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To the Chair, Governing Board Central Adelaide Local Health Network Incorporated

Qualified Opinion

I have audited the financial report of the Central Adelaide Local Health Network Incorporated and the consolidated entity comprising the Central Adelaide Local Health Network Incorporated and its controlled entities for the financial year ended 30 June 2025.

In my opinion, except for the effects of the matters described in the 'Basis for qualified opinion' section of my report, the accompanying financial report gives a true and fair view of the financial position of the Central Adelaide Local Health Network Incorporated and its controlled entities as at 30 June 2025, 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 2025
- a Statement of Financial Position as at 30 June 2025
- a Statement of Changes in Equity for the year ended 30 June 2025
- a Statement of Cash Flows for the year ended 30 June 2025
- notes, comprising material accounting policy information and other explanatory information
- a Certificate from the Chair, Governing Board, the Chief Executive Officer and the Executive Director, Finance and Business Services.

Basis for qualified opinion

Procurement reporting disclosure

The Central Adelaide Local Health Network Incorporated was required by the Treasurer's Instructions (Accounting Policy Statements) to include a disclosure reporting the value of procurement with South Australian businesses and non-South Australian businesses for 2024-25.

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

The Central Adelaide Health Network did not include the disclosure in the financial report.

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

Responsibilities of the Chief Executive Officer and the Governing 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 issued 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 Governing 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 Central Adelaide Local Health Network Incorporated and its controlled entities for the financial year ended 30 June 2025.

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

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

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Central Adelaide 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 Governing 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.

A handwritten signature in blue ink, appearing to read 'Andrew Blaskett', with a stylized flourish at the end.

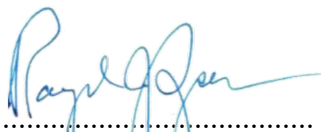
Andrew Blaskett
Auditor-General

22 September 2025

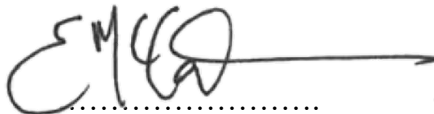
Certification of the Financial Statements

We certify that the:

- Financial Statements of the Central Adelaide 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 Central Adelaide Local Health Network Inc. over its financial reporting and its preparation of the financial statements have been effective throughout the financial year.



Raymond Spencer
Chair, Governing Board



Emma McCahon,
Chief Executive
Officer, Central Adelaide
Local Health Network



Catherine Shadbolt
Executive Director, Finance
and Business Services
Central Adelaide Local
Health Network

Date ...10/9/2025.....

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2025

		Consolidated		Parent	
	Note	2025	2024	2025	2024
		\$'000	\$'000	\$'000	\$'000
Income					
Revenues from SA Government	2	2,565,574	2,536,149	2,565,574	2,536,149
Fees and charges	3	571,811	522,985	552,518	503,731
Grants and contributions	4	325,272	292,633	326,062	293,272
Interest	5	7,101	6,589	7,075	6,576
Resources received free of charge	6	17,275	16,121	17,275	16,121
Other revenues/income	8	123,763	111,256	116,814	110,057
Total income		3,610,796	3,485,733	3,585,318	3,465,906
Expenses					
Staff related expenses	9	1,945,225	1,881,168	1,930,227	1,868,253
Supplies and services	10	1,269,414	1,178,228	1,267,819	1,175,595
Depreciation and amortisation	19,20	136,193	116,644	135,105	115,795
Grants and subsidies	11	1,744	1,307	536	687
Borrowing costs	23	200,425	207,151	200,391	207,102
Net loss from disposal of non-current and other assets	7	693	28	692	28
Impairment loss on receivables	14.1	1,944	1,378	1,716	1,344
Other expenses	12	14,872	11,745	14,184	11,399
Total expenses		3,570,510	3,397,649	3,550,670	3,380,203
Net result		40,286	88,084	34,648	85,703
Other Comprehensive Income					
Items that will not be reclassified to net result					
Changes in property, plant and equipment asset revaluation surplus		(143)	141,184	(143)	141,184
Total other comprehensive income		(143)	141,184	(143)	141,184
Total comprehensive result		40,143	229,268	34,505	226,887

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

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
STATEMENT OF FINANCIAL POSITION
As at 30 June 2025

		Consolidated		Parent	
	Note	2025	2024	2025	2024
		\$'000	\$'000	\$'000	\$'000
Current assets					
Cash and cash equivalents	13	237,227	207,652	229,957	203,042
Receivables	14	102,434	94,836	99,219	90,807
Other financial assets	15	6,686	6,630	-	-
Inventories	16	26,540	25,581	26,272	25,381
Contract assets	17	294	226	294	226
Total current assets		373,181	334,925	355,742	319,456
Non-current assets					
Receivables	14	10,974	10,318	10,974	10,318
Other financial assets	15	5,396	-	1,150	1,150
Property, plant and equipment	18,19	3,376,020	3,394,651	3,373,941	3,391,732
Investment property	18,19	8,600	8,600	-	-
Intangible assets	18,20	5,919	9,434	5,919	9,434
Total non-current assets		3,406,909	3,423,003	3,391,984	3,412,634
Total assets		3,780,090	3,757,928	3,747,726	3,732,090
Current liabilities					
Payables	22	98,618	103,218	98,139	101,043
Financial liabilities	23	74,742	71,339	74,673	71,026
Staff related liabilities	24	316,369	299,455	314,464	298,185
Provisions	25	12,657	11,882	12,657	11,882
Contract liabilities and other liabilities	26	3,363	616	928	604
Total current liabilities		505,749	486,510	500,861	482,740
Non-current liabilities					
Financial liabilities	23	2,348,715	2,399,698	2,348,258	2,399,032
Staff related liabilities	24	317,445	300,777	317,338	300,649
Provisions	25	46,597	47,420	46,597	47,420
Total non-current liabilities		2,712,757	2,747,895	2,712,193	2,747,101
Total liabilities		3,218,506	3,234,405	3,213,054	3,229,841
Net assets		561,584	523,523	534,672	502,249
Equity					
Retained earnings		381,005	342,470	354,093	321,196
Asset revaluation surplus		180,579	181,053	180,579	181,053
Total equity		561,584	523,523	534,672	502,249

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

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2025

CONSOLIDATED

	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2023	41,455	252,800	294,255
Net result for 2023-24	-	88,084	88,084
Gain/(loss) on revaluation of land and buildings	135,140	-	135,140
Gain/(loss) on revaluation of plant and equipment	6,044	-	6,044
Total comprehensive result for 2023-24	141,184	88,084	229,268
Transfer between equity components	(1,586)	1,586	-
Balance at 30 June 2024	181,053	342,470	523,523
Net result for 2024-25	-	40,286	40,286
Gain/(loss) on revaluation of land and buildings	(143)	-	(143)
Total comprehensive result for 2024-25	(143)	40,286	40,143
Transfer between equity components	(331)	331	-
Net assets received from an administrative restructure	-	(2,082)	(2,082)
Balance at 30 June 2025	180,579	381,005	561,584

PARENT

	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2023	41,455	233,907	275,362
Net result for 2023-24	-	85,703	85,703
Gain/(loss) on revaluation of land and buildings	135,140	-	135,140
Gain/(loss) on revaluation of plant and equipment	6,044	-	6,044
Total comprehensive result for 2023-24	141,184	85,703	226,887
Transfer between equity components	(1,586)	1,586	-
Balance at 30 June 2024	181,053	321,196	502,249
Net result for 2024-25	-	34,648	34,648
Gain/(loss) on revaluation of land and buildings	(143)	-	(143)
Total comprehensive result for 2024-25	(143)	34,648	34,505
Transfer between equity components	(331)	331	-
Net assets received from an administrative restructure	-	(2,082)	(2,082)
Balance at 30 June 2025	180,579	354,093	534,672

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

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
STATEMENT OF CASH FLOWS
For the year ended 30 June 2025

		Consolidated		Parent	
	Note	2025	2024	2025	2024
		\$'000	\$'000	\$'000	\$'000
Cash flows from operating activities					
Cash inflows					
Receipts from SA Government		2,686,047	2,528,359	2,686,047	2,528,359
Fees and charges		361,500	330,652	341,558	312,586
Grants and contributions		335,034	301,803	335,824	302,442
Interest received		7,101	6,592	7,075	6,576
GST recovered from ATO		98,422	89,758	98,422	89,758
Other receipts		15,280	15,822	11,392	15,296
Cash outflows					
Staff benefits payments		(1,911,007)	(1,803,393)	(1,896,623)	(1,790,520)
Payments for supplies and services		(1,212,300)	(1,096,151)	(1,208,967)	(1,093,305)
Payments of grants and subsidies		(1,806)	(1,410)	(598)	(790)
Interest paid		(193,196)	(204,334)	(193,162)	(204,285)
Other payments		(25,190)	(25,594)	(24,689)	(25,248)
Net cash from operating activities	27	159,885	142,104	156,279	140,869
Cash flows from investing activities					
Cash inflows					
Proceeds from sale of property, plant and equipment		-	112	-	112
Proceeds from sale/maturities of investments		5,531	2,590	-	-
Cash outflows					
Purchase of property, plant and equipment		(51,287)	(42,579)	(51,037)	(41,724)
Purchase of intangible assets		(267)	(329)	(267)	(329)
Purchase of investments		(5,774)	(3,013)	-	-
Net cash from/(used in) investing activities		(51,797)	(43,219)	(51,304)	(41,941)
Cash flows from financing activities					
Cash outflows					
Repayment of lease liabilities		(78,513)	(71,301)	(78,060)	(71,007)
Net cash from/(used in) financing activities		(78,513)	(71,301)	(78,060)	(71,007)
Net increase/(decrease) in cash and cash equivalents		29,575	27,584	26,915	27,921
Cash and cash equivalents at the beginning of the period		207,652	180,068	203,042	175,121
Cash and cash equivalents at the end of the period	13	237,227	207,652	229,957	203,042

The accompanying notes form part of these financial statements.

