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To the Board Chair Limestone Coast Local Health Network Incorporated

Opinion

I have audited the financial report of the Limestone Coast Local Health Network Incorporated and the consolidated entity comprising the Limestone Coast Local Health Network Incorporated 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 Limestone Coast Local Health Network Incorporated and its controlled entities as at 30 June 2026, their financial performance and their cash flows for the year then ended in accordance with relevant Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and Australian Accounting Standards.

The financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 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 Board Chair, the Chief Executive Officer and the Chief Finance Officer.

Basis for opinion

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

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

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

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

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

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

Auditor's responsibilities for the audit of the financial report

As required by section 31(1)(b) of the *Public Finance and Audit Act 1987* and section 36(2) of the *Health Care Act 2008*, I have audited the financial report of the Limestone Coast Local Health Network Incorporated 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 Limestone Coast Local Health Network Incorporated's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Chief Executive Officer
- conclude on the appropriateness of the Chief Executive Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify the opinion. My conclusion is based on the audit evidence obtained up to the date of the auditor's report. However, future events or conditions may cause an entity to cease to continue as a going concern
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation
- 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 Officer and the Board about, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during the audit.



Andrew Blaskett
Auditor-General

21 September 2026

LIMESTONE COAST LOCAL HEALTH NETWORK
STATEMENT OF COMPREHENSIVE INCOME
For the period ended 30 June 2026

		Consolidated		Parent	
	Note	2026	2025	2026	2025
		\$'000	\$'000	\$'000	\$'000
Income					
Revenues from SA Government	2	236,939	206,313	236,939	206,313
Fees and charges	3	20,333	17,861	20,333	17,861
Grants and contributions	4	37,923	35,889	38,074	36,074
Interest		1,268	1,273	1,222	1,223
Resources received free of charge	5	2,318	2,620	2,318	2,620
Other revenues/income	7	1,420	1,877	1,273	1,749
Total income		300,201	265,833	300,159	265,840
Expenses					
Staff related expenses	8	160,518	136,730	160,518	136,730
Supplies and services	9	125,665	107,010	125,672	107,007
Depreciation and amortisation	16,17	7,790	7,955	5,464	5,684
Borrowing costs	20	564	655	564	655
Net loss from disposal of non-current and other assets	6	50	16	50	16
Impairment loss on receivables	12.1	(58)	(380)	(58)	(380)
Other expenses	10	711	531	785	1,550
Total expenses		295,240	252,517	292,995	251,262
Net result		4,961	13,316	7,164	14,578
Other Comprehensive Income					
Items that will not be reclassified to net result					
Changes in property, plant and equipment asset revaluation surplus		23,302	520	10,948	(267)
Total other comprehensive income		23,302	520	10,948	(267)
Total comprehensive result		28,263	13,836	18,112	14,311

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

LIMESTONE COAST LOCAL HEALTH NETWORK
STATEMENT OF FINANCIAL POSITION
As at 30 June 2026

		Consolidated		Parent	
	Note	2026 \$'000	2025 \$'000	2026 \$'000	2025 \$'000
Current assets					
Cash and cash equivalents	11	20,110	20,570	19,662	20,223
Receivables	12	5,644	5,315	5,684	5,308
Other financial assets	13	28,646	26,547	27,548	25,442
Inventories	14	1,193	1,105	1,193	1,105
Total current assets		55,593	53,537	54,087	52,078
Non-current assets					
Receivables	12	1,017	1,055	1,017	1,055
Property, plant and equipment	15,16	187,148	152,826	133,740	109,520
Intangible assets	15,17	446	515	446	515
Total non-current assets		188,611	154,396	135,203	111,090
Total assets		244,204	207,933	189,290	163,168
Current liabilities					
Payables	19	8,631	5,408	8,631	5,406
Financial liabilities	20	4,380	3,905	4,380	3,905
Staff related liabilities	21	25,921	22,130	25,921	22,130
Provisions	22	1,227	1,182	1,227	1,182
Contract liabilities and other liabilities	23	25,430	22,472	25,430	22,472
Total current liabilities		65,589	55,097	65,589	55,095
Non-current liabilities					
Financial liabilities	20	23,374	26,813	23,374	26,813
Staff related liabilities	21	18,395	17,336	18,395	17,336
Provisions	22	3,023	3,127	3,023	3,127
Total non-current liabilities		44,792	47,276	44,792	47,276
Total liabilities		110,381	102,373	110,381	102,371
Net assets		133,823	105,560	78,909	60,797
Equity					
Retained earnings		81,489	76,528	59,417	52,253
Asset revaluation surplus		52,334	29,032	19,492	8,544
Total equity		133,823	105,560	78,909	60,797

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

LIMESTONE COAST LOCAL HEALTH NETWORK
STATEMENT OF CHANGES IN EQUITY
For the period ended 30 June 2026

CONSOLIDATED

	Note	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2024		28,512	63,113	91,625
Net result for 2024-25		-	13,316	13,316
Gain/(loss) on revaluation of land and buildings	16	520	-	520
Total comprehensive result for 2024-25		520	13,316	13,836
Transactions with SA Government as owner				
Net assets transferred out as a result of an administrative restructure	1.6	-	99	99
Balance at 30 June 2025		29,032	76,528	105,560
Net result for 2025-26		-	4,961	4,961
Gain/(loss) on revaluation of land and buildings	16	23,302	-	23,302
Total comprehensive result for 2025-26		23,302	4,961	28,263
Balance at 30 June 2026		52,334	81,489	133,823

PARENT

	Note	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2024		8,811	37,576	46,387
Net result for 2024-25		-	14,578	14,578
Gain/(loss) on revaluation of land and buildings	16	(267)	-	(267)
Total comprehensive result for 2024-25		(267)	14,578	14,311
Transactions with SA Government as owner				
Net assets transferred out as a result of an administrative restructure	1.6	-	99	99
Balance at 30 June 2025		8,544	52,253	60,797
Net result for 2025-26		-	7,164	7,164
Gain/(loss) on revaluation of land and buildings	16	10,948	-	10,948
Total comprehensive result for 2025-26		10,948	7,164	18,112
Balance at 30 June 2026		19,492	59,417	78,909

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

LIMESTONE COAST LOCAL HEALTH NETWORK
STATEMENT OF CASH FLOWS
For the period ended 30 June 2026

