include the disclosure in the financial report.

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

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

Responsibilities of the Chief Executive for the financial report

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

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

Auditor's responsibilities for the audit of the financial report

As required by section 31(1)(b) of the *Public Finance and Audit Act 1987*, I have audited the financial report of the Department for Health and Wellbeing and its controlled entities for the financial year ended 30 June 2025.

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

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

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Department for Health and Wellbeing's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Chief Executive
- conclude on the appropriateness of the Chief Executive's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify the opinion. My conclusion is based on the audit evidence obtained up to the date of the auditor's report. However, future events or conditions may cause an entity to cease to continue as a going concern
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation

- plan and perform the group audit to obtain sufficient appropriate audit evidence regarding the financial information of the entities or business units within the group as a basis for forming an opinion on the group financial report. I am responsible for the direction, supervision and review of the audit work performed for the purposes of the group audit. I remain solely responsible for my audit opinion.

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 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 Blaskett
Auditor-General

22 September 2025

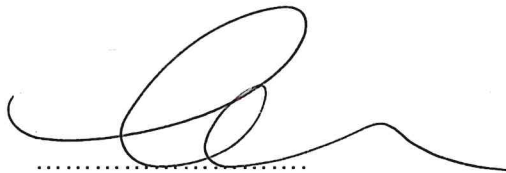
Certification of the financial statements

We certify that the:

- financial statements of the Department for Health and Wellbeing:
 - 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 Department for Health and Wellbeing for the financial year over its financial reporting and its preparation of financial statements have been effective.



Dr Robyn Lawrence
Chief Executive



Julianne TePohe
Deputy Chief Executive, Commissioning and
Performance

Date15/9/2025.....

THE DEPARTMENT FOR HEALTH AND WELLBEING
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2025

		Consolidated		Parent	
	Note	2025	2024	2025	2024
		\$'000	\$'000	\$'000	\$'000
Income					
Revenues from SA Government	2	6,461,124	5,667,453	6,461,124	5,667,453
Fees and charges	3	928,110	829,607	281,852	246,887
Grants and contributions	4	2,717,383	2,609,609	2,136,362	2,078,834
Interest	5	18,464	18,943	2,062	3,642
Resources received free of charge	6	135,889	112,557	56,703	54,106
Other revenues/income	7	43,561	38,292	228,119	226,472
Total income		10,304,531	9,276,461	9,166,222	8,277,394
Expenses					
Employee related expenses	8	5,757,193	5,452,813	215,646	209,759
Supplies and services	9	3,281,671	3,053,878	798,826	814,627
Depreciation and amortisation	20,21	355,556	312,918	15,058	15,842
Grants and subsidies	10	44,165	47,974	7,966,140	7,232,336
Borrowing costs	11	204,737	210,969	703	591
Net loss from disposal of non-current and other assets	13	9,026	12,373	16	6,037
Impairment loss on receivables	15.1,18	10,631	8,637	946	(56)
Other expenses	12	95,515	100,777	56,644	60,496
Total expenses		9,758,494	9,200,339	9,053,979	8,339,632
Net result		546,037	76,122	112,243	(62,238)
Other Comprehensive Income					
Items that will not be reclassified to net result					
Changes in property, plant and equipment asset revaluation surplus		94,241	885,197	-	19,100
Items that will be reclassified subsequently to net result when specific conditions are met					
Gains or losses recognised directly in equity		10,450	10,710	-	-
Total other comprehensive income		104,691	895,907	-	19,100
Total comprehensive result		650,728	972,029	112,243	(43,138)

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

THE DEPARTMENT FOR HEALTH AND WELLBEING
STATEMENT OF FINANCIAL POSITION
As at 30 June 2025

		Consolidated		Parent	
	Note	2025	2024	2025	2024
		\$'000	\$'000	\$'000	\$'000
Current assets					
Cash and cash equivalents	14	1,279,407	1,000,684	752,360	593,305
Receivables	15	535,112	473,575	306,435	270,740
Other financial assets	16	148,668	134,217	-	-
Inventories	17	91,018	90,666	45,783	47,557
Contract assets	18	5,285	16,558	-	-
Other assets		-	6	-	-
Total current assets		2,059,490	1,715,706	1,104,578	911,602
Non-current assets					
Receivables	15	44,337	34,718	66	65
Other financial assets	16	8,388	2,851	-	-
Property, plant and equipment	19,20	7,491,886	7,022,881	82,471	86,226
Investment property	19,20	31,100	29,932	-	-
Intangible assets	19,21	30,674	33,806	16,329	23,865
Total non-current assets		7,606,385	7,124,188	98,866	110,156
Total assets		9,665,875	8,839,894	1,203,444	1,021,758
Current liabilities					
Payables	23	565,120	517,265	314,622	277,893
Financial liabilities	24	92,659	91,549	2,368	2,132
Employee related liabilities	25	947,450	883,153	29,318	30,437
Provisions	26	76,110	68,815	29,546	27,558
Contract liabilities and other liabilities	27	174,310	153,510	8,060	6,159
Total current liabilities		1,855,649	1,714,292	383,914	344,179
Non-current liabilities					
Payables	23	57	57	34,279	31,211
Financial liabilities	24	2,486,455	2,544,984	21,394	21,880
Employee related liabilities	25	886,353	834,214	38,643	39,053
Provisions	26	365,707	330,200	181,945	159,188
Contract liabilities and other liabilities	27	16,230	13,007	16,230	13,007
Total non-current liabilities		3,754,802	3,722,462	292,491	264,339
Total liabilities		5,610,451	5,436,754	676,405	608,518
Net assets		4,055,424	3,403,140	527,039	413,240
Equity					
Contributed capital		1,700,853	1,700,853	1,700,853	1,700,853
Retained earnings		747,339	194,164	(1,217,357)	(1,331,156)
Asset revaluation surplus		1,476,556	1,387,897	43,543	43,543
Other reserves		130,676	120,226	-	-
Total equity		4,055,424	3,403,140	527,039	413,240

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

THE DEPARTMENT FOR HEALTH AND WELLBEING
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2025

CONSOLIDATED

	Note	Contributed capital \$ '000	Asset revaluation surplus \$ '000	Other reserves \$'000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2023		1,700,853	524,818	109,516	95,612	2,430,799
Net result for 2023-24		-	-	-	76,122	76,122
Reported gain on revaluation of land and buildings	20	-	826,551	-	-	826,551
Restatement of gain on revaluation of land and buildings	1.7	-	53,647	-	-	53,647
Gain on revaluation of plant and equipment	20	-	4,999	-	-	4,999
Gain/(loss) on revaluation of other financial assets		-	-	(9)	-	(9)
Gain/(loss) on revaluation of defined benefit fund liability	25.4	-	-	10,719	-	10,719
Restated comprehensive result for 2023-24		-	885,197	10,710	76,122	972,029
Transfer between equity components		-	(22,118)	-	22,118	-
Net assets transferred out as a result of an administrative restructure	1.6	-	-	-	312	312
Balance at 30 June 2024		1,700,853	1,387,897	120,226	194,164	3,403,140
Net result for 2024-25		-	-	-	546,037	546,037
Gain on revaluation of land and buildings	20	-	94,241	-	-	94,241
Gain/(loss) on revaluation of other financial assets		-	-	133	-	133
Gain/(loss) on revaluation of defined benefit fund liability	25.4	-	-	10,317	-	10,317
Total comprehensive result for 2024-25		-	94,241	10,450	546,037	650,728
Transfer between equity components		-	(5,582)	-	5,582	-
Net assets transferred out as a result of an administrative restructure	1.6	-	-	-	1,556	1,556
Balance at 30 June 2025		1,700,853	1,476,556	130,676	747,339	4,055,424

PARENT

		Contributed capital \$ '000	Asset revaluation surplus \$ '000	Other reserves \$'000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2023		1,700,853	31,934	-	(1,276,409)	456,378
Net result for 2023-24		-	-	-	(62,238)	(62,238)
Gain on revaluation of land and buildings	20	-	20,145	-	-	20,145
Gain/(loss) on revaluation of plant and equipment	20	-	(1,045)	-	-	(1,045)
Total comprehensive result for 2023-24		-	19,100	-	(62,238)	(43,138)
Transfer between equity components		-	(7,491)	-	7,491	-
Balance at 30 June 2024		1,700,853	43,543	-	(1,331,156)	413,240
Net result for 2024-25		-	-	-	112,243	112,243
Total comprehensive result for 2024-25		-	-	-	112,243	112,243
Net assets transferred out as a result of an administrative restructure	1.6	-	-	-	1,556	1,556
Balance at 30 June 2025		1,700,853	43,543	-	(1,217,357)	527,039

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

THE DEPARTMENT FOR HEALTH AND WELLBEING
STATEMENT OF CASH FLOWS
For the year ended 30 June 2025

		Consolidated		Parent	
	Note	2025	2024	2025	2024
		\$'000	\$'000	\$'000	\$'000
Cash flows from operating activities					
Cash inflows					
Receipts from SA Government		6,461,124	5,667,453	6,461,124	5,667,453
Fees and charges		904,495	799,199	130,818	77,722
Grants and contributions		2,730,813	2,622,719	2,136,471	2,077,819
Interest received		18,966	16,642	2,000	3,642
Residential aged care bonds received		48,666	40,407	-	-
GST recovered from ATO		316,516	282,027	121,518	106,778
Other receipts		46,699	46,345	3,568	2,412
Cash outflows					
Employee related payments		(5,615,661)	(5,232,967)	(218,853)	(210,302)
Payments for supplies and services		(3,464,659)	(3,139,164)	(808,142)	(753,644)
Payments of grants and subsidies		(96,403)	(90,343)	(7,662,234)	(6,927,953)
Interest paid		(197,508)	(208,152)	(703)	(591)
Residential aged care bonds refunded		(34,250)	(26,471)	-	-
Other payments		(58,089)	(61,287)	(2,422)	(5,129)
Net cash from operating activities	28	1,060,709	716,408	163,145	38,207
Cash flows from investing activities					
Cash inflows					
Proceeds from sale of property, plant and equipment		358	963	-	-
Proceeds from sale/maturities of investments		13,721	9,566	-	-
Cash flows from investing activities					
Cash outflows					
Purchase of property, plant and equipment		(668,430)	(518,610)	(142)	(1,534)
Purchase of intangible assets		(6,136)	(5,056)	(1,666)	(4,715)
Purchase of investments		(26,993)	(32,242)	-	-
Net cash used in investing activities		(687,480)	(545,379)	(1,808)	(6,249)
Cash flows from financing activities					
Cash outflows					
Repayment of lease liabilities		(94,506)	(90,701)	(2,282)	(1,751)
Net cash used in financing activities		(94,506)	(90,701)	(2,282)	(1,751)
Net increase/(decrease) in cash and cash equivalents		278,723	80,328	159,055	30,207
Cash and cash equivalents at the beginning of the period		1,000,684	920,356	593,305	563,098
Cash and cash equivalents at the end of the period	14	1,279,407	1,000,684	752,360	593,305

The accompanying notes form part of these financial statements.

1. About the Department for Health and Wellbeing

The Consolidated Entity

The not-for-profit Consolidated Entity consists of the following controlled entities:

- The Department for Health and Wellbeing (Parent);
- Barossa Hills Fleurieu Local Health Network Incorporated;
- Central Adelaide Local Health Network Incorporated (includes the subsidiary AusHealth Corporate Pty Ltd (AusHealth));
- Eyre and Far North Local Health Network Incorporated;
- Flinders and Upper North Local Health Network Incorporated;
- Limestone Coast Local Health Network Incorporated;
- Northern Adelaide Local Health Network Incorporated;
- Riverland Mallee Coorong Local Health Network Incorporated;
- SA Ambulance Service Inc (includes SA Ambulance Development Fund);
- Southern Adelaide Local Health Network Incorporated;
- Women's and Children's Health Network Incorporated; and
- Yorke and Northern Local Health Network Incorporated;

with transactions occurring between these entities.

The Consolidated Entity operates within the *Public Sector Act 2009* and the *Health Care Act 2008*.

The consolidated financial statements have been prepared in accordance with AASB 10 *Consolidated Financial Statements*. Consistent accounting policies have been applied and all inter-entity balances and transactions arising within the Consolidated Entity have been eliminated in full. Information on the consolidated entity's interests in other entities is at note 36.

Administered items

The Consolidated Entity has administered activities and resources. Transactions and balances relating to administered resources are presented separately and are disclosed in the Schedules of Administered Items – refer note 38. Except as otherwise disclosed administered items are accounted for on the same basis and using the same accounting policies as for the Consolidated Entity transactions.

The Department for Health and Wellbeing (the Department) – Parent Entity

The Department is a not-for-profit government department of the State of South Australia, established pursuant to the *Public Sector Act 2009* as an administrative unit acting on behalf of the Crown.

The Department is responsible for the overall management and strategic direction of the South Australian health system. The local health networks are responsible for the provision of health services in accordance with the *Health Care Act 2008* and performance agreements.

1.1 Objectives and activities

1.1.1 Objectives of the Department for Health and Wellbeing

SA Health is the brand name for the health portfolio of services and agencies (i.e. Consolidated Entity, Preventive Health SA, and the Commission on Excellence and Innovation in Health) responsible to the Minister for Health and Wellbeing (the Minister). SA Health is committed to protecting and improving the health of all South Australians by providing leadership in health reform, public health services, health and medical research, policy development and planning, with an increased focus on wellbeing, illness prevention, early intervention and quality care.

The Department (i.e. Parent Entity) assists the Minister and supports the delivery of public health services, formulates health policy, facilitates public and consumer consultation on health issues, and monitors the performance of South Australia's health system by providing timely advice, research and administrative support.

The Department is comprised of six core divisions and one operating entity:

- Strategy and Governance;
- Clinical System Support and Improvement;
- Commissioning and Performance;
- Corporate and Infrastructure;
- Chief Psychiatrist;
- Public Health;
- Digital Health SA.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

1.1.2 Activities of the Consolidated Entity

In achieving its objectives, the Consolidated Entity provides a range of goods and services classified into the following activities:

Policy, Clinical Services, System Improvement and Administration

Responsible for health policy and promotion, clinical services and administration associated with the provision of health services across South Australia. This activity largely reflects the activities of the Department itself (refer to Parent column on the face of the Statements and the notes accompanying the Statements).

Health Services

The provision of hospital-based tertiary care and other acute services as well as rehabilitation, mental health and other community health services within the metropolitan and country areas, the provision of grants to non-government organisations for the provision of health services, and responsibility for Aboriginal controlled primary health services in Ceduna, Port Augusta and surrounding country areas. This activity largely reflects the activities of the Local Health Networks (LHNs) and SA Ambulance Service (SAAS), refer to the Consolidated Entity column less the Parent column on the face of the Statements and the notes accompanying the Statements.

Accordingly, additional disaggregated disclosure schedules by major class of income, expense, asset and liability have not been included in the financial statements, as information can be reliably determined from the face of the Statements and the notes accompanying the Statements. It is noted that there are minor and immaterial variances between the two Activities due to inter-entity eliminations upon consolidation, with the exceptions of supplies and services and grants (expenditure), fees and charges (income), and workers compensation payable (liability) - refer to notes 3, 9, 10 and 23 respectively for further information.

1.2 Basis of preparation

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

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

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

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

Material accounting policies are set out throughout the notes.

1.3 Taxation

The Consolidated Entity is not subject to income tax. The Consolidated Entity is liable for fringe benefits tax (FBT) and goods and services tax (GST). The Department is additionally liable for payroll tax and emergency services levy.

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

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

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

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

1.4 Continuity of operations

As at 30 June the Consolidated Entity had working capital of \$203.841 million (\$1.414 million). The SA Government is committed and has consistently demonstrated a commitment to the ongoing funding of the Consolidated Entity, via the Department of Treasury and Finance (DTF), to enable it to perform its functions. This ongoing commitment is ultimately outlined in the annual *State Budget Papers* which presents the SA Government's current and estimated future economic performance, including forward estimates of revenue, expenses and performance by agency.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

1.5 Equity

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

Other reserves include Branch Reserves, Country Capital Reserves, Defined Benefit Fund Remeasurement and Investment Revaluation Reserve.

1.6 Changes to the Consolidated Entity

2024-25

As a result of administrative arrangements outlined in the SA Government Gazette, Public Sector (Reorganisation of Public Sector Operations) Notice 2024, approved by the Premier on 24 June 2024, the Department relinquished responsibility for the Office for Ageing Well, a business unit of the Department. All 46 employees of the division known as the Office for Ageing Well, excluding the Aged Care Strategy unit, were transferred to the Department of Human Services effective 1 July 2024. Employee related liabilities of \$1.556 million were transferred out of the Department.

2023-24

On 4 September 2023 the Minister announced steps to work towards establishing Preventive Health SA, a new agency bringing together Wellbeing SA and parts of Drug and Alcohol Services SA (DASSA). As a result of administrative arrangements outlined in the Chief Executive agreement, effective 24 February 2024, governance of non-clinical DASSA services previously undertaken by the Southern Adelaide Local Health Network (SALHN) were transferred to Wellbeing SA, now Preventive Health SA. Net liabilities of \$0.312 million were transferred out of SALHN, consisting of employee related liabilities (\$0.344 million) less receivables (\$0.022 million, prepayments). This included the transfer of 14 employees. \$2.746 million was paid/payable by SALHN to Preventive Health SA for costs incurred from 26 February to 30 June 2024.