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

1. About Central Adelaide Local Health Network

The Central Adelaide Local Health Network Incorporated (the Hospital) is a not-for-profit incorporated hospital under the *Health Care Act 2008*. The financial statements and accompanying notes include all controlled activities of the Hospital, this includes the Hospital and AusHealth Corporate Pty Ltd (AusHealth).

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 interest in other entities is at note 34.

Administered Items

The Hospital has administered activities and resources. Transactions and balances relating to administered resources are presented separately and are disclosed in the Schedules of Administered Items – refer note 36. 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 Central Adelaide, including those managed on a State-wide basis.

The Hospital is structured to contribute to the outcomes for which the portfolio is responsible by providing hospital-based tertiary and quaternary care including medical, surgical and other acute services, rehabilitation, mental health and palliative care, dental, breast screening and other community health services to veterans and other persons living within the central Adelaide metropolitan area and Statewide as appropriate.

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.

The Hospital is comprised of:

- Royal Adelaide Hospital (RAH)
- Hampstead Rehabilitation Centre
- The Queen Elizabeth Hospital
- St Margaret's Hospital
- Pregnancy Advisory Centre
- Statewide Clinical Support Services including SA Pathology, SA Medical Imaging, SA Pharmacy, SA Dental Service and Breast Screen SA
- Donate Life
- Glenside and community health
- Primary Health Care Services
- Prison Health SA
- Statewide Rehabilitation Services at the Repat Health Precinct

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.

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

Significant 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 2025, the Hospital had a working capital deficiency of \$128.626 million (\$151.585 million deficiency). The SA Government is committed and has consistently demonstrated a commitment to the ongoing funding of the Hospital to enable it to perform its functions.

1.5 Equity

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

1.6 Changes to the Hospital

2024-25

In response to the Commonwealth Government's introduction of a new single assessment aged care system across all State and Territory jurisdictions, the South Australian Health Chief Executives Council (HCEC), on 2 July 2024, approved the proposal to transition Local Health Network based assessment services into a statewide Aged Care Assessment Service (ACAS), to be implemented by the Central Adelaide Local Health Network (CALHN) by 1 July 2025. During April to June 2025, the transition of 77 staff to the statewide ACAS in CALHN was completed, with effective dates ranging from 22 March 2025 to 17 May 2025. Staff related liabilities of \$2.082 million were transferred into the Hospital.

2023-24

There were no functions transferred in or out in 2023-24.

1.7 Change in accounting policy

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

2. Revenues from SA Government

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Capital projects funding	66,166	162,559	66,166	162,559
Operational funding	2,499,408	2,373,590	2,499,408	2,373,590
Total revenues from SA Government	2,565,574	2,536,149	2,565,574	2,536,149

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 when the Hospital obtains control over the funding. Control over the funding is normally obtained upon receipt.

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

3. Fees and charges

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Ambulance transport	101	106	101	106
Car parking revenue	9,721	9,506	9,721	9,506
Commissions revenue	37	36	37	36
Fines, fees and penalties	122	102	122	102
Patient and client fees	485,303	442,684	466,010	423,373
Private practice fees	44,784	41,328	44,784	41,328
Fees for health services	11,345	10,714	11,345	10,714
Royalty income	268	669	268	669
Sale of goods - medical supplies	357	1,208	357	1,208
Training revenue	40	82	40	82
Other user charges and fees	19,733	16,550	19,733	16,607
Total fees and charges	571,811	522,985	552,518	503,731

The Hospital measures revenue based on the consideration specified in a major 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 performance obligations by transferring the promised goods or services to its customers.

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

Consolidated

Contracts with Customers disaggregated by pattern of revenue recognition and type of customer

	2025	2025	2024	2024
	Goods/Services transferred at a point in time	Goods/Services transferred over a period of time	Goods/Services transferred at a point in time	Goods/Services transferred over a period of time
Ambulance transport	31	-	34	-
Car parking revenue	5,861	3,860	5,754	3,752
Commissions revenue	37	-	36	-
Patient and client fees	240,012	-	226,661	-
Private practice fees	44,784	-	41,328	-
Fees for health services	10,687	-	9,822	-
Royalty income	268	-	669	-
Sale of goods - medical supplies	67	-	43	-
Training revenue	32	-	78	-
Other user charges and fees	19,069	8	15,895	-
Total contracts with external customers	320,848	3,868	300,320	3,752
Ambulance transport	70	-	72	-
Patient and client fees	245,289	-	216,023	-
Fees for health services	658	-	892	-
Sale of goods - medical supplies	290	-	1,165	-
Training revenue	8	-	4	-
Other user charges and fees	656	-	655	-
Total contracts with SA Government customers	246,971	-	218,811	-
Total contracts with customers	567,819	3,868	519,131	3,752

The Hospital recognises contract liabilities for consideration received in respect of unsatisfied performance obligations and reports these amounts as other liabilities (refer to note 26). 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 14 and 17).

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

Patient and Client Fees

Public health care is free for medicare eligible customers with the exception of co-payments for Pharmaceutical Benefits Scheme drugs. 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 medical, surgical, anaesthetic, theatre, pathology, radiology services etc. Statewide Clinical Support Services also receive revenue from other SA Health Local Health Networks for pathology and imaging services performed in public hospitals. 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.

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

Private practice fees

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

4. Grants and contributions

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Commonwealth grants and donations	1,744	1,701	1,744	1,701
Pharmaceutical Benefits Scheme Commonwealth subsidy	289,271	259,236	289,271	259,236
SA Government capital contributions	-	(162)	-	(162)
Other SA Government grants and contributions	80	221	805	860
Private sector grants and contributions	34,177	31,637	34,242	31,637
Total grants and contributions	325,272	292,633	326,062	293,272

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

Of the \$325.272 million (\$292.633 million) received in 2024-25, \$25.595 million (\$23.664 million) was provided for specific purposes, including State and Commonwealth Health initiatives - Health reforms, research and other associated activities.

5. Interest

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Interest on operating accounts	26	13	-	-
Interest on Special Purpose Funds	7,075	6,576	7,075	6,576
Total interest	7,101	6,589	7,075	6,576

6. Resources received free of charge

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Plant and equipment	240	178	240	178
Services	17,035	15,943	17,035	15,943
Total resources received free of charge	17,275	16,121	17,275	16,121

Resources received free of charge include plant and equipment and are recorded at their fair value.

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 \$12.062 million (\$11.708 million), ICT services and media monitoring services valued at \$4.566 million (\$4.235 million) from the Department of Treasury and Finance following Cabinet's approval to cease intra-government charging.

On 5 September 2024 the Treasurer approved the Auditor-General's request to cease audit fee charging arrangements for auditing the public accounts, effective for financial years ending on or after 30 June 2024. The Hospital received audit services from the Audit Office of South Australia free of charge valued at \$0.407 million.

In addition, although not recognised the Hospital received volunteer services from the Royal Adelaide Hospital Lavender Lads and Ladies, Royal Adelaide Hospital Auxiliary, Friends of the Queen Elizabeth Hospital, Hampstead Rehabilitation Centre Volunteers and country based SA Pathology couriers. There are 380 volunteers whom provide patient and staff support services to individuals using the Hospital's services. The services include but not limited to: Emergency Department support, guide service, laundry service, RAH gift shop and a volunteer support team.

