HOUSE OF ASSEMBLY
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26 Nov 2025

Government of South Australia

SOUTHERN ADELAIDE LOCAL HEALTH NETWORK

2024-25 Annual Report

Southern Adelaide Local Health Network
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To:

Hon. Chris Picton MP

Minister for Health and Wellbeing

This annual report will be presented to Parliament to meet the statutory reporting requirements of *(insert relevant acts and regulations)* and the requirements of Premier and Cabinet Circular *PC013 Annual Reporting*.

This report is verified to be accurate for the purposes of annual reporting to the Parliament of South Australia.

Submitted on behalf of the Southern Adelaide Local Health Network by

Mr Christopher Mark Butcher

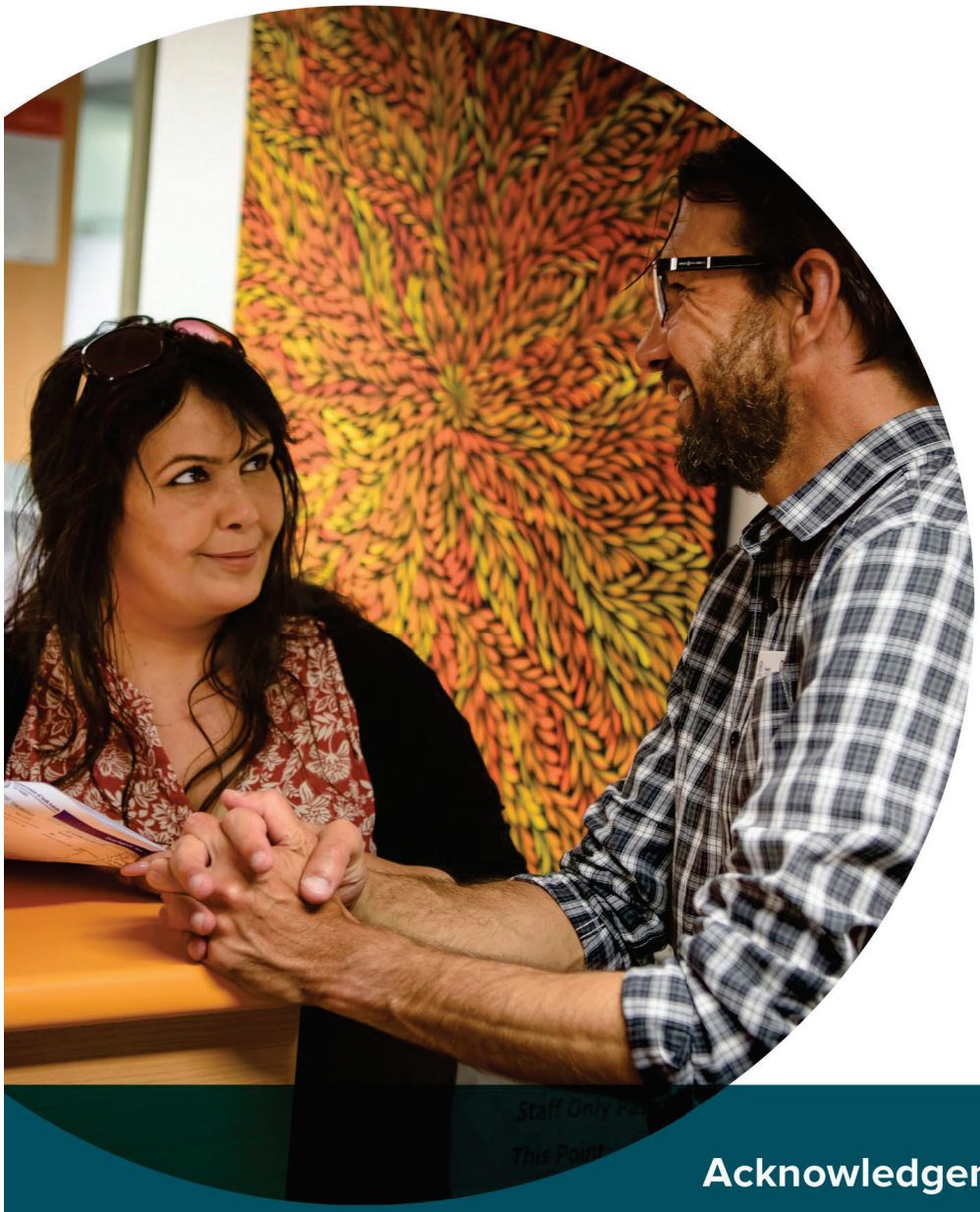
Chair, Southern Adelaide Local Health Network Governing Board

Date 19 September 2025 Signature

Ms Kerrie Mahon

Chief Executive Officer, Southern Adelaide Local Health Network Governing Board

Date 19 September 2025 Signature



Acknowledgement

Ngadlu tampinthi, Kaurna Miyurna yaitya yartamathanya Wama Tarntanyaku. Ngadlu tampinthi purkarna pukinangku, yalaka, tarrkarritya. Parnaku yailtya, parnaku tapa purruna, parnaku yarta ngadlu tampinthi. Yalaka Kaurna Miyurna itu yailtya, tapa purruna, yarta kuma puru martinthi, puru warri-apinthi, puru tangka martulayinthi.