1.7 Prior period adjustment

During the year the Northern Adelaide Local Health Network (NALHN) undertook a review and reconciliation of the independent valuation of land and buildings as at 1 June 2024. Carrying value of buildings was determined to be understated due to omission of fair values for some component building assets. The 2023-24 fair value measurement and revaluation increment have been adjusted to recognise the revised fair values. Refer to notes 20 and 22.

Consolidated Entity	2024 reported \$'000	Prior period adjustment \$'000	2024 restated \$'000
Property, plant and equipment – Buildings	2,871,155	53,647	2,924,802
Equity – Asset revaluation surplus	1,334,250	53,647	1,387,897
Total comprehensive result	918,382	53,647	972,029

2. Revenues from SA Government

	Consolidated		Parent	
	2025	2024	2025	2024
Revenues from SA Government	\$'000	\$'000	\$'000	\$'000
Contingency funding provided by DTF	1,969	6,751	1,969	6,751
Appropriations from Consolidated Account pursuant to the <i>Appropriation Act</i>	6,335,610	5,609,775	6,335,610	5,609,775
Commonwealth capital grants received via DTF	72,807	10,888	72,807	10,888
Commonwealth recurrent grants received via DTF	50,738	40,039	50,738	40,039
Total revenues from SA Government	6,461,124	5,667,453	6,461,124	5,667,453

The Department is the administrative unit of the Consolidated Entity and as such receives all appropriation from DTF. Appropriations are recognised upon receipt. The Department provides recurrent and capital funding under a service level agreement to the LHNs and SAAS for the provision of services.

Transactions with the SA Government as owner are set out in Statement of Changes in Equity.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

3. Fees and charges

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Ambulance cover	29,646	30,735	-	-
Ambulance transport	113,547	96,979	-	-
Business services	2,314	1,935	2,314	1,935
Call Direct	-	249	-	-
Car parking revenue	23,158	22,448	16	17
Commissions revenue	157	236	2	90
Fines, fees and penalties	1,190	1,945	987	1,817
Interstate patient transfers	137,757	107,269	137,757	107,270
Patient and client fees	431,617	394,902	-	-
Private practice fees	55,889	51,644	5,911	5,654
Fees for health services	43,762	40,441	2,818	1,037
Residential and other aged care charges	32,717	30,850	-	-
Royalty income	268	669	-	-
Sale of goods - medical supplies	1,729	1,802	129,803	127,103
Training revenue	1,544	1,901	951	819
Other user charges and fees	52,815	45,602	1,293	1,145
Total fees and charges	928,110	829,607	281,852	246,887

Due to inter-entity eliminations upon consolidation, revenue from fees and charges of \$135.930 million (\$132.835 million) between the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

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

All revenue from fees and charges is revenue recognised from contracts with customers except for fines, fees and penalties.

Consolidated

Contracts with Customers disaggregated by pattern of revenue recognition and type of customer	2025	2025	2024	2024
	Goods/Services transferred at a point in time	Goods/Services transferred over a period of time	Goods/Services transferred at a point in time	Goods/Services transferred over a period of time
Ambulance cover	-	29,646	-	30,735
Ambulance transport	110,583	-	94,570	-
Business services	2,314	-	1,935	-
Call Direct	-	-	-	249
Car parking revenue	13,231	9,927	12,954	9,494
Commissions revenue	157	-	234	-
Interstate patient transfers	137,757	-	107,269	-
Patient and client fees	386,989	-	359,663	-
Private practice fees	55,889	-	51,644	-
Fees for health services	40,005	-	37,459	-
Residential and other aged care charges	32,717	-	30,850	-
Royalty income	268	-	669	-
Sale of goods - medical supplies	1,727	-	1,780	-
Training revenue	1,361	-	1,774	-
Other user charges and fees	49,891	17	42,794	11
Total contracts with external customers	832,889	39,590	743,595	40,489
Ambulance transport	2,964	-	2,409	-
Commissions revenue	-	-	2	-
Patient and client fees	44,628	-	35,239	-
Fees for health services	3,757	-	2,982	-
Sale of goods - medical supplies	2	-	22	-
Training revenue	183	-	127	-
Other user charges and fees	2,907	-	2,797	-
Total contracts with SA Government customers	54,441	-	43,578	-
Total contracts with customers	887,330	39,590	787,173	40,489

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

The Consolidated Entity recognises contract liabilities for consideration received in respect of unsatisfied performance obligations and reports these amounts as other liabilities (refer to note 27). Similarly, if the Consolidated Entity satisfies a performance obligation before it receives the consideration, the Consolidated Entity recognises either a contract asset or a receivable, depending on whether something other than the passage of time is required before the consideration is due (refer to note 18 and 15 respectively).

The Consolidated Entity recognises revenue (contracts with customers) from the following major sources:

Patient and client fees

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

Ambulance transport

Ambulance transport revenue comprises revenue earned from the provision of first aid and patient transportation that are considered non-emergency and are not covered by Medicare. Ambulance transport revenue recognition occurs under AASB 15 *Revenue from Contracts with Customers* at the point in time that the performance obligation is discharged, which will be once the service is provided.

Private practice fees

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

Interstate patient Transfers

Under the National Health Reform Agreement – When a resident of one state/territory receives hospital treatment in another state/territory, the 'resident state/territory' compensates the treating or 'provider state/territory' for the cost of that care via a 'cross-border' payment. Contributions by the resident state/territory are made to the 'provider state/territory' through the National Health Funding Pool via activity estimates.

4. Grants and contributions

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Commonwealth aged care subsidies	87,084	76,881	-	-
Pharmaceutical Benefits Scheme Commonwealth subsidy	289,271	259,236	-	-
Commonwealth National Health Reform Agreement	2,027,007	1,972,589	2,027,007	1,972,589
Department of Veterans' Affairs (Commonwealth)	40,329	40,800	40,329	40,800
Commonwealth Transition Care Program	24,304	24,314	24,304	24,314
Commonwealth National Partnership on COVID-19 Response	-	10,398	-	10,398
Other Commonwealth grants and contributions	148,249	144,445	19,629	18,025
SA Government Community Development Fund	6,600	7,000	6,600	7,000
SA Government capital contributions	100	349	-	-
Emergency Services Levy	1,644	1,604	-	-
Other SA Government grants and contributions	28,164	13,006	14,924	2,693
Private sector capital contributions	1,247	1,280	-	-
Private sector grants and contributions	63,384	57,707	3,569	3,015
Total grants and contributions	2,717,383	2,609,609	2,136,362	2,078,834

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

Of the \$2,717.383 million (\$2,609.609 million) received during the reporting period \$2,360.913 million (\$2,299.303 million) was provided for specific purposes, including State and Commonwealth Health Initiatives-Health reforms, research and other associated activities.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

5. Interest

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Interest on operating accounts	9,232	10,408	2,062	3,642
Interest from SAFA on investments	63	60	-	-
Interest on Special Purpose Funds	9,169	8,475	-	-
Total interest	18,464	18,943	2,062	3,642

6. Resources received free of charge

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Land and buildings	25,500	6,446	-	-
Plant and equipment	240	496	-	-
Inventory	52,910	51,049	52,910	51,041
Services	57,239	52,694	3,793	3,065
Other	-	1,872	-	-
Total resources received free of charge	135,889	112,557	56,703	54,106

Inventory includes immunisation drugs received from the Commonwealth recorded at their fair value. Where inventory is received free of charge, all amounts held are recognised as an asset during the period.

The Consolidated Entity received land contributions for the new Women's and Children's Hospital of \$10.500 million from the Adelaide City Council and \$15.000 million from SA Police.

Contributions of services are recognised only when a fair value can be determined reliably and the services would be purchased if they had not been donated. The Consolidated Entity receives Financial Accounting, Taxation, Payroll, Accounts Payable and Accounts Receivable services from Shared Services SA free of charge valued at \$40.234 million (\$38.596 million) (Parent \$2.354 million (\$2.421 million)), IT and communication services from the Office of the Chief Information Officer valued at \$13.944 million (\$14.002 million) (Parent \$0.484 million (\$0.549 million)) and media monitoring, advertising and communication services from the Department of the Premier and Cabinet valued at \$0.150 million (\$0.095 million) (Parent \$0.150 million (\$0.095 million)).

The Consolidated Entity also receives audit services free of charge from the Audit Office of South Australia valued at \$2.908 million (Parent \$0.805 million), following the Treasurer's approval to cease audit fee charging arrangements effective from 2024-25.

Although not recognised, the Consolidated Entity receives volunteer services from numerous volunteers who provide patient and staff support services to individuals using hospital and ambulance services. The services include but are not limited to: childcare, respite care, transport, therapeutic activities, patient liaison, gift shop, kiosk and café support.

7. Other revenues/income

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Dividend revenue	220	291	-	-
Donations	8,893	14,537	-	1
Gain on revaluation of investment property	1,168	-	-	-
Health recoveries	-	-	170,786	172,347
Insurance recoveries	(59)	173	50,307	48,630
Other	33,339	23,291	7,026	5,494
Total other revenues/income	43,561	38,292	228,119	226,472

Due to inter-entity eliminations upon consolidation, health recoveries and insurance recoveries between the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

8. Employee related expenses

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Salaries and wages	4,494,242	4,212,399	151,104	146,846
Targeted voluntary separation packages	982	93	478	-
Long service leave	123,504	175,358	4,103	7,333
Annual leave	455,389	434,615	15,077	14,811
Skills and experience retention leave	20,918	20,933	920	967
Superannuation	571,781	508,652	21,467	20,430
Workers compensation	70,839	82,678	7,498	4,846
Board and committee fees	3,573	3,551	359	345
Other employee related expenses	15,965	14,534	14,640	14,181
Total employee related expenses	5,757,193	5,452,813	215,646	209,759

Superannuation expense represents the Consolidated Entity's contribution to superannuation plans in respect of current services of employees.

8.1 Key Management Personnel

Key management personnel (KMP) of the Consolidated Entity and the Department includes the Minister, the Chief Executive and nine (eight) members of the Executive Management team who have responsibility for the strategic direction and management of the Consolidated Entity.

The compensation detailed below excludes salaries and other benefits received by the Minister. The Minister's remuneration and allowances are set by the *Parliamentary Remuneration Act 1990* and the Remuneration Tribunal of South Australia, respectively, and are payable from the Consolidated Account (via DTF) under section 6 of the *Parliamentary Remuneration Act 1990*.

Compensation (Consolidated Entity)	2025	2024
	\$'000	\$'000
Salaries and other short term employee benefits	3,846	3,718
Post-employment benefits	1,014	1,193
Total	4,860	4,911

The Consolidated Entity did not enter into any transactions with key management personnel or their close family during the reporting period that were not consistent with normal procurement arrangements.

8.2 Remuneration of Boards and Committees (Consolidated Entity)

	2025	2024
	No. of	No. of
	Members	Members
\$0	1,368	1,488
\$1 - \$20,000	237	250
\$20,001 - \$40,000	67	68
\$40,001 - \$60,000	15	13
\$60,001 - \$80,000	5	5
Total	1,692	1,824

The total remuneration received or receivable by members was \$3.882 million (\$3.794 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits, fringe benefits and related fringe benefits tax. In accordance with the Premier and Cabinet Circular No. 016, government employees did not receive any remuneration for board/committee duties during the financial year.

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

Refer to note 37 for members of boards/committees that served for all or part of the financial year and were entitled to receive income from membership in accordance with APS 124.B.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

8.3 Employee remuneration

	Consolidated		Parent	
	2025 Number	2024 Number	2025 Number	2024 Number
The number of employees whose remuneration received or receivable falls within the following bands:				
\$166,001 - \$171,000*	n/a	333	n/a	9
\$171,001 - \$191,000	1,061	986	30	24
\$191,001 - \$211,000	691	654	17	15
\$211,001 - \$231,000	448	362	10	12
\$231,001 - \$251,000	288	250	16	10
\$251,001 - \$271,000	242	222	6	3
\$271,001 - \$291,000	198	180	5	6
\$291,001 - \$311,000	163	129	3	3
\$311,001 - \$331,000	148	124	1	2
\$331,001 - \$351,000	112	117	3	-
\$351,001 - \$371,000	105	101	4	2
\$371,001 - \$391,000	100	80	-	4
\$391,001 - \$411,000	80	71	3	1
\$411,001 - \$431,000	90	79	-	1
\$431,001 - \$451,000	91	85	1	1
\$451,001 - \$471,000	86	105	-	1
\$471,001 - \$491,000	87	77	1	-
\$491,001 - \$511,000	84	92	1	1
\$511,001 - \$531,000	81	68	1	1
\$531,001 - \$551,000	59	54	-	1
\$551,001 - \$571,000	51	41	-	-
\$571,001 - \$591,000	43	41	-	-
\$591,001 - \$611,000	35	47	-	2
\$611,001 - \$631,000	41	31	2	-
\$631,001 - \$651,000	30	21	-	-
\$651,001 - \$671,000	26	22	-	-
\$671,001 - \$691,000	30	26	-	1
\$691,001 - \$711,000	18	15	1	-
\$711,001 - \$731,000	14	12	-	-
\$731,001 - \$751,000	12	9	-	-
\$751,001 - \$771,000	5	9	-	-
\$771,001 - \$791,000	13	7	-	-
\$791,001 - \$811,000	3	1	-	-
\$811,001 - \$831,000	3	-	-	-
\$831,001 - \$851,000	3	2	-	-
\$851,001 - \$871,000	1	1	-	-
\$871,001 - \$891,000	1	1	-	-
\$891,001 - \$911,000	1	-	-	-
\$931,001 - \$951,000	-	1	-	-
\$951,001 - \$971,000	2	-	-	-
\$971,001 - \$991,000	1	1	-	-
\$1,011,001 - \$1,031,000	1	2	-	-
\$1,031,001 - \$1,051,000	1	-	-	-
\$1,051,001 - \$1,071,000	1	-	-	-
\$1,091,001 - \$1,111,000	-	1	-	-
\$1,191,001 - \$1,211,000	1	-	-	-
\$1,651,001 - \$1,671,000	1	-	-	-
\$1,771,001 - \$1,791,000	-	1	-	-
Total number of employees	4,552	4,461	105	100

* This band has been included for the purposes of reporting comparative figures based on the executive base level remuneration rate for 2023-24.

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

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

8.4 Employee remuneration by classification

The total remuneration received by these employees, included above:

	Consolidated				Parent			
	2025		2024		2025		2024	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Executive	141	39,257	145	39,685	63	17,632	62	17,405
Medical (excluding Nursing)	3,293	1,095,034	3,144	1,018,560	9	2,672	7	2,184
Non-medical (i.e. administration)	123	24,303	153	29,222	13	2,652	13	2,445
Nursing	553	104,734	569	103,898	20	3,672	18	3,272
Operational	442	93,599	450	91,415	-	-	-	-
Total	4,552	1,356,927	4,461	1,282,780	105	26,628	100	25,306

8.5 Targeted voluntary separation packages (TVSP)

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Amount paid/payable to separated employees:				
Targeted voluntary separation packages	982	93	478	-
Leave paid/payable to separated employees	246	27	111	-
	1,228	120	589	-
Recovery from DTF	589	-	589	-
Net cost to the entity	639	120	-	-
The number of employees who received a TVSP during the reporting period	9	1	4	-

9. Supplies and services

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Administration	8,960	8,047	1,686	1,404
Advertising	7,655	7,039	5,323	3,566
Communication	36,915	37,333	11,075	11,348
Computing	173,899	159,364	148,951	136,423
Consultants	7,375	6,186	548	2,175
Contract of services	271,643	255,678	204,256	181,861
Contractors	40,539	40,993	20,476	20,164
Contractors - agency staff	216,732	202,048	32,062	35,925
Cost of goods sold	2,375	5,004	130,930	132,831
Drug supplies	378,446	336,961	7,423	4,112
Electricity, gas and fuel	50,989	46,576	609	118
Fee for service	440,356	369,712	-	-
Food supplies	61,518	52,295	92	60
Housekeeping	108,028	99,642	747	845
Insurance	92,899	115,324	89,002	111,157
Interstate patient transfers	69,742	72,400	69,601	72,377
Legal	8,825	34,553	5,293	32,130
Low value lease expense	20,401	16,898	20,293	16,832
Medical, surgical and laboratory supplies	468,352	432,776	537	430
Minor equipment	51,674	42,441	1,961	3,723
Motor vehicle expenses	17,742	14,792	242	195
Occupancy rent and rates	41,510	46,713	14,287	15,746
Patient transport	67,632	55,917	-	-
Postage	22,299	20,949	4,771	3,751
Printing and stationery	16,218	16,653	823	1,205
Public Private Partnership operating expenses	123,414	128,531	-	-
Repairs and maintenance	159,426	143,090	1,804	2,102
Security	93,111	73,507	7,407	1,084
Services from Shared Services SA	41,077	39,244	2,444	2,483
Short term lease expense	6,697	4,897	401	386
Training and development	55,439	53,963	4,366	4,093
Travel expenses	35,390	35,186	2,229	2,085
Other supplies and services	84,393	79,166	9,187	14,016
Total supplies and services	3,281,671	3,053,878	798,826	814,627

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

Due to inter-entity eliminations upon consolidation, supplies and services of \$9.815 million (\$11.110 million) between the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

The Consolidated Entity's accommodation is provided by the Department for Infrastructure and Transport (DIT) under MoAA issued in accordance with Government wide accommodation policies. These arrangements do not meet the definition of a lease and accordingly are expensed (disclosed within Occupancy rent and rates).