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

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Land and buildings:				
Proceeds from disposal	-	-	-	-
Less carrying amount of assets disposed	(122)	-	(122)	-
Less other costs of disposal	-	-	-	-
Net gain/(loss) from disposal of land and buildings	(122)	-	(122)	-
Plant and equipment:	\$'000	\$'000	\$'000	\$'000
Proceeds from disposal	-	116	-	116
Less carrying amount of assets disposed	(571)	(124)	(570)	(124)
Less other costs of disposal	-	(4)	-	(4)
Net gain/(loss) from disposal of plant and equipment	(571)	(12)	(570)	(12)
Intangible assets:	\$'000	\$'000	\$'000	\$'000
Proceeds from disposal	-	-	-	-
Less carrying amount of assets disposed	-	(16)	-	(16)
Net gain/(loss) from disposal of intangible assets	-	(16)	-	(16)
Total assets:				
Total proceeds from disposal	-	116	-	116
Less total carrying amount of assets disposed	(693)	(140)	(692)	(140)
Less other costs of disposal	-	(4)	-	(4)
Total net gain/(loss) from disposal of assets	(693)	(28)	(692)	(28)

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.

8. Other revenues/income

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Dividend revenue	185	207	-	-
Donations	7,118	10,589	7,118	10,489
Health recoveries	104,503	93,425	104,503	93,425
Insurance recoveries	869	1,304	869	1,304
Other	11,088	5,731	4,324	4,839
Total other revenues/income	123,763	111,256	116,814	110,057

9. Staff related expenses

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Salaries and wages	1,538,231	1,464,581	1,525,573	1,453,726
Targeted voluntary separation packages	285	93	285	93
Long service leave	39,504	61,688	39,541	61,628
Annual leave	151,296	147,545	150,490	146,895
Skills and experience retention leave	7,540	7,231	7,540	7,231
Superannuation	193,126	173,419	191,807	172,331
Workers compensation	11,856	23,480	11,756	23,397
Board and committee fees	507	454	373	345
Other staff related expenses	2,880	2,677	2,862	2,607
Total staff related expenses	1,945,225	1,881,168	1,930,227	1,868,253

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

Refer note 24 for further discussion on long service leave movement.

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9.1 Key Management Personnel

Key management personnel (KMP) of the Hospital includes the Minister, the eight members of the governing board, the Chief Executive of the Department, Chief Executive Officer of the Hospital and the 12 (12) 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.

Compensation

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Salaries and other short term employee benefits	3,870	5,065	3,870	5,065
Post-employment benefits	550	849	550	849
Termination benefits	5	-	5	-
Total	4,425	5,914	4,425	5,914

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.

9.2 Remuneration of boards and committee members

	2025	2024
	No. of	No. of
	Members	Members
\$0	565	632
\$1 - \$20,000	79	94
\$20,001 - \$40,000	9	5
\$40,001 - \$60,000	1	3
\$60,001 - \$80,000	1	1
Total	655	735

The total remuneration received or receivable by members was \$0.542 million (\$0.487 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, 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 35 for members of boards/committees that served for all or part of the financial year and were entitled to receive income from membership in accordance with APS 124.B.

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9.3 Staff remuneration

	Consolidated		Parent	
	2025 Total Number	2024 Total Number	2025 Total Number	2024 Total Number
Remuneration of employees				
The number of staff whose remuneration received or receivable falls within the following bands:				
\$166,001-\$171,000*	n/a	118	n/a	118
\$171,001-\$191,000	312	289	310	289
\$191,001-\$211,000	196	174	196	173
\$211,001-\$231,000	128	114	128	113
\$231,001-\$251,000	86	84	86	84
\$251,001-\$271,000	81	76	80	76
\$271,001-\$291,000	72	63	72	63
\$291,001-\$311,000	66	57	66	57
\$311,001-\$331,000	45	44	45	44
\$331,001-\$351,000	39	39	39	39
\$351,001-\$371,000	33	31	33	31
\$371,001-\$391,000	39	32	39	32
\$391,001-\$411,000	27	22	27	22
\$411,001-\$431,000	28	25	27	25
\$431,001-\$451,000	33	30	33	30
\$451,001-\$471,000	31	38	31	38
\$471,001-\$491,000	31	32	31	32
\$491,001-\$511,000	29	36	29	35
\$511,001-\$531,000	24	15	24	15
\$531,001-\$551,000	26	19	26	19
\$551,001-\$571,000	27	18	27	18
\$571,001-\$591,000	17	21	17	21
\$591,001-\$611,000	9	18	9	18
\$611,001-\$631,000	14	12	14	12
\$631,001-\$651,000	13	9	13	9
\$651,001-\$671,000	13	12	13	12
\$671,001-\$691,000	18	16	18	16
\$691,001-\$711,000	9	9	9	9
\$711,001-\$731,000	8	8	8	8
\$731,001-\$751,000	11	4	11	4
\$751,001-\$771,000	2	4	2	4
\$771,001-\$791,000	3	3	3	3
\$791,001-\$811,000	1	-	1	-
\$811,001-\$831,000	1	-	1	-
\$831,001-\$851,000	2	1	2	1
\$851,001-\$871,000	1	1	1	1
\$871,001-\$891,000	-	2	-	2
\$891,001-\$911,000	1	-	1	-
\$931,001-\$951,000	-	1	-	1
\$951,001-\$971,000	2	-	2	-
\$971,001-\$991,000	2	1	2	1
\$1,011,001-\$1,031,000	1	-	-	-
\$1,031,001-\$1,051,000	1	2	1	2
\$1,651,001-\$1,671,000	1	-	1	-
\$1,771,001-\$1,791,000	-	1	-	1
Total number of staff	1,483	1,481	1,478	1,478

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

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.

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9.4 Staff remuneration by classification

The total remuneration received by staff, included in note 9.3:

	Consolidated				Parent			
	2025		2024		2025		2024	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Executive	35	10,080	36	9,625	30	8,023	33	8,731
Medical (excluding Nursing)	1,240	422,785	1,204	399,965	1,240	422,785	1,204	399,965
Non-medical (i.e. administration)	82	15,963	94	17,822	82	15,963	94	17,822
Nursing	126	23,992	147	26,825	126	23,992	147	26,825
Total	1,483	472,820	1,481	454,237	1,478	470,763	1,478	453,343

9.5 Targeted voluntary separation packages (TVSP)

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Amount paid/payable to separated staff:				
Targeted voluntary separation packages	285	93	285	93
Leave paid/payable to separated employees	86	27	86	27
Net cost to the Hospital	371	120	371	120

The number of staff who accepted a TVSP during the reporting period	3	1	3	1
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10. Supplies and services

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Administration	3,367	2,090	7,725	5,490
Advertising	1,394	1,251	896	958
Communication	7,408	7,067	7,302	6,923
Computing	42,432	44,670	41,146	43,595
Consultants	3,688	1,835	3,659	1,807
Contract of services	19,451	26,208	19,451	26,208
Contractors	7,119	6,346	7,037	6,274
Contractors - agency staff	50,329	47,262	50,329	47,238
Cost of goods sold	1,584	2,096	-	-
Drug supplies	361,493	324,236	361,493	324,236
Electricity, gas and fuel	17,525	15,812	17,461	15,748
Fee for service	107,897	77,201	107,897	77,201
Food supplies	10,431	7,202	10,431	7,202
Housekeeping	33,468	29,103	33,259	28,885
Insurance	16,982	16,321	16,855	16,197
Internal SA Health SLA payments	26,643	25,999	26,643	25,999
Interstate patient transfers	141	14	141	14
Legal	1,675	907	1,449	700
Medical, surgical and laboratory supplies	233,295	211,364	233,295	211,364
Minor equipment	14,404	11,004	14,310	10,974
Motor vehicle expenses	2,294	2,224	2,294	2,224
Occupancy rent and rates	10,007	16,190	9,914	16,113
Patient transport	13,385	10,850	13,385	10,850
Postage	10,170	9,498	10,106	9,452
Printing and stationery	4,942	4,926	4,892	4,869
Public Private Partnership operating expenses	123,414	128,531	123,414	128,531
Repairs and maintenance	42,514	45,831	42,210	45,646
Security	30,817	28,016	30,817	28,016
Services from Shared Services SA	12,304	11,852	12,304	11,852
Training and development	18,946	18,641	18,838	18,555
Travel expenses	13,943	13,801	13,319	13,226
Other supplies and services	25,952	29,880	25,547	29,248
Total supplies and services	1,269,414	1,178,228	1,267,819	1,175,595

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

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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.

11. Grants and subsidies

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Subsidies	1,208	683	-	63
Funding to non-government organisations	536	624	536	624
Total grants and subsidies	1,744	1,307	536	687

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

12. Other expenses

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Debts written off	1,726	1,375	1,726	1,375
Bank fees and charges	208	221	54	96
Donated assets expense	2,794	175	2,794	175
Net loss on sale of investments	249	(16)	-	-
Write-down of inventory	635	694	635	694
Rights of Private Practice Payover amounts paid to the Department	5,803	5,350	5,803	5,350
Other	3,457	3,946	3,172	3,709
Total other expenses	14,872	11,745	14,184	11,399

Donated assets expense includes transfer of plant and equipment and is recorded as expenditure at their fair value.

* Included in other expenses is audit fees paid or payable to BDO for audit services for AusHealth of \$0.059 million (\$0.060 million.).