We acknowledge the Kaurna people are the traditional custodians of the Adelaide Plains and pay respects to Elders past, present and future. We recognise and respect their cultural heritage, beliefs and relationship with the land. We acknowledge that they are of continuing importance to the Kaurna people living today.

From the Governing Board Chair

Over the past financial year at SALHN, we have seen increasing demand for care, with consumers, carers, their families and loved ones at the centre of everything we do – always. Our focus has remained on continuing to improve the broad range of services we deliver for communities, looking at ways to deliver care in response to need.

A large part of this has been progressing our $572 million Southern Redevelopment – Stage 1 program of works to increase our capacity to deliver care. This included the completion of the new 26-bed Geriatric Evaluation and Management Unit (GEM) at the Repat Health Precinct in September last year. We also progressed construction at Margaret Tobin Centre to deliver a new 12-bed Psychiatric Intensive Care Unit, and at Noarlunga Hospital for the new 24-bed Mental Health Rehabilitation Unit and 24-bed Medical Inpatient Unit build expected to open later this year. Major construction works also commenced for the new 7-storey Acute Services Building at Flinders Medical Centre.

We continued to closely monitor our Transfer of Care hours lost, elective surgery and outpatient waiting times, and we continue to work hard to identify ways in which we can continuously improve. We have harnessed the power of working together with our partners to provide alternative options for those who don't require hospital level care, with SALHN providing governance over the newly established Transition Care Service located in an Adelaide City Hotel.

We sincerely appreciate our hard-working staff, and we are focused on supporting wellbeing at every possible opportunity. Extensive work has been undertaken in collaboration with staff to develop the Staff Wellbeing Plan, which is expected to be launched in the next financial year. We have also continued to invest in wellbeing initiatives such as the Schwartz Rounds, Stop 5 Theatre Debriefs, and the SALHN Staff Thank You Festival.

To continue to support our workforce, we were also delighted to launch our SALHN 'You, Me, Us' recruitment strategy, which included a series of videos showcasing what it means to work at SALHN. These have been shared widely across the state with fantastic feedback. The Workforce Team, with support of staff from across all areas of the organisation, have also continued to get out and about to career expos, schools, and universities to foster the next generation of our workforce.

We were proud to launch our SALHN Aboriginal Health Equity Plan 2025-2027 and our Health and Healing Journey Aboriginal Artwork that has formed the basis of our SALHN Aboriginal Health Corporate Brand.

In February 2025, we welcomed our new Chief Executive Officer, Kerrie Mahon, to SALHN. We have already benefitted from Kerrie's leadership, and we are delighted with her appointment. The SALHN Governing Board and I are looking forward to continuing our work serving the community together as we strive for exceptional care. As always, thank you for your continued support and partnership as we shape the future of our health network together.

Mark Butcher | Governing Board Chair, Southern Adelaide Local Health Network

From the Chief Executive

As I reflect on my first year at Southern Adelaide Local Health Network (SALHN), I feel

incredibly proud of what we've achieved together. Our shared commitment to improving health services has helped us respond to the changing needs of our community with compassion, innovation, and resilience.

We could not do what we do without the support of our many partners, including Flinders University, Flinders Foundation and VollieCare, who work alongside us year after year. This year, we strengthened these relationships and welcomed new ones, including Carers SA and Adelaide Primary Health Network, to better support carers and improve the transition between acute and primary care.

One of the most inspiring parts of joining SALHN has been meeting so many long-serving staff whose dedication spans decades. Their stories are the heartbeat of our organisation, and we've made it a priority to celebrate them through our Local Heroes Awards, Service Recognition Program, and the 2025 SALHN Excellence Awards.

At SALHN, we recognise that staff wellbeing directly impacts the quality of care we provide. This year, we proudly launched the SALHN Workforce Wellbeing Plan. The Plan was developed through genuine staff engagement and an evidence-based approach to deliver practical, sustainable support for our workforce. Thanks to our Staff Wellbeing Ambassadors and leadership, the plan reflects diverse staff voices and has strong organisational backing.

We know this year has brought continued pressure across the health system. But even in the face of high demand, I've seen staff, consumers, and partners come together with determination and care to make things better for each other and for the people we serve.

This Annual Report is more than a summary of our work - it's a reflection of the spirit, effort, and heart that drives SALHN every day. On behalf of the Executive Team, thank you to every staff member, partner, and member of our community. Together, we are building a healthier, more resilient future for our people and the communities we serve