		Consolidated		Parent	
	Note	2026	2025	2026	2025
		\$'000	\$'000	\$'000	\$'000
Cash flows from operating activities					
Cash inflows					
Receipts from SA Government		193,035	168,093	193,035	168,093
Fees and charges		20,278	18,702	20,238	18,723
Grants and contributions		37,937	36,046	38,088	36,232
Interest received		754	1,190	744	1,188
Residential aged care bonds received		9,594	9,076	9,594	9,076
GST recovered from ATO		8,609	7,470	8,609	7,470
Other receipts		429	559	282	430
Cash outflows					
Staff benefits payments		(155,570)	(133,286)	(155,570)	(133,286)
Payments for supplies and services		(99,443)	(86,305)	(99,530)	(86,384)
Interest paid		(564)	(655)	(564)	(655)
Residential aged care bonds refunded		(6,499)	(6,069)	(6,499)	(6,069)
Other payments		(757)	(593)	(757)	(592)
Net cash provided by operating activities	24	7,803	14,228	7,670	14,226
Cash flows from investing activities					
Cash inflows					
Proceeds from sale/maturities of investments		1,410	1,705	1,360	1,600
Cash outflows					
Purchase of property, plant and equipment		(2,431)	(1,254)	(2,349)	(1,172)
Purchase of investments		(3,175)	(4,485)	(3,175)	(4,445)
Net cash provided by/(used in) investing activities		(4,196)	(4,034)	(4,164)	(4,017)
Cash flows from financing activities					
Cash outflows					
Repayment of lease liabilities		(4,067)	(4,092)	(4,067)	(4,092)
Net cash provided by/(used in) financing activities		(4,067)	(4,092)	(4,067)	(4,092)
Net increase/(decrease) in cash and cash equivalents		(460)	6,102	(561)	6,117
Cash and cash equivalents at the beginning of the period		20,570	14,468	20,223	14,106
Cash and cash equivalents at the end of the period	11	20,110	20,570	19,662	20,223

LIMESTONE COAST LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2026

1. About Limestone Coast Local Health Network

Limestone Coast Local Health Network Incorporated (the Hospital) is a not-for-profit incorporated health service established under the *Health Care (Local Health Networks) Proclamation 2019* which was an amendment to the *Health Care Act 2008 (the Act)*. The financial statements and accompanying notes include all controlled activities of the Hospital.

Parent Entity

The Parent Entity consists of the following:

- Bordertown Memorial Hospital
- Bordertown Charla Lodge
- Integrated Mental Health Inpatient Unit
- Keith and District Healthcare
- Kingston Soldiers' Memorial Hospital Multi-Purpose Service
- Limestone Coast Country Health Connect
- Mental Health Intensive Community Program
- Mental Health Sub-Acute and Rehabilitation Unit
- Millicent and District Hospital and Health Service
- Millicent Sheoak Lodge
- Mount Gambier and Districts Health Service
- Naracoorte Health Service
- Naracoorte Moreton Bay House
- Penola War Memorial Hospital Multi-Purpose Service

Consolidated Entity

The consolidated entity includes the Parent entity, the Incorporated Health Advisory Councils (HACs) and the Incorporated HAC Gift Fund Trusts (GFTs) as listed in note 29.

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

The consolidated financial statements have been prepared in accordance with AASB 10 *Consolidated Financial Statements*. Consistent accounting policies have been applied and all inter-entity balances and transactions arising within the consolidated entity have been eliminated in full. Information on the consolidated entity's interests in other entities is at note 29.

1.1 Objectives and activities

The Hospital is committed to a health system that produces positive health outcomes by focusing on health promotion, illness prevention, early intervention and achieving equitable health outcomes for the Limestone Coast region.

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

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

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

1.2 Basis of preparation

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

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

LIMESTONE COAST LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2026

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. Prior year comparative values will follow current year values in brackets throughout the notes.

1.3 Taxation

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

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

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

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

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

1.4 Continuity of operations

As at 30 June 2026, the Hospital had working capital deficiency of \$9.996 million (\$1.560 million). The SA Government is committed and has consistently demonstrated a commitment to ongoing funding of the Hospital to enable it to perform its functions. This ongoing commitment is ultimately outlined in the annually produced and published State Budget Papers which presents the SA Government's current and estimated future economic performance, including forward estimates of revenue, expenses and performance by agency.

1.5 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.

1.6 Changes to reporting entity

Administrative Restructure

2024-25

In response to the Commonwealth Government's introduction of a new single assessment aged care system across all State and Territory jurisdictions, the South Australian Health Chief Executives Council (HCEC), on 2 July 2024, approved the proposal to transition Local Health Network based assessment services into a statewide Aged Care Assessment Service (ACAS), to be implemented by the Central Adelaide Local Health Network (CALHN) by 1 July 2025. The Chief Executive Officer of the Hospital, on 4 June 2025, approved the transition of five staff to the statewide ACAS in CALHN, effective 22 March 2025. Staff related liabilities of \$0.099 million were transferred out of the Hospital.

LIMESTONE COAST LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2026

2. Revenues from SA Government

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Capital projects funding	18,473	14,716	18,473	14,716
Operational funding	218,466	191,597	218,466	191,597
Total revenues from SA Government	236,939	206,313	236,939	206,313

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

3. Fees and charges

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Patient and client fees	10,318	9,395	10,318	9,395
Private practice fees	771	699	771	699
Fees for health services	1,916	1,369	1,916	1,369
Residential and other aged care charges	6,928	5,955	6,928	5,955
Other user charges and fees	400	443	400	443
Total fees and charges	20,333	17,861	20,333	17,861

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

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

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

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

Private practice fees

SA Health grants SA Health employed salaried medical consultants the ability to provide billable medical services relating to the assessment, treatment and care of privately referred outpatients or private inpatients in SA Health sites. Fees derived from undertaking private practice is income derived in the hands of the specialist. The specialist appoints the Hospital as an agent in the rendering and recovery of accounts of the specialist's private practice. SA Health disburses amounts it collects 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's collected as per the Rights of Private Practice Agreement.

Residential and other aged care charges

Residential aged care fees include daily care fees, daily accommodation fees and contributions based on means assessment. Residents are invoiced fortnightly in arrears as services and accommodations are provided. Any amounts remaining unpaid or unbilled at the end of the reporting period are treated as an accounts receivable.

Fees for health services

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

LIMESTONE COAST LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2026

4. Grants and contributions

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Commonwealth grants and donations	18,247	18,113	18,247	18,113
Commonwealth aged care subsidies	19,602	17,611	19,602	17,611
SA Government capital contributions	-	-	-	43
Other SA Government grants and contributions	18	-	169	142
Private sector grants and contributions	56	165	56	165
Total grants and contributions	37,923	35,889	38,074	36,074

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

All grants and contributions were provided for specific purposes such as aged care, community health services and other related health services and were recognised in accordance with AASB 1058 *Income of Not-for-Profit Entities*.

