



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

To the Board Chair Yorke and Northern Local Health Network Incorporated

Opinion

I have audited the financial report of the Yorke and Northern Local Health Network Incorporated and the consolidated entity comprising the Yorke and Northern 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 Yorke and Northern 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 Executive Director, Finance and Corporate Services.

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 Yorke and Northern 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 Yorke and Northern 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 Yorke and Northern 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

22 September 2026

YORKE AND NORTHERN LOCAL HEALTH NETWORK
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	234,653	215,738	234,653	215,738
Fees and charges	3	16,666	16,060	16,666	16,060
Grants and contributions	4	41,384	40,511	41,552	42,282
Interest		1,103	1,226	967	1,090
Resources received free of charge	5	2,794	3,223	2,794	3,223
Other revenues/income	6	3,200	1,134	1,678	1,009
Total income		299,800	277,892	298,310	279,402
Expenses					
Staff related expenses	8	157,554	145,252	157,554	145,252
Supplies and services	9	137,079	115,062	137,080	115,060
Depreciation and amortisation	16,17	13,908	13,641	7,849	8,018
Borrowing costs	20	11	52	11	52
Net loss from disposal of non-current and other assets	7	2	136	2	136
Impairment loss on receivables	12.1	99	(17)	99	(17)
Other expenses	10	386	319	3,037	4,605
Total expenses		309,039	274,445	305,632	273,106
Net result		(9,239)	3,447	(7,322)	6,296
Other Comprehensive Income					
Items that will not be reclassified to net result					
Changes in property, plant and equipment asset revaluation surplus		70,076	(2,840)	34,206	(3,267)
Total other comprehensive income		70,076	(2,840)	34,206	(3,267)
Total comprehensive result		60,837	607	26,884	3,029

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

YORKE AND NORTHERN LOCAL HEALTH NETWORK
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	11	19,060	24,720	18,214	23,800
Receivables	12	5,550	4,670	5,505	4,684
Other financial assets	13	23,091	22,804	18,797	20,016
Inventories	14	1,445	1,183	1,445	1,183
Total current assets		49,146	53,377	43,961	49,683
Non-current assets					
Receivables	12	1,362	1,294	1,362	1,294
Property, plant and equipment	15,16	273,119	203,689	150,552	113,582
Intangibles	17	642	723	642	723
Total non-current assets		275,123	205,706	152,556	115,599
Total assets		324,269	259,083	196,517	165,282
Current liabilities					
Payables	19	10,866	8,008	10,867	8,007
Financial liabilities	20	122	78	122	78
Staff related liabilities	21	26,176	24,067	26,176	24,067
Provisions	22	1,705	1,494	1,705	1,494
Contract liabilities and other liabilities	23	17,893	19,260	17,893	19,260
Total current liabilities		56,762	52,907	56,763	52,906
Non-current liabilities					
Financial liabilities	20	185	132	185	132
Staff related liabilities	21	20,273	19,981	20,273	19,981
Provisions	22	4,028	3,879	4,028	3,879
Total non-current liabilities		24,486	23,992	24,486	23,992
Total liabilities		81,248	76,899	81,249	76,898
Net assets		243,021	182,184	115,268	88,384
Equity					
Retained earnings		85,133	94,372	51,716	59,038
Asset revaluation surplus		157,888	87,812	63,552	29,346
Total equity		243,021	182,184	115,268	88,384

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

YORKE AND NORTHERN LOCAL HEALTH NETWORK
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2026

CONSOLIDATED

	Note	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2024		90,652	90,757	181,409
Net result for 2024-25		-	3,447	3,447
Gain/(loss) on revaluation of land and buildings	16	(2,840)	-	(2,840)
Total comprehensive result for 2024-25		(2,840)	3,447	607
Transactions with SA Government as owner				
Net assets transferred out as a result of an administrative restructure	1.6	-	168	168
Balance at 30 June 2025		87,812	94,372	182,184
Net result for 2025-26		-	(9,239)	(9,239)
Gain/(loss) on revaluation of land and buildings	16	70,076	-	70,076
Total comprehensive result for 2025-26		70,076	(9,239)	60,837
Balance at 30 June 2026		157,888	85,133	243,021

PARENT

	Note	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2024		32,613	52,574	85,187
Net result for 2024-25		-	6,296	6,296
Gain/(loss) on revaluation of land and buildings	16	(3,267)	-	(3,267)
Total comprehensive result for 2024-25		(3,267)	6,296	3,029
Transactions with SA Government as owner				
Net assets transferred out as a result of an administrative restructure	1.6	-	168	168
Balance at 30 June 2025		29,346	59,038	88,384
Net result for 2025-26		-	(7,322)	(7,322)
Gain/(loss) on revaluation of land and buildings	16	34,206	-	34,206
Total comprehensive result for 2025-26		34,206	(7,322)	26,884
Balance at 30 June 2026		63,552	51,716	115,268