Kerrie Mahon | Chief Executive Officer, Southern Adelaide Local Health Network

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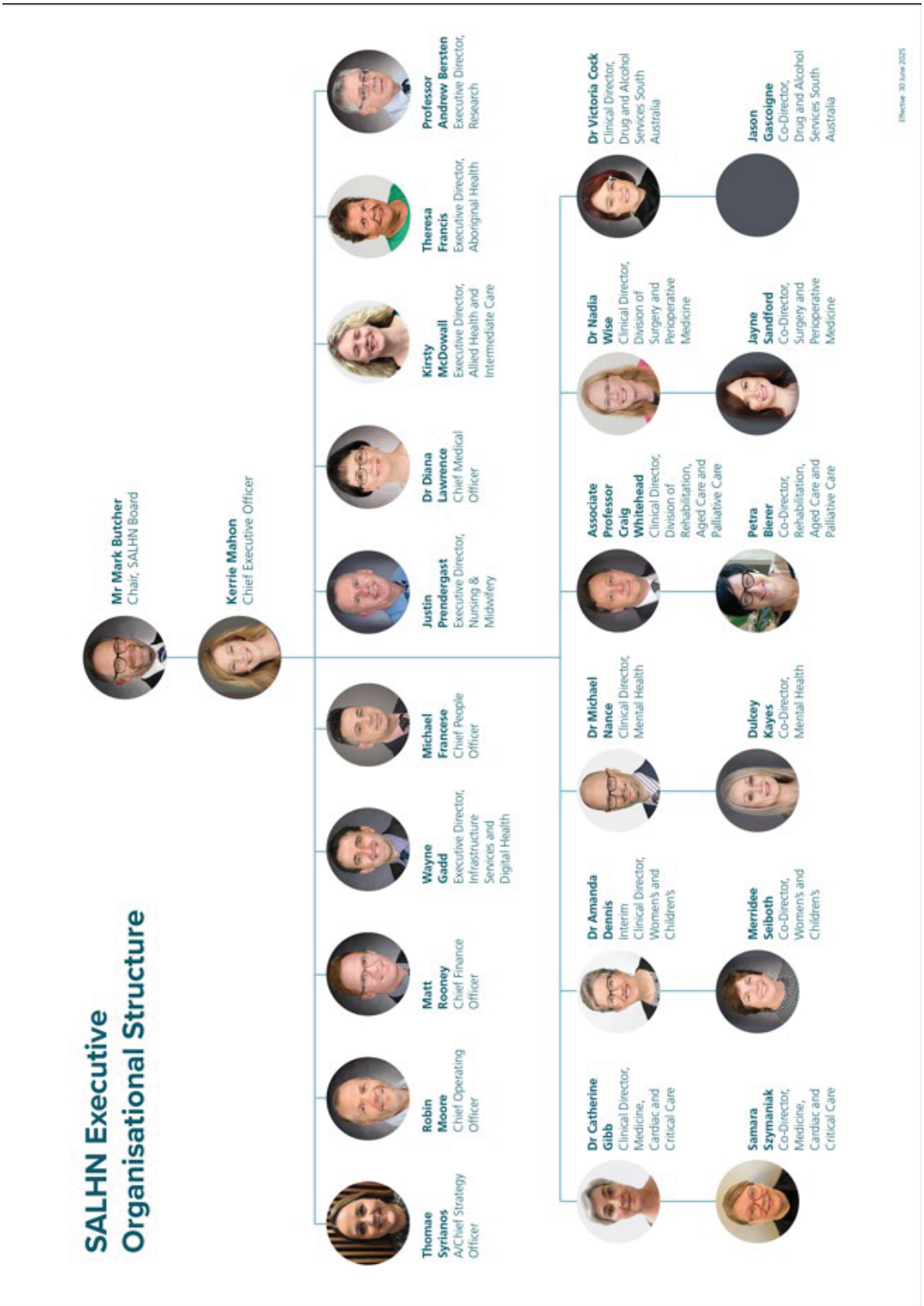
Overview: about the agency

Our strategic focus

Our Purpose	Working together to improve health and wellbeing for the communities we serve
Our Vision	Striving for exceptional care.
Our Values	Empathy, trust, inclusion
Our functions, objectives and deliverables	'You, Me,Us' Striving for exceptional care. Working together to improve health and wellbeing for the communities we serve Compassion, communication and connection are central to how we care. We do what we say, and deliver on our commitments We are part of the communities we serve, and we work with others to do our best. • Deliver equitable services • Provide quality care • Drive innovation and research • Look after the workforce • Inspire through education and learning • Grow cooperative partnerships

Our organisational structure



Our Governing Board

Mr Mark Butcher is Chair of the SALHN Governing Board and Chair of the Board Executive Committee
1 July 2024 – 30 June 2025

Dr Tony Sherbon is the Deputy Chair of the SALHN Governing Board, Chair of the Finance and Performance Committee and a member of the Clinical Governance Committee.
1 July 2024 – 30 June 2025

Ms Virginia Hickey is a member of the SALHN Governing Board, Board Executive Committee and Chair of the Audit and Risk Committee.
1 July 2024 – 30 June 2025

Ms Julie Mitchell is a member of the SALHN Governing Board, the Board Executive Committee and Chair of the Clinical Governance Committee
1 July 2024 – 30 June 2025

Dr Emily Kirkpatrick is a member of the SALHN Governing Board, Finance and Performance Committee and Clinical Governance Committee
1 July 2024 – 30 June 2025

Ms Kerry Rowlands is a member of the SALHN Governing Board and Finance and Performance Committee
1 July 2024 – 30 June 2025

Mr Parry Agius is a member of the SALHN Governing Board and Clinical Governance Committee
1 July 2024 – 30 June 2025

Changes to the agency

During 2024-25 there were no changes to the agency's structure and objectives as a result of internal reviews or machinery of government changes.

