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## To the Board Chair Women's and Children's Health Network Incorporated

### Opinion

I have audited the financial report of the Women's and Children's Health Network Incorporated for the financial year ended 30 June 2022.

In my opinion, the accompanying financial report gives a true and fair view of the financial position of the Women's and Children's Health Network Incorporated as at 30 June 2022, its financial performance and its 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 2022
- a Statement of Financial Position as at 30 June 2022
- a Statement of Changes in Equity for the year ended 30 June 2022
- a Statement of Cash Flows for the year ended 30 June 2022
- notes, comprising material accounting policies and other explanatory information
- a Certificate from the Board Chair, the Chief Executive Officer and the Chief Finance and Commercial 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 Women's and Children's Health Network Incorporated. 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 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 Women's and Children's Health Network Incorporated for the financial year ended 30 June 2022.

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 Women's and Children's 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.

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 Richardson  
**Auditor-General**

23 September 2022

## Certification of the financial statements

We certify that the:

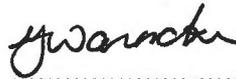
- financial statements of the Women's and Children's Health Network Inc.:
  - – are in accordance with the accounts and records of the authority; and
  - – comply with relevant Treasurer's instructions; and
  - – comply with relevant accounting standards; and
  - – present a true and fair view of the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



.....  
Jim Birch  
Board Chair



.....  
Lindsey Anne Gough  
Chief Executive Officer



.....  
Yvonne Warncken  
Chief Finance and Commercial Officer

Date 14-9-2022

**WOMEN'S AND CHILDREN'S HEALTH NETWORK  
STATEMENT OF COMPREHENSIVE INCOME  
For the year ended 30 June 2022**

	Note	2022 \$'000	2021 \$'000
<b>Income</b>			
Revenues from SA Government	2	524,379	502,726
Fees and charges	3	28,495	27,106
Grants and contributions	4	10,348	9,313
Interest	11	-	7
Resources received free of charge	5	3,619	3,700
Gain on revaluation of investment property	15,16	2,250	-
Other revenues/income	6	13,757	14,213
<b>Total income</b>		<b>582,848</b>	<b>557,065</b>
<b>Expenses</b>			
Staff benefits expenses	7	391,854	369,986
Supplies and services	8	153,557	142,794
Depreciation and amortisation	15,16	19,283	20,016
Grants and subsidies		44	7
Borrowing costs	19	71	91
Net loss from disposal of non-current and other assets	9	-	82
Impairment loss on receivables	12.1	386	207
Other expenses	10	577	375
<b>Total expenses</b>		<b>565,772</b>	<b>533,558</b>
<b>Net result</b>		<b>17,076</b>	<b>23,507</b>
<b>Other Comprehensive Income</b>			
<b>Items that will be reclassified subsequently to net result when specific conditions are met</b>			
Gains or losses recognised directly in equity		(281)	312
<b>Total other comprehensive income</b>		<b>(281)</b>	<b>312</b>
<b>Total comprehensive result</b>		<b>16,795</b>	<b>23,819</b>

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

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**STATEMENT OF FINANCIAL POSITION**  
**As at 30 June 2022**

	Note	2022 \$'000	2021 \$'000
<b>Current assets</b>			
Cash and cash equivalents	11	22,056	31,682
Receivables	12	10,385	8,931
Inventories	14	969	930
<b>Total current assets</b>		<b>33,410</b>	<b>41,543</b>
<b>Non-current assets</b>			
Receivables	12	1,035	1,429
Other financial assets	13	1,137	1,418
Property, plant and equipment	15,16	402,645	384,455
Investment property	15,16	20,200	17,950
Intangible assets	15.5	4	11
<b>Total non-current assets</b>		<b>425,021</b>	<b>405,263</b>
<b>Total assets</b>		<b>458,431</b>	<b>446,806</b>
<b>Current liabilities</b>			
Payables	18	18,733	12,346
Financial liabilities	19	884	1,561
Staff benefits	20	53,737	53,462
Provisions	21	1,806	2,198
Contract liabilities and other liabilities	22	2,091	1,773
<b>Total current liabilities</b>		<b>77,251</b>	<b>71,340</b>
<b>Non-current liabilities</b>			
Payables	18	2,592	2,817
Financial liabilities	19	3,995	3,389
Staff benefits	20	62,410	71,085
Provisions	21	4,762	7,549
<b>Total non-current liabilities</b>		<b>73,759</b>	<b>84,840</b>
<b>Total liabilities</b>		<b>151,010</b>	<b>156,180</b>
<b>Net assets</b>		<b>307,421</b>	<b>290,626</b>
<b>Equity</b>			
Retained earnings		104,058	86,982
Asset revaluation surplus		202,933	202,933
Other reserves		430	711
<b>Total equity</b>		<b>307,421</b>	<b>290,626</b>

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

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**STATEMENT OF CHANGES IN EQUITY**  
**For the year ended 30 June 2022**

	Asset revaluation surplus \$ '000	Other reserves \$ '000	Retained earnings \$ '000	Total equity \$ '000
<b>Balance at 30 June 2020</b>	<b>202,933</b>	<b>399</b>	<b>63,475</b>	<b>266,807</b>
Net result for 2020-21	-	-	23,507	23,507
Gain/(loss) on revaluation of other financial assets	-	312	-	312
<b>Total comprehensive result for 2020-21</b>	<b>-</b>	<b>312</b>	<b>23,507</b>	<b>23,819</b>
<b>Balance at 30 June 2021</b>	<b>202,933</b>	<b>711</b>	<b>86,982</b>	<b>290,626</b>
Net result for 2021-22	-	-	17,076	17,076
Gain/(loss) on revaluation of other financial assets	-	(281)	-	(281)
<b>Total comprehensive result for 2021-22</b>	<b>-</b>	<b>(281)</b>	<b>17,076</b>	<b>16,795</b>
<b>Balance at 30 June 2022</b>	<b>202,933</b>	<b>430</b>	<b>104,058</b>	<b>307,421</b>

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

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

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**STATEMENT OF CASH FLOWS**  
**For the year ended 30 June 2022**