13. Cash and cash equivalents

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Cash at bank or on hand	11,713	6,974	4,443	2,364
Deposits with Treasurer: general operating	54,150	23,723	54,150	23,723
Deposits with Treasurer: special purpose funds	171,364	176,955	171,364	176,955
Total cash and cash equivalents in the Statement of Financial Position	237,227	207,652	229,957	203,042
Total cash and cash equivalents in the Statement of Cash Flows	237,227	207,652	229,957	203,042

Cash is measured at nominal amounts. The Hospital earns interest on the special purpose deposit account and the operating accounts held by AusHealth.

The Hospital receives specific purpose funds from various sources including government, private sector and individuals. The amounts are controlled by the Hospital, and are used to help achieve the Hospital's 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.

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14. Receivables

	Consolidated		Parent	
	2025	2024	2025	2024
Current	\$'000	\$'000	\$'000	\$'000
Patient/client fees: compensable	11,833	8,286	11,833	8,286
Patient/client fees: other	44,825	44,937	44,825	44,937
Debtors	21,049	20,288	18,042	16,315
Less: allowance for impairment loss on receivables	(8,287)	(6,621)	(8,159)	(6,443)
Prepayments	3,602	2,882	3,307	2,595
Grants	95	75	95	75
Workers compensation provision recoverable	2,778	2,547	2,778	2,547
Sundry receivables and accrued revenue	26,270	21,707	26,143	21,707
GST input tax recoverable	269	735	355	788
Total current receivables	102,434	94,836	99,219	90,807
Non-current				
Debtors	1,090	1,138	1,090	1,138
Workers compensation provision recoverable	9,884	9,180	9,884	9,180
Total non-current receivables	10,974	10,318	10,974	10,318
Total receivables	113,408	105,154	110,193	101,125

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 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.

14.1 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:

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	6,621	5,243	6,443	5,099
Increase/(Decrease) in allowance recognised in profit or loss	1,666	1,378	1,716	1,344
Carrying amount at the end of the period	8,287	6,621	8,159	6,443

Impairment losses relate to receivables arising from contracts with customers that are external to SA Government. Refer to note 32 for details relating to credit risk and the methodology for determining impairment.

15. Other financial assets

	Consolidated		Parent	
	2025	2024	2025	2024
Current	\$'000	\$'000	\$'000	\$'000
Other investments at fair value through profit or loss	6,686	6,630	-	-
Total current investments	6,686	6,630	-	-
Non-current				
Other investments at fair value through other comprehensive income	5,396	-	-	-
Interest in wholly owned subsidiary	-	-	1,150	1,150
Total non-current investments	5,396	-	1,150	1,150
Total investments	12,082	6,630	1,150	1,150

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The Hospital measures term deposits at amortised cost, listed equities and other investments are measured as fair value represented by market value. Other investments include shares in other corporations, floating rate notes, listed securities and managed funds.

There is no impairment on other financial assets. Refer to note 32 for further information on risk management.

16. Inventories

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Drug supplies	17,902	15,308	17,902	15,308
Inventory imprest stock	8,229	9,950	8,229	9,950
Other	409	323	141	123
Total current inventories - held for distribution	26,540	25,581	26,272	25,381

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

The amount of any inventory write-down to net realisable value/replacement cost or inventory losses are recognised as an expense in the period the write-down or loss occurred. Any write-down reversals are also recognised as an expense reduction.

17. Contract assets

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Contract assets	294	226	294	226
Total contract assets	294	226	294	226

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

There were no impairment losses recognised on contract assets in the reporting period.

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

18.1 Acquisition and recognition

Property, plant and equipment owned by the Hospital are initially recorded on a cost basis and are 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 all owned property, plant and equipment valued at or greater than \$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 \$1.5 million for other assets.

18.2 Depreciation and amortisation

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

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Depreciation and amortisation is calculated on a straight line basis. Property, plant and equipment and intangible assets depreciation and amortisation are calculated over the estimated useful life as follows:

<u>Class of asset</u>	<u>Useful life (years)</u>
Buildings and improvements	5 - 200
Right-of-use buildings	Lease term
Accommodation and Leasehold improvements	Lease term
Plant and equipment:	
• Medical, surgical, dental and biomedical equipment and furniture	4 - 15
• Computing equipment	3 - 10
• Vehicles	3 - 15
• Other plant and equipment	1 - 29
Right-of-use plant and equipment	Lease term
Intangible assets	3 - 10

18.3 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 owned by the Hospital is only performed when the 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.

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.

18.4 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. For revalued assets, fair value is assessed each year.

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

18.5 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 Hospital has intangibles with indefinite useful lives, amortisation is not recognised against these intangible assets

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

18.6 Land and building

An independent valuation of owned land and buildings owned by the Hospital, was performed from March to June 2024 by Certified Practising Valuers from Marsh Pty Ltd, as at 1 June 2024, within the regular valuation cycle. Consistent with Treasurer's Instructions, a public authority must at least every 6 years obtain a valuation appraisal from a qualified valuer. Annual review of land and buildings fair values was undertaken effective 1 June 2025, including assessment using indices supplied by the Office of the Valuer-General for estimated cost and market values based on location. It was determined that the carrying amounts of land and buildings were materially correct as stated and no adjustments were made.

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 the acquisition/transfer costs.

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18.7 Plant and equipment

The Hospital's plant and equipment assets with a fair value greater than \$1.5 million or had an estimated useful life of greater than three years were revalued using the fair value methodology, as at 1 June 2024, based on an independent valuation performed by Certified Practising Valuers from Marsh Pty Ltd. The value of all other plant and equipment has not been revalued, this is in accordance with APS 116D, the carrying value of these items 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.

18.8 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.

The valuation of the investment property located at Dalglish Street, Thebarton was performed by a Certified Practising Valuer as at March 2020. The Valuer arrived at a fair value based on recent market transactions for similar properties in the area taking into account zoning and restricted use.

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

Amounts recognised in profit or loss

The Hospital recognised rental income from investment property during the period of \$0.537 million (\$0.506 million).

18.9 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 for impairment. Additions to right of use assets during 2024-25 were \$24.944 million (\$3.766 million). 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 10.

The Hospital has a number of lease agreements. Lease terms vary in length from 2 to 26 years. Major lease activities include the use of:

- Properties – SA Pathology collection centres, primary health, dental clinics and non-DIT provided office accommodation 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.
- Health Facilities – lease include the Royal Adelaide Hospital.
The Royal Adelaide Hospital (RAH) lease commenced in June 2011, achieved commercial acceptance in June 2017, and is for 35 years. The SA Health Partnership Consortium trading as Celsus entered into an arrangement to finance, design, build, operate and maintain the new RAH. Under the arrangement, Celsus will maintain and provide non-medical support services including facilities management by Spotless and information and communication technology (ICT) support and maintenance by DXC Technology for the duration of the contract. The arrangement is referred to as a Public Private Partnership (PPP). At the conclusion of the contract in 2046, the Hospital will take full ownership of the RAH. Celsus have an obligation to deliver the RAH in a condition fit for its intended purpose and fully maintained in accordance with the agreed asset management plan.
- 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 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 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 23. Expenses related to right-of-use assets including depreciation and interest expense are disclosed at note 19 and 23. Cash outflows related to right-of-use assets are disclosed at note 27.

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

The following table shows the movement:

Consolidated

2024-25	Land and buildings:				Plant and equipment:						
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Accommo- dation and Leasehold improve- ments \$'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	Investment property \$'000	Total \$'000
Carrying amount at the beginning of the period	138,700	304,868	2,328,153	290,500	17,215	90,265	7,513	198,779	18,658	8,600	3,403,251
Additions	-	-	23,953	53,331	-	16,907	115	991	23,086	-	118,383
Assets received free of charge	-	-	-	-	-	240	-	-	-	-	240
Disposals	-	-	-	(122)	-	(508)	(64)	(1,529)	-	-	(2,223)
Donated assets disposal	-	-	-	(2,794)	-	-	-	-	-	-	(2,794)
Transfers between asset classes	-	255,069	458	(271,233)	1,406	30,924	1,879	-	(18,462)	-	41
Remeasurement	-	-	317	-	-	-	-	-	-	-	317
Subtotal:	138,700	559,937	2,352,881	69,682	18,621	137,828	9,443	198,241	23,282	8,600	3,517,215
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(25,884)	(60,775)	-	(1,504)	(31,298)	(3,326)	(9,665)	-	-	(132,452)
Subtotal:	-	(25,884)	(60,775)	-	(1,504)	(31,298)	(3,326)	(9,665)	-	-	(132,452)
Gains/(losses) for the period recognised in other comprehensive income:											
Revaluation increment / (decrement)	-	(143)	-	-	-	-	-	-	-	-	(143)
Subtotal:	-	(143)	-	-	-	-	-	-	-	-	(143)
Carrying amount at the end of the period*	138,700	533,910	2,292,106	69,682	17,117	106,530	6,117	188,576	23,282	8,600	3,384,620
Gross carrying amount											
Gross carrying amount	138,700	564,409	2,703,224	69,682	36,048	326,835	25,158	258,194	23,282	8,600	4,154,132
Accumulated depreciation / amortisation	-	(30,499)	(411,118)	-	(18,931)	(220,305)	(19,041)	(69,618)	-	-	(769,512)
Carrying amount at the end of the period	138,700	533,910	2,292,106	69,682	17,117	106,530	6,117	188,576	23,282	8,600	3,384,620

*All property, plant and equipment are classified in the level 3 fair value hierarchy except for investment properties valued at \$8.600 million (\$8.600 million) (classified as level 2) and capital works in progress (not classified). Refer to note 23 for details about the lease liability for right of use assets.