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

YORKE AND NORTHERN LOCAL HEALTH NETWORK
STATEMENT OF CASH FLOWS
For the year 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		192,625	174,443	192,625	174,443
Fees and charges		16,685	16,202	16,728	16,093
Grants and contributions		41,478	40,735	41,646	42,506
Interest received		565	1,164	558	1,133
Residential aged care bonds received		4,200	8,198	4,200	8,198
GST recovered from ATO		8,597	7,139	8,597	7,139
Other receipts		2,342	461	820	336
Cash outflows					
Staff benefits payments		(154,789)	(141,927)	(154,789)	(141,927)
Payments for supplies and services		(107,740)	(89,164)	(107,739)	(89,162)
Payments of grants and subsidies		-	(2)	-	(2)
Interest paid		(11)	(52)	(11)	(52)
Residential aged care bonds refunded		(6,042)	(4,967)	(6,042)	(4,967)
Other payments		(395)	(345)	(395)	(345)
Net cash provided by operating activities	24	(2,485)	11,885	(3,802)	13,393
Cash flows from investing activities					
Cash inflows					
Proceeds from sale/maturities of investments		4,090	2,435	3,193	1,819
Cash outflows					
Purchase of property, plant and equipment		(3,133)	(4,058)	(3,135)	(4,060)
Purchase of investments		(3,998)	(4,253)	(1,708)	(4,097)
Net cash provided by/(used in) investing activities		(3,041)	(5,876)	(1,650)	(6,338)
Cash flows from financing activities					
Cash outflows					
Repayment of lease liabilities		(134)	(653)	(134)	(653)
Net cash provided by/(used in) financing activities		(134)	(653)	(134)	(653)
Net increase/(decrease) in cash and cash equivalents		(5,660)	5,356	(5,586)	6,402
Cash and cash equivalents at the beginning of the period		24,720	19,364	23,800	17,398
Cash and cash equivalents at the end of the period	11	19,060	24,720	18,214	23,800

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

1. About Yorke and Northern Local Health Network

Yorke and Northern Local Health Network Incorporated (the Hospital) is a not-for-profit incorporated hospital 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:

- Balaklava Soldiers' Memorial District Hospital
- Ira Parker Nursing Home
- Booleroo Centre District Hospital and Health Services
- Burra Hospital
- Holder Homes
- Central Yorke Peninsula Hospital (Maitland)
- Clare Hospital
- Kara House
- Crystal Brook and District Hospital
- Gladstone Health Centre
- Jamestown Hospital and Health Service
- Symonds Wing (associated with Jamestown Hospital)
- Laura and District Hospital
- Minlaton Health Service
- Melaleuca Court
- Orroroo and District Health Service
- Orroroo Community Home
- Peterborough Soldiers' Memorial Hospital and Health Service
- Nalya Lodge Hostel
- Port Broughton District Hospital and Health Service
- Port Pirie Regional Health Service
- Hammill House
- Riverton District Soldiers' Memorial Hospital
- Wakefield Aged Care Services (associated with Riverton District Soldiers' Memorial Hospital)
- Snowtown Hospital
- Lumeah Homes
- Wallaroo Hospital and Health Service
- Southern Yorke Peninsula Health Service (Yorketown)
- Yorke and Northern Region Community Health Services

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 30.

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 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 30.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

Administered items

The Hospital has administered activities and resources. Transactions and balances relating to administered resources are presented separately and disclosed in note 31. Except as otherwise disclosed, administered items are accounted for on the same basis and using the same accounting principles as for the Hospital's transactions.

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 Yorke and Northern region.

The Hospital is part of the SA Health portfolio providing health services for the Yorke Peninsula and southern Flinders Ranges. The Hospital is structured to contribute to the outcomes for which the portfolio is responsible by providing health and related services across the Yorke Peninsula and southern Flinders Ranges.

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.

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 below or throughout the notes.

1.3 Taxation

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

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

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

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

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

1.4 Continuity of operations

As at 30 June 2026, the Hospital had a working capital deficiency of \$7.616 million (surplus \$0.470 million). The SA Government is committed to 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.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

1.6 Change to reporting entity

2024-25

Administrative Restructure – Transfer Out

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 1 April 2025, approved the transition of 5 staff to the statewide ACAS in CALHN, effective 23 March 2025. Staff related liabilities of \$0.168 million were transferred out of the Hospital.

2. Revenues from SA Government

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Capital projects funding	13,068	15,688	13,068	15,688
Operational funding	221,585	200,050	221,585	200,050
Total revenues from SA Government	234,653	215,738	234,653	215,738

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 obtained upon receipt.

3. Fees and charges

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Patient and client fees	8,076	7,137	8,076	7,137
Fees for health services	1,899	2,051	1,899	2,051
Residential and other aged care charges	5,202	5,044	5,202	5,044
Sale of goods - medical supplies	4	48	4	48
Training revenue	26	-	26	-
Other user charges and fees	1,459	1,780	1,459	1,780
Total fees and charges	16,666	16,060	16,666	16,060

The Hospital measures revenue based on the consideration specified in major contracts with customers and excludes amounts collected on behalf of third parties. All contracts with customers recognised goods and services transferred 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, anaesthetists, pathology, radiology services etc. Revenue from these services is recognised on a time-and-material basis as services are provided. Any amounts remaining unpaid at the end of the reporting period are treated as an accounts receivable.