5. Resources received free of charge

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Plant and equipment	14	24	14	24
Services	2,304	2,036	2,304	2,036
Intangible assets	-	560	-	560
Total resources received free of charge	2,318	2,620	2,318	2,620

Contribution of services are recognised only when a fair value can be determined reliably, and the services would be purchased if they had not been donated. The services the Hospital receives includes Financial Accounting, Taxation, Payroll, Accounts Payable and Accounts Receivable services from Shared Services SA free of charge valued at \$1.653 million (\$1.501 million), Information and Communication Technologies (ICT) services from the Office of the Chief Information Officer (OCIO) valued at \$0.437 million (\$0.426 million) and audit services from the Audit Office of South Australia free of charge valued at \$0.093 million (\$0.109 million).

In addition, although not recognised, Limestone Coast Local Health Network receives volunteer services from around 251 volunteers across the Limestone Coast whom provide patient and staff support services to individuals using the Hospitals services, and also support clients and staff for Country Health Connect and Mental Health directorates. The volunteer services include but are not limited to: patient guides, social support groups, home delivered meals, allied health services, and administrative assistance and patient visitations in the acute ward settings.

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

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Land and buildings	(50)	-	(50)	-
Plant and equipment	-	(16)	-	(16)
Total net gain/(loss) from disposal of non-current and other assets	(50)	(16)	(50)	(16)

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

7. Other revenues/income

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Donations	200	132	53	10
Health recoveries	864	1,156	864	1,156
Insurance recoveries	127	144	127	144
Other	229	445	229	439
Total other revenues/income	1,420	1,877	1,273	1,749

LIMESTONE COAST LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the period ended 30 June 2026

8. Staff related expenses

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Salaries and wages	126,440	108,273	126,440	108,273
Long service leave	3,218	2,844	3,218	2,844
Annual leave	12,126	10,072	12,126	10,072
Skills and experience retention leave	441	381	441	381
Superannuation	16,276	13,653	16,276	13,653
Workers compensation	1,199	1,022	1,199	1,022
Board and committee fees	215	283	215	283
Other staff related expenses	603	202	603	202
Total staff benefits expenses	160,518	136,730	160,518	136,730

Superannuation expense represents the Hospital's contribution to superannuation plans in respect of current services of staff.

8.1 Key Management Personnel

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

The compensation detailed below excludes salaries and other benefits:

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

Compensation	2026	2025
	\$'000	\$'000
Salaries and other short term employee benefits	2,743	2,411
Post-employment benefits	410	332
Total	3,153	2,743

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

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

	2026	2025
	No. of Members	No. of Members
\$0 - \$20,000	4	3
\$20,001 - \$40,000	5	7
\$40,001 - \$60,000	1	1
Total	10	11

The total remuneration received or receivable by members was \$0.241 million (\$0.311 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits, fringe benefits and related fringe benefits tax paid. In accordance with the Premier and Cabinet Circular No. 016, government employees did not receive any remuneration for board/committee duties during the financial year unless so exempted by the Minister.

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 30 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 Staff Remuneration

	Consolidated		Parent	
	2026	2025	2026	2025
	Number	Number	Number	Number
The number of staff whose remuneration received or receivable fall within the following bands:				
\$171,001 - \$177,000*	n/a	4	n/a	4
\$177,001 - \$197,000	20	9	20	9
\$197,001 - \$217,000	5	5	5	5
\$217,001 - \$237,000	5	1	5	1
\$237,001 - \$257,000	4	3	4	3
\$257,001 - \$277,000	4	3	4	3
\$277,001 - \$297,000	2	-	2	-
\$297,001 - \$317,000	1	-	1	-
\$317,001 - \$337,000	2	1	2	1
\$337,001 - \$357,000	2	-	2	-
\$357,001 - \$377,000	-	1	-	1
\$377,001 - \$397,000	2	1	2	1
\$417,001 - \$437,000	1	-	1	-
\$437,001 - \$457,000	-	2	-	2
\$457,001 - \$477,000	1	2	1	2
\$477,001 - \$497,000	1	1	1	1
\$497,001 - \$517,000	2	1	2	1
\$517,001 - \$537,000	1	2	1	2
\$537,001 - \$557,000	2	4	2	4
\$557,001 - \$577,000	2	1	2	1
\$577,001 - \$597,000	-	1	-	1
\$597,001 - \$617,000	2	-	2	-
\$617,001 - \$637,000	3	-	3	-
\$637,001 - \$657,000	3	1	3	1
\$657,001 - \$677,000	1	1	1	1
\$677,001 - \$697,000	1	-	1	-
\$737,001 - \$757,000	1	-	1	-
\$777,001 - \$797,000	-	2	-	2
\$837,001 - \$857,000	1	-	1	-
Total number of staff	69	46	69	46

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

*The \$171,001 to \$177,000 band has been included for the purposes of reporting comparative figures based on the executive base level remuneration rate for 2024-25.

8.4 Staff remuneration by classification

The total remuneration received by staff included above:

	No.	Consolidated		2025	No.	Parent		2025
		2026	No.			2026	No.	
		\$'000		\$'000		\$'000		\$'000
Executive	1	342	1	330	1	342	1	330
Medical (excluding Nursing)	52	20,648	34	13,922	52	20,648	34	13,922
Non-medical (i.e. administration)	3	563	1	175	3	563	1	175
Nursing	13	2,491	10	1,884	13	2,491	10	1,884
Total	69	24,044	46	16,311	69	24,044	46	16,311

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9. Supplies and services

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Administration	158	215	158	214
Advertising	249	128	249	128
Communication	743	770	743	770
Computing	3,355	2,986	3,355	2,986
Consultants	292	479	292	479
Contract of services	2,312	1,854	2,312	1,854
Contractors	111	110	111	110
Contractors - agency staff	20,398	12,185	20,398	12,185
Drug supplies	3,766	3,454	3,766	3,454
Electricity, gas and fuel	1,903	1,833	1,903	1,833
Fee for service*	31,862	31,643	31,862	31,643
Food supplies	3,049	2,914	3,049	2,914
Housekeeping	2,027	1,652	2,027	1,652
Insurance	2,126	1,854	2,126	1,854
Internal SA Health SLA payments	7,002	6,661	7,002	6,661
Legal	41	32	41	32
Medical, surgical and laboratory supplies	22,451	19,673	22,451	19,673
Minor equipment	2,686	1,828	2,686	1,828
Motor vehicle expenses	1,012	597	1,012	597
Occupancy rent and rates	554	478	554	478
Patient transport	2,567	2,106	2,567	2,106
Postage	322	274	322	274
Printing and stationery	526	510	526	510
Repairs and maintenance	6,826	6,175	6,826	6,175
Security	2,103	1,270	2,103	1,270
Services from Shared Services SA	1,704	1,543	1,704	1,543
Short term lease expense	1,249	739	1,249	739
Training and development	1,079	693	1,079	693
Travel expenses	747	643	747	643
Other supplies and services	2,445	1,711	2,452	1,709
Total supplies and services	125,665	107,010	125,672	107,007

* Fee for Service primarily relates to medical services provided by doctors not employed by the Hospital.

