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To the Chief Executive Department for Health and Wellbeing

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 2026.

In my opinion, 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 2026, 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 2026
- a Statement of Financial Position as at 30 June 2026
- a Statement of Changes in Equity for the year ended 30 June 2026
- a Statement of Cash Flows for the year ended 30 June 2026
- 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 opinion

I conducted the audit in accordance with the *Public Finance and Audit Act 1987* and Australian Auditing Standards. My responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial report' section of my report. I am independent of the 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 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 2026.

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.



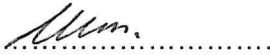
Andrew Blaskett
Auditor-General

22 September 2026

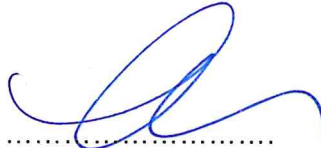
Certification of the financial statements

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

Date 15 SEPTEMBER 2026

THE DEPARTMENT FOR HEALTH AND WELLBEING
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2026

		Consolidated		Parent	
	Note	2026	2025	2026	2025
		\$'000	\$'000	\$'000	\$'000
Income					
Revenues from SA Government	2	7,369,293	6,461,124	7,369,293	6,461,124
Fees and charges	3	960,521	928,110	266,479	281,852
Grants and contributions	4	2,930,494	2,717,383	2,307,139	2,136,362
Interest	5	19,751	18,464	3,420	2,062
Resources received free of charge	6	118,149	135,889	57,785	56,703
Other revenues/income	7	42,936	43,561	253,211	228,119
Total income		11,441,144	10,304,531	10,257,327	9,166,222
Expenses					
Employee related expenses	8	6,388,256	5,757,193	226,050	215,646
Supplies and services	9	3,582,801	3,281,671	821,020	798,826
Depreciation and amortisation	20,21	372,888	355,691	9,593	15,058
Grants and subsidies	10	46,008	44,165	8,826,455	7,966,140
Borrowing costs	11	194,769	204,737	536	703
Net loss from disposal of non-current and other assets	13	4,598	9,026	-	16
Impairment loss on receivables	15.1,18	11,926	10,631	(3,042)	946
Other expenses	12	120,454	95,515	70,577	56,644
Total expenses		10,721,700	9,758,629	9,951,189	9,053,979
Net result		719,444	545,902	306,138	112,243
Other Comprehensive Income					
Items that will not be reclassified to net result					
Changes in property, plant and equipment asset revaluation surplus		729,167	94,241	-	-
Items that will be reclassified subsequently to net result when specific conditions are met					
Gains or losses recognised directly in equity		3,145	10,450	-	-
Total other comprehensive income		732,312	104,691	-	-
Total comprehensive result		1,451,756	650,593	306,138	112,243

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 2026

		Consolidated		Parent	
	Note	2026	2025	2026	2025
		\$'000	\$'000	\$'000	\$'000
Current assets					
Cash and cash equivalents	14	1,710,210	1,279,407	1,100,080	752,360
Receivables	15	619,189	535,112	385,306	306,435
Other financial assets	16	164,239	148,668	-	-
Inventories	17	82,598	91,018	33,739	45,783
Contract assets	18	11,735	5,285	-	-
		2,587,971	2,059,490	1,519,125	1,104,578
Non-current assets classified as held for sale	19.8	9,600	-	-	-
Total current assets		2,597,571	2,059,490	1,519,125	1,104,578
Non-current assets					
Receivables	15	46,294	44,337	66	66
Other financial assets	16	7,889	8,388	-	-
Property, plant and equipment	19,20	8,650,988	7,488,257	78,046	82,471
Investment property	19,20	17,920	31,100	-	-
Intangible assets	19,21	30,164	30,674	12,298	16,329
Total non-current assets		8,753,255	7,602,756	90,410	98,866
Total assets		11,350,826	9,662,246	1,609,535	1,203,444
Current liabilities					
Payables	23	662,698	565,120	407,174	314,622
Financial liabilities	24	92,402	92,659	1,379	2,368
Employee related liabilities	25	1,090,315	947,450	30,701	29,318
Provisions	26	82,434	76,110	33,246	29,546
Contract liabilities and other liabilities	27	184,891	174,310	6,540	8,060
Total current liabilities		2,112,740	1,855,649	479,040	383,914
Non-current liabilities					
Payables	23	57	57	33,394	34,279
Financial liabilities	24	2,402,576	2,484,055	15,830	21,394
Employee related liabilities	25	939,955	886,353	38,957	38,643
Provisions	26	373,271	365,707	194,679	181,945
Contract liabilities and other liabilities	27	16,276	16,230	14,458	16,230
Total non-current liabilities		3,732,135	3,752,402	297,318	292,491
Total liabilities		5,844,875	5,608,051	776,358	676,405
Net assets		5,505,951	4,054,195	833,177	527,039
Equity					
Contributed capital		1,700,853	1,700,853	1,700,853	1,700,853
Retained earnings		1,472,290	748,644	(911,219)	(1,217,357)
Asset revaluation surplus		2,198,987	1,474,022	43,543	43,543
Other reserves		133,821	130,676	-	-
Total equity		5,505,951	4,054,195	833,177	527,039

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 2026

CONSOLIDATED

	Note	Contributed capital \$ '000	Asset revaluation surplus \$ '000	Other reserves \$'000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2024		1,700,853	1,387,897	120,226	194,164	3,403,140
Prior period adjustment	1.7	-	(2,534)	-	1,440	(1,094)
Restated balance at 30 June 2024		1,700,853	1,385,363	120,226	195,604	3,402,046
Net result for 2024-25		-	-	-	545,902	545,902
Gain/(loss) 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	545,902	650,593
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	1,474,022	130,676	748,644	4,054,195
Net result for 2025-26		-	-	-	719,444	719,444
Gain/(loss) on revaluation of land and buildings	20	-	729,167	-	-	729,167
Gain/(loss) on revaluation of other financial assets		-	-	124	-	124
Gain/(loss) on revaluation of defined benefit fund liability	25.4	-	-	3,021	-	3,021
Total comprehensive result for 2025-26		-	729,167	3,145	719,444	1,451,756
Transfer between equity components		-	(4,202)	-	4,202	-
Balance at 30 June 2026		1,700,853	2,198,987	133,821	1,472,290	5,505,951

PARENT

		Contributed capital \$ '000	Asset revaluation surplus \$ '000	Other reserves \$'000	Retained earnings \$ '000	Total equity \$ '000
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
Net result for 2025-26		-	-	-	306,138	306,138
Total comprehensive result for 2025-26		-	-	-	306,138	306,138
Balance at 30 June 2026		1,700,853	43,543	-	(911,219)	833,177

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 2026

	Note	Consolidated 2026 \$'000	2025 \$'000	Parent 2026 \$'000	2025 \$'000
Cash flows from operating activities					
Cash inflows					
Receipts from SA Government		7,369,293	6,461,124	7,369,293	6,461,124
Fees and charges		865,775	904,495	25,601	130,818
Grants and contributions		2,943,761	2,730,813	2,307,358	2,136,471
Interest received		17,184	18,966	3,482	2,000
Residential aged care bonds received		49,431	316,516	-	-
GST recovered from ATO		335,500	48,666	101,296	121,518
Other receipts		47,542	46,699	2,771	3,568
Cash outflows					
Employee benefits payments		(6,196,148)	(5,615,661)	(227,947)	(218,853)
Payments for supplies and services		(3,707,366)	(3,464,659)	(740,185)	(808,142)
Payments of grants and subsidies		(89,018)	(96,403)	(8,482,256)	(7,662,234)
Interest paid		(197,718)	(197,508)	(536)	(703)
Residential aged care bonds refunded		(39,220)	(34,250)	-	-
Other payments		(64,381)	(58,089)	(9,678)	(2,422)
Net cash from operating activities	28	1,334,635	1,060,709	349,199	163,145
Cash flows from investing activities					
Cash inflows					
Proceeds from sale of property, plant and equipment		735	358	-	-
Proceeds from sale/maturities of investments		16,007	13,721	-	-
Cash outflows					
Purchase of property, plant and equipment		(783,779)	(668,430)	-	(142)
Purchase of intangible assets		(8,084)	(6,136)	(343)	(1,666)
Purchase of investments		(30,676)	(26,993)	-	-
Net cash used in investing activities		(805,797)	(687,480)	(343)	(1,808)
Cash flows from financing activities					
Cash outflows					
Repayment of lease liabilities		(98,035)	(94,506)	(1,136)	(2,282)
Net cash used in financing activities		(98,035)	(94,506)	(1,136)	(2,282)
Net increase/(decrease) in cash and cash equivalents		430,803	278,723	347,720	159,055
Cash and cash equivalents at the beginning of the period		1,279,407	1,000,684	752,360	593,305
Cash and cash equivalents at the end of the period	14	1,710,210	1,279,407	1,100,080	752,360

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 (BHFLHN);
- Central Adelaide Local Health Network Incorporated (includes subsidiary AusHealth Corporate Pty Ltd (AusHealth)) (CALHN);
- Eyre and Far North Local Health Network Incorporated (EFNLHN);
- Flinders and Upper North Local Health Network Incorporated (FUNLHN);
- Limestone Coast Local Health Network Incorporated (LCLHN);
- Northern Adelaide Local Health Network Incorporated (NALHN);
- Riverland Mallee Coorong Local Health Network Incorporated (RMCLHN);
- SA Ambulance Service Inc (includes SA Ambulance Development Fund) (SAAS);
- Southern Adelaide Local Health Network Incorporated (SALHN);
- Women's and Children's Health Network Incorporated (WCHN); and
- Yorke and Northern Local Health Network Incorporated (YNLHN);

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 (PHSA), and the Commission on Excellence and Innovation in Health (CEIH)) 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.

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:

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

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 fees and charges and other revenues (income), supplies and services and grants (expenditure), and workers compensation payable (liability) - refer to notes 3, 7, 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 \$484.831 million (\$203.841 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.

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.

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

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.

1.7 Prior period adjustments

WCHN determined that \$4.513 million of capital works in progress for completed works was overstated, also included in valuation of buildings as at 1 June 2024, and subsequently derecognised the capital works in progress along with corresponding asset revaluation reserve.

CALHN retrospectively derecognised \$2.400 million of lease liability and right-of-use buildings asset, for lease incentive details incorrectly recognised during 2024-25.

EFNLHN and SALHN identified that buildings located at Amata, within the APY Lands, which had been under the control of the Consolidated Entity for several years, had not been accurately recognised in the asset register. Details were subsequently confirmed by infrastructure team in the Department and external valuer, effective June 2024. As a result, the buildings were recognised and added to the balance sheet during the reporting period with gross carrying value of \$1.979 million, along with retrospective depreciation.

CALHN identified that a heritage full body monitor and other items, which had been in the CALHN museum for multiple years, had not been accurately recognised in the asset register. Independent valuation details were subsequently confirmed, and the plant and equipment assets were added to the balance sheet with a carrying value of \$1.440 million.

Consolidated Entity - Restatement of 2024-25 comparative information	2025 reported \$'000	Prior period adjustment \$'000	2025 restated \$'000
Statement of Comprehensive Income			
Depreciation and amortisation expense - note 20	355,556	135	355,691
Total comprehensive result	650,728	(135)	650,593
Statement of Financial Position			
Assets: Property, plant and equipment	7,491,886	(3,629)	7,488,257
Liabilities: Financial liabilities - non-current - note 24	2,486,455	(2,400)	2,484,055
Reconciliation of property, plant and equipment - note 20			
Buildings: Carrying amount at the beginning of the period	2,924,802	1,979	2,926,781
Buildings: Depreciation and amortisation	(176,630)	(135)	(176,765)
Buildings: Carrying amount at the end of the period	3,232,509	1,844	3,234,353
Right-of-use buildings: Additions	43,342	(2,400)	40,942
Right-of-use buildings: Carrying amount at the end of the period	2,447,035	(2,400)	2,444,635
Capital works in progress land and buildings: Carrying amount at the beginning of the period	632,273	(4,513)	627,760
Capital works in progress land and buildings: Carrying amount at the end of the period	802,159	(4,513)	797,646
Other plant and equipment: Carrying amount at the beginning of the period	39,542	1,440	40,982
Other plant and equipment: Carrying amount at the end of the period	35,279	1,440	36,719
Statement of Changes in Equity - balance at 30 June 2025			
Retained earnings	747,339	1,305	748,644
Asset revaluation surplus	1,476,556	(2,534)	1,474,022

2. Revenues from SA Government

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Revenues from SA Government				
Contingency funding provided by DTF	197,613	1,969	197,613	1,969
Appropriations from Consolidated Account pursuant to the <i>Appropriation Act</i>	6,867,827	6,335,610	6,867,827	6,335,610
Commonwealth capital grants received via DTF	77,502	72,807	77,502	72,807
Commonwealth recurrent grants received via DTF	226,351	50,738	226,351	50,738
Total revenues from SA Government	7,369,293	6,461,124	7,369,293	6,461,124

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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.