	Note	2022 \$'000	2021 \$'000
<b>Cash flows from operating activities</b>			
<b>Cash inflows</b>			
Receipts from SA Government		435,187	417,780
Fees and charges		28,304	26,056
Grants and contributions		10,455	9,591
Interest received		-	7
GST recovered from ATO		5,614	5,737
Other receipts		1,507	2,163
<b>Cash generated from operations</b>		<u>481,067</u>	<u>461,334</u>
<b>Cash outflows</b>			
Staff benefits payments		(402,124)	(368,589)
Payments for supplies and services		(77,164)	(76,774)
Payments of grants and subsidies		(48)	(8)
Interest paid		(71)	(91)
Other payments		(652)	(588)
<b>Cash used in operations</b>		<u>(480,059)</u>	<u>(446,050)</u>
<b>Net cash provided by operating activities</b>		<u>1,008</u>	<u>15,284</u>
<b>Cash outflows</b>			
Purchase of property, plant and equipment		(8,643)	(9,860)
<b>Cash used in investing activities</b>		<u>(8,643)</u>	<u>(9,860)</u>
<b>Net cash used in investing activities</b>		<u>(8,643)</u>	<u>(9,860)</u>
<b>Cash outflows</b>			
Repayment of lease liabilities		(1,991)	(2,437)
<b>Cash used in financing activities</b>		<u>(1,991)</u>	<u>(2,437)</u>
<b>Net cash used in financing activities</b>		<u>(1,991)</u>	<u>(2,437)</u>
<b>Net increase/(decrease) in cash and cash equivalents</b>		<u>(9,626)</u>	<u>2,987</u>
Cash and cash equivalents at the beginning of the period		31,682	28,695
<b>Cash and cash equivalents at the end of the period</b>	11	<u>22,056</u>	<u>31,682</u>
Non-cash transactions	23		

The accompanying notes form part of these financial statements.

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2022**

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## **1. About Women's and Children's Health Network**

The Women's and Children's Health Network Incorporated (the Hospital) is a not-for-profit incorporated hospital established under section 29 of the *Health Care Act 2008*. The financial statements include all controlled activities of the Hospital. The Hospital does not control any other entity and has no interests in unconsolidated structured entities.

### *Administered items*

The Hospital has administered activities and resources. Transactions and balances relating to administered resources are presented separately and are disclosed in Administered Items (note 30). Except as otherwise disclosed, administered items are accounted for on the same basis and using the same accounting policies as for the Hospital's transactions.

### **1.1 Objectives and activities**

The Hospital is committed to protecting and improving the health of all South Australians by delivering a system that balances the provision of safe, high-quality and accessible services that are sustainable and reflective of local values, needs and priorities with strategic system leadership, regulatory responsibilities and an increased focus on wellbeing, illness prevention, early intervention and quality care.

The Hospital is part of the SA Health portfolio providing health services for women, youth and children across South Australia.

The Hospital is structured to contribute to the outcomes for which the portfolio is responsible by providing hospital, mental and community health services for children, youth and women across the State.

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 (Minister) or Chief Executive of the Department for Health and Wellbeing (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.

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

### **1.3 New and amended standards adopted by the Hospital**

The Hospital has early adopted AASB 2021-2 *Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definition of Accounting Estimates* which clarifies the requirements for disclosure of material accounting policy information and clarifies the distinction between accounting policies and accounting estimates. There has been no impact on the Hospital's financial statements.

### **1.4 Taxation**

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

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

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

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2022**

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

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

### **1.5 Continuity of Operations**

As at 30 June 2022, the Hospital had a working capital deficiency of \$43.841 million (\$29.797). 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.

### **1.6 Equity**

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

Other reserves includes investment revaluation reserve to record unrealised gains or losses available from the sale of investments.

### **1.7 Administrative restructures**

#### **Administrative Restructure – Transferred in**

#### **2021-22**

There were no transfers during this period.

### **1.8 Impact of COVID-19 pandemic**

The COVID-19 pandemic continues to have an impact on the Hospital's operations. This includes an increase in costs associated with COVID capacity and preparation, the readiness of COVID-19 testing clinics, establishment of vaccine clinics, increased demand for personal protective equipment, increased staffing costs (including agency) to ensure necessary compliance measures are followed. Net COVID-19 specific costs for the Hospital was \$18.554 million (\$10.377 million), this includes a \$1.090 million (\$1.078 million) loss of revenue predominately associated with SA Health's initiative to support frontline staff with car parking fees.

### **1.9 Change in accounting policy**

The Hospital did not change any of its accounting policies during the year.

## **2. Revenues from SA Government**

	2022	2021
	\$'000	\$'000
Operational funding	489,008	465,414
Capital projects funding	35,371	37,312
<b>Total revenues from Department for Health and Wellbeing</b>	<b>524,379</b>	<b>502,726</b>

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

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2022**

**3. Fees and charges**

	2022	2021
	\$'000	\$'000
Car parking revenue	1,556	1,634
Commissions revenue	69	55
Interstate patient transfers	4	-
Patient and client fees	14,432	13,424
Private practice fees	1,707	2,049
Fees for health services	2,221	1,997
Sale of goods - medical supplies	600	452
Training revenue	412	380
Other user charges and fees	7,494	7,115
<b>Total fees and charges</b>	<b>28,495</b>	<b>27,106</b>

The Hospital measures revenue based on consideration specified in a contract with a customer and excludes amounts collected on behalf of third parties. Revenue is recognised either at a point in time or over time, when (or as) the Hospital satisfies obligations delivering the promised goods or services to its customers.

Contracts with Customers disaggregated by pattern of revenue recognition and type of customer	2022	2022	2021	2021
	Goods/Services transferred at a point in time	Goods/Services transferred over a period of time	Goods/Services transferred at a point in time	Goods/Services transferred over a period of time
Car parking revenue	1,556	-	1,634	-
Commissions revenue	69	-	55	-
Interstate patient transfers	4	-	-	-
Patient and client fees	13,590	-	12,535	-
Private practice fees	1,707	-	2,049	-
Fees for health services	1,431	-	1,344	-
Sale of goods - medical supplies	600	-	452	-
Training revenue	370	-	319	-
Other user charges and fees	7,055	-	6,712	-
<b>Total contracts with external customers</b>	<b>26,382</b>	<b>-</b>	<b>25,100</b>	<b>-</b>
Patient and client fees	842	-	889	-
Fees for health services	790	-	653	-
Training revenue	42	-	61	-
Other user charges and fees	439	-	403	-
<b>Total contracts with SA Government customers</b>	<b>2,113</b>	<b>-</b>	<b>2,006</b>	<b>-</b>
<b>Total contracts with customers</b>	<b>28,495</b>	<b>-</b>	<b>27,106</b>	<b>-</b>

The Hospital recognises contract liabilities for consideration received in respect of unsatisfied performance obligations and reports these amounts as other liabilities (refer to note 22). Similarly, if the Hospital satisfies a performance obligation before it receives the consideration, The Hospital recognises either a contract asset or a receivable, depending on whether something other than the passage of time is required before the consideration is due (refer to note 12).