Residential and other aged care charges

Residential aged care fees include daily care fees, daily accommodation fees and contributions based on means assessment. Residents pay fortnightly in arrears for services rendered and accommodation supplied. Revenue from these services and accommodation is recognised on a time basis as provided. Residents are invoiced fortnightly in arrears as services and accommodation 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.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

4. Grants and contributions

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Commonwealth grants and contributions	20,543	20,045	20,543	20,045
Commonwealth aged care subsidies	19,806	19,501	19,806	19,501
SA Government capital contributions	-	-	37	1,638
Other SA Government grants and contributions	36	37	175	170
Private sector capital contributions	101	-	101	-
Private sector grants and contributions	898	928	890	928
Total grants and contributions	41,384	40,511	41,552	42,282

The grants provided to the Hospital 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
Intangible Assets	-	811	-	811
Buildings and improvements	96	-	96	-
Plant and equipment	20	-	20	-
Services	2,678	2,412	2,678	2,412
Total resources received free of charge	2,794	3,223	2,794	3,223

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 \$1.922 million (\$1.795 million), ICT services from Department of the Premier and Cabinet (DPC) valued at \$0.515 million (\$0.503 million) and audit services from the Audit Office of South Australia valued at \$0.097 million (\$0.114 million).

Although not recognised, the Hospital receives volunteer services from around 130 volunteers who provide consumer and staff support services to individuals using the Hospital's services. The volunteer programs include, but are not limited to: administration (in patient surveys, preparing packs), church services, community activities, community advocacy, consumer liaison, entertainment, gardening, kiosk support, leisure & lifestyle assistance, life stories, meal deliveries, patient support, social support, transport, volunteer and driving.

6. Other revenues/income

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Donations	1,726	236	207	119
Health recoveries	768	650	768	650
Insurance recoveries	97	45	97	45
Other	609	203	606	195
Total other revenues/income	3,200	1,134	1,678	1,009

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

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Land and buildings	-	(59)	-	(59)
Plant and equipment	(2)	(77)	(2)	(77)
Total net gain/(loss) from disposal of non-current and other assets	(2)	(136)	(2)	(136)

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.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

8. Staff related expenses

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Salaries and wages	123,170	112,348	123,170	112,348
Targeted voluntary separation packages	-	85	-	85
Long service leave	3,189	3,360	3,189	3,360
Annual leave	12,166	10,941	12,166	10,941
Skills and experience retention leave	544	543	544	543
Superannuation	16,481	14,707	16,481	14,707
Workers compensation	1,438	2,858	1,438	2,858
Board and committee fees	348	278	348	278
Other staff related expenses	218	132	218	132
Total staff related expenses	157,554	145,252	157,554	145,252

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 consolidated and parent entity 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 ten (eleven) 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 received by:

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

Compensation	2026	2025
	\$'000	\$'000
Salaries and other short term employee benefits	2,833	2,516
Post-employment benefits	444	493
Total	3,277	3,009

Apart from 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	No. of
	Members	Members
\$1 - \$20,000	3	1
\$20,001 - \$40,000	2	5
\$40,001 - \$60,000	5	1
\$60,001 - \$80,000	1	1
Total	11	8

The total remuneration received or receivable by members was \$0.357 million (\$0.294 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, mileage, superannuation contributions, salary sacrifice benefits and any related 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 32 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.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

8.3 Staff remuneration

	Consolidated		Parent	
	2026	2025	2026	2025
	Number	Number	Number	Number
The number of staff whose remuneration received or receivable falls within the following bands:				
\$171,001 - \$177,000*	n/a	12	n/a	12
\$177,001 - \$197,000	24	18	24	18
\$197,001 - \$217,000	8	3	8	3
\$217,001 - \$237,000	1	3	1	3
\$237,001 - \$257,000	-	1	-	1
\$257,001 - \$277,000	1	1	1	1
\$277,001 - \$297,000	1	-	1	-
\$317,001 - \$337,000	-	1	-	1
\$357,001 - \$377,000	1	-	1	-
\$577,001 - \$597,000	1	-	1	-
\$617,001 - \$637,000	-	1	-	1
\$637,001 - \$657,000	-	1	-	1
\$657,001 - \$677,000	1	-	1	-
\$677,001 - \$697,000	1	-	1	-
Total number of staff	39	41	39	41

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

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

8.4 Staff remuneration by classification

The total remuneration received by staff included above:

	Consolidated				Parent			
	2026		2025		2026		2025	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Executive	2	664	3	853	2	664	3	853
Medical (excluding Nursing)	6	2,592	4	1,679	6	2,592	4	1,679
Non-medical (i.e. administration)	2	415	1	201	2	415	1	201
Nursing	29	5,491	33	6,095	29	5,491	33	6,095
Total	39	9,162	41	8,828	39	9,162	41	8,828

8.5 Targeted voluntary separation packages

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Amount paid/Payable to separated staff:				
Targeted voluntary separation packages	-	85	-	85
Leave paid/payable to separated employees	-	26	-	26
Net cost to the Hospital	-	111	-	111

The number of staff who received a TVSP during the reporting period	-	1	-	1
---	---	---	---	---

9. Supplies and services

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Administration	588	624	587	623
Advertising	162	77	162	77
Communication	1,010	1,114	1,010	1,114
Computing	4,865	4,078	4,865	4,078
Consultants	90	169	90	169
Contract of services	3,528	3,541	3,528	3,541
Contractors	392	172	392	172
Contractors - agency staff	37,045	25,842	37,045	25,842