3. Fees and charges

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Ambulance cover	32,770	29,646	-	-
Ambulance transport	115,535	113,547	-	-
Business services	1,256	2,314	1,255	2,314
Car parking revenue	24,183	23,158	15	16
Commissions revenue	99	157	1	2
Fines, fees and penalties	1,329	1,190	1,118	987
Interstate patient transfers	115,170	137,757	115,089	137,757
Patient and client fees	465,325	431,617	-	-
Private practice fees	62,179	55,889	6,866	5,911
Fees for health services	42,609	43,762	3,601	2,818
Residential and other aged care charges	35,669	32,717	-	-
Royalty income	140	268	-	-
Sale of goods - medical supplies	1,934	1,729	136,294	129,803
Training revenue	1,979	1,544	1,020	951
Other user charges and fees	60,344	52,815	1,220	1,293
Total fees and charges	960,521	928,110	266,479	281,852

Due to inter-entity eliminations upon consolidation, revenue from fees and charges of \$143.363 million (\$135.930 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	2026	2026	2025	2025
	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	-	32,770	-	29,646
Ambulance transport	113,052	-	110,583	-
Business services	1,256	-	2,314	-
Car parking revenue	13,844	10,339	13,231	9,927
Commissions revenue	99	-	157	-
Interstate patient transfers	115,170	-	137,757	-
Patient and client fees	416,441	-	386,989	-
Private practice fees	62,179	-	55,889	-
Fees for health services	40,222	-	40,005	-
Residential and other aged care charges	35,669	-	32,717	-
Royalty income	140	-	268	-
Sale of goods - medical supplies	1,917	-	1,727	-
Training revenue	1,811	-	1,361	-
Other user charges and fees	55,865	5	49,891	17
Total contracts with external customers	857,665	43,114	832,889	39,590
Ambulance transport	2,483	-	2,964	-
Patient and client fees	48,884	-	44,628	-
Fees for health services	2,387	-	3,757	-
Sale of goods - medical supplies	17	-	2	-
Training revenue	168	-	183	-
Other user charges and fees	4,474	-	2,907	-
Total contracts with SA Government customers	58,413	-	54,441	-
Total contracts with customers	916,078	43,114	887,330	39,590

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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, anesthetists, pathology, radiology services etc. Revenue from these services is recognised on a time-and-material basis as services are provided. Any amounts remaining unpaid at the end of the reporting period are treated as an accounts receivable.

Ambulance transport

Ambulance transport revenue comprises revenue earned from the provision of first aid and patient transportation that are considered emergency and 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. 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 applicable actual data outcomes for 2021-22 to 2023-24 and estimated increase. Refer to note 23 for more information on interstate patient transfers payable.

4. Grants and contributions

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Commonwealth aged care subsidies	95,144	87,084	-	-
Pharmaceutical Benefits Scheme Commonwealth subsidy	313,763	289,271	-	-
Commonwealth National Health Reform Agreement	2,179,478	2,027,007	2,179,478	2,027,007
Department of Veterans' Affairs (Commonwealth)	43,140	40,329	43,140	40,329
Commonwealth Transition Care Program	39,093	24,304	39,093	24,304
Other Commonwealth grants and contributions	153,137	148,249	21,805	19,629
SA Government Community Development Fund	6,600	6,600	6,600	6,600
SA Government capital contributions	3,079	100	-	-
Emergency Services Levy	1,685	1,644	-	-
Other SA Government grants and contributions	26,578	28,164	12,418	14,924
Private sector capital contributions	1,249	1,247	-	-
Private sector grants and contributions	67,548	63,384	4,605	3,569
Total grants and contributions	2,930,494	2,717,383	2,307,139	2,136,362

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 \$2,930.494 million (\$2,717.383 million) received during the reporting period \$2,545.385 million (\$2,360.913 million) was provided for specific purposes, including State and Commonwealth Health Initiatives-Health reforms, research and other associated activities.

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5. Interest

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Interest on operating accounts	10,678	9,232	3,420	2,062
Interest from SAFA on investments	64	63	-	-
Interest on Special Purpose Funds	9,009	9,169	-	-
Total interest	19,751	18,464	3,420	2,062

6. Resources received free of charge

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Land and buildings	5,380	25,500	5,380	-
Plant and equipment	916	240	-	-
Inventory	48,743	52,910	48,743	52,910
Services	63,103	57,239	3,662	3,793
Other	7	-	-	-
Total resources received free of charge	118,149	135,889	57,785	56,703

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.

Contributions of services are recognised only when fair value can be determined reliably and the services would be purchased if they had not been donated. The services the Consolidated Entity receives free of charge includes Financial Accounting, Taxation, Payroll, Accounts Payable and Accounts Receivable from Shared Services SA valued at \$42.967 million (\$40.234 million) (Parent \$2.250 million (\$2.354 million)), IT and communication services from the Office of the Chief Information Officer valued at \$14.293 million (\$13.944 million) (Parent \$0.498 million (\$0.484 million)), audit services from the Audit Office of South Australia valued at \$2.502 million (\$2.908 million) (Parent \$0.635 million (\$0.805 million)), and media monitoring, advertising and communication services from the Department of the Premier and Cabinet valued at \$0.358 million (\$0.150 million) (Parent \$0.249 million (\$0.150 million)).

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	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Dividend revenue	263	220	-	-
Donations	15,362	8,893	-	-
Gain on revaluation of investment property	-	1,168	-	-
Health recoveries	-	-	186,510	170,786
Insurance recoveries	9	(59)	56,980	50,307
Other	27,302	33,339	9,721	7,026
Total other revenues/income	42,936	43,561	253,211	228,119

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.

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8. Employee related expenses

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Salaries and wages	4,985,905	4,494,242	156,945	151,104
Targeted voluntary separation packages	987	982	744	478
Long service leave	137,766	123,504	5,446	4,103
Annual leave	521,536	455,389	15,962	15,077
Skills and experience retention leave	23,358	20,918	1,039	920
Superannuation	645,136	571,781	22,997	21,467
Workers compensation	52,851	70,839	7,630	7,498
Board and committee fees	3,599	3,573	328	359
Other employee related expenses	17,118	15,965	14,959	14,640
Total employee related expenses	6,388,256	5,757,193	226,050	215,646

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 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)	2026	2025
	\$'000	\$'000
Salaries and other short term employee benefits	3,673	3,846
Post-employment benefits	1,238	1,014
Total	4,911	4,860

Apart from the remuneration for key management personnel, the Consolidated Entity did not have any material transactions with key management personnel, their close family members and/or their controlled or jointly controlled entities in 2024-25 and 2025-26.

8.2 Remuneration of Boards and Committees (Consolidated Entity)

	2026	2025
	No. of	No. of
	Members	Members
\$0	1,556	1,368
\$1 - \$20,000	230	237
\$20,001 - \$40,000	68	67
\$40,001 - \$60,000	11	15
\$60,001 - \$80,000	5	5
Total	1,870	1,692

The total remuneration received or receivable by members was \$3.936 million (\$3.882 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.

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8.3 Employee remuneration

	Consolidated		Parent	
	2026	2025	2026	2025
The number of employees whose remuneration received or receivable falls within the following bands:	Number	Number	Number	Number
\$171,001 - \$177,000*	n/a	284	n/a	8
\$177,001 - \$197,000	1,116	1,026	34	27
\$197,001 - \$217,000	800	604	13	16
\$217,001 - \$237,000	548	383	10	11
\$237,001 - \$257,000	316	266	13	14
\$257,001 - \$277,000	237	227	5	3
\$277,001 - \$297,000	215	194	1	5
\$297,001 - \$317,000	156	143	2	3
\$317,001 - \$337,000	150	146	6	2
\$337,001 - \$357,000	128	112	1	3
\$357,001 - \$377,000	121	110	2	3
\$377,001 - \$397,000	123	86	1	1
\$397,001 - \$417,000	98	84	3	2
\$417,001 - \$437,000	99	90	2	-
\$437,001 - \$457,000	88	90	-	1
\$457,001 - \$477,000	77	81	2	1
\$477,001 - \$497,000	91	90	-	1
\$497,001 - \$517,000	96	88	-	1
\$517,001 - \$537,000	96	64	2	-
\$537,001 - \$557,000	62	60	-	-
\$557,001 - \$577,000	59	59	-	-
\$577,001 - \$597,000	52	34	-	-
\$597,001 - \$617,000	50	35	-	-
\$617,001 - \$637,000	37	39	-	2
\$637,001 - \$657,000	50	27	1	-
\$657,001 - \$677,000	34	28	1	-
\$677,001 - \$697,000	29	24	-	1
\$697,001 - \$717,000	22	16	-	-
\$717,001 - \$737,000	19	17	1	-
\$737,001 - \$757,000	21	7	1	-
\$757,001 - \$777,000	12	10	-	-
\$777,001 - \$797,000	8	10	-	-
\$797,001 - \$817,000	7	3	-	-
\$817,001 - \$837,000	3	3	-	-
\$837,001 - \$857,000	8	1	-	-
\$857,001 - \$877,000	4	1	-	-
\$877,001 - \$897,000	-	1	-	-
\$897,001 - \$917,000	5	1	-	-
\$917,001 - \$937,000	1	-	-	-
\$937,001 - \$957,000	2	1	-	-
\$957,001 - \$977,000	-	1	-	-
\$977,001 - \$997,000	-	1	-	-
\$1,017,001 - \$1,037,000	1	1	-	-
\$1,037,001 - \$1,057,000	1	1	-	-
\$1,057,001 - \$1,077,000	-	1	-	-
\$1,177,001 - \$1,197,000	1	-	-	-
\$1,197,001 - \$1,217,000	-	1	-	-
\$1,377,001 - \$1,397,000	1	-	-	-
\$1,617,001 - \$1,637,000	1	-	-	-
\$1,657,001 - \$1,677,000	-	1	-	-
Total number of employees	5,045	4,552	101	105

* This band has been included for the purposes of reporting comparative figures based on the executive base level remuneration rate for 2024-25.

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, salary sacrifice benefits and fringe benefits and any fringe benefits tax paid or payable in respect of those benefits as well as any termination benefits for employees who have left the Department.