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

10. Grants and subsidies

	Note	Consolidated		Parent	
		2025	2024	2025	2024
		\$'000	\$'000	\$'000	\$'000
Recurrent grants		-	148	-	-
Operational funding to incorporated Health Services	10.1	-	-	7,282,593	6,703,108
Capital funding to incorporated Health Services	10.1	-	-	645,683	488,266
Subsidies		10,779	14,436	9,409	10,601
Funding to non-government organisations		32,085	32,083	27,154	29,092
Other		1,301	1,307	1,301	1,269
Total grants and subsidies		44,165	47,974	7,966,140	7,232,336

10.1 Funding by the Department (Parent) to incorporated Health Services

	Operational		Capital Projects	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Barossa Hills Fleurieu Local Health Network Incorporated	348,957	306,107	54,995	21,554
Eyre and Far North Local Health Network Incorporated	137,810	136,975	2,064	4,516
Flinders and Upper North Local Health Network Incorporated	170,902	163,918	5,723	4,273
Riverland Mallee Coorong Local Health Network Incorporated	172,908	158,496	9,138	4,863
Limestone Coast Local Health Network Incorporated	191,597	176,575	14,716	5,061
Yorke and Northern Local Health Network Incorporated	200,050	183,341	15,688	4,227
SA Ambulance Service Inc	279,139	249,541	133,452	61,220
Southern Adelaide Local Health Network Incorporated	1,549,499	1,410,771	128,245	62,584
Central Adelaide Local Health Network Incorporated	2,499,408	2,373,590	66,166	162,559
Women's and Children's Health Network Incorporated	642,671	570,685	132,193	102,629
Northern Adelaide Local Health Network Incorporated	1,089,652	973,109	83,303	54,780
Total funding to incorporated Health Services	7,282,593	6,703,108	645,683	488,266

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

Due to inter-entity eliminations upon consolidation, operational and capital funding to incorporated Health Services of \$7,928.276 million (\$7,191.374 million) between the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

11. Borrowing costs

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Interest expense on lease liabilities	204,737	210,969	703	591
Total borrowing costs	204,737	210,969	703	591

Included in the lease costs is a reduction in contingent rental amounts of \$180.459 million (\$183.504 million) relating to Central Adelaide Local Health Network. Refer to note 24 for more information on financial liabilities.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

12. Other expenses

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Debts written off	31,333	30,561	68	39
Bank fees and charges	496	538	2	7
Donated assets expense	-	-	-	16
Donated drug vaccine expense	50,416	48,739	50,416	48,739
Ex gratia payments	310	2,732	310	2,730
Loss on revaluation of investment property	-	43	-	-
Net loss on sale of investments	249	(16)	-	-
Service recoveries paid to other SA Government entities	1,172	1,189	1,172	1,189
Write-down of inventory	4,398	5,876	3,763	5,183
Other	7,141	11,115	913	2,593
Total other expenses	95,515	100,777	56,644	60,496

Included in other expenses is audit fees paid/payable to Galpins Accountants, Auditors and Business Consultants of \$0.256 million (\$0.233 million) for audits of the Health Advisory Council's (HACs) and aged care, and to BDO for audit services for AusHealth of \$0.059 million (\$0.082 million).

Donated drug vaccine expense includes various anti-viral and highly specialised drugs to health providers to distribute free of charge to the South Australian community.

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

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Land and buildings:				
Proceeds from disposal	-	-	-	-
Less carrying amount of assets disposed	(6,325)	(12,724)	-	(6,005)
Net gain/(loss) from disposal of land and buildings	(6,325)	(12,724)	-	(6,005)
Plant and equipment:				
Proceeds from disposal	358	989	-	-
Less carrying amount of assets disposed	(1,890)	(596)	(16)	(32)
Less other costs of disposal	(1,082)	(26)	-	-
Net loss from disposal of plant and equipment	(2,614)	367	(16)	(32)
Intangibles:				
Proceeds from disposal	-	-	-	-
Less carrying amount of assets disposed	(87)	(16)	-	-
Net gain from disposal of intangibles	(87)	(16)	-	-
Total assets:				
Total proceeds from disposal	358	989	-	-
Less total carrying amount of assets disposed	(8,302)	(13,336)	(16)	(6,037)
Less other costs of disposal	(1,082)	(26)	-	-
Total net gain/(loss) from disposal of non-current and other assets	(9,026)	(12,373)	(16)	(6,037)

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

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

14. Cash and cash equivalents

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Cash at bank or on hand	46,286	41,322	251	112
Deposits with Treasurer: general operating	639,835	362,006	384,164	225,248
Deposits with Treasurer: accrual appropriation excess funds	367,945	367,945	367,945	367,945
Deposits with Treasurer: special purpose funds	225,341	229,411	-	-
Total cash and cash equivalents in the Statement of Financial Position	1,279,407	1,000,684	752,360	593,305
Total cash and cash equivalents in the Statement of Cash Flows	1,279,407	1,000,684	752,360	593,305

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

Although the Consolidated Entity controls the money reported above in the Accrual Appropriation Excess Funds Account, its use must be approved by the Treasurer. The Consolidated Entity earns interest on the special purpose funds account.

15. Receivables

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Current				
Patient/client fees: compensable	16,825	14,625	-	-
Patient/client fees: aged care	5,963	4,839	-	-
Patient/client fees: other	90,695	84,338	-	-
Debtors	143,904	115,230	24,288	20,175
Less: allowance for impairment loss on receivables	(74,978)	(60,829)	(4,561)	(3,615)
Interstate patient transfers	199,597	186,563	199,597	186,563
Prepayments	58,784	47,534	39,624	33,255
Dividends	23	47	-	-
Interest	1,048	2,922	62	-
Grants	95	75	-	-
Sundry receivables and accrued revenue	46,130	41,621	2,346	1,426
GST input tax recoverable	47,026	36,610	45,079	32,936
Total current receivables	535,112	473,575	306,435	270,740
Non-Current				
Debtors	3,779	4,005	66	65
Prepayments	1,264	1,320	-	-
Superannuation - defined benefit scheme	39,294	29,393	-	-
Total non-current receivables	44,337	34,718	66	65
Total receivables	579,449	508,293	306,501	270,805

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

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

Interstate patient transfers

Under the National Health Reform Agreement - When a resident of one state/territory receives hospital treatment in another state/territory, the 'resident state/territory' compensates the treating or 'provider state/territory' for the cost of that care via a 'cross-border' payment. Contributions by the resident state/territory are made to the provider state/territory through the National Health Funding Pool via activity estimates. Consistent with past years, the amounts disclosed are current estimates and may change. The Department adjusts its calculations of receivables and payables based on the cross-border activity from the latest data available and the national efficient pricing rates from each year accrued. The current year receivable is based on the average of the actual data outcomes for 2019-20 to 2023-24. Refer to note 23 for more information on interstate patient transfers payable.

Receivables between state and territory governments are expected to have an insignificant, and therefore immaterial, level of credit risk exposure, accordingly the Department has not measured or recognised an allowance for impairment loss on this receivable.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

15.1 Impairment of receivables

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

Movement in the allowance for impairment loss on receivables:

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	60,829	53,031	3,615	3,671
Increase/(Decrease) in allowance recognised in profit or loss	14,149	7,798	946	(56)
Carrying amount at the end of the period	74,978	60,829	4,561	3,615

Impairment losses relate to receivables arising from contracts with customers that are external to SA Government. Refer to note 33 for details regarding credit risk and the methodology for determining impairment.

16. Other financial assets

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Current				
Term deposits	141,982	127,587	-	-
Other investments FVPL	6,686	6,630	-	-
Total current financial assets	148,668	134,217	-	-
Non-current				
Joint venture	1,450	1,447	-	-
Other investments FVOCI	6,938	1,404	-	-
Total non-current financial assets	8,388	2,851	-	-
Total financial assets	157,056	137,068	-	-

The Consolidated Entity measures term deposits at amortised cost, listed equities and other investments are measured at fair value represented by market value. This includes shares in other corporations, floating rate notes, listed securities, managed funds not present in consolidation. Included in term deposits is \$99.606 million (\$87.375 million) related to aged care refundable deposits held by regional LHNs.

Joint venture represents the Consolidated Entity's interest in Flinders Reproductive Medicine Pty Ltd as trustee for Flinders Charitable Trust, trading as Flinders Fertility and equity interest in property at Cleve.

According to the terms of the Flinders Fertility joint venture, profit earned during the financial year is to be distributed to the beneficiaries, resulting in immaterial net assets being held by the trust. However, it has previously been agreed that rather than paying out these distributions, they be retained in Flinders Fertility as a liability to the beneficiaries to facilitate growth within the business. Therefore the Consolidated Entity recognises their ownership interest of the beneficial entitlement distributions and share of net assets as a financial asset.

The Consolidated Entity has a 12.28% equity interest in property at Whyte Street, Cleve in the State of South Australia by way of a mortgage on certificate of title volume 5902 folio 901. The registered proprietor of the property is the Cornerstone Housing Ltd, formerly Lutheran Community Housing Support Unit Inc.

Refer to note 36 for information on interests in other entities.

17. Inventories

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Drug supplies	37,772	31,967	16,713	13,917
Medical, surgical and laboratory supplies	4,793	4,528	-	-
Food and hotel supplies	914	846	-	-
Engineering supplies	36	44	-	-
SA Health Distribution Centre and bulk warehouses	29,059	33,632	29,059	33,632
Inventory imprest stock	17,083	18,423	-	-
Other	1,361	1,226	11	8
Total current inventories - held for distribution	91,018	90,666	45,783	47,557

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

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.

18. Contract assets

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Contract assets	6,889	21,680	-	-
Less: allowance for impairment loss on contract assets	1,604	5,122	-	-
Total contract assets	5,285	16,558	-	-

Contract assets primarily relate to the Consolidated Entity's rights for work completed but not yet billable at the reporting date. The Consolidated Entity has recognised revenue for pathology services and ambulance services provided but not yet processed through the billing system. Payments for pathology and ambulance services are not due from the customer until the services are correctly coded and therefore a contract asset is recognised over the period in which pathology and ambulance services are performed to represent the Consolidated Entity's right for the services transferred to date. Any amounts previously recognised as a contract asset are transferred to receivables when the rights become unconditional (i.e. at the point at which it is invoiced to the customer).

There was a decrease in allowance for impairment loss on contract assets of \$3.518 million (\$0.839 million increase) during the reporting period. Refer to note 33.3 for details of the methodology for the impairment of contract assets.

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

19.1 Acquisition and recognition

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

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

19.2 Depreciation and amortisation

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

Depreciation and amortisation is calculated on a straight line basis.

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

<u>Class of asset</u>	<u>Useful life (years)</u>
Buildings and improvements	5 – 200
Right-of-use buildings	Lease term
Accommodation and leasehold improvements	Lease term
Plant and equipment:	
• Medical, surgical, dental and biomedical equipment and furniture	1 – 15
• Computing equipment	2 – 10
• Vehicles	3 – 23
• Other plant and equipment	1 – 50
Right-of-use plant and equipment	2 – 4
Intangibles	1 – 12

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

19.3 Revaluation

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

Revaluation of non-current assets or a group of assets is only performed when the owned asset's fair value at the time of acquisition is greater than \$1.500 million and the estimated useful life exceeds three years. Revaluations are undertaken on a regular cycle. Non-current tangible assets that are acquired between revaluations are held at cost until the next valuation, where they are revalued to fair value. If at any time management considers that the carrying amount of an asset greater than \$1.500 million materially differs from its fair value, then the asset will be revalued regardless of when the last valuation took place.

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

19.4 Impairment

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

Yorke and Northern Local Health Network (YNLHN) has one asset subject to impairment, being a building at Yorketown Hospital, previously used for nurses accommodation that has been earmarked for demolition as at June 2024.

There were no other indications of impairment for property, plant and equipment, investment properties as at 30 June 2025.

19.5 Intangible assets

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

The amortisation period and the amortisation method for intangible assets with finite useful lives are reviewed on an annual basis. The Consolidated Entity has intangibles with indefinite useful lives, amortisation is not recognised against these intangible assets.

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

19.6 Land and buildings

An independent valuation of land and buildings owned by the Consolidated Entity was performed from March to June 2024 by Certified Practising Valuers from Marsh Pty Ltd as at 1 June 2024, within the regular valuation cycle.

Fair value of unrestricted land was determined using the market approach by way of direct comparison. The valuation was based on an analysis of sales evidence and comparisons with the subject land, taking into account matters such as whether an active market can be established and there are no unreasonable restrictions as to use and/or sale, area, location and other general site characteristics. For land classified as restricted in use, fair value was determined by applying an adjustment to reflect the restriction.

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

To ensure compliance with AASB 116 *Property, Plant and Equipment*, an annual review of land and buildings fair values was undertaken effective 1 June 2025, including assessment using indices supplied by the Office of the Valuer-General for estimated cost and market values based on location. It was determined that carrying amounts of land and buildings of three LHNs should be increased to better reflect fair value based on changes in replacement cost and market conditions. The Office of the Valuer-General indices were considered appropriate for this purpose. Carrying amounts of remaining assets were considered to accurately represent fair value.

19.7 Plant and equipment

The Consolidated Entity's plant and equipment assets with a fair value greater than \$1.500 million or had an estimated useful life of greater than three years, including plant and equipment of the Parent Entity and the Central Adelaide Local Health Network, were revalued using fair value methodology, as at 01 June 2024, based on an independent valuation performed by Certified Practising Valuers from Marsh Pty Ltd. The value of all other plant and equipment has not been revalued, this is in accordance with APS 116.D, the carrying value of these items is deemed to approximate fair value.

All other entities in the Consolidated Entity have not revalued their plant and equipment, as the carrying amount is deemed approximate fair value.

19.8 Investment property

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

An independent valuation was performed on the investment property at Unit 1, 27 Kermode Street North Adelaide by a Certified Practising Valuer from Marsh Pty Ltd, 30 April 2025. Fair value has been determined by the income approach, whereby the net income is capitalised at an appropriate yield with recent experience in the local market and comparable properties.

The valuation of investment property located at Dalglish St, Thebarton was performed by a Certified Practising Valuer from Knight Frank as at June 2023. The valuer arrived at a fair value based on recent market transactions for similar properties in the area taking into account zoning and restricted use.

Where there are recent market transactions for similar properties, the valuations are based on the amounts for which the properties could be exchanged between willing parties in an arm's length transaction, based on current prices in the active market for similar properties.

Amounts recognised in profit or loss

The Consolidated Entity recognised rental income from investment properties during the period of \$2.188 million (\$2.189 million).

19.9 Leased property, plant and equipment

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

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

- Properties – non-DIT provided office accommodation, community health offices, medical centres, health clinics, SA Pathology collection centres, primary health, dental clinics and staff accommodation are generally leased from the private sector. Most property leases are non-cancellable with many having the right of renewal. Rent is payable in arrears, with increases generally linked to CPI increases. Prior to renewal, most lease arrangements undergo a formal rent review linked to market appraisals or independent valuers.
- Distribution Centre (Parent) – lease commenced in April 2021 and is for 15 years with two options to renew for five years.
- Health Facilities
 - Royal Adelaide Hospital (RAH) lease commenced in June 2011, achieved commercial acceptance in June 2017, and is for 35 years. The SA Health Partnership Consortium trading as Celsus entered into an arrangement to finance, design, build, operate and maintain the new RAH. Under the arrangement, Celsus will maintain and provide non-medical support services including facilities management by Spotless and information and communication technology (ICT) support and maintenance by DXC Technology for the duration of the contract. The arrangement is referred to as a Public Private Partnership (PPP). At the conclusion of the contract in 2046, the Consolidated Entity will take full ownership of the RAH. Celsus have an obligation to deliver the RAH in a condition fit for its intended purpose and fully maintained in accordance with the agreed asset management plan.
 - Mt Gambier Hospital lease commenced in June 1997, initially for 25 years with an option to renew for 10 years. The underlease was renewed until 29 June 2032, with the rental increasing by 3.5% each financial year.
 - Port Augusta Hospital lease commenced in June 1997 and is for 25 years with an option to renew for 10 years. The base rental for the 25-year term increases according to CPI each quarter. For the 10-year renewal the rental is determined according to a different method related to a valuation of the property and its replacement cost.
- Motor vehicles – leased from the South Australian Government Financing Authority (SAFA) through their agent LeasePlan Australia. Effective 1 April 2025, SAFA issued new lease agreements for all its existing leases. Each of these new lease agreements includes a standard clause that gives SAFA substantive substitution rights, as a result motor vehicle leases are no longer captured by AASB 16. Accordingly, the carrying values of existing right-of-use assets and corresponding lease liabilities were derecognised.
- Plant and equipment – leases for material handling equipment are cancellable and renewable every 2 years.