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.

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2022**

*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 specialists private practice. SA Health disburses amounts collected on behalf of the specialist to the specialist via payroll (fortnightly) or accounts payable (monthly) depending on the rights of private practice scheme. Revenue from these services is recognised as it is collected as per the Rights of Private Practice Agreement.

*Car Parking Revenue*

The Hospital provides access to car parks directly to employees, patients and visitors. Public car parking is available for the Hospital at the Medical Centre Car Park located in Kermode Street, North Adelaide (adjacent to the pedestrian crossing) and is payable by the hour based on the time consumed. Tickets are purchased via the paystation. A discounted weekly ticket is also available. Revenue is recognised when control of the goods has transferred to the customer, being when the ticket is purchased. Revenue decreased in 2021-22 because of SA Health's initiative to support the Hospital staff with car parking fees.

**4. Grants and contributions**

	2022	2021
	\$'000	\$'000
Other SA Government grants and contributions	6,375	6,028
Private sector capital contributions	85	355
Private sector grants and contributions	3,888	2,930
<b>Total grants and contributions</b>	<b>10,348</b>	<b>9,313</b>

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

Of the \$10.348 million (\$9.313 million) received during the reporting period for grants and contributions, \$0.867 million (\$0.806 million) was provided for specific purposes, such as research and associated activities.

**5. Resources received free of charge**

	2022	2021
	\$'000	\$'000
Land and buildings	38	-
Plant and equipment	-	147
Services	3,581	3,553
<b>Total resources received free of charge</b>	<b>3,619</b>	<b>3,700</b>

Contributions of services are recognised only when a fair value can be determined reliably and the services would be purchased if they had not been donated. The Hospital receives Financial Accounting, Taxation, Payroll, Accounts Payable and Accounts Receivable services from Shared Services SA free of charge valued at \$2.806 million (\$2.797 million), ICT services valued at \$0.775 million (\$0.756) from Department of Premier and Cabinet following Cabinet's approval to cease intra-government charging.

In addition, although not recognised the Hospital received volunteer services, the volunteers provide patient and staff support services to individuals using the Hospital's services. The services include but are not limited to childcare, respite care, transport, therapeutic activities, gift shop support and café support.

WOMEN'S AND CHILDREN'S HEALTH NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2022

**6. Other revenues/income**

	2022	2021
	\$'000	\$'000
Dividend revenue	291	75
Donations	550	803
Health recoveries	12,547	12,319
Insurance recoveries	21	23
Other	348	993
<b>Total other revenues/income</b>	<b>13,757</b>	<b>14,213</b>

**7. Staff benefits expenses**

	2022	2021
	\$'000	\$'000
Salaries and wages	323,637	300,908
Targeted voluntary separation packages	290	-
Long service leave	(1,686)	3,232
Annual leave	32,993	28,921
Skills and experience retention leave	1,961	1,658
Staff on-costs - superannuation*	34,653	30,969
Staff on-costs - other	2	2
Workers compensation	(690)	3,555
Board and committee fees	354	321
Other staff related expenses	340	420
<b>Total staff benefits expenses</b>	<b>391,854</b>	<b>369,986</b>

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

**7.1 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 nine (eight) members of the Executive Management Group.

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 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.

<b>Compensation</b>	2022	2021
	\$'000	\$'000
Salaries and other short term employee benefits	2,928	2,672
Post-employment benefits	467	431
Other long-term employment benefits	-	61
<b>Total</b>	<b>3,395</b>	<b>3,164</b>

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

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2022**

**7.2 Remuneration of Board and Committees**

	2022 No. of Members	2021 No. of Members
\$0	1	4
\$1 - \$20,000	5	2
\$20,001 - \$40,000	-	7
\$40,001 - \$60,000	7	-
\$60,001 - \$80,000	-	1
\$80,001 - \$100,000	1	-
<b>Total</b>	<b>14</b>	<b>14</b>

The total remuneration received or receivable by members was \$0.404 million (\$0.351 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits and fringe benefits and any 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 31 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.

**7.3 Remuneration of Staff**

	2022 No.	2021 No.
The number of staff whose remuneration received or receivable falls within the following bands:		
\$154,001 - \$157,000*	na	20
\$157,001 - \$177,000	80	82
\$177,001 - \$197,000	49	37
\$197,001 - \$217,000	16	16
\$217,001 - \$237,000	20	17
\$237,001 - \$257,000	23	17
\$257,001 - \$277,000	16	13
\$277,001 - \$297,000	6	6
\$297,001 - \$317,000	8	16
\$317,001 - \$337,000	8	7
\$337,001 - \$357,000	10	5
\$357,001 - \$377,000	6	10
\$377,001 - \$397,000	11	12
\$397,001 - \$417,000	10	11
\$417,001 - \$437,000	10	10
\$437,001 - \$457,000	11	5
\$457,001 - \$477,000	11	5
\$477,001 - \$497,000	3	2
\$497,001 - \$517,000	5	6
\$517,001 - \$537,000	2	2
\$537,001 - \$557,000	3	4
\$557,001 - \$577,000	6	10
\$577,001 - \$597,000	5	6
\$597,001 - \$617,000	3	2
\$617,001 - \$637,000	4	-
\$637,001 - \$657,000	3	1
\$657,001 - \$677,000	-	1
\$677,001 - \$697,000	1	1
\$717,001 - \$737,000	3	-
\$817,001 - \$837,000	1	-
<b>Total number of staff</b>	<b>334</b>	<b>324</b>

\* This band has been included for the purposes of reporting comparative figures based on the executive base level remuneration rate for 2021.

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2022**

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

**7.4 Remuneration of staff by classification**

The total remuneration received by these staff included above:

	2022		2021	
	No.	\$'000	No.	\$'000
Executive	8	1,951	9	1,996
Medical (excluding Nursing)	284	89,141	274	81,565
Non-medical (i.e. administration and allied health)	11	2,001	10	1,695
Nursing	31	5,267	31	5,080
<b>Total</b>	<b>334</b>	<b>98,360</b>	<b>324</b>	<b>90,336</b>

**7.5 Targeted voluntary separation packages**

	2022	2021
	\$'000	\$'000
Amount paid to separated staff:		
Leave paid/payable to separated employees	143	-
Targeted voluntary separation packages	290	-
<b>Net cost to the Hospital</b>	<b>433</b>	<b>-</b>

The number of staff who received a TVSP during the reporting period	6	-
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TVSPs include 6 (0) separations resulting from the Workforce Rejuvenation Program.