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8.4 Employee remuneration by classification

The total remuneration received by these employees, included above:

	Consolidated				Parent			
	2026		2025		2026		2025	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Executive	141	39,800	141	39,257	59	17,148	63	17,632
Medical (excluding Nursing)	3,689	1,263,514	3,293	1,095,034	8	2,358	9	2,652
Non-medical (i.e. administration)	144	29,762	123	24,303	16	4,127	13	2,672
Nursing	586	115,177	553	104,734	18	3,472	20	3,672
Operational	485	105,293	442	93,599	-	-	-	-
Total	5,045	1,553,546	4,552	1,356,927	101	27,105	105	26,628

8.5 Targeted voluntary separation packages (TVSP)

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Amount paid/payable to separated employees:				
Targeted voluntary separation packages	987	982	744	478
Leave paid/payable to separated employees	369	246	256	111
	1,356	1,228	1,000	589
Recovery from DTF	-	589	-	589
Net cost to the entity	1,356	639	1,000	-

The number of employees who received a TVSP during the reporting period	8	9	6	4
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9. Supplies and services

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Administration	10,203	8,960	1,529	1,686
Advertising	7,719	7,655	4,294	5,323
Communication	37,953	36,915	11,425	11,075
Computing	184,119	173,899	153,807	148,951
Consultants	8,503	7,375	854	548
Contract of services	313,998	271,643	225,268	204,256
Contractors	39,343	40,539	17,880	20,476
Contractors - agency staff	233,847	216,732	23,163	32,062
Cost of goods sold	1,708	2,375	135,506	130,930
Drug supplies	408,315	378,446	6,939	7,423
Electricity, gas and fuel	52,943	50,989	500	609
Fee for service	470,113	440,356	-	-
Food supplies	67,388	61,518	115	92
Housekeeping	124,067	108,028	648	747
Insurance	85,670	92,899	82,464	89,002
Interstate patient transfers	85,830	69,742	85,686	69,601
Legal	9,665	8,825	3,291	5,293
Low value lease expense	26,457	20,401	26,332	20,293
Medical, surgical and laboratory supplies	538,597	468,352	637	537
Minor equipment	51,746	51,674	762	1,961
Motor vehicle expenses	25,212	17,742	374	242
Occupancy rent and rates	46,065	41,510	14,611	14,287
Patient transport	75,632	67,632	-	-
Postage	22,341	22,299	3,917	4,771
Printing and stationery	16,432	16,218	666	823
Public Private Partnership operating expenses	136,892	123,414	-	-
Repairs and maintenance	179,549	159,426	2,196	1,804
Security	93,405	93,111	1,749	7,407
Services from Shared Services SA	44,122	41,077	2,274	2,444
Short term lease expense	7,728	6,697	356	401
Training and development	59,485	55,439	3,080	4,366
Travel expenses	35,236	35,390	773	2,229
Other supplies and services	82,518	84,393	9,924	9,187
Total supplies and services	3,582,801	3,281,671	821,020	798,826

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Due to inter-entity eliminations upon consolidation, supplies and services of \$9.454 million (\$9.815 million) between the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

Some of 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	
		2026	2025	2026	2025
		\$'000	\$'000	\$'000	\$'000
Operational funding to incorporated Health Services	10.1	-	-	8,025,238	7,282,593
Capital funding to incorporated Health Services	10.1	-	-	762,068	645,683
Subsidies		10,480	10,779	8,425	9,409
Funding to non-government organisations		34,675	32,085	29,831	27,154
Other		853	1,301	893	1,301
Total grants and subsidies		46,008	44,165	8,826,455	7,966,140

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

	Operational		Capital Projects	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Barossa Hills Fleurieu Local Health Network Incorporated	382,808	348,957	136,265	54,995
Eyre and Far North Local Health Network Incorporated	155,550	137,810	1,901	2,064
Flinders and Upper North Local Health Network Incorporated	189,588	170,902	10,412	5,723
Riverland Mallee Coorong Local Health Network Incorporated	197,487	172,908	4,997	9,138
Limestone Coast Local Health Network Incorporated	218,466	191,597	18,473	14,716
Yorke and Northern Local Health Network Incorporated	221,585	200,050	13,068	15,688
SA Ambulance Service Inc	316,862	279,139	87,513	133,452
Southern Adelaide Local Health Network Incorporated	1,707,883	1,549,499	167,030	128,245
Central Adelaide Local Health Network Incorporated	2,732,491	2,499,408	28,953	66,166
Women's and Children's Health Network Incorporated	676,610	642,671	207,886	132,193
Northern Adelaide Local Health Network Incorporated	1,225,908	1,089,652	85,570	83,303
Total funding to incorporated Health Services	8,025,238	7,282,593	762,068	645,683

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 \$8,787.386 million (\$7,928.276 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	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Interest expense on lease liabilities	194,769	204,737	536	703
Total borrowing costs	194,769	204,737	536	703

Included in the lease costs is a reduction in contingent rental amounts of \$164.185 million (\$180.459 million) relating to CALHN. Refer to note 24 for more information on financial liabilities.

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12. Other expenses

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Debts written off	39,034	31,333	7,789	68
Bank fees and charges	556	496	3	2
Donated assets expense	5,761	-	-	-
Donated drug vaccine expense	50,522	50,416	50,522	50,416
Ex gratia payments	120	310	70	310
Loss on revaluation of investment property	3,580	-	-	-
Net loss on revaluation of investments	926	-	-	-
Net loss on sale of investments	-	249	-	-
Service recoveries paid to other SA Government entities	1,136	1,172	1,136	1,172
Write-down of inventory	10,087	4,398	9,297	3,763
Other	8,732	7,141	1,760	913
Total other expenses	120,454	95,515	70,577	56,644

Included in other expenses is audit fees paid/payable to Galpins Accountants, Auditors and Business Consultants of \$0.287 million (\$0.256 million) for audits of the Health Advisory Council's (HACs) and aged care, and to BDO for audit services for AusHealth of \$0.071 million (\$0.059 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 loss from disposal of non-current and other assets

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Land and buildings	2,992	6,325	-	-
Plant and equipment	1,606	2,614	-	16
Intangible assets	-	87	-	-
Total net loss from disposal of non-current and other assets	4,598	9,026	-	16

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.

14. Cash and cash equivalents

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Cash at bank or on hand	46,518	46,286	303	251
Deposits with Treasurer: general operating	1,038,159	639,835	731,832	384,164
Deposits with Treasurer: accrual appropriation excess funds	367,945	367,945	367,945	367,945
Deposits with Treasurer: special purpose funds	257,588	225,341	-	-
Total cash and cash equivalents in the Statement of Financial Position	1,710,210	1,279,407	1,100,080	752,360
Total cash and cash equivalents in the Statement of Cash Flows	1,710,210	1,279,407	1,100,080	752,360

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.

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15. Receivables

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Current				
Patient/client fees: compensable	15,934	16,825	-	-
Patient/client fees: aged care	5,793	5,963	-	-
Patient/client fees: other	99,833	90,695	-	-
Debtors	128,978	143,904	8,325	24,288
Less: allowance for impairment loss on receivables	(84,767)	(74,978)	(1,519)	(4,561)
Interstate patient transfers	311,405	199,597	311,405	199,597
Prepayments	52,271	58,784	32,319	39,624
Dividends	23	23	-	-
Interest	2,215	1,048	-	62
Grants	1,378	95	-	-
Sundry receivables and accrued revenue	53,767	46,130	4,321	2,346
GST input tax recoverable	32,359	47,026	30,455	45,079
Total current receivables	619,189	535,112	385,306	306,435
Non-Current				
Debtors	3,700	3,779	66	66
Prepayments	1,208	1,264	-	-
Superannuation - defined benefit scheme	41,386	39,294	-	-
Total non-current receivables	46,294	44,337	66	66
Total receivables	665,483	579,449	385,372	306,501

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 applicable actual data outcomes for 2021-22 to 2023-24 and estimated increase. 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.

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	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	74,978	60,829	4,561	3,615
Increase/(Decrease) in allowance recognised in profit or loss	9,789	14,149	(3,042)	946
Carrying amount at the end of the period	84,767	74,978	1,519	4,561

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.

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16. Other financial assets

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Current				
Term deposits	155,634	141,982	-	-
Other investments FVPL	8,605	6,686	-	-
Total current financial assets	164,239	148,668	-	-
Non-current				
Joint venture	1,572	1,450	-	-
Other investments FVOCI	6,317	6,938	-	-
Total non-current financial assets	7,889	8,388	-	-
Total financial assets	172,128	157,056	-	-

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, fixed income mutual funds, listed securities, other mutual funds, managed funds, and Simple Agreement for Future Equity (SAFE) or convertible notes at fair value.

Included in term deposits is \$109.571 million (\$99.606 million) related to aged care refundable deposits held by regional LHNs.

Other investments at fair value through other comprehensive income include equity investments which AusHealth intends to hold for the foreseeable future and has irrevocably elected to classify them as such upon initial recognition. AusHealth holds shares in investee companies, each of which, either raised substantial equity capital from external sources through the issue of new ordinary shares or had no material changes since the capital raise. The investments have been valued at the same price as these recent share issues. Any changes in the valuation of these investments have been recorded in other comprehensive income.

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

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. 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	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Drug supplies	35,840	37,772	14,012	16,713
Medical, surgical and laboratory supplies	5,352	4,793	-	-
Food and hotel supplies	1,048	914	-	-
Engineering supplies	44	36	-	-
SA Health Distribution Centre and bulk warehouses	19,719	29,059	19,719	29,059
Inventory imprest stock	19,186	17,083	-	-
Other	1,409	1,361	8	11
Total current inventories - held for distribution	82,598	91,018	33,739	45,783

Inventories are held for distribution at no or nominal consideration and are measured at the lower of weighted average 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.

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18. Contract assets

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Contract assets	15,476	6,889	-	-
Less: allowance for impairment loss on contract assets	3,741	1,604	-	-
Total contract assets	11,735	5,285	-	-

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 an increase in allowance for impairment loss on contract assets of \$2.137 million (\$3.518 million decrease) during the reporting period. Refer to note 33.3 for further information.

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	1 – 29
Accommodation and leasehold improvements	Lease term
Plant and equipment:	
• Medical, surgical, dental and biomedical equipment and furniture	1 – 20
• Computing equipment	2 – 10
• Vehicles	2 – 23
• Other plant and equipment	1 – 50
Right of use plant and equipment	Lease term
Intangibles	1 – 12

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

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

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.

YNLHN has one asset subject to impairment; a building at Yorketown Hospital previously used for nurses accommodation, that has been earmarked for demolition.

There were no other indications of impairment for property, plant and equipment, investment properties as at 30 June 2026.

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 Practicing 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 May 2026, 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 SAAS and the ten 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 \$1.5 million or had an estimated useful life of greater than three years, including plant and equipment of the Parent Entity and CALHN, were revalued using fair value methodology, as at 01 June 2024, based on an independent valuation performed by Certified Practicing 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.

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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.

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.

During the reporting period, the investment property located at Dalgleish Street, Thebarton was classified as held for sale. The fair value of the property at 30 June 2026 was determined by reference to the executed heads of agreement entered into prior to year end. The agreed sales price under the deed was assessed as representing the best evidence of fair value and accordingly the property was recorded at the net amount of \$9.600 million at reporting date. Changes in the carrying amount arising on revaluation of the investment property are recognised in profit or loss. The property was actively marketed for sale prior to year end and the sale is considered to be highly probable. It is expected that the sale will be completed within twelve months of the reporting date, subject to customary contractual and settlement processes.

Amounts recognised in profit or loss

The Consolidated Entity recognised rental income from investment properties during the period of \$2.211 million (\$2.188 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 increases are generally fixed or 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.
- Plant and equipment – leases for material handling equipment are cancellable and renewable every 2 years.

The Consolidated Entity has entered into 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.