The Consolidated entity has entered into three sub-lease arrangements outside of SA Health.

The lease liabilities related to the right-of-use assets and the maturity analysis are disclosed in note 24. Expenses related to right-of-use assets include depreciation and interest expense are disclosed at note 20 and 11. Cash flows related to right-of-use assets are disclosed at note 28.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

20. Reconciliation of property, plant and equipment and investment property

The following tables show the movement:

Consolidated

2024-25

	Land and buildings:				Plant and equipment:						
	Land	Buildings	Right-of-use	Capital	Accommo-	Medical/	Other	Right-of-	Capital	Investment	Total
	\$'000	\$'000	buildings	works in	dation and	surgical/	plant and	use plant	works in	property	\$'000
			\$'000	progress	Leasehold	dental/	equipment	and	progress	\$'000	
				land and	improve-	biomedical		equipment	plant and		
				buildings	ments	\$'000	\$'000	\$'000	\$'000	\$'000	
Carrying amount at the beginning of the period	496,578	2,924,802	2,481,980	632,273	67,065	139,775	39,542	208,958	31,908	29,932	7,052,813
Additions	2,203	281	43,342	592,471	-	28,453	983	8,686	41,836	-	718,255
Assets received free of charge	25,500	-	-	-	-	240	-	-	-	-	25,740
Disposals	-	(5,775)	(3,496)	(649)	(54)	(1,083)	(480)	(14,067)	(171)	-	(25,775)
Transfers between asset classes	(17,693)	415,615	458	(421,936)	2,476	38,370	9,001	-	(30,801)	-	(4,510)
Remeasurement	-	-	2,922	-	-	-	-	-	-	-	2,922
Subtotal:	506,588	3,334,923	2,525,206	802,159	69,487	205,755	49,046	203,577	42,772	29,932	7,769,445
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(176,630)	(78,171)	-	(5,431)	(52,864)	(13,767)	(15,002)	-	-	(341,865)
Revaluation increment / (decrement)	-	-	-	-	-	-	-	-	-	1,168	1,168
Subtotal:	-	(176,630)	(78,171)	-	(5,431)	(52,864)	(13,767)	(15,002)	-	1,168	(340,697)
Gains/(losses) for the period recognised in other comprehensive income:											
Revaluation increment / (decrement)	20,022	74,216	-	-	-	-	-	-	-	-	94,238
Subtotal:	20,022	74,216	-	-	-	-	-	-	-	-	94,238
Carrying amount at the end of the period	526,610	3,232,509	2,447,035	802,159	64,056	152,891	35,279	188,575	42,772	31,100	7,522,986
Gross carrying amount											
Gross carrying amount	526,610	3,429,103	2,943,181	802,159	114,730	517,191	132,867	258,194	42,772	31,100	8,797,907
Accumulated depreciation / amortisation	-	(196,594)	(496,146)	-	(50,674)	(364,300)	(97,588)	(69,619)	-	-	(1,274,921)
Carrying amount at the end of the period	526,610	3,232,509	2,447,035	802,159	64,056	152,891	35,279	188,575	42,772	31,100	7,522,986

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

Consolidated

2023-24

	Land and buildings:				Plant and equipment:						
	Land	Buildings	Right-of-use	Capital	Accommo-	Medical/	Other	Right-of-	Capital	Investment	Total
	\$'000	\$'000	buildings	works in	dation and	surgical/	plant and	use plant	works in	property	\$'000
	\$'000	\$'000	\$'000	land and	Leasehold	dental/	equipment	and	progress	\$'000	\$'000
				buildings	improve-	biomedical		equipment	plant and		
				\$'000	ments	\$'000	\$'000	\$'000	\$'000		
Carrying amount at the beginning of the period	346,194	2,265,786	2,536,804	272,682	55,262	123,799	36,698	215,842	31,051	29,975	5,914,093
Additions	5,560	4	11,264	454,164	-	24,682	2,401	8,492	31,378	-	537,945
Assets received free of charge	215	6,231	-	-	15,767	193	63	-	-	-	22,469
Disposals	(5,997)	(6,433)	(110)	(220)	(73)	(329)	(242)	-	(25)	-	(13,429)
Donated assets disposal	-	-	-	-	-	-	-	-	-	-	-
Transfers between asset classes	-	84,616	-	(94,353)	1,307	29,554	9,504	-	(30,496)	-	132
Remeasurement	-	-	4,494	-	-	-	-	-	-	-	4,494
Subtotal:	345,972	2,350,204	2,552,452	632,273	72,263	177,899	48,424	224,334	31,908	29,975	6,465,704
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(154,994)	(70,472)	-	(5,198)	(40,043)	(11,962)	(15,376)	-	-	(298,045)
Revaluation increment / (decrement)	-	-	-	-	-	-	-	-	-	(43)	(43)
Subtotal:	-	(154,994)	(70,472)	-	(5,198)	(40,043)	(11,962)	(15,376)	-	(43)	(298,088)
Gains/(losses) for the period recognised in other comprehensive income:											
Revaluation increment / (decrement)	150,606	729,678	-	-	-	1,919	3,080	-	-	-	885,283
Impairment (losses) / reversals	-	(86)	-	-	-	-	-	-	-	-	(86)
Subtotal:	150,606	729,592	-	-	-	1,919	3,080	-	-	-	885,197
Carrying amount at the end of the period	496,578	2,924,802	2,481,980	632,273	67,065	139,775	39,542	208,958	31,908	29,932	7,052,813
Gross carrying amount											
Gross carrying amount	496,578	2,945,701	2,906,951	632,273	115,866	479,182	131,842	280,359	31,908	29,932	8,050,592
Accumulated depreciation / amortisation	-	(20,899)	(424,971)	-	(48,801)	(339,407)	(92,300)	(71,401)	-	-	(997,779)
Carrying amount at the end of the period	496,578	2,924,802	2,481,980	632,273	67,065	139,775	39,542	208,958	31,908	29,932	7,052,813

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

Parent

2024-25

	Land and buildings:				Plant and equipment:						
			Right-of-use	Capital	Accommo-	Medical/	Other	Right-of-	Capital	Investment	Total
	Land	Buildings	buildings	works in	dation and	surgical/	plant and	use plant	works in	property	
	\$'000	\$'000	\$'000	progress	Leasehold	dental/	equipment	and	progress	\$'000	\$'000
				land and	improve-	biomedical		equipment	plant and		
				buildings	ments	\$'000	\$'000	\$'000	\$'000		
Carrying amount at the beginning of the period	36,430	2,993	21,416	873	20,585	47	2,473	229	1,180	-	86,226
Additions	-	-	2,091	-	-	-	-	244	85	-	2,420
Disposals	-	-	-	-	-	(4)	(12)	(346)	-	-	(362)
Transfers between asset classes	-	-	-	(857)	857	-	-	-	-	-	-
Remeasurement	-	-	43	-	-	-	-	-	-	-	43
Subtotal:	36,430	2,993	23,550	16	21,442	43	2,461	127	1,265	-	88,327
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(216)	(2,572)	-	(2,053)	(29)	(859)	(127)	-	-	(5,856)
Subtotal:	-	(216)	(2,572)	-	(2,053)	(29)	(859)	(127)	-	-	(5,856)
Carrying amount at the end of the period	36,430	2,777	20,978	16	19,389	14	1,602	-	1,265	-	82,471
Gross carrying amount											
Gross carrying amount	36,430	4,315	28,540	16	24,967	87	22,129	-	1,265	-	117,749
Accumulated depreciation / amortisation	-	(1,538)	(7,562)	-	(5,578)	(73)	(20,527)	-	-	-	(35,278)
Carrying amount at the end of the period	36,430	2,777	20,978	16	19,389	14	1,602	-	1,265	-	82,471

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

Parent

2023-24

	Land and buildings:				Plant and equipment:						
	Land	Buildings	Right-of-use	Capital	Accommo-	Medical/	Other	Right-of-	Capital	Investment	Total
	\$'000	\$'000	buildings	works in	dation and	surgical/	plant and	use plant	works in	property	\$'000
			\$'000	progress	Leasehold	dental/	equipment	and	progress	\$'000	
				land and	improve-	biomedical		equipment	plant and		\$'000
				buildings	ments	\$'000	\$'000	\$'000	\$'000		
Carrying amount at the beginning of the period	25,198	1,460	16,889	-	6,341	101	4,216	138	1,202	-	55,545
Additions	-	-	6,536	873	-	-	-	239	328	-	7,976
Assets received free of charge	-	-	-	-	15,767	-	-	-	-	-	15,767
Disposals	(5,997)	-	-	-	(8)	(7)	(25)	-	-	-	(6,037)
Donated assets disposal	-	-	-	-	-	(16)	-	-	-	-	(16)
Transfers between asset classes	-	-	-	-	-	-	350	-	(350)	-	-
Subtotal:	19,201	1,460	23,425	873	22,100	78	4,541	377	1,180	-	73,235
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(1,383)	(2,009)	-	(1,515)	(31)	(1,023)	(148)	-	-	(6,109)
Subtotal:	-	(1,383)	(2,009)	-	(1,515)	(31)	(1,023)	(148)	-	-	(6,109)
Gains/(losses) for the period recognised in other comprehensive income:											
Revaluation increment / (decrement)	17,229	2,916	-	-	-	-	(1,045)	-	-	-	19,100
Subtotal:	17,229	2,916	-	-	-	-	(1,045)	-	-	-	19,100
Carrying amount at the end of the period	36,430	2,993	21,416	873	20,585	47	2,473	229	1,180	-	86,226
Gross carrying amount											
Gross carrying amount	36,430	4,315	26,406	873	27,632	155	24,249	444	1,180	-	121,684
Accumulated depreciation / amortisation	-	(1,322)	(4,990)	-	(7,047)	(108)	(21,776)	(215)	-	-	(35,458)
Carrying amount at the end of the period	36,430	2,993	21,416	873	20,585	47	2,473	229	1,180	-	86,226

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

21. Reconciliation of intangible assets

The following table shows the movement:

	2024-25			2023-24		
	Computer software \$'000	Capital works in progress intangibles \$'000	Total \$'000	Computer software \$'000	Capital works in progress intangibles \$'000	Total \$'000
Consolidated						
Carrying amount at the beginning of the period	28,335	5,471	33,806	32,763	11,008	43,771
Additions	382	5,754	6,136	-	5,056	5,056
Disposals	-	(87)	(87)	(16)	-	(16)
Amortisation	(13,691)	-	(13,691)	(14,873)	-	(14,873)
Transfers between asset classes	9,910	(5,400)	4,510	10,461	(10,593)	(132)
Carrying amount at the end of the period	24,936	5,738	30,674	28,335	5,471	33,806
Gross carrying amount						
Gross carrying amount	235,031	5,738	240,769	229,891	5,471	235,362
Accumulated amortisation	(210,095)	-	(210,095)	(201,556)	-	(201,556)
Carrying amount at the end of the period	24,936	5,738	30,674	28,335	5,471	33,806
Parent						
Carrying amount at the beginning of the period	18,890	4,975	23,865	18,437	10,446	28,883
Additions	-	1,666	1,666	-	4,715	4,715
Amortisation	(9,202)	-	(9,202)	(9,733)	-	(9,733)
Transfers between asset classes	5,062	(5,062)	-	10,186	(10,186)	-
Carrying amount at the end of the period	14,750	1,579	16,329	18,890	4,975	23,865
Gross carrying amount						
Gross carrying amount	145,100	1,579	146,679	144,420	4,975	149,395
Accumulated amortisation	(130,350)	-	(130,350)	(125,530)	-	(125,530)
Carrying amount at the end of the period	14,750	1,579	16,329	18,890	4,975	23,865

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

22. Fair value measurement

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

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

The Consolidated Entity's assets are valued on the basis that the entity intends to retain the assets for a continuous use for the purposes of the entity and for the foreseeable future. The current use is the highest and best use of the asset unless market or other factors suggest an alternative use. As the Consolidated Entity did not identify any factors to suggest an alternative use, fair value measurement was based on current use.

The carrying amount of owned non-financial assets with a fair value at the time of acquisition that was less than \$1.500 million or an estimated useful life that was less than three years is deemed to approximate fair value.

Refer to notes 19 and 22.2 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 Consolidated Entity categorises non-financial assets measured at fair value into the hierarchy based on the level of inputs used in measurement as follows:

Fair value measurements at 30 June 2025

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
Recurring fair value measurements	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Land	476,927	49,683	526,610	36,430	-	36,430
Buildings and improvements	253,197	2,979,312	3,232,509	2,388	389	2,777
Leasehold improvements	-	64,056	64,056	-	19,389	19,389
Plant and equipment	-	188,170	188,170	-	1,616	1,616
Investment property	31,100	-	31,100	-	-	-
Total	761,224	3,281,221	4,042,445	38,818	21,394	60,212

Fair value measurements at 30 June 2024

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
Recurring fair value measurements	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Land	329,189	167,389	496,578	36,430	-	36,430
Buildings and improvements	235,987	2,688,815	2,924,802	2,617	376	2,993
Leasehold improvements	-	67,065	67,065	-	20,585	20,585
Plant and equipment	-	179,317	179,317	-	2,520	2,520
Investment property	29,932	-	29,932	-	-	-
Total	595,108	3,102,586	3,697,694	39,047	23,481	62,528

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

22.2 Valuation techniques and inputs

The Consolidated Entity had no valuations categorised into level 1. Certain land and buildings assets of the Parent entity, SAAS and each LHN have been classified as level 2.

Land fair values were derived by using the market approach, being recent sales transactions of other similar land holdings within the region, adjusted for differences in key attributes such as property size, zoning and any restrictions on use, and then adjusted with a discount factor. To the extent that land has had any restrictions on use and been adjusted with a discount factor these assets are classified as level 3. All other land has been classified as level 2.

Due to the predominantly specialised nature of health service assets, the majority of building and plant and equipment valuations have been undertaken using a cost approach (depreciated replacement cost), an accepted valuation methodology under AASB 13 *Fair Value Measurement*. 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.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

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, current construction costs, industry construction guides, specialised knowledge and estimated acquisition/transfer costs;
- Characteristics of the asset, including condition, location, any restrictions on sale or use and the need for ongoing provision of Government services;
- Effective life, being the expected life of the asset assuming general maintenance is undertaken to enable functionality, but no upgrades are incorporated which extend the technical life or functional capacity of the asset; and
- Depreciation methodology, noting that AASB 13 dictates that regardless of the depreciation methodology adopted, the exit price should remain unchanged.

Investment property has been valued using the market approach, and using the income approach based on capitalized net income at an appropriate yield. All investment property is classified as level 2.

23. Payables

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Current				
Creditors and accrued expenses	418,092	366,342	174,058	126,672
Paid Parental Leave Scheme	1,024	906	31	37
Health Service workers compensation	-	-	9,656	8,659
Interstate patient transfers	130,626	142,413	130,626	142,413
Other payables	15,378	7,604	251	112
Total current payables	565,120	517,265	314,622	277,893
Non-current				
Health Service workers compensation	-	-	34,279	31,211
Other payables	57	57	-	-
Total non-current payables	57	57	34,279	31,211
Total payables	565,177	517,322	348,901	309,104

Payables are measured at nominal amounts. Creditors and accruals are recognised for all amounts owed and unpaid. Contractual payables are normally settled within 15 days from the date the invoice is first received. All payables are non-interest bearing. The carrying amount of payables approximates net fair value due to their short term nature.

Inter-entity transactions for the Health Services workers compensation (redemption and lump sum) payables amount to \$43.935 million (\$39.870 million) and have been eliminated on consolidation. Refer to note 1.1.2 for further information.

Refer to note 15 for information on interstate patient transfers.

Refer to note 33 for information on risk management.

24. Financial liabilities

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Current				
Lease liabilities	92,659	91,549	2,368	2,132
Total current financial liabilities	92,659	91,549	2,368	2,132
Non-current				
Lease liabilities	2,486,455	2,544,984	21,394	21,880
Total non-current financial liabilities	2,486,455	2,544,984	21,394	21,880
Total financial liabilities	2,579,114	2,636,533	23,762	24,012

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

Refer to note 11 for information on borrowing costs, notes 19 and 20 for information on right-of-use assets (including depreciation) and note 33 for information on risk management.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

24.1 Concessional lease arrangements for right-of-use assets

The Consolidated Entity has concessional lease arrangements for right-of-use assets, as lessee, with other government entities (e.g. local councils, universities and the Commonwealth government) and with not-for-profit entities.

Right-of-use asset	Nature of arrangements	Details
Buildings and improvements	Terms are up to 94 years Payment is nominal	Concessional building arrangements include the use of premises for dental services, pathology collection, breast screen services, community health services, GP Plus arrangements, Drug and Alcohol Services clinics, Child/Family/Women's/Mental Health services and vacant land.