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Consolidated

2023-24	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	Accommo- dation and Leasehold improve- ments \$'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	Investment property \$'000	
Carrying amount at the beginning of the period	108,935	218,918	2,384,735	149,879	17,656	74,762	4,431	207,582	13,093	8,600	3,188,591
Additions	-	-	2,821	153,279	-	16,545	90	945	16,402	-	190,082
Assets received free of charge	-	-	-	-	-	178	-	-	-	-	178
Disposals	-	-	(5,172)	-	-	(84)	(40)	-	-	-	(5,296)
Donated assets disposal	-	-	-	-	-	(175)	-	-	-	-	(175)
Transfers between asset classes	-	3,526	-	(12,658)	1,080	18,089	974	-	(10,837)	-	174
Remeasurement	-	-	270	-	-	-	-	-	-	-	270
Subtotal:	108,935	222,444	2,382,654	290,500	18,736	109,315	5,455	208,527	18,658	8,600	3,373,824
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(22,951)	(54,501)	-	(1,521)	(20,969)	(2,067)	(9,748)	-	-	(111,757)
Subtotal:	-	(22,951)	(54,501)	-	(1,521)	(20,969)	(2,067)	(9,748)	-	-	(111,757)
Gains/(losses) for the period recognised in other comprehensive income:											
Revaluation increment / (decrement)	29,765	105,375	-	-	-	1,919	4,125	-	-	-	141,184
Subtotal:	29,765	105,375	-	-	-	1,919	4,125	-	-	-	141,184
Carrying amount at the end of the period*	138,700	304,868	2,328,153	290,500	17,215	90,265	7,513	198,779	18,658	8,600	3,403,251
Gross carrying amount											
Gross carrying amount	138,700	309,483	2,678,532	290,500	34,642	297,370	24,040	260,772	18,658	8,600	4,061,297
Accumulated depreciation / amortisation	-	(4,615)	(350,379)	-	(17,427)	(207,105)	(16,527)	(61,993)	-	-	(658,046)
Carrying amount at the end of the period	138,700	304,868	2,328,153	290,500	17,215	90,265	7,513	198,779	18,658	8,600	3,403,251

*All property, plant and equipment are classified in the level 3 fair value hierarchy except for investment properties valued at \$8.600 million (\$8.600 million) (classified as level 2) and capital works in progress (not classified). Refer to note 23 for details about the lease liability for right of use assets.

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Parent											
2024-25											
	Land and buildings:				Plant and equipment:						
	Land	Buildings	Right-of-use	Capital	Accommo-	Medical/	Other	Right-of-	Capital	Investment	Total
	\$'000	\$'000	buildings	works in	dation and	surgical/	plant and	use plant	works in	property	\$'000
	\$'000	\$'000	\$'000	land and	Leasehold	dental/	equipment	and	plant and	\$'000	\$'000
	\$'000	\$'000	\$'000	buildings	improve-	biomedical	\$'000	\$'000	\$'000	\$'000	\$'000
	\$'000	\$'000	\$'000	\$'000	ments	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	138,700	304,868	2,327,260	290,500	17,215	90,265	6,163	198,779	17,982	-	3,391,732
Additions	-	-	23,953	53,331	-	16,907	-	991	22,951	-	118,133
Assets received free of charge	-	-	-	-	-	240	-	-	-	-	240
Disposals	-	-	-	(122)	-	(508)	(62)	(1,529)	-	-	(2,221)
Donated assets disposal	-	-	-	(2,794)	-	-	-	-	-	-	(2,794)
Transfers between asset classes	-	255,069	458	(271,233)	1,406	30,924	1,165	-	(17,748)	-	41
Remeasurement	-	-	317	-	-	-	-	-	-	-	317
Subtotal:	138,700	559,937	2,351,988	69,682	18,621	137,828	7,266	198,241	23,185	-	3,505,448
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(25,884)	(60,344)	-	(1,504)	(31,298)	(2,669)	(9,665)	-	-	(131,364)
Subtotal:	-	(25,884)	(60,344)	-	(1,504)	(31,298)	(2,669)	(9,665)	-	-	(131,364)
Gains/(losses) for the period recognised in other comprehensive income:											
Revaluation increment / (decrement)	-	(143)	-	-	-	-	-	-	-	-	(143)
Subtotal:	-	(143)	-	-	-	-	-	-	-	-	(143)
Carrying amount at the end of the period*	138,700	533,910	2,291,644	69,682	17,117	106,530	4,597	188,576	23,185	-	3,373,941
Gross carrying amount											
Gross carrying amount	138,700	564,409	2,701,134	69,682	36,048	326,835	21,350	258,194	23,185	-	4,139,537
Accumulated depreciation / amortisation	-	(30,499)	(409,490)	-	(18,931)	(220,305)	(16,753)	(69,618)	-	-	(765,596)
Carrying amount at the end of the period	138,700	533,910	2,291,644	69,682	17,117	106,530	4,597	188,576	23,185	-	3,373,941

*All property, plant and equipment are classified in the level 3 fair value hierarchy except for capital works in progress (not classified). Refer to note 23 for details about the lease liability for right of use assets.

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Parent 2023-24	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	Accommo- dation and Leasehold improve- ments \$'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	Investment property \$'000	
Carrying amount at the beginning of the period	108,935	218,918	2,383,560	149,879	17,656	74,762	2,818	207,582	12,982	-	3,177,092
Additions	-	-	2,697	153,279	-	16,545	90	945	15,547	-	189,103
Assets received free of charge	-	-	-	-	-	178	-	-	-	-	178
Disposals	-	-	(5,062)	-	-	(84)	(40)	-	-	-	(5,186)
Donated assets disposal	-	-	-	-	-	(175)	-	-	-	-	(175)
Transfers between asset classes	-	3,526	-	(12,658)	1,080	18,089	684	-	(10,547)	-	174
Remeasurement	-	-	270	-	-	-	-	-	-	-	270
Subtotal:	108,935	222,444	2,381,465	290,500	18,736	109,315	3,552	208,527	17,982	-	3,361,456
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(22,951)	(54,205)	-	(1,521)	(20,969)	(1,514)	(9,748)	-	-	(110,908)
Subtotal:	-	(22,951)	(54,205)	-	(1,521)	(20,969)	(1,514)	(9,748)	-	-	(110,908)
Gains/(losses) for the period recognised in other comprehensive income:											
Revaluation increment / (decrement)	29,765	105,375	-	-	-	1,919	4,125	-	-	-	141,184
Subtotal:	29,765	105,375	-	-	-	1,919	4,125	-	-	-	141,184
Carrying amount at the end of the period*	138,700	304,868	2,327,260	290,500	17,215	90,265	6,163	198,779	17,982	-	3,391,732
Gross carrying amount											
Gross carrying amount	138,700	309,483	2,676,441	290,500	34,642	297,370	21,060	260,772	17,982	-	4,046,950
Accumulated depreciation / amortisation	-	(4,615)	(349,181)	-	(17,427)	(207,105)	(14,897)	(61,993)	-	-	(655,218)
Carrying amount at the end of the period	138,700	304,868	2,327,260	290,500	17,215	90,265	6,163	198,779	17,982	-	3,391,732

*All property, plant and equipment are classified in the level 3 fair value hierarchy except for capital works in progress (not classified). Refer to note 23 for details about the lease liability for right of use assets.