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

The following tables show the movement:

Consolidated

2025-26

	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	plant and	\$'000	\$'000
				buildings	improve-	biomedical		equipment	equipment		
				\$'000	ments	\$'000	\$'000	\$'000	\$'000		
Carrying amount at the beginning of the period	526,610	3,234,353	2,444,635	797,646	64,056	152,891	36,719	188,575	42,772	31,100	7,519,357
Additions	8,722	44	18,724	707,340	2,348	28,914	1,347	187	36,489	-	804,115
Assets received free of charge	2,690	2,690	-	-	-	916	-	-	-	-	6,296
Disposals	(215)	(2,333)	(5,814)	(893)	(137)	(687)	(631)	(7)	(219)	-	(10,936)
Donated assets disposal	-	(5,759)	-	-	-	-	-	-	-	-	(5,759)
Transfers between asset classes	6,763	489,280	902	(525,809)	6,104	13,228	31,791	-	(22,417)	-	(158)
Reclassified to held for sale	-	-	-	-	-	-	-	-	-	(9,600)	(9,600)
Remeasurement	-	-	4,142	-	-	-	-	-	-	-	4,142
Subtotal:	544,570	3,718,275	2,462,589	978,284	72,371	195,262	69,226	188,755	56,625	21,500	8,307,457
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(203,450)	(76,142)	-	(6,324)	(53,304)	(16,017)	(8,899)	-	-	(364,136)
Revaluation increment / (decrement)	-	-	-	-	-	-	-	-	-	(3,580)	(3,580)
Subtotal:	-	(203,450)	(76,142)	-	(6,324)	(53,304)	(16,017)	(8,899)	-	(3,580)	(367,716)
Gains/(losses) for the period recognised in other comprehensive income:											
Revaluation increment / (decrement)	86,261	643,662	-	-	(756)	-	-	-	-	-	729,167
Subtotal:	86,261	643,662	-	-	(756)	-	-	-	-	-	729,167
Carrying amount at the end of the period	630,831	4,158,487	2,386,447	978,284	65,291	141,958	53,209	179,856	56,625	17,920	8,668,908
Gross carrying amount											
Gross carrying amount	630,831	4,558,155	2,949,562	978,284	122,204	526,795	154,040	258,247	56,625	17,920	10,252,663
Accumulated depreciation / amortisation	-	(399,668)	(563,115)	-	(56,913)	(384,837)	(100,831)	(78,391)	-	-	(1,583,755)
Carrying amount at the end of the period	630,831	4,158,487	2,386,447	978,284	65,291	141,958	53,209	179,856	56,625	17,920	8,668,908

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Consolidated

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	496,578	2,926,781	2,481,980	627,760	67,065	139,775	40,982	208,958	31,908	29,932	7,051,719
Additions	2,203	281	40,942	592,471	-	28,453	983	8,686	41,836	-	715,855
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	3,336,902	2,522,806	797,646	69,487	205,755	50,486	203,577	42,772	29,932	7,765,951
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(176,765)	(78,171)	-	(5,431)	(52,864)	(13,767)	(15,002)	-	-	(342,000)
Revaluation increment / (decrement)	-	-	-	-	-	-	-	-	-	1,168	1,168
Subtotal:	-	(176,765)	(78,171)	-	(5,431)	(52,864)	(13,767)	(15,002)	-	1,168	(340,832)
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	3,234,353	2,444,635	797,646	64,056	152,891	36,719	188,575	42,772	31,100	7,519,357
Gross carrying amount											
Gross carrying amount	526,610	3,431,082	2,940,781	797,646	114,730	517,191	134,307	258,194	42,772	31,100	8,794,413
Accumulated depreciation / amortisation	-	(196,729)	(496,146)	-	(50,674)	(364,300)	(97,588)	(69,619)	-	-	(1,275,056)
Carrying amount at the end of the period	526,610	3,234,353	2,444,635	797,646	64,056	152,891	36,719	188,575	42,772	31,100	7,519,357

Refer to note 1.7 for details of prior period adjustments.

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Parent

2025-26

	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	2,777	20,978	16	19,389	14	1,602	-	1,265	-	82,471
Assets received free of charge	2,690	2,690	-	-	-	-	-	-	-	-	5,380
Disposals	-	-	(5,533)	-	-	-	-	-	-	-	(5,533)
Transfers between asset classes	-	-	-	(16)	66	-	-	-	(50)	-	-
Remeasurement	-	-	947	-	-	-	-	-	-	-	947
Subtotal:	39,120	5,467	16,392	-	19,455	14	1,602	-	1,215	-	83,265
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(221)	(2,118)	-	(2,015)	(14)	(851)	-	-	-	(5,219)
Subtotal:	-	(221)	(2,118)	-	(2,015)	(14)	(851)	-	-	-	(5,219)
Carrying amount at the end of the period	39,120	5,246	14,274	-	17,440	-	751	-	1,215	-	78,046
Gross carrying amount											
Gross carrying amount	39,120	7,005	21,971	-	25,033	87	18,619	-	1,215	-	113,050
Accumulated depreciation / amortisation	-	(1,759)	(7,697)	-	(7,593)	(87)	(17,868)	-	-	-	(35,004)
Carrying amount at the end of the period	39,120	5,246	14,274	-	17,440	-	751	-	1,215	-	78,046

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Parent
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	land and	Leasehold	dental/	equipment	and	progress	\$'000	
				buildings	improve-	biomedical		equipment	plant and	\$'000	
				\$'000	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

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21. Reconciliation of intangible assets

The following table shows the movement:

Consolidated	2025-26			2024-25		
	Computer software \$'000	Capital works in progress intangibles \$'000	Total \$'000	Computer software \$'000	Capital works in progress intangibles \$'000	Total \$'000
Carrying amount at the beginning of the period	24,936	5,738	30,674	28,335	5,471	33,806
Additions	99	7,985	8,084	382	5,754	6,136
Disposals	-	-	-	-	(87)	(87)
Amortisation	(8,752)	-	(8,752)	(13,691)	-	(13,691)
Transfers between asset classes	283	(125)	158	9,910	(5,400)	4,510
Carrying amount at the end of the period	16,566	13,598	30,164	24,936	5,738	30,674
Gross carrying amount						
Gross carrying amount	234,331	13,598	247,929	235,031	5,738	240,769
Accumulated amortisation	(217,765)	-	(217,765)	(210,095)	-	(210,095)
Carrying amount at the end of the period	16,566	13,598	30,164	24,936	5,738	30,674
Parent						
Carrying amount at the beginning of the period	14,750	1,579	16,329	18,890	4,975	23,865
Additions	-	343	343	-	1,666	1,666
Amortisation	(4,374)	-	(4,374)	(9,202)	-	(9,202)
Transfers between asset classes	-	-	-	5,062	(5,062)	-
Carrying amount at the end of the period	10,376	1,922	12,298	14,750	1,579	16,329
Gross carrying amount						
Gross carrying amount	144,182	1,922	146,104	145,100	1,579	146,679
Accumulated amortisation	(133,806)	-	(133,806)	(130,350)	-	(130,350)
Carrying amount at the end of the period	10,376	1,922	12,298	14,750	1,579	16,329

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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 \$1.5 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 2026

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Recurring fair value measurements						
Land	524,639	106,192	630,831	36,430	2,690	39,120
Buildings and improvements	346,603	3,811,884	4,158,487	2,242	3,004	5,246
Leasehold improvements	-	65,291	65,291	-	17,440	17,440
Plant and equipment	-	195,167	195,167	-	751	751
Investment property	17,920	-	17,920	-	-	-
Total recurring fair value measurements	889,162	4,178,534	5,067,696	38,672	23,885	62,557
Non-recurring fair value measurements						
Investment property held for sale	9,600	-	9,600	-	-	-
Total non-recurring fair value measurements	9,600	-	9,600	-	-	-
Total	898,762	4,178,534	5,077,296	38,672	23,885	62,557

Fair value measurements at 30 June 2025

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Recurring fair value measurements						
Land	476,927	49,683	526,610	36,430	-	36,430
Buildings and improvements	225,798	3,008,555	3,234,353	2,388	389	2,777
Leasehold improvements	-	64,056	64,056	-	19,389	19,389
Plant and equipment	-	189,610	189,610	-	1,616	1,616
Investment property	31,100	-	31,100	-	-	-
Total	733,825	3,311,904	4,045,729	38,818	21,394	60,212

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.

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22.2 Valuation techniques and inputs

Land fair values were derived by using the market approach, being recent sales transactions of other similar land holdings within the region, adjusted for differences in key attributes such as property size, zoning and any restrictions on use, and then adjusted with a discount factor. 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.

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	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Current				
Creditors and accrued expenses	431,739	418,092	184,558	174,058
Paid Parental Leave Scheme	1,037	1,024	3	31
Health Service workers compensation	-	-	10,002	9,656
Interstate patient transfers	212,308	130,626	212,308	130,626
Other payables	17,614	15,378	303	251
Total current payables	662,698	565,120	407,174	314,622
Non-current				
Health Service workers compensation	-	-	33,394	34,279
Other payables	57	57	-	-
Total non-current payables	57	57	33,394	34,279
Total payables	662,755	565,177	440,568	348,901

Payables are measured at nominal amounts. Creditors and accruals are recognised for all amounts owed and unpaid. 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.

The Paid Parental Leave Scheme payable represents amounts which the Consolidated Entity has received from the Commonwealth Government to forward onto eligible employees via the Consolidated Entity's standard payroll processes. That is, the Consolidated Entity is acting as a conduit through which payment to eligible employees is made on behalf of Services Australia.

Inter-entity transactions for the Health Services workers compensation (redemption and lump sum) payables amount to \$43.396 million (\$43.935 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 and note 33 for information on risk management.

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24. Financial liabilities

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Current				
Lease liabilities	92,402	92,659	1,379	2,368
Total current financial liabilities	92,402	92,659	1,379	2,368
Non-current				
Lease liabilities	2,402,576	2,484,055	15,830	21,394
Total non-current financial liabilities	2,402,576	2,484,055	15,830	21,394
Total financial liabilities	2,494,978	2,576,714	17,209	23,762

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.

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, staff accommodation 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	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Lease Liabilities				
Within one year	319,877	325,034	1,774	3,017
Later than one year but not longer than five years	1,218,406	1,228,557	7,612	12,257
Later than five years	3,706,969	3,999,196	9,992	11,560
Total lease liabilities (undiscounted)	5,245,252	5,552,787	19,378	26,834

25. Employee related liabilities

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Current				
Accrued salaries and wages	205,529	157,890	2,375	1,662
Annual leave	646,855	576,247	18,167	17,735
Long service leave	82,092	77,275	3,278	3,254
Skills and experience retention leave	39,295	36,953	1,360	1,321
Employment on-costs	116,345	98,968	5,497	5,339
Other	199	117	24	7
Total current employee related liabilities	1,090,315	947,450	30,701	29,318
Non-current				
Long service leave	887,569	836,928	35,607	35,351
Employment on-costs	52,386	49,425	3,350	3,292
Total non-current employee related liabilities	939,955	886,353	38,957	38,643
Total employee related liabilities	2,030,270	1,833,803	69,658	67,961

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Employee related liabilities accrue as a result of services provided up to the reporting date that remain unpaid. Long-term employee related liabilities are measured at present value and short-term 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 3.20% to 3.50% 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 \$1.965 million (Parent increase: \$0.057 million).

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

25.2 Long service leave

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

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

AASB 119 requires the use of the yield on long-term Commonwealth Government bonds as the discount rate in the measurement of the long service leave liability. The yield on long-term Commonwealth Government bonds has increased from 4.25% to 4.75%; this increase in the bond yield, which is used as the rate to discount future long service leave cash flows, results in a decrease in the reported long service leave liability. The actuarial assessment performed by DTF leaves the salary inflation rate unchanged from 2025 at 3.50% for long service leave liability.

The net financial effect of the changes to actuarial assumptions in the current financial year is a decrease in the long service leave liability of \$31.246 million (Parent decrease: \$1.140 million), employee related liabilities (employment on-costs) of \$1.763 million (Parent: \$0.063 million) and employee related expenses of \$33.009 million (Parent: \$1.203 million). The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions – a key assumption being the long-term discount rate. The split of long service leave between current and non-current is based on the best estimate of the amount to be paid based on leave taken in prior years.

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 at 44% for the Department and 47% for the LHNs and SAAS, the average factor for the calculation of employer superannuation on-costs has remained unchanged at 12%. These rates are used in the employment on-cost calculation.

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 and is recognised as and when contributions fall due.

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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.