24.2 Maturity analysis

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

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Lease Liabilities				
Within one year	325,034	326,932	3,017	2,761
Later than one year but not longer than five years	1,228,557	1,241,165	12,257	13,814
Later than five years	3,999,196	4,266,462	11,560	10,756
Total lease liabilities (undiscounted)	5,552,787	5,834,559	26,834	27,331

25. Employee related liabilities

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Current				
Accrued salaries and wages	157,890	136,713	1,662	1,053
Annual leave	576,247	538,423	17,735	18,363
Long service leave	77,275	73,504	3,254	3,293
Skills and experience retention leave	36,953	35,146	1,321	1,347
Employment on-costs	98,968	98,911	5,339	6,370
Other	117	456	7	11
Total current employee related liabilities	947,450	883,153	29,318	30,437
Non-current				
Long service leave	836,928	796,856	35,351	35,820
Employment on-costs	49,425	37,358	3,292	3,233
Total non-current employee related liabilities	886,353	834,214	38,643	39,053
Total employee related liabilities	1,833,803	1,717,367	67,961	69,490

Employee related liabilities accrue as a result of services provided up to the reporting date that remain unpaid. Non-current employee related liabilities are measured at present value and current employee related liabilities are measured at nominal amounts.

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 are expected to be payable within 12 months and are measured at the undiscounted amounts expected to be paid.

As a result of the actuarial assessment performed by DTF, the salary inflation rate has increased from the 2024 rate (2.4%) to 3.2% for annual leave and skills and experience retention leave liability. As a result, there is an increase in the employee related liabilities and employee related expenses of \$4.700 million (Parent increase of \$0.148 million) for the current financial year. The impact on future periods is impractical to estimate.

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

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

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. The expected timing and amount of long service leave payments is determined through whole-of-government actuarial calculations, which are based on actuarial assumptions on expected future salary and wage levels, experience of employee departures and periods of service. These assumptions are based on employee data over SA Government entities and the health sector across government.

The discount rate used in measuring the liability is reflective of the yield on long-term Commonwealth Government bonds. The yield on long-term Commonwealth bonds has remained unchanged for the Department and the Consolidated Entity. The actuarial assessment performed by DTF leaves the salary inflation rate unchanged from 2024 at 3.5% for long service leave liability.

The net financial effect of the changes to actuarial assumptions in the current financial year is immaterial. The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of demographical and financial assumptions – including the long-term discount rate.

25.3 Employment on-costs

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

As a result of an actuarial assessment performed by DTF, the portion of long service leave taken as leave has remained unchanged from 2024, at 44% for the Department and increased from 2024 (38%) to 47% for the LHNs and SAAS, the average factor for the calculation of employer superannuation on-costs has increased from the 2024 rate (11.5%) to 12% to reflect the increase in super guarantee. These rates are used in the employment on-cost calculation. The net financial effect of the changes in the current financial year is an increase in the employment on-cost liability and employee related expenses of \$14.275 million (Parent increase of \$0.193 million). The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

25.4 Superannuation funds

A number of SAAS employees are members of the SA Ambulance Service Superannuation Scheme (the "Scheme"). These employees are eligible to receive a benefit from the Scheme. A benefit is payable on retirement, death, disablement or leaving SAAS, in accordance with the Scheme's trust deed and rules. The Scheme provides lump sum benefits based on a combination of defined benefits which depend on years of service and final salary and accumulation benefits which depend on the accumulation of member and employer contributions adjusted for appropriate earnings and expenses. The liability for this Scheme has been determined via an actuarial valuation by Mercer Investment Nominees Limited using the projected unit credit method.

The expected payment to settle the obligation has been determined using national government bond market yields with terms and conditions that match, as closely as possible, to estimated cash outflows.

Actuarial gains and losses are recognised in other comprehensive income in the Statement of Comprehensive Income, in the period in which they occur. The superannuation expense comprising interest cost and other costs of the defined benefit plan is measured in accordance with AASB 119 *Employee Benefits* and is recognised as and when contributions fall due.

The South Australian Superannuation Board was appointed Trustee of the Scheme effective 1 July 2006. The Scheme was closed to new members as at 30 June 2008. For those employees who are not members of the Scheme, SAAS pays contributions in accordance with the relevant award or contract of employment to other nominated Superannuation funds in compliance with the superannuation guarantee legislation. Contributions are charged as expenditure as they are made. Members are not required to make contributions to these funds.

The defined benefit liability has been recognised in the Statement of Financial Position in accordance with AASB 119 and is held in SAAS.

Defined benefit superannuation scheme

Reconciliation of the present value of the defined benefit obligation:

	2025	2024
	\$'000	\$'000
Carrying amount at the beginning of the period	261,179	263,935
Current service cost	6,609	7,560
Interest cost	9,974	9,520
Contributions by scheme participants	2,587	3,075
Actuarial (gains)/losses	2,507	2,014
Benefits paid	(23,692)	(23,049)
Taxes, premiums and expenses paid	(2,191)	(2,146)
Transfers in	218	270
Carrying amount at the end of the period	257,191	261,179

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

Reconciliation of fair value of scheme assets:

	2025	2024
	\$'000	\$'000
Carrying amount at the beginning of the period	290,572	283,988
Interest Income	11,160	10,322
Actual return on scheme assets less Interest Income	12,824	12,733
Contributions from the employer	5,007	5,379
Contributions by scheme participants	2,587	3,075
Benefits paid	(23,692)	(23,049)
Taxes, premiums and expenses paid	(2,191)	(2,146)
Transfers in	218	270
Carrying amount at the end of the period	296,485	290,572

The amount included in the Statement of Financial Position arising from Consolidated Entity's obligations in respect of its defined benefit scheme is as follows:

Present value of defined benefit obligations	257,191	261,179
Fair value of scheme assets	(296,485)	(290,572)
Net liability arising from defined benefit obligations	(39,294)	(29,393)

Included in the Statement of Financial Position:

Non-current receivable - superannuation - defined benefit scheme	39,294	29,393
Closing balance of defined benefit assets	39,294	29,393

	% invested by asset class	
	2025	2024
	%	%
Australian equity	26	26
International equity	32	27
Fixed income	10	13
Property	7	8
Alternatives/other	1	2
Cash	6	8
Private Market	5	5
Infrastructure	7	5
Credit	6	6
Total	100	100

In accordance with the revised AASB 119 the percentage invested in each asset class as at 30 June 2025 is adjusted to be comparable to 30 June 2024. This adjustment is made to align with the new approach where Diversified Strategies Growth and Diversified Strategies Income are identified as separate asset classes.

The actual return on scheme assets was \$23.984 million (\$23.055 million), a gain of \$10.317 million resulting from investment returns being significantly higher than previously assumed. Employer contributions of \$4.206 million are expected to be paid to the scheme for the year ending 30 June 2026. Expected employer contributions reflect the current 12% of salary contributions.

Principal actuarial assumptions used (and expressed as weighted averages):	2025	2024
	% pa	% pa
Discount rate (defined benefit cost)	4.25	4.00
Expected rate of salary increase (defined benefit cost)	3.50	3.50
Discount rate (defined benefit obligation)	4.25	4.25
Expected rate of salary increase (defined benefit obligation)	3.50	3.50

	2025	2024
	\$'000	\$'000
Movement in net defined benefit liability		
Carrying amount at the beginning of the period	(29,393)	(20,053)
Defined benefit cost	5,423	6,758
Remeasurements	(10,317)	(10,719)
Employer contributions	(5,007)	(5,379)
Carrying amount at the end of the period	(39,294)	(29,393)

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

The net financial effect of the changes in the discount rate in the current year is an increase in the superannuation – defined benefits scheme liability and other comprehensive income expense gain of \$10.317 million. The impact on future periods is impracticable to estimate as the superannuation – defined benefits scheme liability is calculated using a number of assumptions – a key assumption being the long-term discount rate.

Sensitivity analysis

The defined benefit obligation as at 30 June 2025 under several scenarios is presented below.

Scenarios A and B relate to discount rate sensitivity. Scenarios C and D relate to salary increase rate sensitivity.

Scenario A: 0.5% p.a. lower discount rate assumption

Scenario B: 0.5% p.a. higher discount rate assumption

Scenario C: 0.5% p.a. lower salary increase rate assumption

Scenario D: 0.5% p.a. higher salary increase rate assumption

	Base Case	Scenario A	Scenario B	Scenario C	Scenario D
		-0.5% pa discount rate	+0.5% pa discount rate	-0.5% pa salary increase rate	+0.5% pa salary increase rate
Discount rate	4.25%	3.75%	4.75%	4.25%	4.25%
Salary increase rate	3.5%	3.5%	3.5%	3.0%	4.0%
Defined benefit obligation (\$'000)	257,191	261,123	254,309	254,705	260,540

Description of the regulatory framework

The scheme operates in accordance with its Trust Deed. The scheme is considered to be an exempt public sector scheme.

Description of other entities' responsibilities for the governance of the Scheme

The scheme's trustee is responsible for the governance of the scheme. The trustee has a legal obligation to act solely in the best interests of scheme beneficiaries. The trustee has the following roles:

- administration of the scheme and payment to the beneficiaries from scheme assets when required in accordance with the scheme rules;
- management and investment of the scheme assets; and
- compliance with superannuation law and other applicable regulations.

Description of risks

There are a number of risks to which the scheme exposes the employer. The more significant risks relating to the defined benefits are:

Investment risk

The risk that investment returns will be lower than assumed and the employer will need to increase contributions to offset this shortfall.

Salary growth risk

The risk that wages or salaries (on which future benefit amounts will be based) will rise more rapidly than assumed, increasing defined benefit amounts and thereby requiring additional employer contributions.

Legislative risk

The risk that legislative changes could be made which increase the cost of providing the defined benefits.

The scheme assets are invested in the Funds SA Balanced Investment option. The assets are diversified within this investment option and therefore the Scheme has no significant concentration of investment risk.

Funding arrangements

The financing objective adopted at the 30 June 2023 actuarial investigation of the scheme in a report dated 23 May 2024, is to maintain the value of the scheme's assets at least equal to:

- 100% of accumulation account balances, plus
- 110% of defined benefit vested benefit.

In that valuation, it was recommended that the employer contribute to the scheme as follows:

- Defined Benefit members:
 - 9.50% of salary for all defined benefit members, plus
 - Any additional employer contributions agreed between the employer and a member.
- Accumulation members:
 - 11% of ordinary time earnings from 1 July 2023 to 30 June 2024, plus
 - Any additional employer contributions agreed between the employer and a member.

Maturity profile of defined benefit obligation

The weighted average duration of the defined benefit obligation as at 30 June 2025 is 6 years.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

26. Provisions

		Consolidated		Parent	
		2025	2024	2025	2024
		\$'000	\$'000	\$'000	\$'000
Current	Note				
Insurance	26.2	28,718	26,873	28,718	26,873
Workers compensation	26.1	47,392	41,942	828	685
Total current provisions		76,110	68,815	29,546	27,558
Non-current					
Insurance	26.2	179,421	156,895	179,421	156,895
Workers compensation	26.1	186,286	173,305	2,524	2,293
Total non-current provisions		365,707	330,200	181,945	159,188
Total provisions		441,817	399,015	211,491	186,746

26.1 Workers Compensation

Reconciliation of workers compensation (statutory and additional compensation):

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	215,247	181,525	2,978	4,463
Payments	(36,659)	(36,519)	(858)	(869)
Remeasurement	4,806	24,481	255	(1,427)
Additions	50,284	45,760	977	811
Carrying amount at the end of the period	233,678	215,247	3,352	2,978

The Consolidated Entity is responsible for the management of workers rehabilitation and compensation and is directly responsible for meeting the cost of workers compensation claims and the implementation and funding of preventive programs.

Accordingly, a liability has been reported to reflect unsettled workers compensation claims (statutory and additional compensation schemes). The workers compensation provision is based on an actuarial assessment of the outstanding liability as at 30 June 2025 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment.

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

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

26.2 Insurance

The Department is responsible for the management of the Consolidated Entity's insurance program. The Department is a participant in the State Government's insurance program. The Department pays a premium to SA Government Financing Authority (SAFA) for professional indemnity insurance (including medical malpractice), public liability and property insurance, and is responsible for the management claim for amounts up to an agreed amount (the deductible). SAFA provides the balance of funding for claims in excess of the deductible. For professional indemnity (including medical malpractice) claims after 1 July 1994 and general public liability and property claims after 1 July 1999 the deductible per claim is \$1 million. For claims incurred prior to these dates the deductible per claim is \$50,000.

Professional indemnity and general public liability claims arising from the LHNs and SAAS's operations are managed as part of the State Government Insurance Program. The LHNs and SAAS pay an annual premium to the Department. These transactions are eliminated on consolidation in accordance with the requirements of AASB 10.

The determination of the medical malpractice professional indemnity insurance provision was carried out through an actuarial assessment in accordance with AASB 1023 *General Insurance Contracts*, conducted by Brett & Watson Pty Ltd. Current and non-current liabilities of the Department are determined by taking into account prudential margins, inflation, taxes, claims incurred but not reported and current claim values. The discount rate, which is used to discount expected future payments to the valuation date, decreased to 4.3% (4.5%).

The provision for claims for professional indemnity (other), general public liability and property insurance is a management assessment.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

Reconciliation of insurance:

	Medical malpractice	Professional indemnity (Other)	Public liability	Property	Total
2024-25	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	177,219	94	2,592	3,863	183,768
Increase to provision due to new claims	24,175	-	782	2,112	27,069
Reduction due to payments	(21,852)	(2)	(7)	(583)	(22,444)
Net revision of estimates	21,410	(84)	49	(1,630)	19,745
Carrying amount at the end of the period	200,952	8	3,416	3,762	208,138

27. Contract liabilities and other liabilities

	Consolidated		Parent	
	2025	2024	2025	2024
Current	\$'000	\$'000	\$'000	\$'000
Unclaimed monies	15	11	-	-
Unearned revenue	3,750	2,763	-	-
Contract liabilities	34,832	32,960	6,267	4,362
Residential aged care bonds	129,143	113,790	-	-
Accommodation and lease incentive*	1,793	1,797	1,793	1,797
Other	4,777	2,189	-	-
Total current contract liabilities and other liabilities	174,310	153,510	8,060	6,159
Non-current				
Accommodation and lease incentive*	16,230	13,007	16,230	13,007
Total non-current contract liabilities and other liabilities	16,230	13,007	16,230	13,007
Total contract liabilities and other liabilities	190,540	166,517	24,290	19,166

*Accommodation incentives relate to arrangements with DIT for office accommodation. These arrangements are not leases and accordingly the accommodation incentives are not financial liabilities. The benefit of incentives is spread over the accommodation term so that each year reported accommodation expenses reflect the economic substance of the arrangement and related benefits provided.

Contract liabilities are recognised for revenue relating to home care packages, training programs, drug and alcohol abuse support, SA Dental services co-payment, grant funded projects/programs and other health programs received in advance and are realised as agreed milestones/service obligations have been achieved. A contract liability is recognised for revenue relating to ambulance cover at the time of the initial sales transaction and is released over the service period. Revenue relating to maintenance services for call direct and ambulance cover is recognised over time although the customer pays up front in full for these services. All performance obligations from these existing contracts (deferred service income) will be satisfied during the next reporting period and accordingly all amounts will be recognised as revenue.

Residential Aged Care Bonds are accommodation bonds, refundable accommodation contributions and refundable accommodation deposits. These are non-interest bearing deposits made by aged care facility residents to the Consolidated Entity 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 Consolidated Entity 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, Disability and Ageing.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

28. Cash flow reconciliation

Reconciliation of net cash provided by operating activities to net result:	Consolidated		Parent	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
Net cash provided from operating activities	1,060,709	716,408	163,145	38,207
Add/less non-cash items				
Asset donated free of charge	-	-	-	(16)
Capitalised interest expense on finance lease	(7,229)	(2,817)	-	-
Depreciation and amortisation expense of non-current assets	(355,556)	(312,918)	(15,058)	(15,842)
Gain/(loss) on sale or disposal of non-current assets	(9,026)	(12,373)	(16)	(6,037)
(Gain)/loss on valuation of defined benefits	(10,317)	(10,719)	-	-
Increments/(decrements) on revaluation of non-current assets	1,168	43	-	-
Interest credited directly to investments	1,372	1,087	-	-
Resources received free of charge	25,740	22,469	-	15,767
Revaluation of investments	6,582	(562)	-	-
Administrative restructure	(1,556)	(312)	(1,556)	-
Movement in assets and liabilities				
Increase/(decrease) in contract assets	11,273	3,400	-	-
Increase/(decrease) in receivables	71,156	53,647	35,696	36,248
Increase/(decrease) in inventories	352	(14,663)	(1,774)	(16,593)
Increase/(decrease) in other current assets	(6)	(21)	-	-
(Increase)/decrease in employee related liabilities	(126,753)	(178,814)	1,529	(4,040)
(Increase)/decrease in payables and provisions	(97,849)	(158,449)	(64,599)	(93,804)
(Increase)/decrease in other liabilities	(24,023)	(29,284)	(5,124)	(16,128)
Net result	546,037	76,112	112,243	(62,238)

Total cash outflows for leases was \$326.341 million (\$323.297 million) for the consolidated entity, and \$23.679 million (\$19.560 million) for the Department.