The Hospital recognises lease payments associated with short term leases (12 months or less) as an expense on a straight line basis over the lease term. Lease commitments for short term leases is similar to short term lease expenses disclosed.

10. Other expenses

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Debts written off	497	279	497	279
Bank fees and charges	7	8	7	7
Donated assets expense	-	-	74	1,020
Other*	207	244	207	244
Total other expenses	711	531	785	1,550

Donated assets expense includes transfer of buildings and improvements to the HACs and is recorded as expenditure at their fair value. For 2026 debts written off includes the write-off of debts related to the Mount Gambier Private Hospital.

* Included in other expenses is audit fees paid/payable to Galpins Accountants Auditors and Business Consultants of \$0.043 million (\$0.048 million) for HAC and aged care audit services.

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11. Cash and cash equivalents

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Cash at bank or on hand	4,383	3,417	3,935	3,070
Deposits with Treasurer: general operating	15,196	16,652	15,196	16,652
Deposits with Treasurer: special purpose funds	531	501	531	501
Total cash and cash equivalents in the Statement of Financial Position	20,110	20,570	19,662	20,223
Total cash and cash equivalents in the Statement of Cash Flows	20,110	20,570	19,662	20,223

Cash is measured at nominal amounts. The Hospital operates through the Department's general operating account held with the Treasurer and does not earn interest on this account. Interest is earned on HAC and GFT bank accounts and accounts holding aged care funds, including refundable deposits. Of the \$20.110 million (\$20.570 million) held, \$4.052 million (\$2.809 million) relates to aged care refundable deposits.

12. Receivables

	Note	Consolidated		Parent	
		2026	2025	2026	2025
		\$'000	\$'000	\$'000	\$'000
Current					
Patient/client fees: compensable		488	425	488	425
Patient/client fees: aged care		1,456	1,302	1,456	1,302
Patient/client fees: other		760	852	760	852
Debtors		1,044	967	1,040	973
Less: allowance for impairment loss on receivables	12.1	(609)	(667)	(609)	(667)
Prepayments		333	416	333	416
Interest		461	281	445	258
Workers compensation provision recoverable		274	262	274	262
Sundry receivables and accrued revenue		1,249	1,434	1,309	1,444
GST input tax recoverable		188	43	188	43
Total current receivables		5,644	5,315	5,684	5,308
Non-current					
Debtors		101	107	101	107
Workers compensation provision recoverable		916	948	916	948
Total non-current receivables		1,017	1,055	1,017	1,055
Total receivables		6,661	6,370	6,701	6,363

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

Other than as recognised in the impairment 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.

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12.1 Impairment of receivables

The Hospital 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 impairment loss on receivables:

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	667	1,047	667	1,047
Increase/(Decrease) in allowance recognised in profit or loss	(58)	(380)	(58)	(380)
Carrying amount at the end of the period	609	667	609	667

Impairment losses related to receivables arising from contracts with customers that are external to the SA Government. Refer to note 27 for details regarding credit risk and the methodology for determining impairment.

13. Other financial assets

The consolidated and parent entity, hold term deposits of \$28.646 million (\$26.547 million) and \$27.548 million (\$25.442 million) respectively. Of these deposits \$20.057 million (\$18.242 million) relates to aged care refundable deposits, with the remaining funds primarily relating to aged care. These deposits are measured at amortised cost. There is no impairment on term deposits.

14. Inventories

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Drug supplies	239	215	239	215
Medical, surgical and laboratory supplies	762	719	762	719
Food and hotel supplies	129	121	129	121
Engineering supplies	22	10	22	10
Other	41	40	41	40
Total current inventories - held for distribution	1,193	1,105	1,193	1,105

All inventories are held for distribution at no or nominal consideration and are measured at the lower of average weighted cost and replacement cost. The amount of any inventory write-down to net realisable value/replacement cost or inventory losses are recognised as an expense in the period the write-down or loss occurred. Any write-down reversals are also recognised as an expense reduction.

15. Property, plant and equipment and intangible assets

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

15.2 Depreciation and amortisation

The residual values, useful lives, depreciation and amortisation methods of all major assets held by the Hospital are reviewed and adjusted if appropriate on an annual basis. Changes in 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.

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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	12-46
Right-of-use buildings	2-29
Leasehold improvements	Lease term
Plant and equipment:	
• Medical, surgical, dental and biomedical equipment and furniture	1-20
• Computing equipment	1-2
• Other plant and equipment	1-20
Right-of-use plant & equipment	Lease term
Intangibles	1-10

15.3 Revaluation

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

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

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

15.4 Impairment

The Hospital holds its property, plant and equipment and intangible assets for their service potential (value in use). Specialised assets would rarely be sold and typically any costs of disposal would be negligible, accordingly the recoverable amount will be closer to or greater than fair value. Where there is an indication of impairment, the recoverable amount is estimated. Fair value is assessed each year. There were no indications of impairment for property, plant and equipment or intangibles as at 30 June 2026.

15.5 Intangible Assets

Intangible assets are initially measured at cost and are tested for indications of impairment at each reporting date. Following initial recognition, intangible assets are carried at cost less any accumulated amortisation any accumulated impairment losses. The amortisation period and the amortisation method for intangible assets with finite useful lives are reviewed on an annual basis.

The acquisition of, or internal development of, software is capitalised only when the expenditure meets the definition criteria and the 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.

15.6 Land and building

Consistent with Treasurer's Instructions, a public authority must at least every 6 years obtain a valuation appraisal from a qualified valuer, an independent valuation of land and buildings owned by the Hospital was performed between March and June 2024, by a certified practising valuer from Marsh Advisory Pacific, as at 1 June 2024.

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

Fair value of buildings was determined using depreciated replacement cost due to there not being an active market. The depreciated replacement cost considered the need for ongoing provision of government services; specialised nature and restricted use of the assets; the 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 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.

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15.7 Plant and equipment

The value of plant and equipment has not been revalued and in accordance with APS 116D as the carrying value is deemed to approximate fair value.