**8. Supplies and services**

	2022	2021
	\$'000	\$'000
Administration	772	551
Advertising	152	134
Communication	2,266	2,200
Computing	5,401	4,976
Consultants	384	1,160
Contract of services	54	-
Contractors	682	698
Contractors - agency staff	8,514	7,495
Drug supplies	11,356	10,414
Electricity, gas and fuel	3,363	3,310
Fee for service	5,011	3,988
Food supplies	2,257	2,174
Housekeeping	13,141	12,048
Insurance	6,099	5,850
Internal SA Health SLA payments	7,305	7,127
Interstate patient transfers	1	19
Legal	271	188
Medical, surgical and laboratory supplies	44,156	40,657
Minor equipment	2,777	2,323
Motor vehicle expenses	1,072	828
Occupancy rent and rates	3,950	3,362
Patient transport	3,507	2,472
Postage	1,015	958
Printing and stationery	1,853	1,670
Rental expense on operating lease*	2	2
Repairs and maintenance	11,869	12,497
Security	3,762	4,378
Services from Shared Services SA	2,834	2,833
Training and development	4,433	3,966
Travel expenses	824	500
Other supplies and services	4,474	4,016
<b>Total supplies and services</b>	<b>153,557</b>	<b>142,794</b>

Accommodation – part of the Hospital's accommodation is provided by the Department of Infrastructure and Transport (DIT) under MoAA issued in accordance with Government-wide accommodation policies. These arrangements did not meet the definition of a lease and accordingly are expensed (disclosed within Occupancy rent and rates).

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2022**

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

**Consultants**

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

	2022		2021	
	No.	\$'000	No.	\$'000
Below \$10,000	3	17	2	4
Above \$10,000	5	367	2	1,156
<b>Total</b>	<b>8</b>	<b>384</b>	<b>4</b>	<b>1,160</b>

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

	2022	2021
	\$'000	\$'000
<b>Land and buildings:</b>		
Proceeds from disposal	-	-
Less carrying amount of assets disposed	-	-
<b>Net gain/(loss) from disposal of land and buildings</b>	<b>-</b>	<b>-</b>
<b>Plant and equipment:</b>		
Proceeds from disposal	-	-
Less carrying amount of assets disposed	-	(82)
<b>Total net gain/(loss) from disposal of plant and equipment</b>	<b>-</b>	<b>(82)</b>
<b>Total assets:</b>		
Total proceeds from disposal	-	-
Less total carrying amount of assets disposed	-	(82)
<b>Total net gain/(loss) from disposal of non-current and other assets</b>	<b>-</b>	<b>(82)</b>

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.

**10. Other expenses**

	2022	2021
	\$'000	\$'000
Debts written off	123	185
Bank fees and charges	49	50
Other*	405	140
<b>Total other expenses</b>	<b>577</b>	<b>375</b>

\* Includes Audit fees paid/payable to the Auditor-General's Department relating to work performed under the *Public Finance and Audit Act 1987* of \$0.168 million (\$0.166 million). No other services were provided by the Auditor-General's Department.

**11. Cash and cash equivalents**

	2022	2021
	\$'000	\$'000
Cash at bank or on hand	1,449	956
Deposits with Treasurer: general operating	5,543	14,249
Deposits with Treasurer: special purpose funds	15,064	16,477
<b>Total cash and cash equivalents</b>	<b>22,056</b>	<b>31,682</b>

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

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2022**

The Hospital receives specific purpose funds from various sources including government, private sector, foundations and individuals. The amounts are controlled by the Hospital, and are used to help achieve the Hospital objectives, notwithstanding that specific uses can be determined by the grantor or donor. Accordingly, the amounts are treated as revenue at the time they are earned or at the time control passes to the Hospital.

The Hospital only earns interest on the special deposit account, and received no interest for 2021-22 (\$0.007 million) due to low interest rates.

**12. Receivables**

	Note	2022 \$'000	2021 \$'000
<b>Current</b>			
Patient/client fees: compensable		363	502
Patient/client fees: other		7,228	5,229
Debtors		2,707	3,213
Less: allowance for impairment loss on receivables	12.1	(1,791)	(1,405)
Prepayments		646	149
Dividends		40	13
Workers compensation provision recoverable		550	676
Sundry receivables and accrued revenue		505	549
GST input tax recoverable		137	5
<b>Total current receivables</b>		<b>10,385</b>	<b>8,931</b>
<b>Non-current</b>			
Workers compensation provision recoverable		920	1,248
Debtors		115	181
<b>Total non-current receivables</b>		<b>1,035</b>	<b>1,429</b>
<b>Total receivables</b>		<b>11,420</b>	<b>10,360</b>

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 allowance for impairment of 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 allowance for impairment loss on receivables:

	2022 \$'000	2021 \$'000
<b>Carrying amount at the beginning of the period</b>	<b>1,405</b>	<b>1,198</b>
Increase/(Decrease) in allowance recognised in profit or loss	386	207
<b>Carrying amount at the end of the period</b>	<b>1,791</b>	<b>1,405</b>

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

**13. Other financial assets**

	2022 \$'000	2021 \$'000
<b>Non-current</b>		
Other investments FVOCI	1,137	1,418
<b>Total non-current investments</b>	<b>1,137</b>	<b>1,418</b>
<b>Total investments</b>	<b>1,137</b>	<b>1,418</b>

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2022**

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The Hospital measures other investments as fair value represented by market value. This includes shares in other corporations, floating rate notes, listed securities and managed funds. There is no impairment on other financial assets. Refer to note 28 for information on risk management.

#### 14. Inventories

Inventories of \$0.969 million (\$0.930 million) 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 greater than \$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 is calculated on a straight line basis. Property, plant and equipment and intangible assets depreciation and amortisation are calculated over the estimated useful life as follows:

<u>Class of asset</u>	<u>Useful life (years)</u>
Buildings and improvements	40-80
Right-of-use buildings	Lease term
Accommodation and Leasehold improvements	Lease term
Plant and equipment	
• Medical, surgical, dental and biomedical equipment and furniture	2-25
• Computing equipment	3-5
• Vehicles	2-25
• Other plant and equipment	3-50
Right-of-use plant and equipment	Lease term
Intangibles	5-30

##### 15.3 Revaluation

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

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

##### 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 accordingly the recoverable amount will be closer to or greater than fair value. Where there is an indication of impairment, the recoverable amount is estimated. For revalued assets, fair value is assessed each year.

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2022**

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There were no indications of impairment for property, plant and equipment, intangibles or investment property as at 30 June 2022.

**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 and any accumulated impairment losses.

The amortisation period and the amortisation method for intangible assets with finite useful lives are reviewed on an annual basis.