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20. Reconciliation of intangible assets

The following table shows the movement:

Consolidated

	Computer software \$'000	2024-25 Capital works in progress intangibles \$'000	Total \$'000	Computer software \$'000	2023-24 Capital works in progress intangibles \$'000	Total \$'000
Carrying amount at the beginning of the period	9,049	385	9,434	13,719	463	14,182
Additions	215	52	267	-	329	329
Disposals	-	-	-	(16)	-	(16)
Amortisation	(3,741)	-	(3,741)	(4,887)	-	(4,887)
Transfers between asset classes	272	(313)	(41)	233	(407)	(174)
Carrying amount at the end of the period	5,795	124	5,919	9,049	385	9,434

Gross carrying amount

Gross carrying amount	78,182	124	78,306	77,717	385	78,102
Accumulated amortisation	(72,387)	-	(72,387)	(68,668)	-	(68,668)
Carrying amount at the end of the period	5,795	124	5,919	9,049	385	9,434

Parent

Carrying amount at the beginning of the period	9,049	385	9,434	13,719	463	14,182
Additions	215	52	267	-	329	329
Disposals	-	-	-	(16)	-	(16)
Amortisation	(3,741)	-	(3,741)	(4,887)	-	(4,887)
Transfers between asset classes	272	(313)	(41)	233	(407)	(174)
Carrying amount at the end of the period	5,795	124	5,919	9,049	385	9,434

Gross carrying amount

Gross carrying amount	78,182	124	78,306	77,717	385	78,102
Accumulated amortisation	(72,387)	-	(72,387)	(68,668)	-	(68,668)
Carrying amount at the end of the period	5,795	124	5,919	9,049	385	9,434

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21. 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 owned by the Hospital 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 19 and 21.2 for disclosure regarding fair value measurement techniques and inputs used to develop fair value measurements for non-financial assets.

21.1 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 2025

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Recurring fair value measurements						
Land	104,700	34,000	138,700	104,700	34,000	138,700
Buildings and improvements	14,332	519,578	533,910	14,332	519,578	533,910
Leasehold improvements	-	17,117	17,117	-	17,117	17,117
Plant and equipment	-	112,647	112,647	-	111,127	111,127
Investment property	8,600	-	8,600	-	-	-
Total recurring fair value measurements	127,632	683,342	810,974	119,032	681,822	800,854

Fair value measurements at 30 June 2024

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Recurring fair value measurements						
Land	51,530	87,170	138,700	51,530	87,170	138,700
Buildings and improvements	8,374	296,494	304,868	8,374	296,494	304,868
Leasehold improvements	-	17,215	17,215	-	17,215	17,215
Plant and equipment	-	97,778	97,778	-	96,428	96,428
Investment property	8,600	-	8,600	-	-	-
Total recurring fair value measurements	68,504	498,657	567,161	59,904	497,307	557,211

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

During 2025 and 2024, the Hospital had no valuations categorised into Level 1; there were no transfers of assets between Level 1 and 2 fair value hierarchy levels in 2024-25.

21.2 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 building and plant and equipment 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.

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Unobservable inputs used to arrive at final valuation figures included:

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

22. Payables

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Current				
Creditors and accrued expenses	91,597	98,847	91,118	96,672
Paid Parental Leave Scheme	327	313	327	313
Other payables	6,694	4,058	6,694	4,058
Total current payables	98,618	103,218	98,139	101,043
Total payables	98,618	103,218	98,139	101,043

Payables are measured at nominal amounts. Creditors and accruals are recognised for all amounts owed and unpaid. Contractual payables are normally settled within 15 days from the date the invoice is first received. 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.

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 32 for information on risk management.

23. Financial liabilities

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Current				
Lease liabilities	74,742	71,339	74,673	71,026
Total current financial liabilities	74,742	71,339	74,673	71,026
Non-current	\$'000	\$'000	\$'000	\$'000
Lease liabilities	2,348,715	2,399,698	2,348,258	2,399,032
Total non-current financial liabilities	2,348,715	2,399,698	2,348,258	2,399,032
Total financial liabilities	2,423,457	2,471,037	2,422,931	2,470,058

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. Borrowing costs of \$200.425 million (\$207.151 million) relate to interest on lease liabilities. Included in these borrowing costs is a reduction in contingent rental amounts of \$180.459 million (\$183.504 million). There were no defaults or breaches on any of the above liabilities throughout the year.

Refer to note 32 for information on risk management.

Refer notes 18 and 19 for details about the right-of-use assets (including depreciation).

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23.1 Concessional lease arrangements for right-of-use assets

The Hospital has concessional lease arrangements for right-of-use assets, as lessee, within the SA Health economic entity, with SA government entities, with other government entities (e.g. local councils, universities and the Commonwealth government), and with not-for-profit entities.

Right of use asset	Nature of arrangements	Details
Buildings and improvements	Terms are up to 31 years Payments range from \$0 to \$1 pa	Concessional building arrangements include the use of premises for dental services, pathology collection, Breastscreen services, community health services and vacant land.

23.2 Maturity analysis

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

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Lease Liabilities				
Within one year	305,811	297,904	305,589	297,553
Later than one year but not longer than five years	1,146,739	1,165,545	1,146,435	1,164,844
Later than five years	3,925,266	4,188,477	3,925,266	4,188,477
Total lease liabilities (undiscounted)	5,377,816	5,651,926	5,377,290	5,650,874

24. Staff related liabilities

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Current				
Accrued salaries and wages	51,564	45,766	50,485	45,306
Annual leave	191,925	181,082	191,375	180,562
Long service leave	27,861	26,707	27,624	26,456
Skills and experience retention leave	13,129	12,500	13,129	12,500
Staff on-costs	31,869	33,351	31,830	33,312
Other	21	49	21	49
Total current staff related liabilities	316,369	299,455	314,464	298,185
Non-current				
Long service leave	300,172	287,873	300,065	287,745
Staff on-costs	17,273	12,904	17,273	12,904
Total non-current staff related liabilities	317,445	300,777	317,338	300,649
Total staff related liabilities	633,814	600,232	631,802	598,834

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.

24.1 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 2024 rate (2.4%) to 3.2% for annual leave and skills, experience and retention leave liability. As a result, there is an increase in the staff related liability and staff related expenses of \$1.583 million.

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

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24.2 Long service leave - measurement

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

The discount rate used in measuring the liability is reflective of the yield on long-term Commonwealth Government bonds. The yield on long-term Commonwealth Government bonds has remained unchanged from 2024 at 4.25%. No movement in the bond yield, which is used as the rate to discount future long service leave cash flows, results in immaterial movement in the reported long service leave liability.

The net financial effect of the changes to actuarial assumptions in the current financial year is a decrease in the long service leave liability of \$0.044 million, staff on-costs of \$0.002 million and staff related expense of \$0.046 million. The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of demographical and financial assumptions – including the long-term discount rate.

The actuarial assessment performed by DTF left the salary inflation rate unchanged from 2024 at 3.5% for long service leave liability.

24.3 Staff on-costs

Staff on-costs include payroll tax, fringe benefits tax, ReturnToWorkSA levies and superannuation contributions and are settled when the respective staff related liability 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.

24.4 Superannuation funds

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 has increased from 2024 (38%) to 47% and the average factor for the calculation of employer superannuation on-costs has increased from the 2024 rate (11.5%) to 12.0% 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 and staff related expense of \$5.190 million. The estimated impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

25. Provisions

Provisions represent workers compensation

Reconciliation of workers compensation (statutory and non-statutory)

	Consolidated 2025 \$'000	Consolidated 2024 \$'000	Parent 2025 \$'000	Parent 2024 \$'000
Carrying amount at the beginning of the period	59,302	48,610	59,302	48,610
Additions	14,225	13,180	14,225	13,180
Payments	(8,742)	(10,378)	(8,742)	(10,378)
Remeasurement	(5,531)	7,890	(5,531)	7,890
Carrying amount at the end of the period	59,254	59,302	59,254	59,302

The amount of the provision considered to be current is \$12.657 million (\$11.882 million). The amount of the provision considered to be non-current is \$46.597 million (\$47.420 million).

Workers compensation provision (statutory and additional compensation schemes)

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

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

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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 agency claim experience relative to other agencies, average claim sizes and other economic and actuarial assumptions.

26. Contract liabilities and other liabilities

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Current				
Unclaimed monies	14	10	14	10
Unearned revenue	611	113	511	101
Contract liabilities	376	429	376	429
Other	2,362	64	27	64
Total current contract liabilities and other liabilities	3,363	616	928	604
Total contract liabilities and other liabilities	3,363	616	928	604

A contract liability is recognised for revenue relating to SA Dental Service co-payments and grant funded projects /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

27. Cash flow reconciliation

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Reconciliation of net cash provided by operating activities to net result:				
Net cash provided by (used in) operating activities	159,885	142,104	156,279	140,869
Add/less non-cash items				
Asset donated free of charge	(2,794)	(175)	(2,794)	(175)
Capital revenues	42,152	143,737	42,152	143,737
Capitalised interest expense on finance lease	(7,229)	(2,817)	(7,229)	(2,817)
Depreciation and amortisation expense of non-current assets	(136,193)	(116,644)	(135,105)	(115,795)
Gain/(loss) on sale or disposal of non-current assets	(693)	(28)	(692)	(28)
Resources received free of charge	240	178	240	178
Revaluation of investments	5,209	673	-	-
Movement in assets/liabilities				
Increase/(decrease) in contract assets	68	(191)	68	(191)
Increase/(decrease) in inventories	959	1,233	891	1,261
Increase/(decrease) in receivables	8,281	9,331	9,096	8,134
(Increase)/decrease in other liabilities	(2,747)	501	(324)	500
(Increase)/decrease in payables and provisions	4,781	(25,323)	3,085	(25,517)
(Increase)/decrease in staff benefits	(31,633)	(64,495)	(31,019)	(64,453)
Net result	40,286	88,084	34,648	85,703

Total cash outflows for leases is \$271.709 million (\$275.635 million) for the consolidated entity, and \$271.222 million (\$275.292 million) for the parent entity.