Our Minister (s)

Hon Chris Picton MP is the Minister for Health and Wellbeing in South Australia.

The Minister oversees health, wellbeing, mental health, preventive health, substance use and suicide prevention.

Our Executive team

As at 30 June 2025, SALHN Executive Leadership Team comprised:
Ms Kerrie Mahon, Chief Executive Officer
Ms Thomae Syrianos, A/Chief Strategy Officer
Mr Robin Moore, Chief Operating Officer
Mr Matthew Rooney, Chief Finance Officer
Mr Michael Francese, Chief People Officer
Mr Wayne Gadd, Executive Director, Infrastructure Services and Digital Health
Mr Justin Prendergast, Executive Director, Nursing and Midwifery
Dr Diana Lawrence, Executive Director, Medical Services
Ms Theresa Francis, Executive Director, Aboriginal Health
Ms Kirsty McDowall, I/Executive Director, Allied Health and Intermediate Care Services
Professor Andrew Bersten, Executive Director, Research
Dr Catherine Gibb, Clinical Director, Medicine, Cardiac and Critical Care
Professor Robert Padbury, Executive Director, Continuous Improvement
Dr Nadia Wise, Clinical Director, Surgery and Perioperative Medicine
Dr Amanda Dennis, Clinical Director, Women's and Children's Division
Dr Titus Mohan, Clinical Director, Mental Health
A/Professor Craig Whitehead, Clinical Director, Rehabilitation, Aged Care and Palliative Care
Dr Victoria Cock, Statewide Clinical Director, Drug and Alcohol Services South Australia

Legislation administered by the agency

Southern Adelaide Local Health Network plays a role in administering all legislation committed to the Minister for Health and Wellbeing with some legislation in conjunction with other public sector agencies.

- *Advance Care Directives Act 2013*
- *Ageing and Adult Safeguarding Act 1995*
- *Assisted Reproductive Treatment Act 1988*
- *Blood Contaminants Act 1985*
- *Carers Recognition Act 2005*
- *Children and Young People (Safety) Act 2017*
- *Consent to Medical Treatment and Palliative Care Act 1995*
- *Controlled Substances Act 1984*
- *Food Act 2001*
- *Freedom of Information Act 1991*
- *Gene Technology Act 2001*
- *Health and Community Services Complaints Act 2004*
- *Health Care Act 2008*
- *Health Practitioner Regulation National Law (South Australia) Act 2010*
- *Health Services Charitable Gifts Act 2011*
- *Mental Health Act 2009*
- *National Health Funding Pool Administration (South Australia) Act 2012*
- *New Women's and Children's Hospital Act 2022*
- *Prohibition of Human Cloning for Reproduction Act 2003*
- *Public Intoxication Act 1984*
- *Research Involving Human Embryos Act 2003*
- *Safe Drinking Water Act 2011*
- *South Australian Public Health Act 2011*
- *Suicide Prevention Act 2021*
- *Termination of Pregnancy Act 2021*
- *Tobacco and E-Cigarette Products Act 1997*
- *Transplantation and Anatomy Act 1983*
- *Voluntary Assisted Dying Act 2021*

Other related agencies (within the Minister's area/s of responsibility)

- Department for Health and Wellbeing
- Central Adelaide Local Health Network
- Northern Adelaide Local Health Network
- Women's and Children's Local Health Network
- South Australian Ambulance Service
- Barossa Hills Fleurieu Local Health Network
- Eyre and Far North Local Health Network
- Flinders and Upper North Local Health Network
- Limestone Coast Local Health Network
- Riverland Mallee Coorong Local Health Network
- Yorke and Northern Local Health Network
- Wellbeing SA / Preventive Health SA
- Commission on Excellence and Innovation in Health

The agency's performance

Performance at a glance

SALHN provides public health services including hospital, outpatient and community-based health services to a population of more than 380,000 people across the southern Adelaide metropolitan region. At SALHN, our aim is to ensure that the consumer is at the centre of everything we do.

Our core health services include medical, surgical, rehabilitation, aged care, mental health, and women's and children's services.

Our state-wide services include liver transplant and adult cochlear implant services, eye bank, adult eating disorder services, gambling therapy, veteran's mental health, obstetric trauma and Drug and Alcohol Services South Australia.

The performance of SALHN is monitored through robust governance structures, including:

- SALHN Governing Board and Board Committees
- SALHN Executive Leadership Committee
- Clinical, Digital, Research and Safety Councils.
- The Integrated Management System.
- Risk Management and Internal Audit
- Partnering with Consumers Advisory Group
- Clinical Review Committee
- Divisional Quality and Safety and National Standard Committees
- Benchmarking via the Health Roundtable and Clinical Registries.

SALHN employs more than 10,500 staff across eight (8) state-wide services. Our key sites include:

- **Flinders Medical Centre** – provides comprehensive adult and paediatric acute medical and surgical services, rehabilitation, and ambulatory care, supporting patients from the beginning of life to end-of-life care.
- **Noarlunga Hospital** – Offers a range of inpatient medical, surgical, mental health, and sub-acute services. The broader campus includes women's and children's services, as well as ambulatory and outpatient care.
- **Repat Health Precinct** – in partnership with key providers, delivers rehabilitation, specialised dementia care, an emergency department-alternative service for older people, older persons' mental health services and transitional care.
- **GP Plus Super Clinical (Noarlunga) and GP Plus Centres (Marion and Aldinga)** – provide a range of health promotion, disease prevention, early intervention, treatment, and specialist medical services.
- **Jamie Larcombe Centre** – delivers state-wide Veterans' Mental Health services within the Glenside Health Precinct.