15.8 Leased property, plant and equipment

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

Major lease activities include the use of:

- Properties – buildings are mainly leased from the private sector for office space or accommodation for clients, locums and students. Generally property leases are non-cancellable with many having the right of renewal. Rent is payable in arrears, with increases generally linked to CPI increases. Prior to renewal, most lease arrangements undergo a formal rent review linked to market appraisals or independent valuers.
- Health Facilities – Mount 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.

The Hospital has not committed to any lease arrangements that have not commenced.

The lease liabilities related to the right-of-use assets (and the maturity analysis) are disclosed at note 20. Expenses related to right-of-use assets including depreciation and interest expense are disclosed at note 16 and 20. Cash outflows related to right-of-use assets are disclosed at note 24.

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16. Reconciliation of property, plant and equipment

The following table shows the movement:

Consolidated

2025-26

	Land and buildings:				Plant and equipment:					
	Land	Buildings	Right-of-use	Capital	Accommodation	Medical/	Other	Right-of-use	Capital	Total
	\$'000	\$'000	buildings	works in	and Leasehold	surgical/	plant and	plant and	works in	\$'000
			\$'000	progress	improve-ments	dental/	equipment	equipment	progress	
				land and	\$'000	biomedical	\$'000	\$'000	plant and	
				buildings					equipment	
				\$'000					\$'000	
Carrying amount at the beginning of the period	7,640	70,725	38,140	18,321	15,850	1,320	562	-	268	152,826
Additions	-	-	1,095	16,378	-	299	-	-	997	18,769
Assets received free of charge	-	-	-	-	-	14	-	-	-	14
Disposals	-	-	-	(50)	-	-	-	-	-	(50)
Transfers between asset classes	-	11,761	-	(11,761)	-	210	-	-	(210)	-
Remeasurement	-	-	8	-	-	-	-	-	-	8
Subtotal:	7,640	82,486	39,243	22,888	15,850	1,843	562	-	1,055	171,567
Gains/(losses) for the period recognised in net result:										
Depreciation and amortisation	-	(4,529)	(2,123)	-	(510)	(440)	(119)	-	-	(7,721)
Subtotal:	-	(4,529)	(2,123)	-	(510)	(440)	(119)	-	-	(7,721)
Gains/(losses) for the period recognised in other comprehensive income:										
Revaluation increment / (decrement)	1,104	22,198	-	-	-	-	-	-	-	23,302
Subtotal:	1,104	22,198	-	-	-	-	-	-	-	23,302
Carrying amount at the end of the period*	8,744	100,155	37,120	22,888	15,340	1,403	443	-	1,055	187,148
Gross carrying amount										
Gross carrying amount	8,744	109,317	50,228	22,888	18,842	4,928	1,415	-	1,055	217,417
Accumulated depreciation / amortisation	-	(9,162)	(13,108)	-	(3,502)	(3,525)	(972)	-	-	(30,269)
Carrying amount at the end of the period	8,744	100,155	37,120	22,888	15,340	1,403	443	-	1,055	187,148

* All property, plant and equipment are classified in the level 2 and level 3 fair value hierarchy except for capital works in progress (not classified). Refer to note 20 for details about the lease liability for right-of-use assets.

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Consolidated

2024-25

	Land and buildings:				Plant and equipment:					
	Land	Buildings	Right-of-use	Capital	Accommodation	Medical/surgical/dental/	Other	Right-of-use	Capital	Total
	\$'000	\$'000	buildings	works in	and Leasehold	biomedical	plant and	plant and	works in	\$'000
			\$'000	land and	improve-ments	\$'000	equipment	equipment	plant and	
				buildings	\$'000		\$'000	\$'000	equipment	\$'000
Carrying amount at the beginning of the period	7,640	74,014	39,112	5,612	16,360	869	670	669	430	145,376
Additions	-	-	1,054	13,223	-	516	-	352	269	15,414
Assets received free of charge	-	-	-	-	-	24	-	-	-	24
Disposals	-	-	-	-	-	(2)	(14)	(688)	-	(704)
Transfers between asset classes	-	514	-	(514)	-	381	50	-	(431)	-
Subtotal:	7,640	74,528	40,166	18,321	16,360	1,788	706	333	268	160,110
Gains/(losses) for the period recognised in net result:										
Depreciation and amortisation	-	(4,323)	(2,026)	-	(510)	(468)	(144)	(333)	-	(7,804)
Subtotal:	-	(4,323)	(2,026)	-	(510)	(468)	(144)	(333)	-	(7,804)
Gains/(losses) for the period recognised in other comprehensive income:										
Revaluation increment / (decrement)	-	520	-	-	-	-	-	-	-	520
Subtotal:	-	520	-	-	-	-	-	-	-	520
Carrying amount at the end of the period*	7,640	70,725	38,140	18,321	15,850	1,320	562	-	268	152,826
Gross carrying amount										
Gross carrying amount	7,640	75,358	49,125	18,321	18,842	4,601	1,416	-	268	175,571
Accumulated depreciation / amortisation	-	(4,633)	(10,985)	-	(2,992)	(3,281)	(854)	-	-	(22,745)
Carrying amount at the end of the period	7,640	70,725	38,140	18,321	15,850	1,320	562	-	268	152,826

* All property, plant and equipment are classified in the level 2 and level 3 fair value hierarchy except for capital works in progress (not classified). Refer to note 20 for details about the lease liability for right-of-use assets.

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Parent

2025-26

	Land and buildings:				Plant and equipment:					
	Land	Buildings	Right-of-use	Capital	Accommodation	Medical/surgical/dental/biomedical	Other plant and equipment	Right-of-use plant and equipment	Capital works in progress plant and equipment	Total
	\$'000	\$'000	buildings \$'000	works in progress land and buildings \$'000	and Leasehold improve-ments \$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	4,310	30,748	38,140	18,322	15,850	1,320	562	-	268	109,520
Additions	-	-	1,095	16,378	-	299	-	-	997	18,769
Assets received free of charge	-	-	-	-	-	14	-	-	-	14
Disposals	-	-	-	(50)	-	-	-	-	-	(50)
Donated assets disposal	-	-	-	(74)	-	-	-	-	-	(74)
Transfers between asset classes	-	11,687	-	(11,687)	-	210	-	-	(210)	-
Remeasurement	-	-	8	-	-	-	-	-	-	8
Subtotal:	4,310	42,435	39,243	22,889	15,850	1,843	562	-	1,055	128,187
Gains/(losses) for the period recognised in net result:										
Depreciation and amortisation	-	(2,203)	(2,123)	-	(510)	(440)	(119)	-	-	(5,395)
Subtotal:	-	(2,203)	(2,123)	-	(510)	(440)	(119)	-	-	(5,395)
Gains/(losses) for the period recognised in other comprehensive income:										
Revaluation increment / (decrement)	784	10,164	-	-	-	-	-	-	-	10,948
Subtotal:	784	10,164	-	-	-	-	-	-	-	10,948
Carrying amount at the end of the period*	5,094	50,396	37,120	22,889	15,340	1,403	443	-	1,055	133,740
Gross carrying amount										
Gross carrying amount	5,094	54,776	50,228	22,889	18,842	4,928	1,415	-	1,055	159,227
Accumulated depreciation / amortisation	-	(4,380)	(13,108)	-	(3,502)	(3,525)	(972)	-	-	(25,487)
Carrying amount at the end of the period	5,094	50,396	37,120	22,889	15,340	1,403	443	-	1,055	133,740