Defined benefit superannuation scheme

Reconciliation of the present value of the defined benefit obligation:

	2026	2025
	\$'000	\$'000
Carrying amount at the beginning of the period	257,191	261,179
Current service cost	7,295	6,609
Interest cost	9,390	9,974
Contributions by scheme participants	2,730	2,587
Actuarial (gains)/losses	11,467	2,507
Benefits paid	(23,274)	(23,692)
Taxes, premiums and expenses paid	(2,293)	(2,191)
Transfers in	234	218
Carrying amount at the end of the period	262,740	257,191

Reconciliation of fair value of scheme assets:

	2026	2025
	\$'000	\$'000
Carrying amount at the beginning of the period	296,485	290,572
Interest Income	10,920	11,160
Actual return on scheme assets less Interest Income	14,488	12,824
Contributions from the employer	4,836	5,007
Contributions by scheme participants	2,730	2,587
Benefits paid	(23,274)	(23,692)
Taxes, premiums and expenses paid	(2,293)	(2,191)
Transfers in	234	218
Carrying amount at the end of the period	304,126	296,485

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	262,740	257,191
Fair value of scheme assets	(304,126)	(296,485)
Net liability arising from defined benefit obligations	(41,386)	(39,294)

Included in the Statement of Financial Position:

Non-current receivable - superannuation - defined benefit scheme	41,386	39,294
Closing balance of defined benefit assets	41,386	39,294

	2026	2025
	%	%
Australian equity	24	26
International equity	31	32
Fixed income	10	10
Property	7	7
Alternatives/other	3	1
Cash	4	6
Private Market	5	5
Infrastructure	8	7
Credit	8	6
Total	100	100

In accordance with the revised AASB 119 the percentage invested in each asset class as at 30 June 2026 is adjusted to be comparable to 30 June 2025. 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 \$25.408 million (\$23.984 million), a gain of \$3.021 million resulting from investment returns being significantly higher than previously assumed. Employer contributions of \$4.052 million are expected to be paid to the scheme for the year ending 30 June 2027. Expected employer contributions reflect the current 9.5% of salary contributions.

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	2026	2025
Principal actuarial assumptions used (and expressed as weighted averages):	% pa	% pa
Discount rate (defined benefit cost)	4.25	4.25
Expected rate of salary increase (defined benefit cost)	3.50	3.50
Discount rate (defined benefit obligation)	4.50	4.25
Expected rate of salary increase (defined benefit obligation)	6.50	3.50

	2026	2025
Movement in net defined benefit liability	\$'000	\$'000
Carrying amount at the beginning of the period	(39,294)	(29,393)
Defined benefit cost	5,765	5,423
Remeasurements	(3,021)	(10,317)
Employer contributions	(4,836)	(5,007)
Carrying amount at the end of the period	(41,386)	(39,294)

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 \$3.021 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 2026 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	4.5%	4.0%	5.0%	4.5%	4.5%
Salary increase rate	3.5%	3.5%	3.5%	3.0%	4.0%
Defined benefit obligation (\$'000)	262,740	265,990	260,287	260,640	265,460

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's assets; and
- compliance with superannuation law and other applicable regulations.

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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
- 105% of defined benefit Vested Benefits.

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, inclusive of award contributions, plus
 - Any additional employer contributions agreed between the Employer and a member (e.g. additional salary sacrifice contributions).
- Accumulation members:
 - 11% of Ordinary Time Earnings from 1 July 2023 to 30 June 2024, increasing in line with future Superannuation Guarantee rates from 1 July 2024; plus
 - Any additional employer contributions agreed between the Employer and a member (e.g. additional salary sacrifice contributions).

Maturity profile of defined benefit obligation

The weighted average duration of the defined benefit obligation as at 30 June 2026 is 6 years.

26. Provisions

		Consolidated		Parent	
		2026	2025	2026	2025
Current	Note	\$'000	\$'000	\$'000	\$'000
Insurance	26.2	32,286	28,718	32,286	28,718
Workers compensation	26.1	50,148	47,392	960	828
Total current provisions		82,434	76,110	33,246	29,546
Non-current					
Insurance	26.2	192,042	179,421	192,042	179,421
Workers compensation	26.1	181,229	186,286	2,637	2,524
Total non-current provisions		373,271	365,707	194,679	181,945
Total provisions		455,705	441,817	227,925	211,491

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26.1 Workers Compensation

Reconciliation of workers compensation (statutory and additional compensation):

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	233,678	215,247	3,352	2,978
Payments	(37,213)	(36,659)	(919)	(858)
Remeasurement	(15,788)	4,806	107	255
Additions	50,700	50,284	1,057	977
Carrying amount at the end of the period	231,377	233,678	3,597	3,352

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 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, increased to 4.9% (4.3%).

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

Reconciliation of insurance:

	Medical malpractice	Professional indemnity (Other)	Public liability	Property	Total
2025-26	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	200,952	8	3,416	3,763	208,139
Increase to provision due to new claims	38,551	-	627	4,372	43,550
Reduction due to payments	(16,755)	-	(629)	(1,630)	(19,014)
Net revision of estimates	(7,132)	-	(445)	(770)	(8,347)
Carrying amount at the end of the period	215,616	8	2,969	5,735	224,328

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27. Contract liabilities and other liabilities

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Current				
Unclaimed monies	17	15	-	-
Unearned revenue	3,961	3,750	-	-
Contract liabilities	37,220	34,832	4,765	6,267
Residential aged care bonds	138,501	129,143	-	-
Accommodation and lease incentive*	1,771	1,793	1,771	1,793
Other	3,421	4,777	4	-
Total current contract liabilities and other liabilities	184,891	174,310	6,540	8,060
Non-current				
Unearned revenue	27	-	-	-
Accommodation and lease incentive*	14,458	16,230	14,458	16,230
Other	1,791	-	-	-
Total non-current contract liabilities and other liabilities	16,276	16,230	14,458	16,230
Total contract liabilities and other liabilities	201,167	190,540	20,998	24,290

*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.

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28. Cash flow reconciliation

Reconciliation of net cash from operating activities to net result:	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Net cash provided by (used in) operating activities	1,334,635	1,060,709	349,199	163,145
Add/less non-cash items				
Asset donated free of charge	(5,759)	-	-	-
Capitalised interest expense on finance lease	2,949	(7,229)	-	-
Depreciation and amortisation expense of non-current assets	(372,888)	(355,691)	(9,593)	(15,058)
Gain/(loss) on sale or disposal of non-current assets	(4,598)	(9,026)	-	(16)
Gain/(loss) on valuation of defined benefits	(3,021)	(10,317)	-	-
Increments/(decrements) on revaluation of non-current assets	(3,580)	1,168	-	-
Interest credited directly to investments	1,400	1,372	-	-
Resources received free of charge	6,296	25,740	5,380	-
Revaluation of investments	(996)	6,582	-	-
Administrative restructure	-	(1,556)	-	(1,556)
Movement in assets and liabilities				
Increase/(decrease) in contract assets	6,450	11,273	-	-
Increase/(decrease) in receivables	86,034	71,156	78,871	35,696
Increase/(decrease) in inventories	(8,420)	352	(12,044)	(1,774)
Increase/(decrease) in other current assets	-	(6)	-	-
(Increase)/decrease in employee related liabilities	(196,467)	(126,753)	(1,697)	-
(Increase)/decrease in payables and provisions	(111,964)	(97,849)	(107,270)	1,529
(Increase)/decrease in other liabilities	(10,627)	(24,023)	3,292	(64,599)
Net result	719,444	545,902	306,138	112,243

Total cash outflows for leases was \$326.989 million (\$326.341 million) for the consolidated entity, and \$28.360 million (\$23.679 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	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Within one year	28,584	38,447	1,789	1,861
Later than one year but not longer than five years	8,798	5,710	498	5
Total capital contractual commitments	37,382	44,157	2,287	1,866

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	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Within one year	727,930	616,966	287,159	252,851
Later than one year but not longer than five years	888,735	718,763	227,803	58,845
Later than five years	2,013,442	2,188,351	160,336	51,787
Total other contractual commitments	3,630,107	3,524,080	675,298	363,483
Less contingent rentals	(1,040,244)	(1,066,251)	-	-
Net other contractual commitments	2,589,863	2,457,829	675,298	363,483

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 \$2,265.407 million (\$2,353.580 million), including contingent rentals, which relates directly to the PPP operations and maintenance commitments.

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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 2026 has not been quantified.

29.3 Expected rental income from lessor arrangements

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Within one year	604	539	-	-
Later than one year but not longer than five years	-	629	-	-
Total expected rental income from lessor arrangements	604	1,168	-	-

Refer to note 19.9 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	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Carry amount at the beginning of period	1,230	995	-	-
Client trust receipts	1,367	1,375	-	-
Client trust payments	1,422	1,140	-	-
Carrying amount at the end of the period	1,175	1,230	-	-

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

31.1.1 The RAH is 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.

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31.1.2 During 2026, air conditioning and humidity issues affected theatre and sterile stock storage areas at SALHN. Affected sterile stock was reviewed and replaced as a precautionary measure. The Consolidated Entity has incurred costs relating to stock replacement, additional workforce effort, activity impacts and remediation works, and has lodged insurance claims in respect of these matters. The value of any insurance recovery, exceeding applicable deductible, remains uncertain pending completion of loss assessments.

31.1.3 CALHN is pursuing a reimbursement from insurance claims for the Medicare equivalent portion for services supplied to publicly referred patients to Icon Cancer Centre over the period July-August 2024. The claim is related to the breakdown of Brainlab equipment, and is estimated to be \$0.123 million.

31.2 Contingent liabilities

31.2.1 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.

31.2.2 Regional LHNs are undertaking 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 \$2.673 million. As the detailed review is ongoing, the timing and amount of any required payments remain uncertain.

32. Events after balance date

Effective 1 July 2026, Ceduna Medical Practice transitioned from EFNLHN to private ownership. As a result, the medical practice will no longer be included in administered items. The Consolidated Entity expects an immaterial reduction in both income and expenses in future reporting periods.

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, 2, 23 and 24 for further information.

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

Material accounting policy information 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.

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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	
		2026 Carrying amount/ Fair value \$'000	2025 Carrying amount/ Fair value \$'000	2026 Carrying amount/ Fair value \$'000	2025 Carrying amount/ Fair value \$'000
Category of financial asset and financial liability	Notes				
Financial assets					
Cash and equivalent					
Cash and cash equivalents	14, 28	1,710,210	1,279,407	1,100,080	752,360
Amortised Cost					
Receivables	15	534,959	467,832	322,515	221,717
Other financial assets	16	157,206	143,432	-	-
Fair value through statement of comprehensive income					
Other financial assets	16	6,317	6,938	-	-
Fair value through profit and loss					
Other financial assets	16	8,605	6,686	-	-
Total financial assets		2,417,297	1,904,295	1,422,595	974,077
Financial liabilities					
Financial liabilities at amortised cost					
Payables	23	661,438	563,918	440,565	348,870
Lease liabilities	24, 29	2,494,978	2,576,714	17,209	23,762
Other financial liabilities	27	143,730	133,935	4	-
Total financial liabilities		3,300,146	3,274,567	457,778	372,632

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 AASB 7 *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 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.

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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 credit risk exposure and expected credit loss for non-government debtors:

CONSOLIDATED	30 June 2026				30 June 2025	
	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 - 23.4%	52,397	2,653	0.1 - 23.6%	57,188	3,400
<30 days	0.1 - 27.0%	25,754	2,155	0.2 - 27.0%	32,869	3,479
31-60 days	0.4 - 42.1%	13,429	2,042	0.4 - 43.1%	18,361	3,407
61-90 days	0.6 - 51.5%	8,522	2,325	0.7 - 54.0%	12,019	4,164
91-120 days	1.0 - 55.9%	8,614	2,692	1.0 - 59.5%	8,536	3,090
121-180 days	2.1 - 61.5%	11,762	5,201	2.1 - 67.2%	11,420	4,817
181-360 days	4.8 - 77.7%	27,932	16,951	4.5 - 90.9%	25,686	16,938
361-540 days	7.0 - 100.0%	28,543	24,247	7.0 - 100.0%	16,340	12,607
>540 days	8.0 - 100.0%	33,238	26,501	8.0 - 100.0%	32,389	23,076
Total		210,191	84,767		214,808	74,978

PARENT	30 June 2026				30 June 2025	
	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%	254	1	0.2%	2,980	7
<30 days	0.4%	63	-	0.4%	284	1
31-60 days	1.0%	2	-	0.9%	134	1
61-90 days	1.8%	68	1	1.8%	7	-
91-120 days	3.1%	1	-	2.9%	-	-
121-180 days	4.2%	81	3	3.9%	3	-
181-360 days	13.8%	195	27	12.8%	1,616	207
361-540 days	34.3%	26	9	33.3%	2,720	905
>540 days	39.5%	3,744	1,477	38.4%	8,958	3,440
Total		4,434	1,519		16,702	4,561

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 or where considered relevant to the reader. The budget process is not subject to audit.