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28. Unrecognised contractual commitments

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

28.1 Capital and Expenditure commitments

28.1.1 Contractual commitments to acquire property, plant and equipment

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Within one year	8,177	10,615	8,177	10,615
Total capital commitments	8,177	10,615	8,177	10,615

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

28.1.2 Other contractual commitments

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Within one year	132,623	127,683	132,623	127,683
Later than one year but not longer than five years	392,504	403,923	392,504	403,923
Later than five years	1,890,089	1,987,429	1,890,089	1,987,429
Total other expenditure commitments	2,415,216	2,519,035	2,415,216	2,519,035
Less contingent rentals	(1,066,251)	(1,090,093)	(1,066,251)	(1,090,093)
Net other contractual commitments	1,348,965	1,428,942	1,348,965	1,428,942

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

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

The 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 2025 have not been quantified.

28.2 Expected rental income from lessor arrangements

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Within one year	539	509	-	-
Later than one year but not longer than five years	629	1,103	-	-
Total operating lease revenue commitments	1,168	1,612	-	-

The operating lease revenue commitments relates to property owned by the Hospital and leased to external parties. The table above sets out a maturity analysis of operating lease payments receivable, showing undiscounted lease payments to be received after the reporting date. These amounts are not recognised as assets.

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29. Trust funds

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

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of period	23	22	23	22
Client trust receipts	24	26	24	26
Client trust payments	(14)	(25)	(14)	(25)
Carrying amount at the end of the period	33	23	33	23

30. 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.

30.1 Contingent Assets

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

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

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

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

30.2 Contingent Liabilities

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

30.2.2 The Hospital is a respondent (together with other Hospital's) to unfair dismissal claims brought against SA Health by a number of former employees who were terminated in 2023 due to non-compliance with COVID-19 vaccination requirements. Individual settlements have been reached with a number of claimant employees, however, proceedings are ongoing before the SA Employment Tribunal in respect to a number of remaining claimants. Quantum of potential liability is not able to be reasonably estimated, however, based on settlements achieved to date and the number of remaining claimants, if found in favour of the applicants CALHN liability will potentially be at minimum around \$250,000.

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30.2.3 Following a previously settled claim involving fifteen consultants, a further five consultants have sought back pay for non-payment of the ICCNET/ICARNET allowance over the last six years for participation in an on call roster. If these claims are settled, the potential liability resulting from this has been estimated at \$400,000.

30.2.4 The terms of offer for a new *South Australian Allied Health Professionals, Assistants and Psychologists Enterprise Agreement 2025* were presented on 13 June 2025, contingent on an agreement being reached and approval by the South Australian Employment Tribunal (SAET). In accordance with the terms of the new Enterprise Agreement eligible staff are entitled to, among other things, salary increases of 4.0% per annum back dated to the first full pay period after 1 May 2025. The financial impact of backpay and remeasurement of staff related liabilities is estimated to be \$4.758 million.

Negotiations have commenced for several other enterprise agreements which have nominally expired. Arrears payments may become due for employment up to 30 June 2025, if salary increases or other changes to entitlements are backdated, contingent on acceptance by members and approval by SAET. It is not possible to estimate the financial impact, timing, or likelihood.

30.3 Guarantees

The Hospital has made no guarantees.

31. Events after balance date

On 6 July 2025, allied health workers supported the terms for a new *South Australian Allied Health Professionals, Assistants and Psychologists Enterprise Agreement 2025*. The Enterprise Agreement was approved by the SAET on 11 August 2025. Also refer to note 30.2.4.

On 1 September 2025, Salaried Medical Officers endorsed the terms for a new SA Health Salaried Medical Officers Enterprise Agreement 2025, including 3.5% salary increase backdated to 14 April 2025 among the changes to conditions and entitlements. The proposed Enterprise Agreement is yet to be approved by SAET. The financial impact cannot be reliably measured.

32. Financial instruments/financial risk management

32.1 Financial risk management

Risk management is overseen by the Hospital's Risk and Assurance Services section. Risk management policies are in accordance with the *Risk Management Policy Statement* issued by the Premier and Treasurer and the principles established in the *Australian Standard Risk Management Principles and Guidelines*.

The 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 South Australian 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. Refer to notes 1.4, 22 and 23 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 13, 14 and 15 for further information.

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.

32.2 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.

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

A financial asset is measured at amortised cost if:

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

Category of financial asset and financial liability	Notes	Consolidated		Parent	
		2025 Carrying amount/ Fair value \$'000	2024 Carrying amount/ Fair value \$'000	2025 Carrying amount/ Fair value \$'000	2024 Carrying amount/ Fair value \$'000
Financial assets					
Cash and equivalent					
Cash and cash equivalents	13, 27	237,227	207,652	229,957	203,042
Loans and receivables					
Receivables	14	95,565	88,432	92,559	84,637
Available for sale financial assets					
Other financial assets	15	12,082	6,630	1,150	1,150
Total financial assets		344,874	302,714	323,666	288,829
Financial liabilities					
Financial liabilities at amortised cost					
Payables	22	98,291	102,496	97,812	100,321
Lease liabilities	23, 28	2,423,457	2,471,037	2,422,931	2,470,058
Other financial liabilities	26	2,987	187	552	175
Total financial liabilities		2,524,735	2,573,720	2,521,295	2,570,554

Statutory receivables and payables are excluded from these tables because they are not financial assets and financial liabilities.

In government, certain rights to receive or obligations to pay cash may not be contractual but have their source in legislation.

The disclosure requirements of AASB 7 *Financial Instruments* do not apply to statutory receivables and payables.

32.3 Credit risk exposure and impairment of financial assets

Loss allowances for receivables are measured at an amount equal to lifetime expected credit loss using the simplified approach in AASB 9. Loss allowances for contract assets are measured at an amount equal to an expected credit loss method using a 12 month method. No impairment losses were recognised in relation to contract assets during the year.

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

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

To measure the expected credit loss, receivables are grouped based on shared risk characteristics and the days past due. When calculating estimated 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 also not be representative of customers' actual default in the future.

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

	30 June 2025			30 June 2024		
	Expected	Gross	Expected	Expected	Gross	Expected
	credit loss	carrying	credit losses	credit loss	carrying	credit losses
	rate(s)	amount		rate(s)	amount	
	%	\$'000	\$'000	%	\$'000	\$'000
Days past due						
Current	0.3 - 1.6%	21,307	179	0.3-1.8%	19,797	154
<30 days	0.9 - 2.1%	11,144	182	0.9-2.1%	10,531	175
31-60 days	2.2 - 4.4%	5,269	179	2.3-3.9%	5,523	162
61-90 days	3.8 - 8.2%	1,699	87	3.9-6.6%	3,242	148
91-120 days	5.8 - 12.3%	2,019	143	5.8-9.4%	2,998	203
121-180 days	9.4 - 21.2%	2,562	323	9.2-15.4%	1,631	169
181-360 days	18.1 - 36.7%	4,192	1,269	17.0-36.2%	3,608	988
361-540 days	40.7 - 63.5%	1,966	1,076	38.9-60.5%	1,835	1,059
>540 days	47.1 - 71.2%	7,040	4,849	45.2-68.2%	5,180	3,563
Total		57,198	8,287		54,345	6,621

33. 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, inter-health staff recharging, insurance and computing (note 10). The Hospital incurred expenditure with the Department for Infrastructure and Transport (DIT) of \$35.060 million (\$153.726 million) which largely reflects occupancy rent and rates (note 10). As at 30 June 2025 the value of unrecognised contractual expenditure commitments with DIT for accommodation was \$7.735 million (\$11.445 million).

In addition, the Hospital has lease arrangements as lessee with other SA Government controlled entities. The premises are received at nil or nominal rental with outgoings such as utilities being paid by the lessee.