* All property, plant and equipment are classified in the level 2 and level 3 fair value hierarchy except for capital works in progress (not classified). Refer to note 20 for details about the lease liability for right-of-use assets.

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Parent

2024-25

	Land and buildings:				Plant and equipment:					
	Land	Buildings	Right-of-use	Capital	Accommodation	Medical/surgical/dental/	Other	Right-of-use	Capital	Total
	\$'000	\$'000	buildings	works in progress land and buildings	and Leasehold improve-ments	biomedical	plant and equipment	plant and equipment	works in progress plant and equipment	\$'000
			\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	
Carrying amount at the beginning of the period	4,310	32,787	39,112	6,399	16,360	869	670	669	430	101,606
Additions	-	-	1,054	13,223	-	516	-	352	269	15,414
Assets received free of charge	-	-	-	-	-	24	-	-	-	24
Disposals	-	-	-	-	-	(2)	(14)	(688)	-	(704)
Donated assets disposal	-	-	-	(1,020)	-	-	-	-	-	(1,020)
Transfers between asset classes	-	280	-	(280)	-	381	50	-	(431)	-
Subtotal:	4,310	33,067	40,166	18,322	16,360	1,788	706	333	268	115,320
Gains/(losses) for the period recognised in net result:										
Depreciation and amortisation	-	(2,052)	(2,026)	-	(510)	(468)	(144)	(333)	-	(5,533)
Subtotal:	-	(2,052)	(2,026)	-	(510)	(468)	(144)	(333)	-	(5,533)
Gains/(losses) for the period recognised in other comprehensive income:										
Revaluation increment / (decrement)	-	(267)	-	-	-	-	-	-	-	(267)
Subtotal:	-	(267)	-	-	-	-	-	-	-	(267)
Carrying amount at the end of the period*	4,310	30,748	38,140	18,322	15,850	1,320	562	-	268	109,520
Gross carrying amount										
Gross carrying amount	4,310	32,923	49,125	18,322	18,842	4,601	1,416	-	268	129,807
Accumulated depreciation / amortisation	-	(2,175)	(10,985)	-	(2,992)	(3,281)	(854)	-	-	(20,287)
Carrying amount at the end of the period	4,310	30,748	38,140	18,322	15,850	1,320	562	-	268	109,520

* All property, plant and equipment are classified in the level 2 and level 3 fair value hierarchy except for capital works in progress (not classified). Refer to note 20 for details about the lease liability for right-of-use assets.

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17. Reconciliation of intangible assets

The following table shows the movement:

	Consolidated		Parent	
	Computer software		Computer software	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	515	106	515	106
Assets received free of charge	-	560	-	560
Amortisation	(69)	(151)	(69)	(151)
Carrying amount at the end of the period	446	515	446	515
Gross carrying amount				
Gross carrying amount	1,045	1,045	1,045	1,045
Accumulated amortisation	(599)	(530)	(599)	(530)
Carrying amount at the end of the period	446	515	446	515

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18. Fair value measurement

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

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

The Hospital's current use is the highest and best use of the asset unless other factors suggest an alternative use. As the Hospital did not identify any factors to suggest an alternative use, fair value measurement was based on current use. The scope of the valuation of PPE included all: land, buildings, site improvements, site infrastructure and plant and Equipment with an acquisition greater than \$1.5 million and useful life greater than three (3) years.

Refer to notes 15 and 18.2 for disclosure regarding fair value measurement techniques and inputs used to develop fair value measurements for non-financial assets.

18.1 Fair value hierarchy

The fair value of non-financial assets must be estimated for recognition and measurement or for disclosure purposes. The Hospital categorises non-financial assets measured at fair value at level 3 which are all recurring.

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						
(Note 16)						
Land	7,854	890	8,744	4,204	890	5,094
Buildings and improvements	8,015	92,140	100,155	6,496	43,900	50,396
Total recurring fair value measurements	15,869	93,030	108,899	10,700	44,790	55,490

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						
(Note 16)						
Land	6,750	890	7,640	3,420	890	4,310
Buildings and improvements	6,583	64,142	70,725	5,170	25,578	30,748
Total recurring fair value measurements	13,333	65,032	78,365	8,590	26,468	35,058

There are no non-recurring fair value measurements.

The Hospital's policy is to recognize transfers into and out of fair value hierarchy levels as at the end of the reporting period. Valuation techniques and inputs used to derive Level 2 and 3 fair values are at note 18 and 18.2.

18.2 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.

Due to the predominantly specialised nature of health service assets, the majority of buildings 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.

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Unobservable inputs used to arrive at final valuation figures included:

- Estimated remaining useful life, which is an economic estimate and by definition, is subject to economic influences;
- Cost rate, which is the estimated cost to replace an asset with the same service potential as the asset undergoing valuation (allowing for over-capacity), and based on a combination of internal records including: refurbishment and upgrade costs, recent 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 *Fair Value Measurement* dictates that regardless of the depreciation methodology adopted, the exit price should remain unchanged.

19. Payables

	Consolidated		Parent	
	2026	2025	2026	2025
Current	\$'000	\$'000	\$'000	\$'000
Creditors and accrued expenses	8,304	5,093	8,304	5,091
Paid Parental Leave Scheme	46	14	46	14
Other payables	281	301	281	301
Total current payables	8,631	5,408	8,631	5,406

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

Refer to note 27 for information on risk management.