- **Aboriginal Family Clinical (Noarlunga and Clovelly Park)** – provide culturally safe health services for Aboriginal and Torres Strait Islander peoples.
- **Drug and Alcohol Services South Australia** – offers state-wide alcohol and other drug treatment, as well as harm reduction services.

In 2024-2025, SALHN proudly,

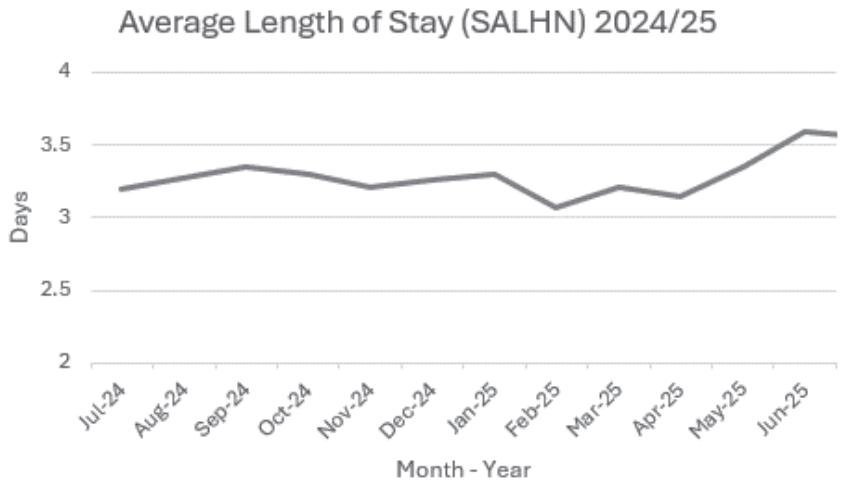
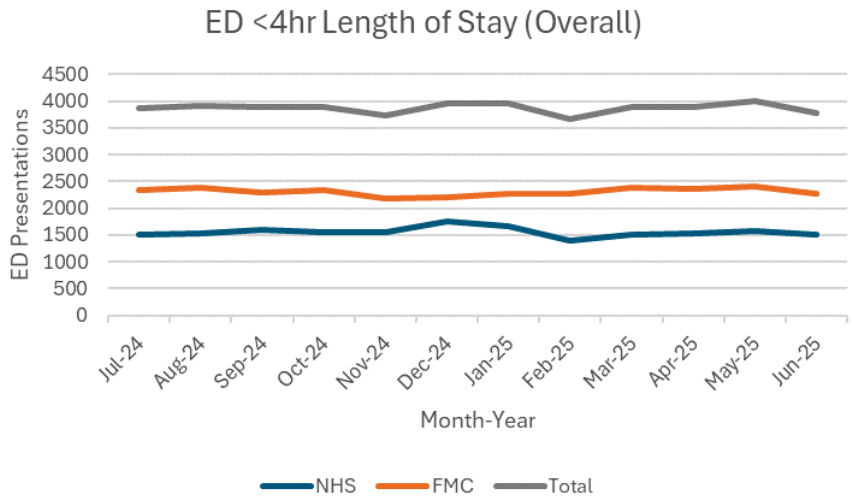
- Continued implementation of the Strategic Plan, with the development and launch of key strategies and frameworks aligned to its priorities and enablers, including:
    - The Workforce Wellbeing Plan 2025-2027, supporting the priority 'Looking after our people' and forming part of the broader Workforce Strategy
    - The Aboriginal Health Equity Plan 2025-2027, outlining actions to improve health outcomes for Aboriginal and Torres Strait Islander peoples accessing SALHN services.
    - The SALHN Technology Strategy to lead the way in leveraging technology to transform healthcare delivery, empowering our workforce and improving outcomes for every patient.
    - The SALHN Environmental Sustainability Strategy to foster a sustainable healthcare environment that embeds sustainability into each facet of healthcare delivery, where every action contributes to a healthier environment and community.
    - The SALHN Partnership Strategy to support us to build, sustain and measure relationships with both internal and external stakeholders
    - The SALHN Data Governance Framework to ensure SALHN data is of the highest quality and can be accessed and shared safely.
    - The SALHN Health Services Plan 2024-2034, setting a clear direction to ensure SALHN continues delivering high-quality, accessible, and compassionate care over the next decade.
- Provided care for 118,163 presentations to our Emergency Departments across Flinders Medical Centre and Noarlunga Hospital.
- Conducted 26,019 elective and emergency surgery and procedures.
- Care for 155,164 patients in our hospitals
- Provided 508,093 outpatient consultations.
- Welcomed 3,109 babies born at Flinders Medical Centre.
- Continued the Southern Redevelopment – Stage 1, with works completed for Medical Imaging Expansion at Flinders Medical Centre and Renal Dialysis at Noarlunga Hospital. Capacity has been created through creation of an extra 20 beds at Flinders Medical Centre, as well as a purpose designed CARE service at the Repat Health Precinct.
- Continued Clinical Service Planning across the organisation to understand current and future service needs across our organisation.
- Continued collaboration and partnership with Flinders University.
- Established a collaboration agreement with the Adelaide Primary Health Network.