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Consolidated	Original Budget 2026 \$'000	Actual 2026 \$'000	Variance \$'000
Statement of Comprehensive Income			
Income			
Revenues from SA Government	6,711,863	7,369,293	657,430
Fees and charges	866,311	960,521	94,210
Grants and contributions	3,024,824	2,930,494	(94,330)
Interest	7,712	19,751	12,039
Resources received free of charge	113,599	118,149	4,550
Other revenues/income	26,925	42,936	16,011
Total Income	(a) 10,751,234	11,441,144	689,910
Expenses			
Employee related expenses	6,103,974	6,388,256	(284,282)
Supplies and services	3,186,533	3,582,801	(396,268)
Depreciation and amortisation	329,686	372,888	(43,202)
Grants and subsidies	48,353	46,008	2,345
Borrowing costs	176,085	194,769	(18,684)
Impairment loss on receivables	5,391	11,926	(6,535)
Net loss from disposal of non-current assets and other assets	(628)	4,598	(5,226)
Other expenses	85,909	120,454	(34,545)
Total Expenses	(b) 9,935,303	10,721,700	(786,397)
Net result		815,931	(96,487)
Other Comprehensive Income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment asset revaluation surplus	(c) -	729,167	729,167
Items that will be reclassified subsequently to net result when specific conditions are met			
Gains/(losses) recognised directly in equity	-	3,145	3,145
Total Other Comprehensive Income	-	732,312	732,312
Total Comprehensive Result		815,931	1,451,756
			635,825

- (a) Favourable variance for income attributed to increases in funding from the SA Government, and from the Commonwealth via SA Government, for additional hospital activity and additional resources required to support the health system. The variance also relates to increases in funding resulting from the outcome of various enterprise agreements negotiated during 2025-26. Increases are partially offset by reduced funding associated with the carryover of funding from 2025-26 for various investing projects originally planned to occur in 2025-26.
- (b) Unfavourable variance for expenses attributed to increased employee related expenses and supplies and services due to increased:
- costs associated with enterprise agreements negotiated during 2025-26;
 - hospital activity;
 - costs associated with the provisions of services across the health system.
- (c) Favourable variance for changes in property, plant and equipment asset revaluation surplus is attributed to fair value remeasurement of land and buildings, resulting from annual assessment of fair values, by SAAS and the ten local health networks. Refer to notes 19.6 and 20.

	Original Budget 2026 \$'000	Actual 2026 \$'000	Variance \$'000
Investing expenditure summary			
Total new projects	14,500	10,145	4,355
Total leases	4,530	18,911	(14,381)
Total existing projects	(d) 958,292	690,939	267,353
Total annual programs	59,913	92,204	(32,291)
Total investing expenditure	1,037,235	812,199	225,036

- (d) Favourable variance for existing projects is mainly attributed to timing of works on the new Women's and Children's Hospital.

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 DIT for capital works of \$585.016 million (\$469.057 million) and occupancy rent and rates of \$20.176 million (\$19.795 million) (note 9).

Refer to notes 3, 7, 9, 10 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

CALHN 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 also has within its control two subsidiaries, The AusHealth Hospital Research Fund (AHRF), and CureCell Ltd.

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 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 Adelaide University and CALHN.	Established as an independently governed Institute that operates as a discrete academic unit within the College of Health at Adelaide University, supported by an alliance with CALHN.	Adelaide	50%

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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 SALHN.	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:

	2026	2025
Percentage ownership interest	50%	50%
	\$'000	\$'000
Current assets	2,075	1,677
Non-current assets	2,526	2,583
Current liabilities	(1,344)	(1,125)
Non-current liabilities	(5,460)	(5,578)
Net assets	(2,203)	(2,443)
Share of net assets (50%)	(1,101)	(1,222)
Share of beneficial entitlement	2,601	2,601
Carrying amount of interest in joint venture	1,500	1,379
Income	8,324	7,397
Expenses	(8,083)	(7,393)
Net result and total comprehensive income	241	4
Consolidated Entity's share of profit and total comprehensive income (50%)	121	2

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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 or Committee Name	Government employee members	Other members
Department for Health and Wellbeing - Audit and Risk Committee	-	Evans J (Chair), Deegan V, Dreckow J, Dr Aitken P
Department for Health and Wellbeing - Controlled Substances Advisory Council	4	W Reeve D, Norman I, Smith J, Somogyi P, Macintyre P, Rogers R
Department for Health and Wellbeing - Equally Well Working Group	28	Collins C, Hood E, O'Loughlin E, Harris G, Haydon J (Resigned 9.12.25), Nyamande K, Nowland L, English L, Bond M, Procter N, Kashyap S
Department for Health and Wellbeing - Human Research Ethics Committee	7	A/Prof Ryder C, A/Prof Elliott J (Resigned 30.06.26), A/Prof Gibson T, Strickland A, Haynes C (Resigned 31.03.26), Fort C, Dr Milazzo A, Dr Parrella A, Dr Lai C, Dr Bradley C, Dr Buckley E (Resigned 30.09.25), Dr Sharplin G, Dr Stephens J (Resigned 28.02.26), Dr The K (Resigned 30.06.26), Dr Butler M (Resigned 28.02.26), Dr Jones M, Dr Calabro R, Dr Sharrad S, Bell G, Scheibner J, Grant J, Needs K, Prof Braunacker-Mayer A (Resigned 30.06.26), Dr Roder V, Prof Goodsite M, Najar R (Resigned 30.06.26), Hewitt A, Rundle N, Berg S (Resigned 30.06.26), Ross-Taylor S
Department for Health and Wellbeing - Human Rights and Coercion Reduction Committee	4	Hyland C, Hodges E, Harris G, James I, Singh L (Resigned 11.12.25), English L, Robinson M (Resigned 18.06.26), Lawn S, Allan T, Simpson T
Department for Health and Wellbeing - Lived Experience Advisory Group	-	Pereira A, Bickley B, Scott D, O'Loughlin E, Lucas G, Cartledge J, Haydon J (Resigned 19.12.25), Singh J, Whitehead K, Nyamande K, Singh L (Resigned 19.12.25), English L, Gayler M, Marsh M, Rodgers M, Whittington P, Braund S (Resigned 19.12.25)
Department for Health and Wellbeing- Mental Health CPC Clinical Pathway Group	9	Grooby A, Bickley B, Esposito C, Tong L
Department for Health and Wellbeing - Mental Health Strategy and Planning Advisory Group	12	Oudih E, Haydon J (Resigned 9.12.25), Singh L (Resigned 9.12.25), English L, Rodgers M
Department for Health and Wellbeing - Mental Health System Steering Committee	16	O'Loughlin E, Haydon J, Singh L (Resigned 9.12.25), English L
Department for Health and Wellbeing - Pharmacy Election Commitments Project Steering Committee	9	Smith M, Kardachi G (Resigned 11.08.25), Todd I, Kilmartin J, Smith J, Gillespie M, Inglis P, Dimitriadis V
Department for Health and Wellbeing -Plympton Incident Steering Committee (Dissolved 23.03.26)	11	Haydon J (Resigned 23.03.26), O'Loughlin E (Resigned 23.03.26)
Department for Health and Wellbeing - Prescribed Psychiatric Treatment Panel	2	A/Prof Elliott J, Dr Edwards B, Smith J, Dr Coyne T, Dr Paterson T, Arcus G, Simpson T
Department for Health and Wellbeing - Ramping Taskforce Clinical Expert Committee	23	Sawyer B, Otto K, Watkins L
Department for Health and Wellbeing - SA Health GP Liaison Group	18	Stojkovski A, Brice B, Collins C, Harris R (Resigned 1.12.25), Burns T
Department for Health and Wellbeing - SA Voluntary Assisted Dying Review Board	1	Hunt R, May G, Stone H, Walker H, Mussared J, Dawkins J, Smith M, Jozeps R

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Board or Committee Name	Government employee members	Other members
Department for Health and Wellbeing - South Australian Formulary Committee	18	Dr Edney L, Dr Mittal R, Bruce-Gordon S, Artis T (Resigned 11.03.26)
Department for Health and Wellbeing - South Australian Medical Education and Training Health Advisory Council	20	Dr Llewellyn A (Resigned 1.06.26), Dr Wozniak M, Ms Palenschus J, Ms Tod S, Prof Forsyth K
Department for Health and Wellbeing - South Australian Medical Education and Training Health Advisory Council Accreditation Committee	11	Dr Llewellyn A, Dr Hillen J, Dr Omond K (Resigned 22.11.26)
Department for Health and Wellbeing - South Australian Medicines Advisory Committee	24	Clancy A (Resigned 31.12.25), Kardachi G (Resigned 30.09.25), Earle-Bandaralage L, Stocks N, Pilkington S
Department for Health and Wellbeing- South Australian Palliative Care Navigation Pilot Steering Committee	14	Hofmeyer C, Paardekoooper C (Resigned 30.11.25), Joshi S, Emerson S
Department for Health and Wellbeing - South Australian Public Health Council	10	-
Department for Health and Wellbeing - South Australian Teletriads Advisory Committee	17	A/Prof Gonzalez-Chica D, Dr Geyer B, Dr Williams J, Heath E, Prof Bowden B, Prof Stocks N, Prof Walker N, Prof Hillier S, Goode S, Manser T, Symonds T
Department for Health and Wellbeing - STI and HIV Subcommittee	12	Rutland A, Tsephe A, Mark B, Brass, Carroll C (Resigned 1.07.25), Healy C, Shrubsole C, Dr Oliver-Landry E, Dr Sullivan N, Dr Elliot S (Resigned 11.09.25), Skene H, Grant J, Morgan J, Riessen J, Leane K, Kat-Morrison K, Reinsborough L, March L, Rafique M, Brandon N, Dugan P, Ellis R, Bartlett S
Department for Health and Wellbeing - Strategic Mental Health Quality Improvement Committee	38	Lucas G, Singh L (Resigned 09.12.25), Rodgers M
Department for Health and Wellbeing - TB Outbreak Steering Committee	21	Wilson S
Department for Health and Wellbeing - Trauma Informed Practice Working Group	2	Hofhuis C, English L, Gayler M (Resigned 19.12.25), Braund S
Department for Health and Wellbeing - TZS OCP Development Committee	8	North A, Gates D, Kuys J, Corena M, Murray S
Department for Health and Wellbeing - Veteran's Advisory Health Council	4	Rungie A, Savi D, May K (Resigned 22.06.25), Lampard F, Prier K (Resigned 22.06.25), Arcus G, Ciplys M (Resigned 22.06.25), Klinge N, Mcfarlane A, Wadham B (Resigned 22.06.25), Belton T, Langford W (Resigned 27.08.25)
Department for Health and Wellbeing-Viral Hepatitis Model of Care (VHMOC) Reference Group	27	Mark B (Resigned 25.09.25), Warneke-Arnold D (Resigned 25.09.25), Dr Oliver-Landry E (Resigned 25.09.25), Leonard J (Resigned 25.09.25), Williams E (Resigned 25.09.25), Oudih E (Resigned 25.09.25), Riessen J (Resigned 25.09.25), Paterson K (Resigned 25.09.25), Rafique M (Resigned 25.09.25), Safi S (Resigned 25.09.25)
Department for Health and Wellbeing - Viral Hepatitis Subcommittee	22	Safi A, Mark B (Resigned 29.09.25), Holly C, Markus C, Warneke-Arnold D, Tran D, Dr Oliver-Landry E, Dr Leonard J (Resigned 1.01.26), Williams E, Grant J, Riessen J, Morrison K, Paterson K, Reinsborough L, Rafique M, Sullivan N, Safi S, Dunn T
Department for Health and Wellbeing - Youth Mental Health Model of Care Implementation Working Group	10	Tong L