20. Financial liabilities

	Consolidated		Parent	
	2026	2025	2026	2025
Current	\$'000	\$'000	\$'000	\$'000
Lease liabilities	4,380	3,905	4,380	3,905
Total current financial liabilities	4,380	3,905	4,380	3,905
Non-current				
Lease liabilities	23,374	26,813	23,374	26,813
Total non-current financial liabilities	23,374	26,813	23,374	26,813
Total financial liabilities	27,754	30,718	27,754	30,718

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. Borrowing costs of \$0.564 million (\$0.655 million) relate to interest on lease liabilities. There were no defaults or breaches on any of the above liabilities throughout the year.

Refer to note 27 for information on risk management.

Refer note 16 for details about the right-of-use assets (including depreciation).

20.1 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
Lease Liabilities	\$'000	\$'000	\$'000	\$'000
Within one year	4,867	4,462	4,867	4,462
Later than one year but not longer than five years	19,471	18,507	19,471	18,507
Later than five years	5,045	9,919	5,045	9,919
Total lease liabilities (undiscounted)	29,383	32,888	29,383	32,888

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21. Staff related liabilities

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Current				
Accrued salaries and wages	6,557	5,287	6,557	5,287
Annual leave	14,377	12,437	14,377	12,437
Long service leave	1,601	1,509	1,601	1,509
Skills and experience retention leave	675	630	675	630
Staff on-costs	2,711	2,267	2,711	2,267
Total current staff related liabilities	25,921	22,130	25,921	22,130
Non-current				
Long service leave	17,394	16,392	17,394	16,392
Staff on-costs	1,001	944	1,001	944
Total non-current staff related liabilities	18,395	17,336	18,395	17,336
Total staff related liabilities	44,316	39,466	44,316	39,466

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

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

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

The annual leave liability and the skills and experience retention leave liability 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 the Department of Treasury and Finance (DTF), the salary inflation rate has increased from the 2025 rate (3.2%) to 3.5% for annual leave and skills and experience retention leave liability. As a result, there is an increase in the employee staff related liability and employee related expenses of \$0.044 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 staff is estimated to be less than the annual entitlement for sick leave.

21.2 Long service leave

The liability for long service leave is measured as the present value of expected future payments to be made in respect of services provided by employees up to the end of the reporting period using the projected unit credit method. The expected timing and amount of long service leave payments is determined through whole-of-government actuarial calculations which, are based on actuarial assumptions on expected future salary and wage levels, experience of employee departures and periods of service. These assumptions are based on employee data over SA Government entities and the health sector across government. The 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.

The discount rate used in measuring the liability is reflective of the yield on long-term Commonwealth Government bonds. The yield on long-term Commonwealth Government bonds has increased from the 2025 rate (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 3.5% for long service leave liability.

The net financial effect of the changes to actuarial assumptions is a decrease in the long service leave liability of \$0.591 million, payables (staff on-costs) of \$0.033 million and staff benefits expense of \$0.624 million. The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions – a key assumption being the long-term discount rate.

21.3 Staff on-costs

Staff on-costs include Return to Work SA levies and superannuation contributions and are settled when the respective staff-related liabilities that they relate to are discharged. These on-costs primarily relate to the balance of leave owing to staff. Estimates as to the proportion of long service leave estimate to be taken as leave, rather than paid on termination, affects whether certain on-costs are recognized as a consequence of long service leave liabilities.

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The Hospital makes contributions to several State Government and externally managed superannuation schemes. These contributions are treated as an expense when they occur. There is no liability for payments to beneficiaries as they have been assumed by the respective superannuation schemes. The only liability outstanding at reporting date relates to any contributions due but not yet paid to the South Australian Superannuation Board and externally managed superannuation schemes.

As a result of an actuarial assessment performed by Department of Treasury and Finance, the proportion of long service leave taken as leave is unchanged from 2025 at 47% and the average factor for the calculation of employer superannuation on-costs has remained unchanged from the 2025 rate of 12%.. These rates are used in the staff on-cost calculation.

22. Provisions

Provisions represent workers compensation.

Reconciliation of workers compensation (statutory and non-statutory)

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	4,309	4,317	4,309	4,317
Payments	(1,052)	(799)	(1,052)	(799)
Remeasurement	(307)	(514)	(307)	(514)
Additions	1,300	1,305	1,300	1,305
Carrying amount at the end of the period	4,250	4,309	4,250	4,309

Workers compensation provision (statutory and additional compensation schemes)

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

Accordingly, a liability has been reported to reflect unsettled workers compensation claims (statutory and additional compensation schemes). The workers compensation provision is based on an actuarial assessment of the outstanding liability as at 30 June 2026 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment.

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

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

23. Contract liabilities and other liabilities

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Current				
Contract liabilities	606	679	606	679
Residential aged care bonds	24,790	21,780	24,790	21,780
Other	34	13	34	13
Total contract liabilities and other liabilities	25,430	22,472	25,430	22,472

Residential aged care bonds are accommodation bonds, refundable accommodation contributions and refundable accommodation deposits. These are non-interest bearing deposits made by aged care facility residents to the Hospital upon their admission to residential accommodation. The liability for accommodation is carried at the amount that would be payable on exit of the resident. This is the amount received on entry of the resident less applicable deductions for fees and retentions pursuant to the *Aged Care Act 2024*. Residential aged care bonds are classified as current liabilities as the Hospital does not have an unconditional right to defer settlement of the liability for at least twelve months after the reporting date. The obligation to settle could occur at any time. Once a refunding event occurs the other liability becomes interest bearing. The interest rate applied is the prevailing interest rate at the time as prescribed by the Commonwealth Department of Health.

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A contract liability is recognised for revenue relating to home care packages, training programs and other health programs received in advance and is realised as agreed milestones have been achieved. All performance obligations from these existing contracts (deferred service income) will be satisfied during the next reporting period and accordingly all amounts will be recognised as revenue.

24. Cash flow reconciliation

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

Reconciliation of net cash provided by operating activities to net result:	Consolidated		Parent	
	2026 \$'000	2025 \$'000	2026 \$'000	2025 \$'000
Net cash provided by (used in) operating activities	7,803	14,228	7,670	14,226
Add/less non-cash items				
Asset donated free of charge	-	-	(74)	(1,020)
Capital revenues	14,928	12,836	14,928	12,836
Depreciation and amortisation expense of non-current assets	(7,790)	(7,955)	(5,464)	(5,684)
Gain/(loss) on sale or disposal of non-current assets	(50)	(16)	(50)	(16)
Interest credited directly to investments	334	353	291	307
Resources received free of charge	14	584	14	584
Movement in assets/liabilities				
Increase/(decrease) in inventories	88	60	88	60
Increase/(decrease) in receivables	291	(716)	338	(739)
(Increase)/decrease in other liabilities	(2,958)	(3,026)	(2,958)	(3,026)
(Increase)/decrease in payables and provisions	(2,849)	352	(2,769)	434
(Increase)/decrease in staff benefits	(4,850)	(3,384)	(4,850)	(3,384)
Net result	4,961	13,316	7,164	14,578

Total cash outflows for leases is \$4.631 million (\$4.747 million).