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

	Consolidated		Parent	
Drug supplies	3,014	2,897	3,014	2,897
Electricity, gas and fuel	2,406	2,241	2,406	2,241
Fee for service *	26,820	24,082	26,820	24,082
Food supplies	3,479	2,963	3,479	2,963
Housekeeping	2,014	1,820	2,014	1,820
Insurance	2,902	2,576	2,902	2,576
Internal SA Health SLA payments	7,188	6,906	7,188	6,906
Legal	42	23	42	23
Medical, surgical and laboratory supplies	17,778	14,588	17,778	14,588
Minor equipment	1,390	1,929	1,390	1,929
Motor vehicle expenses	1,711	1,065	1,711	1,065
Occupancy rent and rates	656	580	656	580
Patient transport	3,673	3,057	3,673	3,057
Postage	311	292	311	292
Printing and stationery	602	608	602	608
Repairs and maintenance	7,488	6,471	7,488	6,471
Security	985	1,747	985	1,747
Services from Shared Services SA	1,976	1,818	1,976	1,818
Short term lease expense	1,864	1,328	1,864	1,328
Training and development	602	386	602	386
Travel expenses	482	219	482	219
Other supplies and services	2,016	1,849	2,018	1,848
Total supplies and services	137,079	115,062	137,080	115,060

* 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	61	75	61	75
Bank fees and charges	7	7	7	7
Donated assets expense	-	-	2,651	4,286
Other	318	237	318	237
Total other expenses	386	319	3,037	4,605

* Included in other expenses is Audit fees paid/payable to Galpins Accountants Auditors and Business Consultants of \$0.061 million (\$0.048 million) for HACs and aged care audit services.

The parent entity donated building improvements of \$2.651 million (\$4.286 million) to HACs under its control, which is eliminated on consolidation.

11. Cash and cash equivalents

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Cash at bank or on hand	4,537	5,690	3,691	4,770
Deposits with Treasurer: general operating	14,492	18,845	14,492	18,845
Deposits with Treasurer: special purpose funds	31	185	31	185
Total cash and cash equivalents in the Statement of Financial Position	19,060	24,720	18,214	23,800
Total cash and cash equivalents in the Statement of Cash Flows	19,060	24,720	18,214	23,800

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

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

care funds, including refundable deposits. Of the \$19.060 million (\$24.720 million) held, \$3.407 million (\$3.849 million) relates to aged care refundable deposits.

12. Receivables

Current	Note	Consolidated		Parent	
		2026	2025	2026	2025
		\$'000	\$'000	\$'000	\$'000
Patient/client fees: compensable		173	174	173	174
Patient/client fees: aged care		1,073	814	1,073	814
Patient/client fees: other		1,003	771	1,003	771
Debtors		580	616	579	624
Less: impairment loss on receivables	12.1	(428)	(329)	(428)	(329)
Prepayments		803	660	803	660
Interest		342	183	293	150
Workers compensation provision recoverable		377	330	377	330
Sundry receivables and accrued revenue		1,432	1,243	1,437	1,282
GST input tax recoverable		195	208	195	208
Total current receivables		5,550	4,670	5,505	4,684
Non-current					
Debtors		100	100	100	100
Workers compensation provision recoverable		1,262	1,194	1,262	1,194
Total non-current receivables		1,362	1,294	1,362	1,294
Total receivables		6,912	5,964	6,867	5,978

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

Other than as recognised in the 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.

12.1 Impairment of receivables

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

Movement in the impairment loss on receivables:

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Carrying amount at beginning of period	329	346	329	346
Increase/(Decrease) in allowance recognised in profit or loss	99	(17)	99	(17)
Carrying amount at the end of the period	428	329	428	329

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

13. Other financial assets

The consolidated and parent entities hold term deposits of \$23.091 million (\$22.804 million) and \$18.797 million (\$20.016 million) respectively. Of these deposits \$13.078 million (\$14.563 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.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

14. Inventories

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Drug supplies	365	347	365	347
Medical, surgical and laboratory supplies	810	601	810	601
Food and hotel supplies	216	181	216	181
Engineering supplies	14	13	14	13
Other	40	41	40	41
Total current inventories - held for distribution	1,445	1,183	1,445	1,183

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, investment property and intangible assets

15.1 Acquisition and recognition

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

The Hospital capitalises owned property, plant and equipment with a value equal to or in excess of \$10,000. Assets recorded as works in progress represent projects physically incomplete as at the reporting date. Componentisation of complex assets is generally performed when the complex asset's fair value at the time of acquisition is equal to or 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 the expected useful life or the expected pattern of consumption of future economic benefits embodied in the asset are accounted for prospectively by changing the time period or method, as appropriate.

Depreciation and amortisation are 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	7 – 60
Right-of-use buildings	2 - 6
Plant and equipment:	
• Medical, surgical, dental and biomedical equipment and furniture	1 - 15
• Computing equipment	1 - 3
• Other plant and equipment	1 – 20
Right-of-use plant and 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 \$1.5 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 revaluation took place.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

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. A building at Yorketown Hospital, previously used for Nurses accommodation, that has been earmarked for demolition has been identified as impaired.

15.5 Intangibles

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 is reviewed on an annual basis.

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

15.6 Land and buildings

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

Fair value of unrestricted land was determined using the market approach. 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; 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 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.