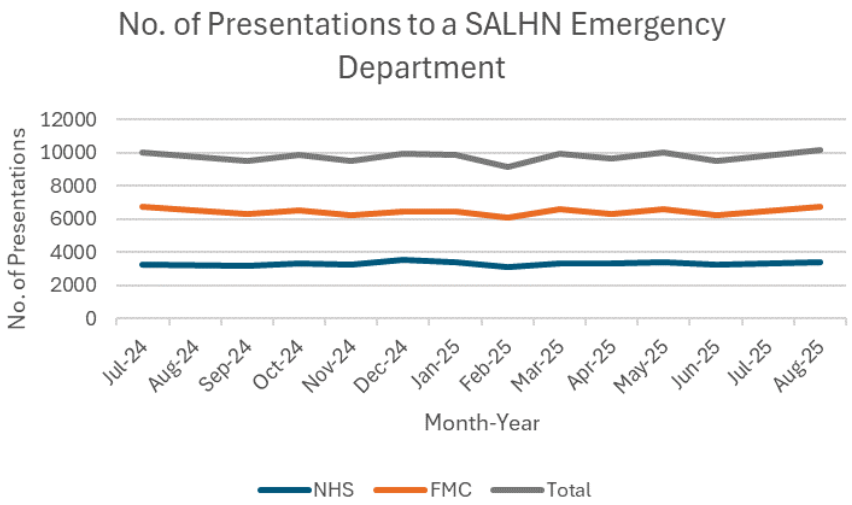
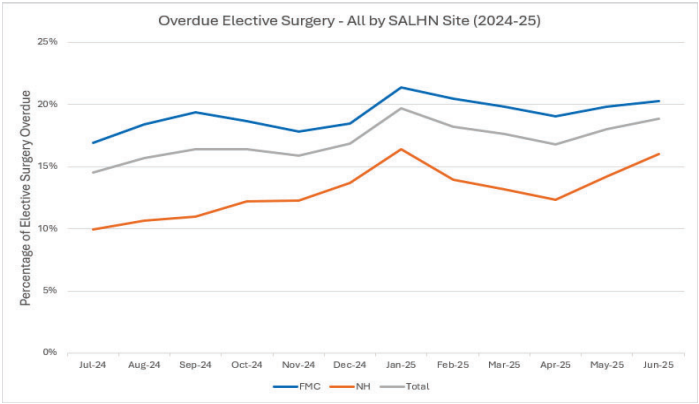
Meeting Attendance

	Governing Board	Audit & Risk Committee	Board Executive Committee	Clinical Governance Committee
Mark Butcher	9/9	-	4/4	-
Tony Sherbon	9/9	-	-	4/6
Julie Mitchell	9/9	-	4/4	6/6
Virginia Hickey	6/9	7/7	3/4	-
Emily Kirkpatrick	8/9	-	-	6/6
Kerry Rowlands	8/9	-	-	-
Parry Agius	4/9	-	-	1/6
Jill Noble*	3/3	-	-	-
	Finance & Performance Committee			
Mark Butcher	-			
Tony Sherbon	10/10			
Julie Mitchell	-			
Virginia Hickey	-			
Emily Kirkpatrick	9/10			
Kerry Rowlands	9/10			
Parry Agius	-			
Jill Noble*	3/3			

- **Resigned September 2024*

Agency specific objectives and performance

Our Clinical Services	
Agency objectives	**Indicators and Performance**
Average Length of Stay	 The average length of stay continues to be influenced by seasonal variations, which affect patient volumes and demand on services. Despite these fluctuations, the organisation remains committed to developing and implementing targeted improvement initiatives aimed at reducing length of stay and enhancing overall patient flow. These ongoing efforts focus on optimising processes, increasing efficiency, and ensuring timely care to improve outcomes and maintain high-quality service delivery throughout the year.
Length of Stay in the Emergency Department of less than four (4) hours	Emergency Department ≤ 4hrs (Overall)  The Emergency Department <4-hour length of stay (Overall) performance during 2024-25 has demonstrated relative stability despite minor fluctuations throughout the year.

Presentations to the Emergency Department	No. of Presentations to a SALHN Emergency Department  Presentations to SALHN's Emergency Departments have remained relatively steady in 2024-25. SALHN's emergency presentations have averaged around 9,768 per month, which is similar to the 2023-24 figures (averaging 9,949 per month).
Elective Surgery Overdue Patients	 Over the 2024-2025 financial year, SALHN's elective surgery waitlist has increased, influenced a reduction of non-urgent elective surgeries to manage high emergency demand as well as FMC theatre closures due to integrated system upgrades and NH unexpected works in theatres. However, SALHN has actively implemented strategies to improve elective surgery wait times, including outsourcing elective surgeries to private providers, maintaining waitlist accuracy through regular audits, and optimising theatre bookings.