25. Unrecognised contractual commitments

25.1 Contractual commitments to acquire property, plant and equipment

	Consolidated		Parent	
	2026 \$'000	2025 \$'000	2026 \$'000	2025 \$'000
Within one year	24	-	24	-
Total contractual commitments	24	-	24	-

The Hospitals contractual commitments to acquire property, plant and equipment are for plant and equipment ordered but not received.

25.2 Other contractual commitments

Expenditure commitments	Consolidated		Parent	
	2026 \$'000	2025 \$'000	2026 \$'000	2025 \$'000
Within one year	3,029	1,339	3,029	1,339
Total expenditure commitments	3,029	1,339	3,029	1,339

The Hospital expenditure commitments are for agreements for goods and services ordered but not received and are disclosed as nominal amounts.

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26. Trust funds

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

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Carry amount at the beginning of period	29	21	29	21
Client trust receipts	58	44	58	44
Client trust payments	(55)	(36)	(55)	(36)
Carrying amount at the end of the period	32	29	32	29

27. Financial instruments/financial risk management

27.1 Financial risk management

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

Liquidity Risk

The Hospital is funded principally by the SA Government. The Hospital works with the SA Government to determine the cash flows associated with the SA Government approved program of work and to ensure funding is provided through SA Government budgetary processes to meet the expected cash flows. Refer to note 1.4, 19 and 20 for further information.

Credit risk

The Hospital has policies and procedures in place to ensure that transactions occur with customers with appropriate credit history. The Hospital has minimal concentration of credit risk. No collateral is held as security and no credit enhancements relate to financial assets held by the Hospital. Refer to notes 12 and 13 for further information.

Market risk

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

27.2 Categorisation of financial instruments

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

Financial assets and financial liabilities are measured at amortised cost. Amounts relating to statutory receivables and payables (e.g. Commonwealth taxes; Audit Office of South Australia audit fees etc.) and prepayments are excluded as they are not financial assets or liabilities. Receivables and Payables at amortised costs are \$4.824 million (\$4.570 million) and \$8.542 million (\$5.363 million) respectively.

27.3 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 *Financial Instruments*.

The Hospital 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 Hospital.

To measure the expected credit loss, receivables are grouped based on shared risks characteristics and the days past. When estimating expected credit loss, the Hospital 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 Hospital's historical experience and informed credit assessment, including forward-looking information.

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

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

Consolidated

	30 June 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	0.5 - 2.5%	1,357	20	0.3-2.5%	1,041	20
<30 days	1.8 - 5.2%	374	12	0.8-5.2%	389	12
31-60 days	5.3 - 11.7%	142	9	2.9-11.7%	133	8
61-90 days	9.1 - 13.7%	58	7	4.6-13.7%	193	24
91-120 days	11.4 - 18.1%	85	13	6.1-18.1%	46	7
121-180 days	14.3 - 23.8%	96	20	8.0-23.4%	99	20
181-360 days	39.0 - 52.6%	312	152	23.4-50.7%	217	90
361-540 days	43.6 - 92.3%	143	93	43.6-90.7%	91	53
>540 days	46.9 - 100.0%	497	283	46.9-100.0%	799	433
Total		3,064	609		3,008	667

28. Significant transactions with government related entities

The Hospital is controlled by the SA Government.

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

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

The Hospital received funding from the SA Government via the Department (refer to note 2), and incurred significant expenditure via the Department for medical, surgical and laboratory supplies, computing and insurance (refer to note 9). The Department transferred capital works in progress of \$18.351 million (\$9.929 million) to the Hospital.

29. Interests in other entities

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

Controlled Entities

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

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

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

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

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

Health Advisory Council		
Incorporated HACs and GFTs		
Bordertown and District Health Advisory Council Inc	Kingston/Robe Health Advisory Council Inc	Millicent and Districts Health Advisory Council Inc
Mount Gambier and Districts Health Advisory Council Inc	Naracoorte Area Health Advisory Council Inc	Penola and Districts Health Advisory Council Inc
Keith and District Health Advisory Council Inc		
Bordertown and District Health Advisory Council Inc Gift Fund Trust	Kingston/Robe Health Advisory Council Inc Gift Fund Trust	Millicent and Districts Health Advisory Council Inc Gift Fund Trust
Mount Gambier and Districts Health Advisory Council Inc Gift Fund Trust	Naracoorte Area Health Advisory Council Inc Gift Fund Trust	Penola and Districts Health Advisory Council Inc Gift Fund Trust
Keith and District Health Advisory Council Inc Gift Fund Trust		

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30. Board and committee members

Members of boards/committees that served for all or part of the financial year and were entitled to receive income from membership in accordance with APS124.B were:

Board/Committee name:	Government employee members	Other members
Limestone Coast Local Health Network Governing Board	-	Saies A (Chair), Irving J, Bishop L (term ended 30/06/2026), Rappensberg G, McKenzie C (resigned 02/10/2025), Groth K (resigned 04/08/2025), Davidson J, McKay G (appointed 13/10/2025), Fennell C (appointed 09/02/2026)
Limestone Coast Local Health Network Audit and Risk Committee*	-	Bishop L (Chair – term ended 30/06/2026), Irving J, Rappensberg G, Pearson C*
Limestone Coast Local Health Network Engagement Strategy Oversight Committee	-	McKay G (Chair), Davidson J, Fennell C (appointed 30/03/2026)
Limestone Coast Local Health Network Clinical and Care Governance Committee	-	Rappensberg G (Chair), Davidson J (appointed 30/03/2026), Saies A
Limestone Coast Local Health Network Finance and Performance Committee	-	Irving J (Chair), Bishop L (term ended 30/06/2026), McKay G (appointed 30/03/2026)

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

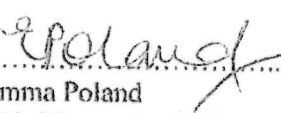
Refer to note 8.2 for remuneration of board and committee members

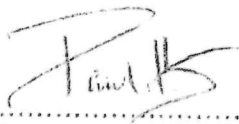
**Certification of the financial statements
Limestone Coast Local Health Network**

We certify that the:

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


.....
Dr. Andrew Saies
Board Chair


.....
Emma Poland
Chief Executive Officer


.....
Paul Harris
Chief Finance Officer

Date 9.9.2026
.....

OFFICIAL