29. Unrecognised contractual commitments

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

29.1 Contractual commitments to acquire property, plant and equipment

	Consolidated		Parent	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
Within one year	38,447	34,217	1,861	3,881
Later than one year but not longer than five years	5,710	10,797	5	207
Total contractual commitments	44,157	45,014	1,866	4,088

The Consolidated Entity's contractual commitments to acquire property, plant and equipment are for plant and equipment ordered but not received and capital works. Contractual commitments to acquire property, plant and equipment for major infrastructure works are recognised in the DIT financial statements.

29.2 Other contractual commitments

	Consolidated		Parent	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
Within one year	616,966	452,883	252,851	115,587
Later than one year but not longer than five years	718,763	766,398	58,845	87,090
Later than five years	2,188,351	2,327,586	51,787	37,078
Total other contractual commitments	3,524,080	3,546,867	363,483	239,755
Less contingent rentals	(1,066,251)	(1,090,093)	-	-
Net other contractual commitments	2,457,829	2,456,774	363,483	239,755

The Consolidated Entity's other contractual commitments are for agreements for goods and services ordered but not received and memorandum of administrative arrangements with DIT for accommodation.

Included in other contractual commitments above is \$2,353.580 million (\$2,439.547 million), including contingent rentals, which relates directly to the PPP operations and maintenance commitments.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

The Consolidated Entity 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 2025 has not been quantified.

29.3 Expected rental income from lessor arrangements

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Within one year	539	509	-	-
Later than one year but not longer than five years	629	1,103	-	-
Total expected rental income from lessor arrangements	1,168	1,612	-	-

Refer note 19.8 for information about property the Consolidated Entity leases out to external parties. The table above sets out a maturity analysis of operating lease payments receivable, showing undiscounted lease payments to be received after the reporting date. These amounts are not recognised as assets.

30. Trust funds

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

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Carry amount at the beginning of period	995	854	-	-
Client trust receipts	1,375	1,499	-	-
Client trust payments	1,140	1,358	-	-
Carrying amount at the end of the period	1,230	995	-	-

31. Contingent assets and liabilities

Contingent assets and contingent liabilities are not recognised in the Statement of Financial Position, but are disclosed within this note and, if quantifiable are measured at nominal value. The Consolidated Entity has made no guarantees.

31.1 Contingent assets

The RAH is being delivered under a public-private partnership agreement with Celsus. The RAH PPP agreement contains a number of indexation elements which relate to adjustments to certain service payments i.e. interest rate and refinancing service payment adjustments. Where the indexation element is closely related to a lease contract, such as the interest rate payment adjustment, it is not required to be separately accounted for as a derivative. The change in interest rate is accounted for as a contingent rental and expensed in the period incurred.

Like the interest rate service payment adjustment, the refinancing element is an embedded derivative. However, the economic characteristics and risks of this embedded derivative are not closely related to the lease contract and are required to be accounted for separately in the financial statements. The refinancing element could be considered akin to a purchase option in that the Hospital benefits from a portion of gains without exposure to any of the losses. The valuation of this derivative would be derived via the present value of the estimated future cash flows over the life of the project based on observable interest yield curves, basis spread, credit spreads and option pricing models, as appropriate, adjusted for Celsus's credit risk, (i.e. forward curve of credit risk margin).

The estimated value of the contingent asset is unable to be fully determined because of the following uncertain future events that will have an impact on Celsus's credit margin:

- Celsus's credit risk profiling and the number of times Celsus will refinance during the term of the PPP arrangement;
- The type of finance Celsus sources e.g. short term debt from the banking market vs longer term debt potentially sourced via a private placement;
- Uncertainty around the margin negotiated and whether it will be higher or lower than those assumed margins in the financial modelling
- The lodgement and resolution of any claims under the PPP agreement.

31.2 Contingent liabilities

On 1 August 2017, Hansen Yuncken Pty Ltd and CBP Contractors Pty Ltd (formerly known as Leighton Contractors Pty Ltd) filed legal proceedings in the Federal Court of Australia against Celsus Pty Ltd (formerly known as SA Health Partnership Nominees Pty Ltd) and the Crown in right of the State of South Australia for alleged breaches of contract in relation to the construction of the new RAH. In December 2017 the respondents to the builder's Federal Court proceedings successfully obtained a stay of the proceedings pending the outcome of an arbitration process. At the time of this report, the arbitration process was still in progress. It is not possible to estimate the dollar effect of this claim or whether it will be successful.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

The terms of offer for a proposed new *South Australian Allied Health Professionals, Assistants and Psychologists Enterprise Agreement 2025* were presented on 13 June 2025, contingent on an agreement being reached and approval by the South Australian Employment Tribunal (SAET). In accordance with the terms of the new Enterprise Agreement eligible staff are entitled to, among other things, salary increases of 4.0% per annum back dated to the first full pay period after 1 May 2025. The financial impact of backpay and remeasurement of employee related liabilities up to 30 June 2025 is estimated to be \$9.777 million (Parent \$0.200 million).

Negotiations have commenced for several other enterprise agreements which have nominally expired. Arrears payments may become due for employment up to 30 June 2025, if salary increases or other changes to entitlements are backdated, contingent on acceptance by members and approval by SAET. It is impossible to estimate the financial impact, timing, or likelihood.

The six regional LHNs have commenced an internal review of Nurses Rural and Remote Incentive Payment (Nurses zone allowance) and the Consolidated Entity has identified instances of potential underpayments. The financial impact of these underpayments is estimated to be \$4.076 million. As the detailed review is ongoing, the timing and amount of any required payments remain uncertain.

Both the Central Adelaide Local Health Network (CALHN) and the Women's and Children's Health Network (WCHN) are respondents to unfair dismissal claims brought against the Consolidated Entity by a number of former employees who were terminated in 2023 due to non-compliance with COVID-19 vaccination requirements. Individual settlements have been reached with a number of claimants, however, proceedings are ongoing before the SAET in respect to a number of remaining claimants. Quantum of potential liability is not able to be reasonably estimated, however, based on settlements achieved to date and the number of remaining claimants, if found in favour of the applicants the Consolidated Entity's liability will potentially be at minimum around \$0.351 million.

Following a previously settled claim involving fifteen consultants, a further five consultants have sought back pay from CALHN for non-payment of the ICCNET/ICARNET allowance over the last six years for participation in an on call roster. If these claims are settled, the potential liability resulting from this has been estimated at \$0.400 million.

During 2024-25, NALHN identified that a potential underpayment issue exists with employees paid under the *South Australian Public Sector Enterprise Agreement: Salaried 2021*. The potential underpayment specifically relates to the entitlement of employees not paid for a public holiday when they were not rostered to work on that day. NALHN is seeking Crown Law advice on the matter, and at this stage, it is not possible to quantify the value of the liability, if any.

The South Australian Salaried Medical Officers Association (SASMOA) recently lodged a monetary claim in the SAET against WCHN and at the conciliation conference held on 25 June 2025, SASMOA made it clear that their interpretation/expectation is that there need not be a full time consultant on the roster to 'trigger' payment of the allowance at 1.0 FTE. Rather, the entitlement should be based on the frequency that a full-time consultant would be required to be on-call, should there be a full-time consultant on the roster. It is not possible to estimate the financial impact.

32. Events after balance date

On 6 July 2025, allied health workers supported the terms for a new *South Australian Allied Health Professionals, Assistants and Psychologists Enterprise Agreement 2025*. The Enterprise Agreement was approved by the SAET on 11 August 2025. Also refer to note 31.2.

On 1 September 2025, Salaried Medical Officers endorsed the terms for a new *SA Health Salaried Medical Officers Enterprise Agreement 2025*, including 3.5% salary increase backdated to 14 April 2025 among the changes to conditions and entitlements. The proposed Enterprise Agreement is yet to be approved by SAET.

33. Financial instruments/financial risk management

33.1 Financial risk management

Risk management is managed by the Department's Risk and Assurance Services section. 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 Consolidated Entity's exposure to financial risk (liquidity risk, credit risk and market risk) is low due to the nature of the financial instruments held.

Liquidity risk

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

Refer to notes 1, 4, 23 and 24 for further information.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

Credit risk

The Consolidated Entity has policies and procedures in place to ensure that transactions occur with customers with appropriate credit history. The Consolidated Entity has minimal concentration of credit risk. No collateral is held as security and no credit enhancements relate to financial assets held by the Consolidated Entity.
Refer to notes 15, 16 and 33.2 for further information.

Market risk

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

33.2 Categorisation of financial instruments

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

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

A financial asset is measured at amortised cost if:

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

		Consolidated		Parent	
	Notes	2025 Carrying amount/ Fair value \$'000	2024 Carrying amount/ Fair value \$'000	2025 Carrying amount/ Fair value \$'000	2024 Carrying amount/ Fair value \$'000
Category of financial asset and financial liability					
Financial assets					
Cash and equivalent					
Cash and cash equivalents	14	1,279,407	1,000,684	752,360	593,305
Amortised Cost					
Receivables	15	467,832	417,144	221,717	204,534
Other financial assets	16	143,432	129,034	-	-
Fair value through statement of comprehensive income					
Other financial assets	16	6,938	1,404	-	-
Fair value through profit and loss					
Other financial assets	16	6,686	6,630	-	-
Total financial assets		1,904,295	1,554,896	974,077	797,839
Financial liabilities					
Financial liabilities at amortised cost					
Payables	23	563,918	513,316	348,870	308,239
Borrowings	24	-	-	-	-
Lease liabilities	24, 29	2,579,114	2,636,533	23,762	24,012
Other financial liabilities	27	133,935	115,990	-	-
Total financial liabilities		3,276,967	3,265,839	372,632	332,251

Statutory receivables and payables are excluded from these tables because they are not financial assets and financial liabilities. In government, certain rights to receive or obligations to pay cash may not be contractual but have their source in legislation. The disclosure requirements of AASB7 *Financial Instruments* do not apply to statutory receivables and payables.

33.3 Credit risk exposure and impairment of financial assets

Loss allowances for receivables are measured at an amount equal to lifetime expected credit loss using the simplified approach in AASB 9. Loss allowances for contract assets are measured at an amount equal to an expected credit loss method using a 12 month method. For the Department, no impairment losses were recognised in relation to contract assets during the year. For the Consolidated Entity, impairment losses were recognised in relation to contract assets during the year (refer to note 18).

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

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

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

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

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

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

CONSOLIDATED	30 June 2025			30 June 2024		
	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000
Days past due						
Current	0.1 - 23.6%	57,188	3,400	0.1 - 25.4%	52,250	3,479
<30 days	0.2 - 27.0%	32,869	3,479	0.2 - 28.3%	29,660	3,036
31-60 days	0.4 - 43.1%	18,361	3,407	0.4 - 47.3%	17,014	2,983
61-90 days	0.7 - 54.0%	12,019	4,164	0.7 - 60.5%	12,386	2,394
91-120 days	1.0 - 59.5%	8,536	3,090	1.0 - 66.5%	10,809	3,363
121-180 days	2.1 - 67.2%	11,420	4,817	2.0 - 74.2%	8,400	3,566
181-360 days	4.5 - 90.9%	25,686	16,938	4.0 - 89.5%	25,696	17,845
361-540 days	7.0 - 100.0%	16,340	12,607	7.9 - 100.0%	13,387	10,849
>540 days	8.0 - 100.0%	32,389	23,076	9.1 - 100.0%	22,609	13,314
Total		214,808	74,978		192,211	60,829

PARENT	30 June 2025			30 June 2024		
	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000
Days past due						
Current	0.2%	2,980	7	0.2%	2,680	6
<30 days	0.4%	284	1	0.4%	460	2
31-60 days	0.9%	134	1	1.0%	9	-
61-90 days	1.8%	7	-	1.8%	2,703	49
91-120 days	2.9%	-	-	3.0%	12	-
121-180 days	3.9%	3	-	4.3%	46	2
181-360 days	12.8%	1,616	207	12.1%	75	9
361-540 days	33.3%	2,720	905	32.5%	35	12
>540 days	38.4%	8,958	3,440	37.6%	9,392	3,535
Total		16,702	4,561		15,412	3,615

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

34. Budget performance

The budget performance table compares the Consolidated Entity's outcomes against budget information presented to Parliament in the original budget financial statements (Budget Paper 4). The original budget for the Department and the Minister includes budgets for PHSA and CEIH, which are excluded from original budget amounts for the Consolidated Entity reported below. The budget amounts have not been adjusted to reflect revised budgets or administrative restructures. Explanations are provided for variances that exceed 10% of the original budgeted amount and 5% of original budgeted total expenses. The budget process is not subject to audit.

Consolidated	Original Budget 2025 \$'000	Actual 2025 \$'000	Variance \$'000
Statement of Comprehensive Income			
Income			
Revenues from SA Government	6,033,526	6,461,124	427,598
Fees and charges	802,885	928,110	125,225
Grants and contributions	2,664,691	2,717,383	52,692
Interest	8,110	18,464	10,354
Resources received free of charge	107,451	135,889	28,438
Other revenues/income	26,268	43,561	17,293
Total Income	9,642,931	10,304,531	661,600
Expenses			
Employee related expenses	5,470,079	5,757,193	(287,114)
Supplies and services (a)	2,862,594	3,281,671	(419,077)
Depreciation and amortisation	321,777	355,556	(33,779)
Grants and subsidies	52,429	44,165	8,264
Borrowing costs	205,689	204,737	952
Impairment loss on receivables	5,324	10,631	(5,307)
Net loss from disposal of non-current assets and other assets	(612)	9,026	(9,638)
Other expenses	86,741	95,515	(8,774)
Total Expenses	9,004,021	9,758,494	(754,473)
Net result	638,910	546,037	(92,873)
Other Comprehensive Income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment asset revaluation surplus	-	94,241	94,241
Items that will be reclassified subsequently to net result when specific conditions are met			
Gains/(losses) recognised directly in equity	-	10,450	10,450
Total Other Comprehensive Income	-	104,691	104,691
Total Comprehensive Result	638,910	650,728	11,818

- (a) Unfavourable variance for supplies and services is attributed to:
- increased hospital activity; and
 - increased costs associated with the provision of services across the health system.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

		Original Budget 2025 \$'000	Actual 2025 \$'000	Variance \$'000
Investing expenditure summary				
Total new projects		52,706	24,309	28,397
Total existing projects	(b)	740,677	562,402	178,275
Total annual programs		58,458	85,652	(27,194)
Total Leases		12,350	52,028	(39,678)
Total investing expenditure		864,191	724,391	139,800

(b) The favourable variance between original budget and existing projects actuals mainly relates to reprofiling of projects into future years and underspends, partially offset by unfavourable variance from reprofiling and overspends.

Specific projects that have contributed to the favourable variance include:	Favourable variance \$ million
New Women's and Children's Hospital	73.1
Flinders Medical Centre Upgrade and Expansion	40.6
New Mount Barker Hospital	23.9
Women's and Children's Hospital Upgrade – Additional Sustainment	7.5
Mount Gambier Hospital emergency department	7.0
Specific projects with an unfavourable variance include:	
New ambulance headquarters	(11.2)
Metropolitan mental health beds (TQEH)	(8.8)

35. Significant transactions with government related entities

The Consolidated Entity is controlled by the SA Government.

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

Significant transactions with the SA Government are identifiable throughout this financial report. The Consolidated Entity received funding from the SA Government (note 2), and incurred significant expenditure with the Department for Infrastructure and Transport (DIT) for capital works of \$469.057 million (\$363.748 million) and occupancy rent and rates of \$19.795 million (\$20.556 million) (note 9).

Refer to notes 3, 9, 10, 15 and 23 for information about transactions between the Department and the LHNs and SAAS.

In addition, the Consolidated Entity 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.

36. Interests in other entities

The Consolidated Entity through its control of the LHNs has interests in a number of other entities as detailed below.

Controlled Entities

Central Adelaide Local Health Network Incorporated has a 100% interest (1,150,000 shares) in AusHealth Corporate Pty Ltd. AusHealth is a national provider of on-site health and safety services delivered by qualified and experienced professional staff to businesses throughout Australia. AusHealth also manages patient payment solutions for Australian hospitals and commercialises hospital research into leading edge medical technologies and treatments. AusHealth Corporate Pty Ltd is the sole member of the health charity, The AusHealth Hospital Research Fund (AHRF).

LHNs in country areas have effective control over, and a 100% interest in, the net assets of the Health Advisory Councils (HACs). The HACs were established as a consequence of the *Health Care Act 2008* 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 respective LHN.

By proclamation dated 26 June 2008, the following assets, rights and liabilities were vested in the 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 DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

The above assets, rights and liabilities of the former Hospitals whose HAC elected not to be incorporated were vested in the Country Health Gift Fund Health Advisory Council Inc. The Country Health Gift Fund Health Advisory Council Inc and its associated Gift Fund Trust (GFT) have now been dissolved following the finalisation of the transfer of net assets from the GFTs associated with the previously unincorporated HACs (dissolution by Government Gazette, effective 30 May 2025).