15.7 Plant and equipment

The value of plant and equipment has not been revalued and in accordance with APS 116D, the carrying value is deemed to approximate fair value. These assets are classified in Level 3 as there have been no subsequent adjustments to their value, except for management assumptions about the asset condition and remaining useful life.

15.8 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.

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

- Properties – accommodation for some community health offices and medical centres are leased from the private sector or local government and staff residential accommodation at Kadina is leased from Housing SA. 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.

The Hospital has not committed to any lease arrangements that have not commenced. The Hospital has not entered into any sub-lease arrangements outside of SA Health.

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

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

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 buildings	Capital works in progress land and buildings	Medical/surgical/dental/biomedical	Other plant and equipment	Right-of-use plant and equipment	Capital works in progress plant and equipment	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	20,062	163,653	205	16,886	1,776	450	-	657	203,689
Additions	-	-	231	11,216	754	168	-	698	13,067
Assets received free of charge	-	-	-	96	20	-	-	-	116
Disposals	-	-	-	-	(2)	-	-	-	(2)
Transfers between asset classes	-	19,533	-	(19,533)	277	-	-	(277)	-
Subtotal:	20,062	183,186	436	8,665	2,825	618	-	1,078	216,870
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(12,922)	(134)	-	(680)	(91)	-	-	(13,827)
Subtotal:	-	(12,922)	(134)	-	(680)	(91)	-	-	(13,827)
Gains/(losses) for the period recognised in other comprehensive income:									
Revaluation increment / (decrement)	6,072	64,004	-	-	-	-	-	-	70,076
Subtotal:	6,072	64,004	-	-	-	-	-	-	70,076
Carrying amount at the end of the period*	26,134	234,268	302	8,665	2,145	527	-	1,078	273,119
Gross carrying amount									
Gross carrying amount	26,134	260,270	1,268	8,665	6,935	1,595	-	1,078	305,945
Accumulated depreciation / amortisation	-	(26,002)	(966)	-	(4,790)	(1,068)	-	-	(32,826)
Carrying amount at the end of the period	26,134	234,268	302	8,665	2,145	527	-	1,078	273,119

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

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

Consolidated

2024-25

	Land and buildings:			Plant and equipment:					Total \$'000
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Right-of- use plant and equipment \$'000	Capital works in progress plant and equipment \$'000	
Carrying amount at the beginning of the period	19,612	172,133	281	8,158	1,560	593	1,104	448	203,889
Additions	450	-	-	15,514	407	-	784	477	17,632
Disposals	-	-	-	(59)	(47)	(9)	(1,300)	(24)	(1,439)
Transfers between asset classes	-	6,418	-	(6,727)	553	-	-	(244)	-
Subtotal:	20,062	178,551	281	16,886	2,473	584	588	657	220,082
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(12,058)	(76)	-	(697)	(134)	(588)	-	(13,553)
Subtotal:	-	(12,058)	(76)	-	(697)	(134)	(588)	-	(13,553)
Gains/(losses) for the period recognised in other comprehensive income:									
Revaluation increment / (decrement)	-	(2,840)	-	-	-	-	-	-	(2,840)
Subtotal:	-	(2,840)	-	-	-	-	-	-	(2,840)
Carrying amount at the end of the period*	20,062	163,653	205	16,886	1,776	450	-	657	203,689
Gross carrying amount									
Gross carrying amount	20,062	176,733	1,036	16,886	5,930	1,427	-	657	222,731
Accumulated depreciation / amortisation	-	(13,080)	(831)	-	(4,154)	(977)	-	-	(19,042)
Carrying amount at the end of the period	20,062	163,653	205	16,886	1,776	450	-	657	203,689

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

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

Parent

2025-26

	Land and buildings:			Plant and equipment:					
				Capital works in progress land and buildings	Medical/ surgical/ dental/ biomedical	Other plant and equipment		Capital works in progress plant and equipment	Total
	Land \$'000	Buildings \$'000	Right-of-use buildings \$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	9,872	83,732	205	16,890	1,776	450	-	657	113,582
Additions	-	-	231	11,216	756	168	-	698	13,069
Assets received free of charge	-	-	-	96	20	-	-	-	116
Disposals	-	-	-	-	(2)	-	-	-	(2)
Donated assets disposal	-	-	-	(2,651)	-	-	-	-	(2,651)
Transfers between asset classes	-	16,882	-	(16,880)	275	-	-	(277)	-
Subtotal:	9,872	100,614	436	8,671	2,825	618	-	1,078	124,114
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(6,863)	(134)	-	(680)	(91)	-	-	(7,768)
Subtotal:	-	(6,863)	(134)	-	(680)	(91)	-	-	(7,768)
Gains/(losses) for the period recognised in other comprehensive income:									
Revaluation increment / (decrement)	3,148	31,058	-	-	-	-	-	-	34,206
Subtotal:	3,148	31,058	-	-	-	-	-	-	34,206
Carrying amount at the end of the period*	13,020	124,809	302	8,671	2,145	527	-	1,078	150,552
Gross carrying amount									
Gross carrying amount	13,020	138,645	1,268	8,671	6,935	1,595	-	1,078	171,212
Accumulated depreciation / amortisation	-	(13,836)	(966)	-	(4,790)	(1,068)	-	-	(20,660)
Carrying amount at the end of the period	13,020	124,809	302	8,671	2,145	527	-	1,078	150,552