Safety and Quality	SALHN's ongoing commitment to Safety and Quality is rooted in a strong sense of responsibility towards their consumers, the community, and the workforce. The health service remains committed to prioritising care that is delivered safely, effectively and cohesively, maintaining high quality standards and fostering continuous improvement. Over the past twelve months SALHN has responded to increased service demand whilst delivering a high standard of quality care. SALHN is committed to embedding a restorative just culture and a culture of safety in which errors are acknowledged and lead to sustainable, positive change; respectful and inclusive behaviours are the norm, and the physical and psychological safety and wellbeing of patients and staff is highly valued and protected. It is equally important to understand our safety culture and identify opportunities for improvement. Improvements for the year include: Improvement in infection control rates: • Staphylococcus Aureus Bacteraemia (SAB) outcome of 0.3% against a maximum target of 0.7%. • Methicillin – resistant Staphylococcus Aureus Infections rate averaged 0.7% against a maximum target of 1.2%. Other outcomes included: • Hospital Hand Hygiene Compliance 82.9% against a maximum target of 80%. • Performance of 2.0% for Mental Health-Seclusion/1000 bed days in acute Mental Health wards against a target of ≤5.0% • Performance of 4.3% for Mental Health-Restraint/1000 bed days in acute Mental Health wards against a target of ≤9.0%. Other organisational activities to improve the quality of care delivered to our patients include: • Reinvigoration of Integrated Management System (IMS). • Committed implementation of the Disability Inclusion Plan improving access, awareness and understanding to drive improvement. • SALHN Data and Analytics have established an online digital health hub as a comprehensive source for essential resources, dashboards, and reporting insights. The hub facilitates a controlled, standardised approach on viewing and extracting data and digital healthcare solutions to enhance our processes and services, improving outcomes for our patients and communities.

	• Developed an Environmental Sustainability Framework for enterprise-wide engagement, climate ready governance, actions to reduce emission and manage climate risks, align with SA Health's climate change goals, and the Climate Ready Government Initiative. • Health Service Planning and clinical service planning to empower consumers and the community through co-design and co-implementation, in shaping future health services based on their needs and experiences. Following a CPE case in December 2024, SALHN declared an outbreak under the SA Health Public Health Act 2011, and led a coordinated response supported by a CDCB site visit. A Taskforce and Incident Management Team were established in March 2025 to drive mitigation, governance, and system-wide coordination. Targeted controls were implemented in high-risk areas, based on a comprehensive risk management approach. The outbreak was reported as ended in June 2025 and SALHN's Incident Management Team oversight was stood down and the Preventing and Controlling Infection Committee (PCIC) resumed responsibility for ongoing infection control oversight, ensuring sustained implementation of improvements and integration into routine operations
Drug and Alcohol Services (DASSA)	Drug and Alcohol Services South Australia (DASSA) works to prevent and reduce the harm caused by alcohol, tobacco and other drugs, providing state-wide treatment and harm reduction services. In 2024-25 DASSA provided: • 68,476 direct clinical service contacts • 1,561 inpatient separations • 14,381 calls to Alcohol and Drug Information Service • 1,719 calls to Drug and Alcohol Clinical Advisory Services

Our Consumers	
Agency objectives	**Indicators and Performance**
Deliver person and family-centred care	SALHN continued to build and grow consumer partnering and engagement opportunities within all levels of governance across the organisation and programs of work. SALHN also continued to promote the principles of person and family-centred care through education and training. SALHN continued to operationalise the Consumer and Carer Engagement Strategy 2023-2025 which a key enabler of SALHN's strategic direction and reinforces the organisations commitment to working with consumers, carers, and community members: To Listen, Act, Make Better, Together.
Patient and Family Representatives	The role of the Patient and Family Representative is to be independent, while working in partnership with staff, in their provision of holistic care. The aim of the role is to support person and family-centred care and therefore continuously improve the care experience for consumers and staff. Patient and Family Representatives are allocated to wards at Flinders Medical Centre, Noarlunga Hospital, the Repat Health Precinct, community health sites and out-of-hospital service, to speak with patients about their experience within our health system and feedback their comments to relevant staff. The Patient and Family Representatives have a dedicated focus on connecting the patient voice with our service delivery. Through this program 5,641 conversations took place by our 23 Patient and Family Representatives.

Consumer Indicators	SALHN supports the collection of Patient Related Experience Measures (PREMs) through the Consumer Experience Discharge Survey and the Patient and Family Representative Program. The data is used to analyse and identify trends to drive safety and quality improvements across the organisation. The Consumer Experience Discharge Survey is sent to patients who have been discharged from wards across SALHN in the preceding 7 days. All feedback received is themed against the Charter of Rights Domains with reports provided to service areas to drive improvement. In the 2024-25 financial year, over 120,000 surveys were sent to our patients with 22,163 responses and 17,290 comments, with an approximate response rate of 18%. Over this period, there has been an 83% overall satisfaction rate and a net promoter score average of 44 points, which is within the 'Great' range.
Our Research	
Agency objectives	**Indicators and Performance**