The 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.

Intangible assets consist of carrying amount at the beginning of the period \$0.011 million (\$0.018 million), less amortisation of \$0.007 million (\$0.007 million), resulting in a carrying amount at end of period of \$0.004 million (\$0.011 million).

**15.6 Land and buildings**

An independent valuation of owned land and buildings, including site improvements of the Hospital, was performed in March 2018, within the regular valuation cycle, by a certified practising valuer from AssetVal (JLT) Pty Ltd as at June 2018. Consistent with Treasurer's Instructions, a public authority must at least every 6 years obtain a valuation appraisal from a qualified valuer, the timing and process of which will be considered in the 2022-23 financial year.

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 and other land 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.

The next revaluation of land and buildings is due to occur in 2022-23.

**15.7 Plant and equipment**

The Hospital's plant and equipment assets with a fair value greater than \$1.500 million or an estimated useful life of greater than three years were revalued using fair value methodology, as at 1 June 2018, based on independent valuations performed by a Certified Practising Valuer from Jones Lang Lasalle (SA) Pty Ltd. The value of all other plant and equipment has not been revalued. This is 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 Investment property**

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

An independent valuation was performed on the investment property at 27 Kermode Street North Adelaide by certified practicing valuers for AssetVal, a business of Marsh Pty Ltd, as at 30 June 2022. Fair value has been determined by the capitalised income approach, whereby an appropriate yield is applied to the property's income based on sales analysis of comparable properties.

Where there is a recent market transaction for similar properties, the valuations are based on the amounts for which the properties could be exchanged between willing parties in an arm's length transaction, based on current prices in the active market for similar properties. The investment property has been categorised as Level 2.

**15.9 Leased property, plant and equipment**

Right-of-use assets are recorded at cost, and there were no indications for impairment. Additions to right-of-use assets during 2021-22 were \$1.920 million (\$0.750 million).

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2022**

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The Hospital has a number of lease agreements. Lease terms vary in length from 2 to 20 years.

Major lease activities include the use of:

- Properties – buildings and health clinics are generally leased from the private sector. 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.
- Motor vehicles – leased from the South Australian Government Financing Authority (SAFA) through their agent LeasePlan Australia. The leases are non-cancellable and the vehicles are leased for a specified time period (usually 3 years) or a specified number of kilometres, whichever occurs first.
- Plant and equipment – these leases for material handling equipment are cancellable and renewable every 2 years.

The Hospital has committed to lease arrangements that commence from 1 July 2022, which are included in the lease liability maturity analysis. The Hospital has not entered into any sub-lease arrangements and has no concessional lease arrangements.

The lease liabilities related to the right-of-use assets (and the maturity analysis) are disclosed at note 19. Expenses related to right-of-use assets including depreciation and interest expense are disclosed at note 16 and 19. Cash outflows related to right-of-use assets are disclosed at note 23.

WOMEN'S AND CHILDREN'S HEALTH NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the period ended 30 June 2022

**16. Reconciliation of property, plant and equipment and investment properties**

The following table shows the movement :

2021-22	Land and buildings:				Accommodation and Leasehold improvements \$'000	Plant and equipment:				Investment property \$'000	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	45,802	259,011	3,520	63,574	226	7,568	1,493	1,236	2,025	17,950	402,405
Additions	-	-	811	33,555	-	1,951	-	1,109	2	-	37,428
Assets received free of charge	-	-	-	38	-	-	-	-	-	-	38
Transfers between asset classes	-	8,422	-	(8,422)	-	329	-	-	(329)	-	-
<b>Subtotal:</b>	<b>45,802</b>	<b>267,433</b>	<b>4,331</b>	<b>88,745</b>	<b>226</b>	<b>9,848</b>	<b>1,493</b>	<b>2,345</b>	<b>1,698</b>	<b>17,950</b>	<b>439,871</b>
<b>Gains/(losses) for the period recognised in net result:</b>											
Depreciation and amortisation	-	(14,818)	(1,128)	-	(20)	(2,249)	(189)	(872)	-	-	(19,276)
Revaluation increment / (decrement)	-	-	-	-	-	-	-	-	-	2,250	2,250
<b>Subtotal:</b>	<b>-</b>	<b>(14,818)</b>	<b>(1,128)</b>	<b>-</b>	<b>(26)</b>	<b>(2,249)</b>	<b>(189)</b>	<b>(872)</b>	<b>-</b>	<b>2,250</b>	<b>(17,026)</b>
<b>Carrying amount at the end of the period</b>	<b>45,802</b>	<b>252,615</b>	<b>3,203</b>	<b>88,745</b>	<b>200</b>	<b>7,599</b>	<b>1,304</b>	<b>1,473</b>	<b>1,698</b>	<b>20,200</b>	<b>422,845</b>
<b>Gross carrying amount</b>											
Accumulated depreciation / amortisation	-	(59,615)	(3,027)	-	(2,308)	(19,647)	(2,897)	(1,143)	-	-	(88,637)
Gross carrying amount	45,802	312,230	6,230	88,745	2,514	27,246	4,201	2,616	1,698	20,200	511,482
<b>Carrying amount at the end of the period</b>	<b>45,802</b>	<b>252,615</b>	<b>3,203</b>	<b>88,745</b>	<b>206</b>	<b>7,599</b>	<b>1,304</b>	<b>1,473</b>	<b>1,698</b>	<b>20,200</b>	<b>422,845</b>

All property, plant and equipment are classified in the level 3 fair value hierarchy except for investment property (classified as level 2) and capital works in progress (not classified). Refer to note 19 for details about the lease liability for right-of-use assets.

WOMEN'S AND CHILDREN'S HEALTH NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the period ended 30 June 2022