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

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

Parent

2024-25

	Land and buildings:			Plant and equipment:					
	Land	Buildings	Right-of-use	Capital	Medical/	Other	Right-of-use	Capital	Total
	\$'000	\$'000	buildings	works in	surgical/	plant and	plant and	works in	\$'000
			\$'000	progress	dental/	equipment	equipment	progress	
				land and	biomedical			plant and	
				buildings	\$'000	\$'000	\$'000	equipment	\$'000
				\$'000				\$'000	
Carrying amount at the beginning of the period	9,422	90,876	281	8,586	1,560	593	1,104	448	112,870
Additions	450	-	-	15,514	409	-	784	477	17,634
Disposals	-	-	-	(59)	(47)	(9)	(1,300)	(24)	(1,439)
Donated assets disposal	-	-	-	(4,286)	-	-	-	-	(4,286)
Transfers between asset classes	-	2,558	-	(2,865)	551	-	-	(244)	-
Subtotal:	9,872	93,434	281	16,890	2,473	584	588	657	124,779
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(6,435)	(76)	-	(697)	(134)	(588)	-	(7,930)
Subtotal:	-	(6,435)	(76)	-	(697)	(134)	(588)	-	(7,930)
Gains/(losses) for the period recognised in other comprehensive income:									
Revaluation increment / (decrement)	-	(3,267)	-	-	-	-	-	-	(3,267)
Subtotal:	-	(3,267)	-	-	-	-	-	-	(3,267)
Carrying amount at the end of the period*	9,872	83,732	205	16,890	1,776	450	-	657	113,582
Gross carrying amount									
Gross carrying amount	9,872	90,706	1,036	16,890	5,930	1,427	-	657	126,518
Accumulated depreciation / amortisation	-	(6,974)	(831)	-	(4,154)	(977)	-	-	(12,936)
Carrying amount at the end of the period	9,872	83,732	205	16,890	1,776	450	-	657	113,582

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

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

17. Reconciliation of intangible assets

The following table shows the movement:

Consolidated

	Computer software \$'000	Computer software \$'000
Carrying amount at the beginning of the period	723	-
Assets received free of charge	-	811
Amortisation	(81)	(88)
Other movements	-	-
Carrying amount at the end of the period	642	723
Gross carrying amount		
Gross carrying amount	811	811
Accumulated amortisation	(169)	(88)
Carrying amount at the end of the period	642	723
Parent		
Carrying amount at the beginning of the period	723	-
Assets received free of charge	-	811
Amortisation	(81)	(88)
Other movements	-	-
Carrying amount at the end of the period	642	723
Gross carrying amount		
Gross carrying amount	811	811
Accumulated amortisation	(169)	(88)
Carrying amount at the end of the period	642	723

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

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 carrying amount of 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 are deemed to approximate fair value. Refer to notes 15 and 18.2 and 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	26,134	-	26,134	13,020	-	13,020
Buildings and improvements	140,801	93,467	234,268	36,550	88,259	124,809
Total recurring fair value measurements	166,935	93,467	260,402	49,570	88,259	137,829

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	19,612	450	20,062	9,422	450	9,872
Buildings and improvements	103,436	60,217	163,653	26,597	57,135	83,732
Total recurring fair value measurements	123,048	60,667	183,715	36,019	57,585	93,604

There are no non-recurring fair value measurements.

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

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 land and building valuations have been undertaken using a cost approach (depreciated replacement cost), an accepted valuation methodology under AASB 13. The extent of unobservable inputs and professional judgement required in valuing these assets is significant.

Unobservable inputs used to arrive at final valuation figures included:

- Estimated remaining useful life, which is an economic estimate and by definition, is subject to economic influences;
- Cost rate, which is the estimated cost to replace an asset with the same service potential as the asset undergoing valuation (allowing for over-capacity), and based on a combination of internal records including: refurbishment and upgrade costs, historical

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

construction costs, functional utility users, industry construction guides, specialised knowledge and estimated acquisition/transfer costs;

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

19. Payables

	Consolidated		Parent	
	2026	2025	2026	2025
Current	\$'000	\$'000	\$'000	\$'000
Creditors and accrued expenses	10,442	7,542	10,443	7,541
Paid Parental Leave Scheme	37	61	37	61
Other payables	387	405	387	405
Total current payables	10,866	8,008	10,867	8,007

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 Hospital has received from the Commonwealth Government to forward onto eligible staff via the Hospital's standard payroll processes. That is, the Hospital is acting as a conduit through which the payment to eligible staff is made on behalf of the Family Assistance Office.

Refer to note 28 for information on risk management.

20. Financial liabilities

The Hospital has lease liabilities of \$0.307 million (\$0.210 million), which 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.

Motor vehicles were leased from the South Australian Government Financing Authority (SAFA) through their agent LeasePlan Australia. Effective 1 April 2025, SAFA issued new lease agreements for all of its existing leases. Each of these new lease agreements includes a standard clause that gives SAFA substantive substitution rights, as a result motor vehicle leases are no longer captured by AASB 16. Accordingly, the carrying values of existing right-of-use assets and corresponding lease liabilities were derecognised.