34. Interests in other entities

Controlled Entities

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

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Joint arrangements

The Hospital participates in the following joint operations:

Name of arrangement	Nature of the arrangement	Principal activity	Location	Interest
Centre for Cancer Biology Alliance	Agreement between the University of South Australia and Central Adelaide Local Health Network Incorporated. This agreement expired 31/12/2024.	Undertake health and medical research in South Australia as an integrated clinical, educational and research activity, with a focus on cancer research.	Adelaide SA	50%
South Australian Immunogenomics Cancer Institute	Agreement between the University of Adelaide and Central Adelaide Local Health Network.	Established as an independently - governed Institute that operates as a discrete academic unit within the University of Adelaide's Faculty of Health and Medical Sciences, supported by an alliance with CALHN	Adelaide SA	50%

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35. Board and committee members

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

Board/Committee name:	Government employee members	Other members
Allied Health Directorate Clinical Governance Committee	15	Faik C (Appointed 18/02/2025), Iong J (Appointed 17/06/2025), Joyce M (Appointed 17/06/2025), Heydrich S (Resigned 18/02/2025), and Kelly P (Appointed 20/08/2024)
AusHealth Corporate Pty Ltd	2	Cole D (Appointed 18/11/2024), Johansen G (Resigned 06/06/2025), Hayden S (Resigned 15/05/2025), Healey R (Appointed 20/01/2025), Livesey S Dr, and Paradiso J (Appointed 02/06/2025)
AusHealth Hospital Research Fund Ltd	2	Cole D (Appointed 18/11/2024), Johansen G (Resigned 06/06/2025), Hayden S (Resigned 15/05/2025), Healey R (Appointed 20/01/2025), Livesey S Dr, and Paradiso J (Appointed 02/06/2025)
BreastScreen SA State Quality Committee	6	Beckmann K Dr, Eaton M Dr, Kerrins E, Roder D Prof, and Smith K
Central Adelaide Local Health Network Clinical Ethics Committee	9	Cardinali R, and Thorpe A
Central Adelaide Local Health Network Consumer Carer Advisory Group	8	Bickley B, Blake S, Burns T, Cruz J, Earle-Bandaralage L, Edwards L (Appointed 14/11/2024, Resigned 04/02/2025), Joyce M, Law D (Resigned 09/12/2024), Lucas G, Podmore N (Appointed 14/11/2024), Rowley E (Appointed 14/11/2024), and Strzelecki R (Appointed 14/11/2024)
Central Adelaide Local Health Network Critical Care & Perioperative Program Intensive Care Services Quality and Governance Committee	44	Bampton J, Bickley B, Bruce K, How C, Johns P, Kelly P, Venhoek J, Workman D, and Yeend K
Central Adelaide Local Health Network Critical Care & Perioperative Program Perioperative Services Quality and Governance Committee	35	<i>(There are currently no external members on this committee)</i>
Central Adelaide Local Health Network Drug and Therapeutics Committee	34	Cullen M
Central Adelaide Local Health Network Executive Quality Governance Committee	43	Bruce K (Resigned 11/04/2025), Knight S, and Otto K (Appointed 05/05/2025)
Central Adelaide Local Health Network Geriatric Safety and Quality Committee	40	Curry M, and Otto K
Central Adelaide Local Health Network Governing Board	-	Beilby J Prof, Cantley K, Dwyer J Prof, Hanlon P (Resigned 30/06/2025), Haythorpe I, Kilpatrick C, Mohamed J (Resigned 02/10/2024), and Spencer R (Chair)
Central Adelaide Local Health Network Governing Board Audit and Risk Committee	-	Batt R, Cantley K ,Davis E (Resigned 07/05/2025), Mohammed J (Resigned 02/10/2024), and Haythorpe I (Chair)
Central Adelaide Local Health Network Governing Board Clinical Governance and Consumer Engagement Committee	-	Beilby J Prof (Chair), Bruce K (Appointed 25/02/2025), Fyfe D, Kilpatrick C, Liddle L Dr (Appointed 25/02/2025), McWhinnie S (Resigned 03/07/2024), Touli S (Resigned 06/11/2024), and Haythorpe I
Central Adelaide Local Health Network Governing Board Finance and Investment Committee	1	Cantley K, Hanlon P (Resigned 30/06/2025), and Kilpatrick C
Central Adelaide Local Health Network Governing Board People and Culture Committee	-	Dwyer J Prof, Hanlon P (Resigned 30/06/2025), McEwen K, and Mohamed J (Resigned 02/10/2024)

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
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For the year ended 30 June 2025

Board/Committee name:	Government employee members	Other members
Central Adelaide Local Health Network Human Research Ethics Committee	7	Air T, Bonython J, Bradshaw A, Crabb A (Resigned 01/08/2024), Crockett J, Cullen J, Digance A, Dykes L, Faulbaum S, Fisher A, Greenberg Z (Resigned 14/01/2025), Need A A/Prof, Newsham P, Parry C (Resigned 21/10/2024), Partridge G, Phillips C, Piccolo R, Ruediger C, and Slater H
Central Adelaide Local Health Network Integrated Care Clinical Governance Committee	-	Jobling D (Appointed 17/07/2024), North V (Resigned 12/06/2025), Soggee R (Appointed 17/07/2024), and Wing M
Clinical Governance and Quality Committee	13	Touli S
Critical Care and Periop Consumer Representative Committee	17	Bruce K, How C, Kelly P, and Yeend K
General Medicine Safety and Quality Committee	24	Otto K (Appointed 14/10/2024)
Heart and Lung Safety and Quality Committee	46	Carroll N
Learning from Dying Committee	34	Anderson R
Priority Care Committee: CALHN Clinical Trials	34	Black, J (Appointed 21/10/2024), Kerr K (Resigned 11/09/2024), Tunn G (Resigned 22/04/2025), and Uffindell A (Appointed 23/05/2025)
Priority Care Committee: Communicating for Safety	43	Curry M, and Raschella F
Priority Care Committee: Comprehensive Care	45	Anderson R, Bickley B, Coates P (Resigned in 2024), Curry M, and Messing L (Resigned in 2024)
Priority Care Committee: Managing Deterioration	49	Bickley B
Priority Care Committee: Patient Blood Management	55	Caldwell N, Johns P, Kowalski S, and Venhoek J
Priority Care Committee: Standard 2 Consumer Partnering	-	Bampton J (Resigned 01/12/2024), Curry M, Klemm G, McMahon J (Resigned 24/09/2024), Sealey C (Appointed 06/02/2025), Soggee R (Appointed 06/02/2025)
Renal Community of Practice Steering Committee	22	Fitzgerald A (Appointed 01/03/2025), Lester R, Robson B, Russell C (Appointed 01/09/2024, Resigned 01/01/2025), Weber D and Williams K
SA Brain Injury Rehabilitation Service Consumer Advisory Group	2	Bollella D, Crawford S, Francese L, Hoile L, Long J, Makrid D and Morgan T (Chair)
SA Dental Consumer Representative Group	-	Barker S, Hunt P, Janmaat P, Kendal R, Lockhart F, Milne L (Resigned 22/08/2024), Musakanye S, Saunders C, Truong T and Whiteway L (Chair)
SA Dental Services Consumer Advisory Panel	2	Boswell E, Costa D Dr, Ireland K, Matiasz S Dr, O'Malley L, Rowberry S (Appointed 20/02/2025), Saunders C, Smith S, Stephenson-Jones T, Whiteway L, and Zerna J
Statewide Clinical Support Services Committee	3	Beilby J Prof, Donaghy T, Luchich M, and Smith M (Resigned 16/05/2025)
Statewide Clinical Support Services Audit and Risk Committee	7	Davies T (Chair)
Stroke Community of Practice Strategic Executive Committee	36	Chamberlain S, Stirling, M (Appointed 10/04/2025), and Whitlam K
The Queen Elizabeth Hospital Emergency Department Steering Committee (This committee terminated 19 June 2024, final payments made 2024-25 FY)	23	Myers A (Resigned 19/06/2024)
Yaiitya Marnintyarla Kangka Committee (Aboriginal Priority Care Committee)	28	Miller J, and Touli, S (Appointed 02/05/2025)

Refer to note 9.2 for remuneration of board and committee member

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2025

36. Administered items

The Hospital administers the following:

- Private practice arrangements, representing funds billed on behalf of salaried medical officers and subsequently distributed to the Hospital and salaried medical officers according to Rights of Private Practice Deeds of Agreement; and
- Other, which largely represents Research funds

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

	Private Practice		Other		Total	
	2025	2024	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Revenue from fees and charges	64,845	61,949	-	-	64,845	61,949
Supplies and services	597	(608)	-	-	597	(608)
Other expenses	(64,847)	(61,005)	-	-	(64,847)	(61,005)
Net result	595	336	-	-	595	336
Cash and cash equivalents	6,365	6,912	1	1	6,366	6,913
Receivables	4,099	4,885	-	-	4,099	4,885
Payables	(5,257)	(7,165)	-	-	(5,257)	(7,165)
Other provisions/liabilities	(12)	(32)	-	-	(12)	(32)
Net assets	5,195	4,600	1	1	5,196	4,601
Cash at 1 July	6,912	6,161	1	-	6,913	6,161
Cash inflows	65,631	62,932	-	1	65,631	62,933
Cash outflows	(66,178)	(62,181)	-	-	(66,178)	(62,181)
Cash at 30 June	6,365	6,912	1	1	6,366	6,913