2020-21	Land and buildings:				Plant and equipment:							Investment property \$'000	Total \$'000
	Land \$'000	Buildings \$'000	Right-of-use buildings \$'000	Capital works in progress land and buildings \$'000	Accommodation and Leasehold improvements \$'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	45,802	271,172	5,005	31,869	246	5,887	1,484	1,498	1,679	17,950	382,592		
Additions	-	-	-	34,453	-	3,373	50	750	1,140	-	39,766		
Assets received free of charge	-	-	-	-	-	-	-	-	147	-	147		
Disposals	-	-	-	-	-	(54)	(28)	(5)	-	-	(87)		
Transfers between asset classes	-	2,578	-	(2,748)	-	932	179	-	(941)	-	-		
Remeasurement	-	-	(4)	-	-	-	-	-	-	-	(4)		
<b>Subtotal:</b>	<b>45,802</b>	<b>273,750</b>	<b>5,001</b>	<b>63,574</b>	<b>246</b>	<b>10,138</b>	<b>1,685</b>	<b>2,243</b>	<b>2,025</b>	<b>17,950</b>	<b>422,414</b>		
<b>Gains/(losses) for the period recognised in net result:</b>													
Depreciation and amortisation	-	(14,739)	(1,481)	-	(20)	(2,570)	(192)	(1,007)	-	-	(20,009)		
<b>Subtotal:</b>	<b>-</b>	<b>(14,739)</b>	<b>(1,481)</b>	<b>-</b>	<b>(20)</b>	<b>(2,570)</b>	<b>(192)</b>	<b>(1,007)</b>	<b>-</b>	<b>-</b>	<b>(20,009)</b>		
Carrying amount at the end of the period	45,802	259,011	3,520	63,574	226	7,568	1,493	1,236	2,025	17,950	402,405		
<b>Gross carrying amount</b>													
Accumulated depreciation / amortisation	-	(44,797)	(3,249)	-	(2,287)	(17,478)	(2,708)	(1,288)	-	-	(71,807)		
Gross carrying amount	45,802	303,808	6,769	63,574	2,513	25,046	4,201	2,524	2,025	17,950	474,212		
Carrying amount at the end of the period	45,802	259,011	3,520	63,574	226	7,568	1,493	1,236	2,025	17,950	402,405		

All property, plant and equipment are classified in the level 3 fair value hierarchy except for investment property (classified as level 2) and capital works in progress (not classified). Refer to note 19 for details about the lease liability for right-of-use assets.

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the period ended 30 June 2022**

**17. 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 million or an estimated useful life that was less than three years are deemed to approximate fair value.

Refer to notes 15 and 17.2 for disclosure regarding fair value measurement techniques and inputs used to develop fair value measurements for non-financial assets.

**17.1 Fair value hierarchy**

The fair value of non-financial assets must be estimated for recognition and measurement or for disclosure purposes. The Hospital categorises non-financial assets measured at fair value into hierarchy based on the level of inputs used in measurement as follows:

**Fair value measurements at 30 June 2022**

	Level 2 \$'000	Level 3 \$'000	Total \$'000
<b>Recurring fair value measurements (Note 16)</b>			
Land	-	45,802	45,802
Buildings and improvements	-	252,615	252,615
Leasehold improvements	-	206	206
Plant and equipment	-	8,903	8,903
Investment property	20,200	-	20,200
<b>Total recurring fair value measurements</b>	<b>20,200</b>	<b>307,526</b>	<b>327,726</b>

**Fair value measurements at 30 June 2021**

	Level 2 \$'000	Level 3 \$'000	Total \$'000
<b>Recurring fair value measurements (Note 16)</b>			
Land	-	45,802	45,802
Buildings and improvements	-	259,011	259,011
Leasehold improvements	-	226	226
Plant and equipment	-	9,061	9,061
Investment property	17,950	-	17,950
<b>Total recurring fair value measurements</b>	<b>17,950</b>	<b>314,100</b>	<b>332,050</b>

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. Valuation techniques and inputs used to derive Level 2 and 3 fair values are at note 15 and 17.2.

During 2022 and 2021, the hospital had no valuations categorised into Level 1 and there were no transfers of assets between Level 1, 2 and 3 fair value hierarchy levels.

**17.2 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. For this reason, they are deemed to have been valued using Level 3 valuation inputs.

Due to the predominantly specialised nature of health service assets, the majority of 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, and as such they are deemed to have been valued using Level 3 valuation inputs.

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the period ended 30 June 2022**

Unobservable inputs used to arrive at final valuation figures included:

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

Investment property has been valued using the income approach, based on capitalised net income at an appropriate yield, and is classified as Level 2.

The Hospital buildings have been valued on the basis of existing/current use with no consideration given to any future alternate use.

## 18. Payables

	2022	2021
	\$'000	\$'000
<b>Current</b>		
Creditors and accrued expenses	11,771	6,700
Paid Parental Leave Scheme	72	71
Staff on-costs*	6,050	4,963
Other payables	840	612
<b>Total current payables</b>	<b>18,733</b>	<b>12,346</b>
<b>Non-current</b>		
Staff on-costs*	2,592	2,817
<b>Total non-current payables</b>	<b>2,592</b>	<b>2,817</b>
<b>Total payables</b>	<b>21,325</b>	<b>15,163</b>

Payables are measured at nominal amounts. Creditors and accruals are raised for all amounts owed and unpaid. Sundry creditors are normally settled within 30 days from the date the invoice is first received. Staff on-costs are settled when the respective staff benefits that they relate to are discharged. All payables are non-interest bearing. The carrying amount of payables approximates net fair value due to their short term nature.

\*Staff on-costs include Return to Work SA levies and superannuation contributions and are settled when the respective staff benefits that they relate to is discharged. 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 DTF, the portion of long service leave taken as leave is unchanged at 38% and the average factor for the calculation of employer superannuation on-costs has increased from the 2021 rate (10.1%) to 10.6% to reflect the increase in super guarantee. These rates are used in the staff on-cost calculation. The net financial effect of the changes in the current financial year is an increase in the staff on-cost liability and staff benefits expenses of \$0.328 million. The estimated impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

## 19. Financial liabilities

	2022	2021
	\$'000	\$'000
<b>Current</b>		
Lease liabilities	884	1,561
<b>Total current financial liabilities</b>	<b>884</b>	<b>1,561</b>
<b>Non-current</b>		
Lease liabilities	3,995	3,389
<b>Total non-current financial liabilities</b>	<b>3,995</b>	<b>3,389</b>
<b>Total financial liabilities</b>	<b>4,879</b>	<b>4,950</b>

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the period ended 30 June 2022**

Lease liabilities have been measured via discounting lease payments using either the interest rate implicit in the lease (where it is readily determined) or Treasury's incremental borrowing rate. There were no defaults or breaches on any of the above liabilities throughout the year. The borrowing cost associated with leasing activities is \$0.071 million (\$0.091 million). Refer to note 28 for information on risk management.

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

*19.1 Concessional lease arrangements*

The Hospital has no concessional lease arrangements.