The borrowing costs associated with these lease liabilities was \$0.011 million (\$0.052 million).

Refer to note 28 for information on risk management.

Refer to notes 15 and 16 for details about the right-of-use assets (including depreciation).

20.1 Concessional lease arrangements for right-of-use assets

The Hospital has a concessional lease arrangement as lessee with the Department for Education, for the use of premises at Clare for community health services.

20.2 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
Lease Liabilities	\$'000	\$'000	\$'000	\$'000
Within one year	130	86	130	86
Later than one year but not longer than five years	187	137	187	137
Total lease liabilities (undiscounted)	317	223	317	223

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

21. Staff related liabilities

	Consolidated		Parent	
	2026	2025	2026	2025
	\$'000	\$'000	\$'000	\$'000
Current				
Accrued salaries and wages	6,695	5,833	6,695	5,833
Annual leave	14,037	13,039	14,037	13,039
Long service leave	1,765	1,739	1,765	1,739
Skills and experience retention leave	869	898	869	898
Staff on-costs	2,729	2,472	2,729	2,472
Other	81	86	81	86
Total current staff related liabilities	26,176	24,067	26,176	24,067
Non-current				
Long service leave	19,169	18,893	19,169	18,893
Staff on-costs	1,104	1,088	1,104	1,088
Total non-current staff related liabilities	20,273	19,981	20,273	19,981
Total staff related liabilities	46,449	44,048	46,449	44,048

Staff related liabilities accrue as a result of services provided up to the reporting date that remain unpaid. Non-current staff related liabilities are measured at present value and current staff related liabilities 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. In the unusual event where salary and wages, annual leave and skills and experience retention leave liability are payable later than 12 months, the liability will be measured at present value.

As a result of the actuarial assessment performed by 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 liabilities and staff related expenses of \$0.043 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.

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 staff 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 \$0.647 million, payables (staff on-costs) of \$0.037 million and staff benefits expense of \$0.684 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 payroll tax, fringe benefits tax, 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.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

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	5,373	4,196	5,373	4,196
Payments	(763)	(1,568)	(763)	(1,568)
Remeasurement	(656)	1,101	(656)	1,101
Additions	1,779	1,644	1,779	1,644
Carrying amount at the end of the period	5,733	5,373	5,733	5,373

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 of Public Sector Employment.

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

There is a significant degree of uncertainty associated with estimating future claims and expense payments and also around the timing of future payments due to the variety of factors involved. The liability is impacted by the agency claim experience relative to other agencies, average claim sizes and other economic and actuarial assumptions. In addition to these uncertainties, the additional compensation scheme 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	965	663	965	663
Residential aged care bonds	16,906	18,584	16,906	18,584
Other	22	13	22	13
Total contract liabilities and other liabilities	17,893	19,260	17,893	19,260

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 and Aged Care.

A contract liability is recognised for revenue relating to home care assistance, 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.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

24. Cash flow reconciliation

Reconciliation of cash and cash equivalents at the end of the reporting period	Consolidated		Parent	
	2026 \$'000	2025 \$'000	2026 \$'000	2025 \$'000
Net cash provided by (used in) operating activities	(2,485)	11,885	(3,802)	13,393
Add/less non-cash items				
Asset donated free of charge	-	-	(2,651)	(4,286)
Capital revenues	9,703	13,298	9,703	13,298
Depreciation and amortisation expense of non-current assets	(13,908)	(13,641)	(7,849)	(8,018)
Gain/(loss) on sale or disposal of non-current assets	(2)	(136)	(2)	(136)
Interest credited directly to investments	379	352	266	246
Resources received free of charge	116	811	116	811
Movement in assets/liabilities				
Increase/(decrease) in inventories	262	74	262	74
Increase/(decrease) in receivables	948	(785)	889	(675)
(Increase)/decrease in other liabilities	1,367	(2,779)	1,367	(2,779)
(Increase)/decrease in payables and provisions	(3,218)	(3,514)	(3,220)	(3,514)
(Increase)/decrease in staff benefits	(2,401)	(2,118)	(2,401)	(2,118)
Net result	(9,239)	3,447	(7,322)	6,296

Total cash outflows for leases is \$0.145 million (\$0.705 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	26	-	26	-
Total contractual commitments to acquire property, plant and equipment	26	-	26	-

The Hospital's contractual commitments to acquire property, plant and equipment relates to Wallaroo Hospital and Health Service security access upgrades.

25.2 Other contractual commitments

	Consolidated		Parent	
	2026 \$'000	2025 \$'000	2026 \$'000	2025 \$'000
Within one year	2,155	1,979	2,155	1,979
Total other contractual commitments	2,155	1,979	2,155	1,979

The Hospital's other contractual commitments are for agreements for goods and services ordered but not received and are disclosed at nominal amounts. The Hospital also has commitments to provide funding to various non-government organisations in accordance with negotiated service agreements. The value of these commitments as at 30 June 2026 has not been quantified.

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 a 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.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

	2026	2025
	\$'000	\$'000
Carry amount at the beginning of period	42	40
Client trust receipts	85	109
Client trust payments	(92)	(107)
Carrying amount at the end of the period	35	42

27. Contingent assets and liabilities

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

The hospital has commenced an internal review of Nurses Rural and Remote Incentive Payment (Nurses zone allowance) and has identified instances of potential underpayments. The financial impact of these underpayments is estimated to be \$1.036 million. As the detailed review is ongoing, the timing and amount of any required payments remain uncertain.