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

Joint arrangements

The Consolidated Entity participates in the following joint operations:

Name of arrangement	Nature of the arrangement	Principal activity	Location	Interest
South Australian Immunogenomics Cancer Institute	Agreement between The University of Adelaide and Central Adelaide Local Health Network (CALHN).	Established as an independently governed Institute that operates as a discrete academic unit within The University of Adelaide's Faculty of Health and Medical Sciences, supported by an alliance with CALHN.	Adelaide	50%
Centre for Cancer Biology Alliance – ceased 31 December 2024	Agreement between the University of South Australia and CALHN.	Undertake health and medical research in South Australia as an integrated clinical, educational and research activity, with a focus on cancer research.	Adelaide	50%

The Consolidated Entity participates in the following joint venture:

Name of arrangement	Nature of the arrangement	Principal activity	Location	Interest
Flinders Fertility	Agreement between Flinders Reproductive Medicine Pty Ltd and Southern Adelaide Local Health Network Incorporated.	Provision of equitable and accessible fertility treatment.	Adelaide	50%

Flinders Reproductive Medicine Pty Ltd (as Trustee for Flinders Charitable Trust, trading as Flinders Fertility) is structured as a private trust which is not a reporting entity and is not publicly listed. The Consolidated Entity and Flinders University each have a 50% beneficial entitlement to the net assets of the trust. Accordingly, the interest is classified as a joint venture with the investment measured using the equity accounting method.

The Consolidated Entity's share in the equity of Flinders Fertility is calculated based on the draft financial statements provided as at the reporting period and subsequently adjusted when the final audited financial statements are available.

The following table summarises the financial information of Flinders Fertility based on currently available information:

	2025	2024
Percentage ownership interest	50%	50%
	\$'000	\$'000
Current assets	1,677	1,648
Non-current assets	2,595	2,787
Current liabilities	(1,256)	(1,221)
Non-current liabilities	(5,460)	(5,662)
Net assets	(2,444)	(2,448)
Share of net assets (50%)	(1,222)	(1,224)
Share of beneficial entitlement	2,601	2,601
Carrying amount of interest in joint venture	1,379	1,377
Income	7,491	7,113
Expenses	(7,486)	(7,108)
Net result and total comprehensive income	5	5
Consolidated Entity's share of profit and total comprehensive income (50%)	2	3

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

37. 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 APS 124.B were:

Board/committee name	Government employee members	Other members
Department for Health and Wellbeing - Audit and Risk Committee	-	Evans J (Chair), Deegan V, Aitken P Dr, Dreckow J
Department for Health and Wellbeing - Clinical Expert Committee	21	Dabars E, Sawyer B Dr, Otto K (appointed 30/08/2024), Watkins L
Department for Health and Wellbeing - Controlled Substances Advisory Council	4	Macintyre P Prof, Somogyi A Prof, Reeve M Dr, Reynolds C Dr (resigned 01/09/2024), Johns R (resigned 12/09/2024), Smith J, Rogers R
Department for Health and Wellbeing - Equally Well Working Group	-	English L, Nyamande K (appointed 17/07/2024), Haydon J, O'Loughlin E (appointed 17/07/2024)
Department for Health and Wellbeing - Human Research Ethics Committee	1	Elliott J A/Prof, Gibson T A/Prof (resigned 30/06/2025), Strickland A (resigned 31/12/2024), Haynes C (resigned 31/12/2024), Milazzo A Dr, Parrella A (resigned 28/02/2025) Dr, Bradley C Dr (resigned 31/10/2024), Carter D Dr (resigned 30/04/2025), Buckley E Dr (resigned 30/09/2025), Sharplin G Dr, Stephens J Dr (resigned 30/04/2025), Scheibner J (resigned 31/12/2024), Teh K Dr, Butler M Dr, Jones M Dr (resigned 30/04/2025), Bell G (resigned 30/12/2024), Grant J, Needs K (resigned 31/10/2024), Bte Mohamed Rahim N (resigned 31/12/2024), Braunacker-Mayer A Prof (Chair), Roder D Prof (resigned 31/12/2024), Palmer L Prof, Najjar R, Hewitt A Rev (resigned 31/10/2024), Rundle N Rev (resigned 30/04/2025), Thompson S Rev (resigned 30/04/2025), Ross-Taylor S
Department for Health and Wellbeing - Human Rights and Coercion Reduction Committee	5	Harris G, English L, Simpson T, Williams J Dr, Jureidini J, James I, Singh L, Robinson M (appointed 01/07/2024), Hodges E (appointed 01/07/2024), Lawn S (appointed 01/07/2024), Allan T (appointed 01/07/2024), Hyland C (appointed 01/07/2024)
Department for Health and Wellbeing - Lived Experience Advisory Group	1	Haydon J, English L(Chair), Braund S, O'Loughlin E, Singh L, Bartsch A, Crees R, Lucas G, Nyamande K, Singh J, Stellason F, Bickley B, Marsh M
Department for Health and Wellbeing - Mental Health Leadership Group	16	Haydon J, English L
Department for Health and Wellbeing - Mental Health Strategy and Planning Advisory Group	12	Oudih E, Nowak H, English L, Haydon J
Department for Health and Wellbeing - Paediatric Cochlear Implant Program Review - Independent Oversight Committee	4	Phillips A, Carroll L, Salter N, Baggoley C Prof (Chair)
Department for Health and Wellbeing - Prescribed Psychiatric Treatment Panel	1	Elliott J A/Prof, Camilleri C Dr, Smith J, Simpson T, Edwards B Dr, Coyne T Dr, Paterson T Dr
Department for Health and Wellbeing - Psychological Support Program Working Group	-	Tong L (appointed 24/03/2025), Esposito C (appointed 24/03/2025), Russell-Arnot (appointed 24/03/2025)

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

Board/committee name	Government employee members	Other members
Department for Health and Wellbeing - SA Teletriads Advisory Committee	17	Gonzalez-Chica D A/Prof (resigned 09/11/2024), Jones M A/Prof (resigned 09/11/2024), McKay C (resigned 09/11/2024), Williams J Dr (resigned 09/11/2024), Roberts I (resigned 09/11/2024), Bowden B Prof (resigned 09/11/2024), Hughes J Prof (resigned 09/11/2024), Stocks N Prof (resigned 09/11/2024), Goode S (resigned 09/11/2024), Keech W (resigned 09/11/2024), Parker H (resigned 09/11/2024), Delaney S (resigned 09/11/2024), Shams L (resigned 09/11/2024), Geyer B Dr (resigned 09/11/2024), Carne L (resigned 09/11/2024)
Department for Health and Wellbeing - SA Voluntary Assisted Dying Review Board	1	Hunt R Dr (resigned 30/06/2025), May G (resigned 30/06/2025), Stone H (resigned 30/06/2025), Walker H (resigned 30/06/2025), Dawkins J (resigned 30/06/2025), Smith M (resigned 30/06/2025), Jozeps R (resigned 30/06/2025), Zadow R
Department for Health and Wellbeing - Safety Learning System (SLS) Communities of Practice	37	Cole B, Bickley B
Department for Health and Wellbeing - South Australian Formulary Committee	16	Bruce-Gordon S, Artis T, Mittal R Dr, Edney L Dr
Department for Health and Wellbeing - South Australian Medical Education and Training Health Advisory Council	18	Llewellyn A Dr, Craig J Prof (resigned 07/12/2024), Forsyth K Prof (resigned 28/08/2024)
Department for Health and Wellbeing - South Australian Medical Education and Training Health Advisory Council Accreditation Committee	8	Need P Dr, Omond K Dr, Lbeljic M Dr, Llewellyn A Dr, Tate S Dr (resigned 14/03/2025)
Department for Health and Wellbeing - South Australian Medicines Advisory Committee	21	Kardachi G, Wiley J, Clancy A, Stocks N Prof
Department for Health and Wellbeing - South Australian Palliative Care Navigation Pilot Steering Committee	11	Paardekooper C (resigned 30/06/2025), Joshi S Dr (resigned 30/06/2025), Hourigan K (resigned 30/06/2025), Mills S (resigned 30/06/2025)
Department for Health and Wellbeing - South Australian Public Health Council	-	Darzanos J, Ryder C, Moore N, Jenkins M
Department for Health and Wellbeing - STI and HIV Subcommittee	10	Rutland A, Tsephe A, Carroll C, Shrubsole C, Williams E, Morrison K, Rafique M, Betts S, Bartlett S (Chair), Skene H, Morgan J, Leane K, Dugan P, Brandon N, March L, Elliot S Dr, Grant J, Mark B, Riessen J, Brass
Department for Health and Wellbeing - Strategic Mental Health Quality Improvement	32	Lucas G, Singh L (appointed 01/10/2024)
Department for Health and Wellbeing - Trauma Informed Practice Working Group	1	Hofhuis C, English L, Braund S, Gayler M
Department for Health and Wellbeing - TZS OCP Development Committee	6	Kuys J, Murray S
Department for Health and Wellbeing - Veteran's Advisory Health Council	5	Rungie A, Langford W, Lampard F, Hill R (resigned 09/03/2025), William D, Klinge N (resigned 27/05/2025), Ciplys M (resigned 22/06/2025), Mcfarlane A Prof, Prier K (resigned 22/06/2025), De Salvi A Dr, Wadham B Prof (resigned 22/06/2025), May K Dr (resigned 22/06/2025)
Department for Health and Wellbeing - Viral Hepatitis Model of Care (VHMOC) Reference Group	26	Riessen J, Mark B, Leonard J Dr, Safi S (appointed 04/07/2024), Oliver-Landry E Dr, Paterson K, Warneke-Arnold D, Oudih E, Rafique M, Williams E
Department for Health and Wellbeing - Viral Hepatitis Subcommittee (HAPI Group)	6	Safi A, Holly C, Thorpe C, Harris D, Landers D, Williams E, Grant J (Chair), Riessen J, Paterson K, Morrison K, Bellifemini L, Rafique M, Safi S, Wright S, Bartlett S, Shipley T

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

Board/committee name	Government employee members	Other members
Department for Health and Wellbeing - Youth Mental Health Model of Care Implementation Working Group	10	Tong L
Barossa Hills Fleurieu Local Health Network Audit and Risk Committee	-	Russell G (Chair), Batt R, Zimmermann A, Tedesco H
Barossa Hills Fleurieu Local Health Network Clinical Governance Committee	8	Williams H (Chair), Tedesco H
Barossa Hills Fleurieu Local Health Network Consumer and Community Engagement Committee	6	Blackwell P (Chair), Zimmermann A, Brooks J, Hourigan K, Richardson H
Barossa Hills Fleurieu Local Health Network - Country Health Gift Fund Health Advisory Council Inc	2	Fuller J (Chair)
Barossa Hills Fleurieu Local Health Network Governing Board	-	Hazel J (Chair), Batt R, Blackwell P, Gaston C (resigned 30/6/2024), Russell G, Williams H, Zimmermann A, Tedesco H (appointed 01/07/2024), Watson I (appointed 01/07/2024, resigned 31/01/2025)
Barossa Hills Fleurieu Local Health Network - Rural Support Service Governance Committee	3	Batt R (Chair), Blackwell P, Cook L, Ottaway M, Dunchue L, Badenoch J, Irving J
Central Adelaide Local Health Network - Allied Health Directorate Clinical Governance Committee	15	Faik C (appointed 18/02/2025), Iong J (appointed 17/06/2025), Joyce M (appointed 17/06/2025), Heydrich S (resigned 18/02/2025), Kelly P (appointed 20/08/2024)
Central Adelaide Local Health Network - AusHealth Corporate Pty Ltd	2	Cole D (appointed 18/11/2024), Johansen G (resigned 06/06/2025), Hayden S (resigned 15/05/2025), Healey R (appointed 20/01/2025), Livesey S Dr, Paradiso J (appointed 02/06/2025)
Central Adelaide Local Health Network - AusHealth Hospital Research Fund Ltd	2	Cole D (appointed 18/11/2024), Johansen G (resigned 06/06/2025), Hayden S (resigned 15/05/2025), Healey R (appointed 20/01/2025), Livesey S Dr, Paradiso J (appointed 02/06/2025)
Central Adelaide Local Health Network - BreastScreen SA State Quality Committee	6	Beckmann K Dr, Eaton M Dr, Kerrins E, Roder D Prof, Smith K
Central Adelaide Local Health Network Clinical Ethics Committee	9	Cardinali R, Thorpe A
Central Adelaide Local Health Network - Clinical Governance and Quality Committee	13	Touli S
Central Adelaide Local Health Network - Consumer Carer Advisory Group	8	Bickley B, Blake S, Burns T, Cruz J, Earle-Bandaralage L, Edwards L (appointed 14/11/2024, resigned 04/02/2025), Joyce M, Law D (resigned 09/12/2024), Lucas G, Podmore N (appointed 14/11/2024), Rowley E (appointed 14/11/2024), Strzelecki R (appointed 14/11/2024)
Central Adelaide Local Health Network Critical Care & Perioperative Program Intensive Care Services Quality and Governance Committee	44	Bampton J, Bickley B, Bruce K, How C, Johns P, Kelly P, Venhoek J, Workman D, Yeend K
Central Adelaide Local Health Network Critical Care & Perioperative Program Perioperative Services Quality and Governance Committee	35	-
Central Adelaide Local Health Network - Critical Care and Periop Consumer Representative Committee	17	Bruce K, How C, Kelly P, Yeend K
Central Adelaide Local Health Network Drug and Therapeutics Committee	34	Cullen M

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

Board/committee name	Government employee members	Other members
Central Adelaide Local Health Network Executive Quality Governance Committee	43	Bruce K (resigned 11/04/2025), Knight S, Otto K (appointed 05/05/2025)
Central Adelaide Local Health Network - General Medicine Safety and Quality Committee	24	Otto K(appointed 14/10/2024)
Central Adelaide Local Health Network Geriatric Safety and Quality Committee	40	Curry M, Otto K
Central Adelaide Local Health Network Governing Board	-	Beilby J Prof, Cantley K, Dwyer J Prof, Hanlon P (resigned 30/06/2025), Haythorpe I, Kilpatrick C, Mohamed J (resigned 02/10/2024), Spencer R (Chair)
Central Adelaide Local Health Network Governing Board Audit and Risk Committee	-	Batt R, Cantley K , Davis E (resigned 07/05/2025), Mohammed J (resigned 02/10/2024), Haythorpe I (Chair)
Central Adelaide Local Health Network Governing Board Clinical Governance and Consumer Engagement Committee	-	Beilby J Prof (Chair), Bruce K (appointed 25/02/2025), Fyfe D, Kilpatrick C, Liddle L Dr (appointed 25/02/2025), McWhinnie S (resigned 03/07/2024), Touli S (resigned 06/11/2024), Haythorpe I
Central Adelaide Local Health Network Governing Board Finance and Investment Committee	1	Cantley K, Hanlon P (resigned 30/06/2025), Kilpatrick C
Central Adelaide Local Health Network Governing Board People and Culture Committee	-	Dwyer J Prof, Hanlon P (resigned 30/06/2025), McEwen K, Mohamed J (resigned 02/10/2024)
Central Adelaide Local Health Network - Heart and Lung Safety and Quality Committee	46	Carroll N
Central Adelaide Local Health Network Human Research Ethics Committee	7	Air T, Bonython J, Bradshaw A, Crabb A (resigned 01/08/2024), Crockett J, Cullen J, Digance A, Dykes L, Faulbaum S, Fisher A, Greenberg Z (resigned 14/01/2025), Need A A/Prof, Newsham P, Parry C (resigned 21/10/2024), Partridge G, Phillips C, Piccolo R, Ruediger C, Slater H
Central Adelaide Local Health Network Integrated Care Clinical Governance Committee	-	Jobling D (appointed 17/07/2024), North V (resigned 12/06/2025), Soggee R (appointed 17/07/2024), Wing M
Central Adelaide Local Health Network - Learning from Dying Committee	34	Anderson R
Central Adelaide Local Health Network - Priority Care Committee: CALHN Clinical Trials	34	Black J (appointed 21/10/2024), Kerr K (resigned 11/09/2024), Tunn G (resigned 22/04/2025), Uffindell A (appointed 23/05/2025)
Central Adelaide Local Health Network - Priority Care Committee: Communicating for Safety	43	Curry M, Raschella F
Central Adelaide Local Health Network - Priority Care Committee: Comprehensive Care	45	Anderson R, Bickley B, Coates P (resigned in 2024), Curry M, Messing L(resigned in 2024)
Central Adelaide Local Health Network - Priority Care Committee: Managing Deterioration	49	Bickley B
Central Adelaide Local Health Network - Priority Care Committee: Patient Blood Management	55	Caldwell N , Johns P, Kowalski S, Venhoek J
Central Adelaide Local Health Network - Priority Care Committee: Standard 2 Consumer Partnering	-	Bampton J (resigned 01/12/2024), Curry M, Klemm G, McMahon J (resigned 24/09/2024), Sealey C (appointed 06/02/2025), Soggee R (appointed 06/02/2025)
Central Adelaide Local Health Network - Renal Community of Practice Steering Committee	22	Fitzgerald A (appointed 01/03/2025), Lester R, Robson B, Russell C (appointed 01/09/2024, resigned 01/01/2025), Weber D, Williams K