*19.2 Maturity analysis*

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

	2022	2021
<b>Lease Liabilities</b>	<b>\$'000</b>	<b>\$'000</b>
1 to 3 years	3,059	3,710
3 to 5 years	933	768
5 to 10 years	686	687
<b>Total lease liabilities (undiscounted)</b>	<b>4,678</b>	<b>5,165</b>

**20. Staff benefits**

	2022	2021
<b>Current</b>	<b>\$'000</b>	<b>\$'000</b>
Accrued salaries and wages	8,403	12,442
Annual leave	36,475	31,734
Long service leave	5,523	6,249
Skills and experience retention leave	3,333	3,013
Other	3	24
<b>Total current staff benefits</b>	<b>53,737</b>	<b>53,462</b>
<b>Non-current</b>		
Long service leave	62,410	71,085
<b>Total non-current staff benefits</b>	<b>62,410</b>	<b>71,085</b>
<b>Total staff benefits</b>	<b>116,147</b>	<b>124,547</b>

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

**20.1 Salaries and wages, annual leave, skills and experience retention leave and sick leave**

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

The annual leave liability and the skills and experience retention leave liability is expected to be payable within 12 months and is measured at the undiscounted amount expected to be paid.

The actuarial assessment performed by DTF decreased the salary inflation rate to 1.5% (2.0%) for annual leave and skills and experience retention leave liability. As a result, there is no material financial effect resulting from changes in the salary inflation rate.

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.

**20.2 Long service leave**

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

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

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the period ended 30 June 2022**

AASB 119 requires the use of the yield on long-term Commonwealth Government bonds as the discount rate in the measurement of the long service leave liability. The yield on long-term Commonwealth Government bonds has increased from 2021 (1.50%) to 3.75%. 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 left the salary inflation rate at 2.5% for long service leave liability. As a result, there is no net financial effect resulting from changes in the salary inflation rate.

The net financial effect of the changes to actuarial assumptions is a decrease in the long service leave liability of \$12.283 million, payables (staff on-costs) of \$0.495 million and staff benefits expense of \$12.778 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. Provisions

### 21.1 Workers Compensation

*Reconciliation of workers compensation (statutory and non-statutory)*

	2022	2021
	\$'000	\$'000
Carrying amount at the beginning of the period	9,747	7,730
Additions resulting from re-measurement or settlement without cost	40	431
Increase/(Decrease) in provisions recognised	(2,787)	1,808
Reductions arising from payments/other sacrifices of future economic benefits	(432)	(222)
<b>Carrying amount at the end of the period</b>	<b>6,568</b>	<b>9,747</b>

Total workers compensation contains current provision of \$1.806 million (\$2.198 million) and non-current provision of \$4.762 million (\$7.549 million).

*Workers compensation provision (statutory and additional compensation schemes)*

The Hospital is an exempt employer under the *Return to Work Act 2014*. Under a scheme arrangement, the Hospital is responsible for the management of workers rehabilitation and compensation and is directly responsible for meeting the cost of workers' compensation claims and the implementation and funding of preventive programs.

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 2022 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment.

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 claim 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.

Measurement of the workers compensation provision as at 30 June 2022 includes the impacts of the decision of the Full Court of the Supreme Court of South Australia in *Return to Work Corporation of South Australia vs Summerfield* (Summerfield decision). The Summerfield decision increased the liabilities of the Return to Work Scheme (the Scheme) and the workers compensation provision across government.

Legislation to reform the *Return to Work Act 2014* was proclaimed in July 2022, with the reforms expected to reduce the overall liability of the Scheme. The impacts of these reforms on the workers compensation provision will be considered when measuring the provision as at 30 June 2023.

WOMEN'S AND CHILDREN'S HEALTH NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the period ended 30 June 2022

**22. Contract liabilities and other liabilities**

	2022	2021
	\$'000	\$'000
<b>Current</b>		
Unearned revenue	1,869	1,748
Other	222	25
<b>Total current contract liabilities and other liabilities</b>	<b>2,091</b>	<b>1,773</b>
<b>Total contract liabilities and other liabilities</b>	<b>2,091</b>	<b>1,773</b>

A contract liability is recognised for revenue relating to access assistance and health assistance projects /programs 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.

**23. Cash flow reconciliation**

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

	2022	2021
	\$'000	\$'000
Cash and cash equivalents disclosed in the Statement of Financial Position	22,056	31,682
<b>Cash as per Statement of Financial Position</b>	<b>22,056</b>	<b>31,682</b>
<b>Balance as per Statement of Cash Flows</b>	<b>22,056</b>	<b>31,682</b>

**Reconciliation of net cash provided by operating activities to net result:**

Net cash provided by (used in) operating activities	1,008	15,284
<b>Add/less non-cash items</b>		
Capital revenues	26,555	29,312
Depreciation and amortisation expense of non-current assets	(19,283)	(20,016)
Gain on revaluation of investment property	2,250	-
Gain/(loss) on sale or disposal of non-current assets	-	(82)
Resources received free of charge	38	147
<b>Movement in assets and liabilities</b>		
Increase/(decrease) in receivables	1,060	1,346
Increase/(decrease) in inventories	39	169
(Increase)/decrease in staff benefits	8,400	1,507
(Increase)/decrease in payables and provisions	(2,673)	(3,893)
(Increase)/decrease in other liabilities	(318)	(267)
<b>Net result</b>	<b>17,076</b>	<b>23,507</b>

Total cash outflows for leases is \$2.062 million (\$2.528 million).

WOMEN'S AND CHILDREN'S HEALTH NETWORK  
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
 For the period ended 30 June 2022

## 24. Unrecognised contractual commitments

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

### 24.1 Capital and Expenditure Commitments

#### 24.1.1 Capital commitments

	2022	2021
	\$'000	\$'000
Within one year	824	455
<b>Total capital commitments</b>	<b>824</b>	<b>455</b>

The Hospital's capital commitments are for plant and equipment ordered but not received. Capital commitments for major infrastructure works are recognised in the Department for Infrastructure and Transport financial statement.

#### 24.2.1 Expenditure commitments

	2022	2021
	\$'000	\$'000
Within one year	24,892	18,142
Later than one year but not longer than five years	375	610
<b>Total other expenditure commitments</b>	<b>25,267</b>	<b>18,752</b>

The Hospital expenditure commitments are for agreements for goods and services ordered but not received; and administrative arrangements with DIT for accommodation.

## 25. 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 or contingent liabilities. In addition to this, the Hospital has made no guarantees.

## 26. Events after balance date

The Hospital is not aware of any material events occurring between the end of the reporting period and when the financial statements were authorised.

## 27. Impact of Standards not yet implemented

The Hospital has assessed the impact of the new and amended Australian Accounting Standards and Interpretations not yet implemented and changes to the Accounting Policy Statements issued by the Treasurer.

- Amending Standard AASB 2020-1 *Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-current* will apply from 1 July 2023. The Hospital continues to assess liabilities e.g. LSL and whether or not the Hospital has a substantive right to defer settlement. Where applicable these liabilities will be classified as current.