28. Financial instruments/financial risk management

28.1 Financial risk management

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

Liquidity Risk

The Hospital is funded principally by the SA Government via the Department. The 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 notes 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 residential aged care refundable deposits become interest bearing once a refunding event occurs as per Note 23. There is no exposure to foreign currency or other price risks.

28.2 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 cost are \$4.149 million (\$3.551 million) and \$10.767 million (\$7.924 million) respectively.

28.3 Credit risk exposure and impairment of financial assets

Loss allowances for receivables are measured at an amount equal to lifetime expected credit loss using the simplified approach in AASB 9.

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.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

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.

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 and 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	0.3 - 2.5%	719	14	0.3 - 2.6%	779	17
<30 days	1.1 - 3.9%	347	9	1.1 - 3.9%	319	8
31-60 days	2.4 - 5.6%	182	8	2.2 - 5.6%	119	6
61-90 days	3.2 - 7.5%	82	6	3.0 - 7.4%	205	12
91-120 days	3.6 - 8.8%	38	3	3.3 - 8.6%	43	3
121-180 days	4.4 - 10.3%	144	14	4.1 - 10.7%	49	5
181-360 days	14.4 - 36.0%	210	69	14.4 - 35.7%	138	34
361-540 days	20.0 - 91.1%	58	38	20.0 - 90.8%	87	28
>540 days	27.6 - 100.0%	604	267	27.1 - 100%	546	219
Total		2,384	428		2,285	332

29. Significant transactions with government related entities

The Hospital is controlled by the SA Government.

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

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

The Hospital received funding from the SA Government via the Department (note 2), and incurred significant expenditure via the Department for medical, surgical and laboratory supplies, computing and insurance (note 9). The Department transferred capital works in progress of \$10.954 million (\$8.597 million) to the Hospital. In 2025-26 the Hospital incurred significant expenditure with the Department for Infrastructure and Transport (DIT) for capital works of \$0.427 million (\$0.275 million) and property repairs and maintenance of \$0.019 million (\$0.556 million) (note 9).

30. 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

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

- 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 the Hospital.

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

Health Advisory Councils and associated Gift Fund Trusts		
Balaklava Riverton Health Advisory Council Inc	Lower North Health Advisory Council Inc	Mid North Health Advisory Council Inc
Northern Yorke Peninsula Health Advisory Council Inc	Port Broughton District Health Advisory Council Inc	Yorke Peninsula Health Advisory Council Inc
Port Pirie Health Service Advisory Council Inc	Southern Flinders Health Advisory Council Inc	
Balaklava Riverton Health Advisory Council Inc Gift Fund Trust	Lower North Health Advisory Council Inc Gift Fund Trust	Mid North Health Advisory Council Inc Gift Fund Trust
Northern Yorke Peninsula Health Advisory Council Inc Gift Fund Trust	Port Broughton District Health Advisory Council Inc Gift Fund Trust	Yorke Peninsula Health Advisory Council Inc Gift Fund Trust
Port Pirie Health Service Health Advisory Council Inc Gift Fund Trust	Southern Flinders Health Advisory Council Inc Gift Fund Trust	

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

31. Administered items

The Hospital administers arrangements at the Booleroo Medical Centre. Fees and charges are collected on behalf of doctors who work in the Hospital-owned medical centre. The Hospital cannot use these administered funds for the achievement of its objectives.

	2026	2025
	\$'000	\$'000
Other expenses	(1,031)	(1,012)
Revenue from fees and charges	1,031	1,012
Net result	-	-
Cash and cash equivalents	77	74
Payables	(77)	(74)
Net assets	-	-
Cash at 1 July	74	99
Cash inflows	1,031	1,011
Cash outflows	(1,028)	(1,036)
Cash at 30 June	77	74

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2026

32. Board and committee members

Members of boards/committees who 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
Yorke and Northern Local Health Network Governing Board	-	Voumard J (Chair), Badenoch J, Banham D (resigned 30/06/2025), Coulthard G, Malcolm E (resigned 30/06/2025), O'Connor J, Thomas K, Cooper T (from 01/07/2025), Davy C (from 01/07/2025), 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

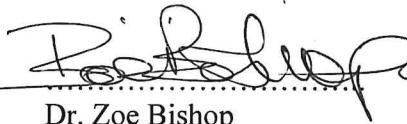
**Certification of the financial statements
Yorke and Northern Local Health Network**

We certify that the:

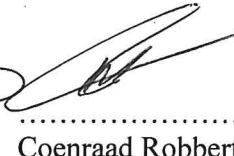
- financial statements of the Yorke and Northern Local Health Network Inc.:
 - are in accordance with the accounts and records of the authority; and
 - comply with relevant Treasurer's Instructions; and
 - comply with relevant accounting standards; and
 - present a true and fair view of the financial 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 Yorke and Northern Local Health Network Inc. over its financial reporting and its preparation of the financial statements have been effective throughout the financial year.



John Voumard
Board Chair



Dr. Zoe Bishop
Chief Executive Officer



Coenraad Robberts
Executive Director
Finance & Corporate Services

Date 09/09/26