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

Board/committee name	Government employee members	Other members
Central Adelaide Local Health Network - SA Brain Injury Rehabilitation Service Consumer Advisory Group	2	Bollella D, Crawford S, Francese L, Hoile L, Long J, Makrid D, Morgan T (Chair)
Central Adelaide Local Health Network - SA Dental Consumer Representative Group	-	Barker S, Hunt P, Janmaat P, Kendal R, Lockhart F, Milne L(resigned 22/08/2024), Musakanye S, Saunders C, Truong T, Whiteway L (Chair)
Central Adelaide Local Health Network - SA Dental Services Consumer Advisory Panel	2	Boswell E, Costa D Dr, Ireland K, Matiasz S Dr, O'Malley L, Rowberry S (appointed 20/02/2025), Saunders C, Smith S, Stephenson-Jones T, Whiteway L, Zerna J
Central Adelaide Local Health Network - SCSS Audit and Risk Committee	7	Davies T (Chair)
Central Adelaide Local Health Network - Statewide Clinical Support Services Committee	3	Beilby J Prof, Donaghy T, Luchich M, Smith M (resigned 16/05/2025)
Central Adelaide Local Health Network - Stroke Community of Practice Strategic Executive Committee (this committee is temporally on hold)	36	Chamberlain S, Stirling M (appointed 10/04/2025), Whitlam K
Central Adelaide Local Health Network - The Queen Elizabeth Hospital Emergency Department Steering Committee (This committee terminated 19 June 2024, final payment made 2024-25 FY)	23	Myers A (resigned 19/06/2024)
Central Adelaide Local Health Network - Yaitya Marnintyarla Kangka Committee (Aboriginal Priority Care Committee)	28	Miller J, Touli S (appointed 02/05/2025)
Eyre and Far North Local Health Network - Audit and Risk Management Committee	1	Smith T (Chair appointed 01/10/2025), Sweet C
Eyre and Far North Local Health Network - Clinical Governance Committee	-	Mills P Dr (Chair), Siviour J (ended 31/07/2024), Auhl P, Blacker P
Eyre and Far North Local Health Network - Consumer, Community and Clinician Engagement Committee	-	Siviour J (Co Chair), Thyer C (Co Chair)
Eyre and Far North Local Health Network - Digital Strategy Committee	-	Auhl P (Chair), Siviour J (appointed 01/08/2024),
Eyre and Far North Local Health Network - Finance and Performance Committee	-	Dunchue L (Chair), Sweet C
Eyre and Far North Local Health Network Governing Board	1	Smith M (Chair), Dunchue L, Mills P Dr, Siviour J, Sweet C, Thyer C, Auhl P, Smith T (resigned 30/09/2024)
Flinders and Upper North Local Health Network Clinical Governance Committee	-	Malone G (Chair), Plew S (resigned 01/12/2024), Screen A (resigned 01/12/2024), Ward R, Warren C (resigned 01/12/2024) , Fullerton C, Brown C
Flinders and Upper North Local Health Network Consumer and Community Engagement Committee	-	Reid K (Chair), Shute J, Screen A (resigned 01/12/2024), Plew S (resigned 01/12/2024), Reynolds P, Brown C, Whitfield M, Warren C, Fullerton C (resigned 01/12/2024)
Flinders and Upper North Local Health Network Finance and Performance	-	Cogan S, Malone G, McRae R.
Flinders and Upper North Local Health Network Governing Board	-	McRae R (Chair), Graham S, Malone G, Cogan S, Ward R, Warren C, Fullerton C, Whitfield M (resigned 01/07/2024)

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

Board/committee name	Government employee members	Other members
Flinders and Upper North Local Health Network Risk Management and Audit Committee	-	Prestwich P, Whitfield M (resigned 01/07/2024), Graham S, Ward R, Cogan S, McRae R
Limestone Coast Local Health Network Audit and Risk Management Committee	-	Bishop L (Chair), Irving J, Rappensberg G, McKenzie C, Pearson C
Limestone Coast Local Health Network Clinical Governance Committee	-	Saies A (Chair), Rappensberg G, James P
Limestone Coast Local Health Network Engagement Strategy Oversight Committee	-	Cook L (Chair), Davidson J, Groth K
Limestone Coast Local Health Network Finance and Performance Committee	-	Irving J (Chair), Cook L, Bishop L
Limestone Coast Local Health Network Governing Board	-	Saies A (Chair) (appointed 01/07/2024), Cook L, Irving J, Bishop L, Rappensberg G, McKenzie C, Groth K, Davidson J, King G, James P
Northern Adelaide Local Health Network Clinical Governance Committee	-	Roesler C (Chair), Culley A, Lampard F, Lynch I, Naidoo M, Searle J
Northern Adelaide Local Health Network Consumer Advisory Board	-	White A (Chair), Dahal K, Mossop J, Putsey P, Spargo J
Northern Adelaide Local Health Network Consumer Community	4	Baker K, Bonato K, Catley P, Chester M, Coleman L, Dahal K, Damgaard H, Dimitropoulos T, Foong J, Gadd R, Grinter M, Hassan R, Irvine S, MacFarlan C, Maiorana B, Mossop J, Putsey P, Radic S, Radoslovich H, Raina M, Rowa J, Simpson T, Spargo J, Streiber N, Swietek W, Wegener M, White A, Whittle S
Northern Adelaide Local Health Network Governing Board	-	Searle J (Chair), Culley A, Gregory B, Lampard F, Naidoo M, Patetsos M, Roesler C, Swan D
Northern Adelaide Local Health Network Finance Audit and Risk Committee	-	Swan D (Chair), Culley A, Gregory B, Patetsos M, Powell D, Searle J
Northern Adelaide Local Health Network and Department for Health and Wellbeing Aboriginal Consumer Reference Group	-	Wanganeen K (Chair), Chisholm K, Lamont J, O'Brien M, Sinclair N, Stengle A, Turner B, Varcoe E, Wanganeen E, Weetra R
Riverland Mallee Coorong Local Health Network Governing Board	-	Ashworth E (Chair), Goldsmith C, Ottaway M, Toogood F, Waters S, Hearn R, Joyner P (resigned 31/12/2024), Valentine R (appointed 01/07/2024), Rischbieth P (appointed 01/01/2025)
Riverland Mallee Coorong Local Health Network Risk and Audit Committee	-	Brass P (Chair), Goldsmith C, Ottaway M, Valentine R, Ashworth E, Joyner P (resigned 31/12/2024)
SA Ambulance Service Inc - Assurance and Risk Committee	-	Zimmerman A (Chair), Beilby J Professor, Deally Y, McIlroy A
SA Ambulance Service Inc - Clinical Governance Committee	6	Beilby J Professor (Chair), Hibbert P, Marshall J, Dr Thomson N, Farrugia S
SA Ambulance Service Inc - Consumer and Community Advisory Committee	-	Ashley I, Caldwell B, Chester M, Cook C, Earle-Bandaralage L, Kirk P (Co-Chair), Marshall J, Mercer K, Pietsch A, Pilkington I, Saunders C, Salisbury A, Whiteway L, Murray R, Braund S
SA Ambulance Service Inc - Finance Committee	8	McIlroy A (Chair), Murray R
SA Ambulance Service Inc - ICT Governance Committee	3	Deally Y (Chair)
SA Ambulance Service Inc - NSQHS Steering Committee	12	Kirk P, Chester M
SA Ambulance Service Inc - Service Delivery Committee	26	Braund S, Salisbury A

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

Board/committee name	Government employee members	Other members
Southern Adelaide Local Health Network - Audit and Risk Sub Committee (Sub Committee of the Governing Board)	-	Hickey V (Chair), Forman A, Noble J (resigned 28/09/2024)
Southern Adelaide Local Health Network - Board Executive Committee (Sub-Committee of the Governing Board)	-	Butcher M (Chair), Mitchell J, Hickey V, Mackean T (appointed 01/07/2024)
Southern Adelaide Local Health Network - Clinical Council	47	Duong M, Voss D
Southern Adelaide Local Health Network - Clinical Governance (Sub-Committee of the Governing Board)	-	Eckert M, Kirkpatrick E, Kennedy C, Mackean T (resigned 19/09/2024), Mitchell J, Sherbon A (Chair), Wren K (resigned 13/10/2024)
Southern Adelaide Local Health Network - Communicating for Patient Safety Committee	60	Crocker H
Southern Adelaide Local Health Network - Comprehensive Care Committee	44	Stankowski C
Southern Adelaide Local Health Network - Consumer and Community Operational Committee	30	Ball R, Burtnek E, Clarke S (appointed 01/07/2024), Creeks J (appointed 01/07/2024), Andrews K (appointed 01/07/2024), Voss D, Gray H, Pengilly J, Wharton J (resigned 31/01/2025).
Southern Adelaide Local Health Network - DASSA Clinical Executive Committee	10	Newrick K
Southern Adelaide Local Health Network - DASSA Community Advisory Council (Committee ceased 25/03/2025)	1	Brownbill S (resigned 25/03/2025), Dwyer S (Chair) (resigned 25/03/2025), Fuller D (resigned 25/03/2025), Halls A (resigned 25/03/2025), Honeyman L (resigned 25/03/2025), Lochhead S (resigned 25/03/2025), Moncrieff D (resigned 25/03/2025), Newrick K (resigned 25/03/2025), Cotter B (resigned 25/03/2025), Cramp T (resigned 23/07/2024), Moss C (resigned 28/08/2024), Nimmo E (resigned 25/03/2025), O'Brien J (resigned 25/03/2025)
Southern Adelaide Local Health Network - DASSA Leadership Committee	7	O'Brien J, Moncrieff D (appointed 25/07/2024)
Southern Adelaide Local Health Network - Drugs and Therapeutics Committee	27	Pascoe P
Southern Adelaide Local Health Network - End of Life Steering Committee	15	Barrington D, Phelan C, Gray H
Southern Adelaide Local Health Network - Finance and Performance Committee (Sub-Committee of the Governing Board)	1	Sherbon T, Noble J (resigned 28/09/2024), Belej M, Kirkpatrick E (appointed 28/10/2024), Rowlands K (appointed 18/07/2024)
Southern Adelaide Local Health Network - Governing Board	-	Butcher M (Chair), Hickey V, Kirkpatrick E, Mitchell J, Noble J (resigned 28/09/2024), Sherbon A, Agius A (appointed 01/07/2024), Rowlands K (appointed 01/07/2024)
Southern Adelaide Local Health Network - Marion Lived Experience Group Mental Health Services	4	Bickley B (Chair), English L, Police D
Southern Adelaide Local Health Network - Mental Health Consumer and Carer Advisory Group	11	Bickley B (appointed 11/07/2024), Braund S (resigned 11/07/2024), Clark W, Corena M, Marsh D (resigned 01/04/2025), Bannister E (resigned 01/04/2025), Harrison J (resigned 11/07/2024), Hopkins R (resigned 11/07/2024), Gallagher K (appointed 11/07/2024), Smith K (appointed 11/07/2024), Martin L (resigned 01/04/2025), Heredia M (appointed 11/07/2024), Buer S (resigned 01/04/2025), Thorsen K (appointed 01/04/2025)
Southern Adelaide Local Health Network - Mental Health Services Noarlunga Lived Experience Group	4	Buer S (Chair), Hopkins R, Marshall H, Oakley T

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

Board/committee name	Government employee members	Other members
Southern Adelaide Local Health Network - New Technology and Clinical Practice Innovation Committee	13	Kaambwa B, Burtnik E
Southern Adelaide Local Health Network - Older Persons Lived Experience Group Mental Health Services	11	Brown L, Clark W (Chair), Eckert N, Lillecrapp D, Masters R, Schetters J, Werner J, Whitmore A
Southern Adelaide Local Health Network - Ramping Committee (Sub-Committee of the Governing Board) (Committee ceased July 2024)	-	Butcher M, Richter J, Sherbon T
Southern Adelaide Local Health Network - SEDS	1	Corena M (Chair), McGregor A, James S, Rouvray L, Woolford L, Braund S, Witt K, Higgins K, Wilkins H
Southern Adelaide Local Health Network - Southern Adelaide Clinical Human Research Ethics Committee	30	Adey-Wakeling T, Cahalan P, Coles S, Dykes L, Guaqueta C, Lange B (Deputy Chair), Lower K, McEvoy M, Mudd A, Phillips C, Putsey T, Sharma S, Shephard S, Souzeau E, Spencer M, Thomas J, Trethewey C, Trethewey Y, Van Lueven J, Velayudham P, Watt B, Were L, Yip L, Zhou Y, Toews M, Stacey A, Telfer R (appointed 16/04/2025)
Southern Adelaide Local Health Network - Veterans Lived Experience Group Mental Health Services	8	Frampton R (Chair), Damare M, Hall R (Consumer Representative), O'Malley J, Schofield M (Consumer Representative), Warren S
Women's and Children's Local Health Network - Audit and Risk Committee	-	Daw S (Chair), Dennis C, Tsogas A
Women's and Children's Local Health Network - Clinical Governance Group	-	Daw S (Chair), Cadzow M, Griffin L, Healey T, Dennis C, Morris S, Everett D
Women's and Children's Local Health Network - Governing Board	-	Dennis C (Chair), Daw S (Deputy Chair), Miller S, Wilson B, Donaghy T, Everett D, Morris S, Davis E
Women's and Children's Local Health Network - Finance and Performance	-	Wilson B (Chair), Morris S, Dennis C
Yorke and Northern Local Health Network - Audit and Risk Committee	-	Banham D (Chair), Badenoch J, Traeger E, O'Connor J
Yorke and Northern Local Health Network - Governing Board	1	Voumard J (Chair), Badenoch J, Banham D (resigned 30/06/2025), Coulthard G, Malcolm E (resigned 30/06/2025), O'Connor J, Thomas K

Refer to note 8.2 for remuneration of board and committee members

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.

38.2 Categories of administered items

Special Acts (Parent) administered items include the following:

- Minister for Health and Wellbeing's salary and allowances and revenues from SA Government received/receivable for these expenses; and
- Health and Community Services Complaints Commissioner's remuneration and revenues from SA Government received/receivable for these expenses.

Health and Medical Research Fund (HMRF) (Parent) represents royalty income received from commercialisation of intellectual property and contribution of funds for the purposes of health and medical research in South Australia.

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

Other administered items include the following:

- SA Medical Boards;
- Medical Centres - represents fees and charges collected on behalf of doctors that work in Regional LHN owned Medical Centres;
- Research;
- Nurses education;
- Fund raising; and
- Strata Corp.

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

38.3 Administered items - budgetary reporting

Budget information for Special Acts and HMRF is presented to Parliament; Budget Paper 4 includes a statement of comprehensive income for administered items for the Department. The budget process is not subject to audit.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

38.4 Schedules of administered items

Consolidated	Special Acts		HMRF		Private Practice		Other		Total	
	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024
<u>Schedule of Administered Expenses and Income</u>	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<u>Administered income</u>										
Revenues from SA Government	670	643	-	-	-	-	-	-	670	643
Fees and charges	-	-	-	-	105,275	97,519	2,916	3,176	108,191	100,695
Other revenues	-	-	-	-	-	-	38	39	38	39
Total Administered income	670	643	-	-	105,275	97,519	2,954	3,215	108,899	101,377
<u>Administered expenses</u>										
Employee benefits expenses	670	643	-	-	-	-	60	60	730	703
Supplies and services	-	-	-	-	597	608	306	327	903	935
Depreciation expense	-	-	-	-	-	-	3	3	3	3
Other expenses	-	-	-	-	104,651	96,410	2,508	2,792	107,159	99,202
Total Administered expenses	670	643	-	-	105,248	97,018	2,877	3,182	108,795	100,843
Net result	-	-	-	-	27	501	77	33	104	534
<u>Schedule of Administered Assets and Liabilities</u>										
<u>Administered current assets</u>										
Cash and cash equivalents	(79)	(152)	10,278	10,278	10,990	11,022	233	583	21,422	21,731
Receivables	79	152	-	-	6,117	6,878	59	21	6,255	7,051
Total Administered current assets	-	-	10,278	10,278	17,107	17,900	292	604	27,677	28,782
<u>Administered non-current assets</u>										
Property, plant and equipment	-	-	-	-	-	-	19	21	19	21
Total Administered non-current assets	-	-	-	-	-	-	19	21	19	21
Total Administered assets	-	-	10,278	10,278	17,107	17,900	311	625	27,696	28,803
<u>Administered current liabilities</u>										
Payables	-	-	-	-	5,257	7,168	276	535	5,533	7,703
Other current provisions/liabilities	-	-	-	-	23	47	-	-	23	47
Total Administered current liabilities	-	-	-	-	5,280	7,215	276	535	5,556	7,750
Total Administered liabilities	-	-	-	-	5,280	7,215	276	535	5,556	7,750
Net Administered assets/equity	-	-	10,278	10,278	11,827	10,685	35	90	22,140	21,053

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

Schedule of Administered Cash Flows

	2025	2024
	\$'000	\$'000
<u>Cash flows from operating activities</u>		
Cash inflows		
Receipts from SA Government	743	591
Fees and charges	108,914	101,815
Other revenues	38	39
Total Cash inflows	109,695	102,445
Cash outflows		
Employee benefits payments	730	703
Supplies and services	903	915
Other payments	108,371	102,078
Total Cash outflows	110,004	103,696
Net cash used in operating activities	(309)	(1,251)
Net increase/(decrease) in cash held	(309)	(1,251)
Cash at the beginning of the reporting period	21,731	22,982
Cash at the end of the reporting period	21,422	21,731