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Board or Committee Name	Government employee members	Other members
Barossa Hills Fleurieu Local Health Network - Barossa Hills Fleurieu Local Health Network Governing Board	1	Hazel J (Chair), Batt R (term ended 30.06.26), Blackwell P (term ended 30.06.26), Russell G, Williams H, Zimmermann A, Sumner S (appointed 12.01.26), Tedesco H
Barossa Hills Fleurieu Local Health Network - Barossa Hills Fleurieu Risk, Audit and Risk Committee	-	Russell G (Chair), Batt R (term ended 30.06.26), Zimmermann A
Barossa Hills Fleurieu Local Health Network - Barossa Hills Fleurieu Clinical Governance Committee	1	Williams H (Chair), Tedesco H
Barossa Hills Fleurieu Local Health Network - Barossa Hills Fleurieu Consumer and Community Engagement Committee	-	Blackwell P (Chair – term ended 30.06.26), Zimmermann A, Brook J, Hourigan K, Richardson H
Barossa Hills Fleurieu Local Health Network - Barossa Hills Fleurieu Aged Care Committee	-	Hazel J (Chair), Zimmermann A, Blackwell P (term ended 30.06.26)
Barossa Hills Fleurieu Local Health Network - Rural Support Service Governance Committee	-	Batt R (Chair), Blackwell P, Cook L, Ottaway M, Dunchue L, Badenoch J
Central Adelaide Local Health Network - Allied Health Directorate Clinical Governance Committee	11	Faik C, Long J, Joyce M, and Kelly P
Central Adelaide Local Health Network - AusHealth Corporate Pty Ltd	1	Cole D, Healey R, Dr Livesey S, Paradiso J (Resigned 02.06.26), and Prof Zannettoni A
Central Adelaide Local Health Network - AusHealth Hospital Research Fund Ltd	1	Cole D, Healey R, Dr Livesey S, Paradiso J (Resigned 02.06.26), and Prof Zannettoni A
Central Adelaide Local Health Network - BreastScreen SA State Quality Committee	6	Dr Beckmann K, Dr Eaton M, Kerrins E, Prof Roder D, and Smith K
Central Adelaide Local Health Network Clinical Ethics Committee	9	Cardinali R, and Thorpe A
Central Adelaide Local Health Network Consumer Carer Advisory Group	5	Bickley B, Blake S, Burns T, Cruz J, Earle-Bandaralage L, Hall P (Appointed 09.07.25), Joyce M, Lucas G, Platt D (Appointed 09.07.25), Podmore N (Resigned 06.10.25), and Rowley E (Resigned 25.08.25)
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, and Yeend K
Central Adelaide Local Health Network Critical Care & Perioperative Program Perioperative Services Quality and Governance Committee	37	(There are currently no external members on this committee)
Central Adelaide Local Health Network Disability Governance Committee	21	Bickley B, Caldwell B, Long J
Central Adelaide Local Health Network Drug and Therapeutics Committee	34	Cullen M, Bickley B (Appointed Jan/Feb 26)
Central Adelaide Local Health Network Executive Quality Governance Committee	26	Knight S (Resigned 28.07.25), and Otto K
Central Adelaide Local Health Network Geriatric Safety and Quality Committee	40	Curry M, and Otto K
Central Adelaide Local Health Network Governing Board	-	Prof Beilby J (Term ended 30.06.26), Cantley K, Prof Dwyer J (Resigned 31.12.25), Haythorpe I, Dr Kilpatrick C (Term ended 30.06.26), Dr O'Donnell K (Appointed 13.10.25), and Spencer R (Chair- Term ended 30.06.26)

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Board or Committee Name	Government employee members	Other members
Central Adelaide Local Health Network Audit and Risk Committee (Previously known as Central Adelaide Local Health Network Governing Board Audit and Risk Committee)	-	Batt R, Cantley K (Chair from 11.09.25), and Haythorpe I (Chair until 10.09.25), and Worthington-Eyre P (Appointed 05.11.25)
Central Adelaide Local Health Network Governing Board Clinical Governance and Consumer Engagement Committee	-	Prof Beilby J (Chair), Bruce K, Fyfe D, Dr Kilpatrick C, Dr Liddle L, and Haythorpe I
Central Adelaide Local Health Network Governing Board Finance and Investment Committee	1	Cantley K, Dr Kilpatrick C (Term ended 30.06.26), and Spencer R (Chair - Term ended 30.06.26)
Central Adelaide Local Health Network Governing Board People and Culture Committee	-	Prof Dwyer J (Resigned 31.12.25), McEwen K, and Dr O'Donnell K (Appointed 13.10.25)
Central Adelaide Local Health Network Human Research Ethics Committee	7	Air T, Bonython J, Bradshaw A, Crockett J, Cullen J, Digance A, Dykes L, Faulbaum S, Fisher A, Jeisman C, A/Prof Need A, Newsham P, Partridge G, Phillips C, Piccolo R, Ruediger C, and Slater H
Central Adelaide Local Health Network Integrated Care Clinical Governance Committee	-	Jobling D (Resigned 14.04.26), Stewart D (Appointed 22.10.25), Soggee R
Central Adelaide Local Health Network - Clinical Governance and Quality Committee	13	Touli S
Central Adelaide Local Health Network - Critical Care and Perioperative Services (CCPO) Consumer Representative Committee (Previously known as Critical Care and Periop Consumer Representative Committee)	17	Bruce K, How C, Kelly P, and Yeend K
Central Adelaide Local Health Network - General Medicine Safety and Quality Committee	25	Otto K
Central Adelaide Local Health Network - Heart and Lung Safety and Quality Committee	45	Carroll N
Central Adelaide Local Health Network - Learning from Dying Committee	33	Anderson R (Resigned 31.12.25)
Central Adelaide Local Health Network - Priority Care Committee: CALHN Clinical Trials	33	Black J, and Uffindell A
Central Adelaide Local Health Network - Priority Care Committee: Communicating for Safety	29	Curry M, and Raschella F
Central Adelaide Local Health Network - Priority Care Committee: Comprehensive Care	33	Anderson R (Resigned 22.11.25), Bickley B, and Curry M
Central Adelaide Local Health Network - Priority Care Committee: Managing Deterioration	47	Bickley B, Coleman L (Appointed 25-26 FY)
Central Adelaide Local Health Network - Priority Care Committee: Patient Blood Management	63	Johns P
Central Adelaide Local Health Network - Priority Care Committee: Standard 2 Consumer Partnering	-	Curry M, Klemm G, Sealey C, Soggee R

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Board or Committee Name	Government employee members	Other members
Central Adelaide Local Health Network - Renal Community of Practice Steering Committee (This committee transferred to CEIH in January 2026)	21	Fitzgerald A, Lester R, Robson B, Weber D and Williams K
Central Adelaide Local Health Network - Neuroscience & Rehabilitation Clinical Governance Committee	10	Touli S
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 and Morgan T (Chair)
Central Adelaide Local Health Network - SA Dental Consumer Representative Group	-	Barker S, Hunt P, Janmaat P, Kendal R (Resigned 27.02.26), Lockhart F, Musakanye S, Saunders C, Smith S (Appointed 01.04.26), Truong T (Resigned 09.01.26) and Whiteway L (Chair – Resigned 31.03.26)
Central Adelaide Local Health Network - SA Dental Services Consumer Advisory Panel	2	Boswell E, Dr Costa D, Ireland K, Dr Matiasz S, O'Malley L, Rowberry S (Resigned 04.12.25), Saunders C, Smith S (Resigned 01.04.26), Stephenson-Jones T (Resigned 06.02.26), Whiteway L (Resigned 31.03.26), and Zerna J
Central Adelaide Local Health Network - SA Oral Health Alliance	9	Abraham B (Appointed/Resigned Dec-25), Blundell K (Appointed Feb-26), Bradburn J (Resigned Jan-26), Budden T, Carman L, Connolly H (Chair from Mar-26), Janmaat P, Logan R (Appointed Oct-25), Luzzi L, Morris C, Oates J, Rigney N (Appointed Sep-25), and Smith M (Chair -Resigned Mar-26)
Central Adelaide Local Health Network - SA Pathology Consumer Engagement Advisory Committee	12	Chivers B, Gale V, Johns P, Lowe C, Porter C, Riggs J, and Spackman T
Central Adelaide Local Health Network - Statewide Clinical Support Services Committee	1	Prof Beilby J, Dr Donaghy T (Resigned 27.03.26), Luchich M (Chair), Irving J (Appointed 03.11.25), Molitor C (Appointed 03.11.25), Sykes N (Appointed 03.11.25), and Walker S (Appointed 29.04.26).
Central Adelaide Local Health Network - Statewide Clinical Support Services Audit and Risk Committee	1	Davies T (Chair), Luchich M
Central Adelaide Local Health Network - Stroke Community of Practice Strategic Executive Committee (This committee transferred to CEIH in January 2026)	36	Chamberlain S, Stirling, M, and Whitlam K
Central Adelaide Local Health Network - Yaitya Marnintyarla Kangka Committee (Aboriginal Priority Care Committee)	22	Miller J, and Touli S
Eyre and Far North Local Health Network Governing Board	1	Smith M (Chair), Dunchue L (ended 30.06.25), Dr Mills P (ended 30.06.25), Siviour J, Sweet C, Thyer C, Auhl P, Smith T (from 01.07.25), Considine M (from 01.07.25)
Eyre and Far North Local Health Network - Audit and Risk Management Committee	1	Smith T (Chair), Sweet C
Eyre and Far North Local Health Network - Clinical Governance Committee	-	Dr Mills P (Chair), Auhl P, Blacker P
Eyre and Far North Local Health Network - Finance and Performance Committee	-	Sweet C (Chair), Dunchue L (ended 30.06.25), Smith T (from 01.07.25)
Eyre and Far North Local Health Network - Consumer, Community and Clinician Engagement Committee	-	Siviour J (Co Chair), Thyer C (Co Chair)

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Board or Committee Name	Government employee members	Other members
Eyre and Far North Local Health Network - Digital Strategy Committee	-	Auhl P (Chair), Siviour J
Flinders and Upper North Local Health Network Governing Board	-	McRae R (Chair), Graham S, Malone G, Cogan S, Ward R, Warren C, Fullerton C
Flinders and Upper North Local Health Network - Risk Management and Audit Committee	-	Ward R (Chair), Graham S, Cogan S, McRae R
Flinders and Upper North Local Health Network - Consumer and Community Engagement Committee	-	Reid K (Chair), Shute J (terminated 30.06.25), Brown J (commenced 17.02.26), Reynolds P, Brown C, Whitfield M, Warren C
Flinders and Upper North Local Health Network - Clinical Governance Committee	-	Malone G (Chair), Ward R, Fullerton C, Brown C
Flinders and Upper North Local Health Network - Finance and Performance	-	Cogan S (Chair), McRae R, Malone G
Limestone Coast Local Health Network Governing Board	-	Saies A (Chair), Irving J, Bishop L (term ended 30.06.26), Rappensberg G, McKenzie C (resigned 02.10.25), Groth K (resigned 04.08.25), Davidson J, McKay G (appointed 13.10.25), Fennell C (appointed 09.02.26)
Limestone Coast Local Health Network - Audit and Risk Committee	-	Bishop L (Chair – term ended 30.06.26), Irving J, Rappensberg G, Pearson C*
Limestone Coast Local Health Network - Engagement Strategy Oversight Committee	-	McKay G (Chair), Davidson J, Fennell C (appointed 30.03.26)
Limestone Coast Local Health Network - Clinical and Care Governance Committee	-	Rappensberg G (Chair), Davidson J (appointed 30.03.26), Saies A
Limestone Coast Local Health Network - Finance and Performance Committee	-	Irving J (Chair), Bishop L (resigned 30.06.26), McKay G (appointed 30.03.26)
Northern Adelaide Local Health Network Governing Board	-	Searle J (Chair), Culley A (Deputy Chair), Gregory B, Lampard F, Naidoo M, Patetsos M, Roesler C, Swan D
Northern Adelaide Local Health Network - Patient Safety and Quality Committee	-	Roesler C (Chair), Lampard F, Lynch L, Naidoo M, Searle J
Northern Adelaide Local Health Network - Consumer Community	-	Amos T, Andrew J, Artis T, Baker K, Brooks M, Burner K, Capozza G, Chester M, Coleman L, Covark T, Craig A, Damgaard H, Dawson B, Dhamala A, Dola, Furniss R, Gerges G, Ghulam M, Gill S, Grantham H, Hartwell A, Haydon W, Higginson P, Hoffman J, Iacobini J, Koroma H, Lahcen T, Lawrence D, Logan L, Morgan E, Nicholls E, Nolan B, O'Donnell C, Pewee L, Pick C, Radoslovich H, Rajae S, Ramazani E, Riviere J, Spargo J, Stock M, Streiber N, Strzelecki R, Walmsley B, Warncken I, Warncken J, West V, Yel M
Northern Adelaide Local Health Network - Finance Audit and Risk Committee	-	Swan D (Chair), Gregory B, Patetsos M, Powell D
Northern Adelaide Local Health Network and Department for Health and Wellbeing Aboriginal Consumer Reference Group		Sansbury D, Weetra C, Rigney D, Weetra R, Young T, Stengle A, Cairns C, Watts M, Chisholm K, Lamont J
Riverland Mallee Coorong Local Health Network Governing Board	-	Ashworth E (Chair), Goldsmith C, Ottaway M, Toogood F, Waters S, Hearn R, Valentine R, Rischbieth P