## 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 Department works with DTF to determine the cash flows associated with the SA Government approved program of work and to ensure funding is provided through SA Government budgetary processes to meet the expected cash flows.

#### 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 note 12 for further information.

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the period ended 30 June 2022**

Market risk

The Hospital does not engage in high risk hedging for its financial assets. Exposure to interest rate risk may arise through its 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.

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

**28.2 Categorisation of financial instruments**

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

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

A financial asset is measured at amortised cost if:

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

Category of financial asset and financial liability	Notes	2022 Carrying amount/ Fair value S'000	2021 Carrying amount/ Fair value S'000
<b>Financial assets</b>			
Cash and equivalent			
Cash and cash equivalents	11,23	22,056	31,682
Amortised Cost			
Receivables <sup>(a)</sup>	12	8,970	8,069
Fair value through other comprehensive income			
Other financial assets	13	1,137	1,418
<b>Total financial assets</b>		<b>32,163</b>	<b>41,169</b>
<b>Financial liabilities</b>			
Financial liabilities at amortised cost			
Payables <sup>(a)</sup>	18	12,433	7,146
Other liabilities	22	222	25
<b>Total financial liabilities</b>		<b>12,665</b>	<b>7,171</b>

<sup>(a)</sup> Receivable and payable amounts disclosed here exclude amounts relating to statutory receivables and payables. This includes Commonwealth, State and Local Government taxes and fees and charges. This is in addition to staff related receivables and payables such as payroll tax, fringe benefits tax etc. In government, certain rights to receive or pay cash may not be contractual and therefore in these situations, the disclosure requirements of AASB 7 will not apply. Where rights or obligations have their source in legislation such as levies, tax and equivalents etc. they would be excluded from the disclosure. The standard defines contract as enforceable by law. All amounts recorded are carried at cost.

<sup>(b)</sup> Receivables amount disclosed here excludes prepayments as they are not financial assets.

**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. Loss allowances for contract assets are measured at an amount equal to the expected credit loss method using a 12 month method. No impairment losses were recognised in relation to contract assets during the year.

An allowance matrix is used 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.

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the period ended 30 June 2022**

To measure the expected credit loss, receivables are grouped based on shared risk characteristics and the days past. When estimated expected credit loss, the Hospital considers reasonable and supportive information that is relevant and available without undue cost or effort. This includes 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 also not be representative of customers' actual default in the future.

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

	30 June 2022			30 June 2021		
	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
<b>Days past due</b>						
Current	0.7-2.7%	1,710	18	0.7%-3.0%	2,159	24
<30 days	1.7-3.7%	983	21	1.4%-3.8%	1,108	18
31-60 days	4.6-6.7%	534	11	2.0%-6.9%	700	23
61-90 days	8.2-9.8%	253	10	4.2%-10.1%	313	15
91-120 days	11.5-11.4%	117	7	6.6%-11.9%	438	30
121-180 days	16.7-16.6%	140	17	11.5%-16.9%	215	25
181-360 days	28.5-39%	674	193	26.9%-37.6%	740	214
361-540 days	49.1-58.1%	410	250	47.5%-60.2%	289	169
>540 days	54.8-77.7%	1,657	1,264	53.2%-75.9%	1,204	887
<b>Total</b>		<b>6,478</b>	<b>1,791</b>		<b>7,166</b>	<b>1,405</b>

## 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 expenditure via the Department for medical, surgical and laboratory supplies, insurance and computing (note 8). The Department transferred capital works in progress of \$26.555 million (\$29.311 million) to the Hospital. The Hospital incurred significant expenditure with the DIT for capital works of \$2.206 million (\$1.358 million) and \$0.920 million (\$0.986 million) which largely reflects occupancy rent and rates (note 3). The value of unrecognised contractual expenditure commitments for accommodation with DIT was \$0.071 million (\$0.517 million) (note 24.2.1).

WOMEN'S AND CHILDREN'S HEALTH NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2022

**30. Administered items**

The Hospital administers:

- *Strata Corp* represents the financial operations of the Car Park located at Unit 1, 27 Kermode Street North Adelaide which services the Hospital and surrounds. Strata Corp administers and manages the Car Park on behalf of the Unit holders (the Hospital, Women's and Children's Hospital Foundation, and the Residential Unit holders).
- *Private Practice* represents funds billed on behalf of salaried medical officers and subsequently distributed to the Hospital and salaried medical officers according to individual Rights of Private Practice Deeds of Agreement.

	Strata Corp		Private Practice		Total	
	2022	2021	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Employee benefit expenses	(59)	(57)	-	-	(59)	(57)
Supplies and services	(306)	(183)	-	-	(306)	(183)
Depreciation and amortisation expense	(3)	(3)	-	-	(3)	(3)
Other expenses	-	-	(4,311)	(4,997)	(4,311)	(4,997)
Revenue from fees and charges	306	348	4,596	4,922	4,902	5,270
<b>Net result</b>	<b>(62)</b>	<b>105</b>	<b>285</b>	<b>(75)</b>	<b>223</b>	<b>30</b>
Other provisions/liabilities	-	-	(2)	-	(2)	-
Cash and cash equivalents	447	144	-	-	447	144
Receivables	72	1	355	1	427	2
Payables	(3)	(16)	-	-	(3)	(16)
Property, plant and equipment	27	29	-	29	27	58
<b>Net assets</b>	<b>543</b>	<b>158</b>	<b>353</b>	<b>30</b>	<b>896</b>	<b>188</b>
Cash at 1 July					660	624
Cash inflows					4,098	5,033
Cash outflows					(4,311)	(4,997)
<b>Cash at 30 June</b>					<b>447</b>	<b>660</b>

**WOMEN'S AND CHILDREN'S HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the period ended 30 June 2022**

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**31. Board and committee members**

Members of boards/committees that served for all or part of the financial year, where at least one member was entitled to receive income from membership in accordance with the APS 124 B were:

<b>Board/Committee name:</b>	<b>Government employee members</b>	<b>Other members</b>
Audit and Risk Committee	-	Connor G (Chair)*, Daw S, Haslam R
Clinical Governance Group	-	Daw S (Chair), Cadzow M, Christley S, Glover K, Griffin L
Consumer and Community Engagement Committee	-	Birch J (Chair), Gray R, Griffin L, Hurrell E, Miller S, Sands S
Women's and Children's Governing Board	-	Birch J (Chair), Bastian J, Christley S, Daw S, Glover K, Haslam R, Miller S, Wilson B

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

Refer to note 7.2 for remuneration of board and committee members. Note board members only received income from board membership.