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Board or Committee Name	Government employee members	Other members
Riverland Mallee Coorong Local Health Network - Risk and Audit Committee	-	Brass P (Chair), Goldsmith C, Ottaway M, Valentine R, Ashworth E
SA Ambulance Service Inc - Assurance and Risk Committee	-	Zimmerman A (Chair), Prof Beilby J, Deally Y, McIlroy A.
SA Ambulance Service Inc - Clinical Governance Committee	8	Prof Beilby J (Chair), Hibbert P, Marshall J, Dr Thomson N
SA Ambulance Service Inc - Consumer and Community Advisory Committee	-	Chester M, Salisbury A, Whiteway L, Pilkington I, Ashley I, Cook C, Caldwell B, Mercer K, Earle-Bandaralage L, Pietsch A, Saunders C, Marshall J, Murray R, Sands S, Corena P, Porter A, Ryan A, Walmsley B, Lynch M, Swietek W, Stead O, Riviere J, Stock M
SA Ambulance Service Inc - Finance Committee	12	McIlroy A (Chair), Murray R, Chalmers H
SA Ambulance Service Inc - ICT Governance Committee	11	Deally Y (Chair)
SA Ambulance Service Inc - NSQHS Steering Committee	13	Chester M
SA Ambulance Service Inc - Service Delivery Committee	25	Salisbury A
Southern Adelaide Local Health Network Governing Board	-	Agius A, Sherbon A (Deputy Chair), Butcher M (Chair), Kirkpatrick E, Stone I (appointed 01.07.25), Mitchell J, Rowlands K, Hickey V (resigned 30.06.26)
Southern Adelaide Local Health Network - DASSA Clinical Executive Committee	10	Newrick K
Southern Adelaide Local Health Network - DASSA Leadership Committee	9	Moncrieff D
Southern Adelaide Local Health Network - Consumer and Carer Committee (formerly Consumer and Community Operational Committee)	27	Andrews K, Bickley B, Burtnik E, Clarke S, Creeks J (resigned 30.12.25), Gray H, Voss D
Southern Adelaide Local Health Network - Mental Health Consumer and Carer Advisory Group	6	Bickley B (Co Chair), Clark W, Corena M (appointed 13.11.25), Gallagher K, Palmer G (appointed 08.01.26 and resigned 30.05.26), Thorsen K, Heredia M, Smith K
Southern Adelaide Local Health Network - Southern Adelaide Clinical Human Research Ethics Committee	26	Adey-Wakeling T, Argent J (appointed 07.10.25), Zhou M (appointed 31.07.25), Thompson J (appointed 16.03.26), Cahalan P, Coles S (resigned 05.01.26), Dykes L, Guaqueta C, Lange B (Deputy Chair) (resigned 31.01.26), Lower K, McEvoy M, Mudd A, Phillips C, Putsey T, Sharma S, Shephard S, Souzeau E, Stacey A, Telfer R, Thomas J, Toews M, Trethewey C, Trethewey Y, Van Lueven J, Velayudham P, Watt B, Were L, Yip L, Zhou Y
Southern Adelaide Local Health Network Audit and Risk Sub Committee (Sub Committee of the Governing Board)	-	Forman A, Hickey V (Chair) (resigned 30.06.26), Reynolds N (appointed 26.07.25 and resigned 30.06.26), Stone I (appointed 01.07.25)
Southern Adelaide Local Health Network Clinical Council	42	Duong M, Voss D
Southern Adelaide Local Health Network Clinical Governance (Sub-Committee of the Governing Board)	-	Kirkpatrick E, Mitchell J (Chair), Sherbon A, Eckert M (resigned 31.10.25), Kennedy C (resigned 01.12.25), Agius A, Steere M (appointed 22.08.25)
Southern Adelaide Local Health Network - Communicating for Patient Safety Committee	63	Crocker H (resigned 10.02.26), Maddock A (appointed 26.08.25)
Southern Adelaide Local Health Network - Comprehensive Care Committee	53	Stankowski C

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Board or Committee Name	Government employee members	Other members
Southern Adelaide Local Health Network - Drugs and Therapeutics Committee	32	Pascoe P
Southern Adelaide Local Health Network - End of Life Steering Committee	13	Barrington D, Phelan C, Gray H
Southern Adelaide Local Health Network - Marion Lived Experience Group Mental Health Services	2	Bickley B (Chair), English L, Police D
Southern Adelaide Local Health Network - Mental Health Services Noarlunga Lived Experience Group	4	Buer S (Chair), Hopkins R, Marshall H, Oakley T
Southern Adelaide Local Health Network - New Technology and Clinical Practice Innovation Committee	9	Kaambwa B, Burtnek E
Southern Adelaide Local Health Network - Older Persons Lived Experience Group Mental Health Services	10	Brown L, Clark W (Chair), Eckert N, Lillecrapp D, Lushington G, Masters R, Schetters J, Werner J, Whitemore A
Southern Adelaide Local Health Network - SEDS Lived Experience Group Mental Health Services	1	Braund S, Corena M, Gallagher K (Chair), Higgins K, James S, McGregor A, Rouvray L, Wilkins H, Witt K, Woolford L
Southern Adelaide Local Health Network - Veterans Lived Experience Group Mental Health Services	6	Damare D (Carer Representative, appointed 01.08.25), Damare M, Forder K (appointed 1.12.25), Frampton R (resigned 30.11.25), Kelly K (appointed 01.12.25), Madden J (appointed 01.12.25), Morgan C (appointed 01.12.25), Palmer G (resigned 30.05.26), Rye I, South H (Chair), Warren S (Deputy Chair), Wilcox A (appointed 01.12.25)
Southern Adelaide Local Health Network - Finance and Performance Committee (Sub-Committee of the Governing Board)	-	Kirkpatrick E, Rowlands K, Belej M (resigned 02.12.25), Sherbon A (Chair), Worthington-Eyer P
Southern Adelaide Local Health Network - Board Executive Committee (Sub-Committee of the Governing Board)	-	Hickey V (resigned 30.06.26), Butcher M (Chair), Mitchell J, Mackean T, Steere M (appointed 22.08.25)
Women's and Children's Local Health Network - Audit and Risk Committee	-	Brommeyer M (Chair) (appointed 13.10.25), Dennis C, Donaghy T, Murdoch R (appointed 02.10.25)
Women's and Children's Local Health Network - Clinical Governance Group	-	Cadzow M, Griffin L (resigned 01.02.26), Healey T (resigned 31.01.26), Dennis C, Kirkpatrick E (appointed 09.03.26)
Women's and Children's Local Health Network - Women's and Children's Governing Board	-	Dennis C (Chair), Miller S (resigned 31.12.25), Wilson B, Donaghy T (resigned 30.06.26), Everett D, Morris S, Davis E (Deputy Chair), Brommeyer M (appointed 13.10.25)
Women's and Children's Local Health Network - Women's and Children's Finance and Performance	-	Wilson B (Chair), Morris S, Dennis C
Yorke and Northern Local Health Network - Governing Board	-	Voumard J (Chair), Badenoch J, Banham D (resigned 30.06.25), Coulthard G, Malcolm E (resigned 30.06.25), O'Connor J, Thomas K, Cooper T (from 01.07.25), Davy C (from 01.07.25), Crawford B
Yorke and Northern Local Health Network - Audit and Risk Committee	-	Banham D (Chair), Badenoch J, Traeger E, O'Connor J

Refer to Note 8.2 for remuneration of board and committee members

THE DEPARTMENT FOR HEALTH AND WELLBEING
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

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
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For the year ended 30 June 2026

38.4 Schedules of administered items

Consolidated	Special Acts		HMRF		Private Practice		Other		Total	
	2026	2025	2026	2025	2026	2025	2026	2025	2026	2025
<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	727	670	-	-	-	-	-	-	727	670
Revenues from fees and charges	-	-	-	-	117,002	105,275	3,009	2,916	120,011	108,191
Other revenues	-	-	-	-	-	-	40	38	40	38
Total Administered income	727	670	-	-	117,002	105,275	3,049	2,954	120,778	108,899
<u>Administered expenses</u>										
Employee related expenses	727	670	-	-	-	-	62	60	789	730
Supplies and services	-	-	-	-	644	597	232	306	876	903
Depreciation expense	-	-	-	-	-	-	3	3	3	3
Other expenses	-	-	-	-	113,967	104,651	2,647	2,508	116,614	107,159
Total Administered expenses	727	670	-	-	114,611	105,248	2,944	2,877	118,282	108,795
Net result	-	-	-	-	2,391	27	105	77	2,496	104
<u>Schedule of Administered Assets and Liabilities</u>										
<u>Administered current assets</u>										
Cash and cash equivalents	(72)	(79)	10,278	10,278	12,747	10,990	319	233	23,272	21,422
Receivables	182	79	-	-	6,816	6,117	86	59	7,084	6,255
Total Administered current assets	110	-	10,278	10,278	19,563	17,107	405	292	30,356	27,677
<u>Administered non-current assets</u>										
Property, plant and equipment	-	-	-	-	-	-	16	19	16	19
Total Administered non-current assets	-	-	-	-	-	-	16	19	16	19
Total Administered assets	110	-	10,278	10,278	19,563	17,107	421	311	30,372	27,696
<u>Administered current liabilities</u>										
Payables	-	-	-	-	5,308	5,257	336	276	5,644	5,533
Other current provisions/liabilities	110	-	-	-	14	14	12	9	136	23
Total Administered current liabilities	110	-	-	-	5,322	5,271	348	285	5,780	5,556
Total Administered liabilities	110	-	-	-	5,322	5,271	348	285	5,780	5,556
Net Administered assets/equity	-	-	10,278	10,278	14,241	11,836	73	26	24,592	22,140

THE DEPARTMENT FOR HEALTH AND WELLBEING
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Schedule of Administered Cash Flows

	2026	2025
	\$'000	\$'000
<u>Cash flows from operating activities</u>		
Cash inflows		
Receipts from SA Government	734	743
Fees and charges	119,079	108,914
Other receipts	40	38
Total Cash inflows	119,853	109,695
Cash outflows		
Employee related payments	789	730
Supplies and services	876	903
Other payments	116,338	108,371
Total Cash outflows	118,003	110,004
Net cash used in operating activities	1,850	(309)
Net increase/(decrease) in cash held	1,850	(309)
Cash at the beginning of the reporting period	21,422	21,731
Cash at the end of the reporting period	23,272	21,422