Research Week	Overarching objectives: • Increase awareness of research and enquiry activity across the precinct. • Promote collaboration and connection with existing and emerging partners. • Increase understanding of research and enquiry that is close to practice. • To support and foster an aspirational enquiry mindset for a current and future precinct workforce. • To explore the opportunities for, or ways, to build/test the opportunities of a precinct. SALHN objectives: • Increase awareness of research and enquiry activity across all levels of SALHN operational leadership. • Increase staff engagement with research week. • Contribute to staff wellbeing and connection within SALHN. • SALHN staff in their early-mid research careers are given an opportunity to present research. Research Week 2024 at SALHN was again a hybrid event, held from 16 to 20 September. Over 120 speakers presented across the week, with over half from SALHN. A total of 267 people registered to attend Research Week in-person and there were over 900 views via livestream. Attendees strongly felt that attending Research Week contributed to their sense of engagement and connection with SALHN and the Flinders Precinct.
Enquiry Grants	**Continually improving our research capability.** In collaboration with our funding partner for 2024, The Hospital Research Foundation (THRF) Group, SALHN announced the winners of the 2024 Enquiry Grant Round during Research Week. The Enquiry Grant Round is aimed at supporting the SALHN Research Strategy and encouraging further research across our network. The total funding pool for the 2024 round was $500,000 which provided funding for 13 local research studies to be conducted by staff.

Research Applications	• Joint low risk (low risk ethics + governance authorisation), 50 day KPI: 95% • Expedited Review – ethics only, 20 day KPI: 82% • High risk governance authorisation, 30 day KPI: 88% • Higher risk ethics review, 60 day KPI: 100% 2024-2025 saw a year of significant progress for the Research Hub Operations. We worked collaboratively to refine our processes and deployed the SALHN Data Governance Framework.

Continuous Improvement	During the 2024-2025 period, the Continuous Improvement Unit (CIU) provided improvement training to 272 staff members through the SALHN Continuous Improvement Program (CIP), SALHN Lean One Day Program, and the SALHN Integrated Management System (IMS) Masterclass Series. Graduation of CIP11 was in May 2025, with 12 groups presenting progression on their projects. Outcomes reported at the CIP Graduation include: • **Paediatric Coding Project**, *Women's & Children's Division* – 40% improvement in First Time Quality of Paediatric Coding. • **Caesarean Enhanced Recovery After Surgery (ERAS)**, *Women's & Children's Division* – a joint project with SALHN, NALHN and WCHN. Development and implementation of a single, agreed, ERAS protocol for caesarean sections ensuring that all women following this pathway will receive evidence-based, internationally endorsed, best-practice care. • **Revisiting the Role of Nutrition and Hydration in non-pharmacological interventions for Responsive Behaviours**, *Mental Health Division* – A 71% reduction in responsive behaviour reported incidents around mealtimes for patients in the Repat Neuro-Behavioural Unit (RNBU) • **Optimising Care Flows within the SALHN Community Palliative Care team,** *Rehabilitation, Aged and Palliative Care Division* (RAP) – 11% improvement in scheduled activity. The CIU has led SALHN-wide improvement projects and has demonstrated the following outcomes: • **SALHN Patient Transfer Standard – Reduction in the time from the patient being ready for ward transfer to the patient leaving FMC ED by 41 %.** Key interventions: Development of a Patient Transfer Standard to standardise the process, incorporating automated text message notifications and built-in escalation protocols including ED push. In conjunction with SALHN Digital Health, development and implementation of innovative communication tools including SALHN ED Dashboard, Patient Ward Journey Boards and SALHN Operations Centre (SOC) Bed Demand Dashboard, all featuring real-time data to enhance communication, teamwork and ultimately patient flow. • **per Vaginal Bleeding PV Bleeding Project – 50% reduction in Emergency Department Length of Stay,**

	45% improvement in women seen by the Women's Assessment Service (WAS). Key interventions: PV Bleeding Protocol Developed to optimise pathways to the WAS. Optimised technology including automated scanning of the ED triage note to search for the following key words: *'PV Bleed, Vaginal Loss, Vaginal Bleeding, Pregnancy, Priority 3,4,5'.* • **Enhancing SALHN Discharges using technology – SALHN Discharge Button, 100-minute reduction on average from Discharge decision to the patient leaving hospital within the Surgical and Perioperative Medicine (SAPOM) Division.** Key interventions: Optimised technology by installing a Bluetooth button within patient areas for medical staff to press to confirm discharge. Automatic text messages are sent to ward staff. All essential staff are notified in real time of discharge decisions. • **FMC ED CT Turn around Times, 37% improvement from CT order to Report (3.95hrs in June 2022; 2.46hrs in April 2025).** Key interventions: Introduction of SAMI Navigator, Commissioning and implementation of CT 3, Streamline internal SAMI flows, increased coverage of SAMI PSA and Nursing staff for night shift. The CIU continue to lead Continuous Improvement on a National and International platform with the team representing SALHN at the following conferences: • 2nd International LEAN Healthcare Conference 2025' Malaysia, August 2025 • 'Reducing the Reliance on Human Memory in Healthcare Delivery' Monash University Human Factors Conference March 2025, Melbourne • SALHN Clinical Improvement Project Update 2025' at the South Australian Association of Internal Medicine (SAAIM) Conference, Adelaide, February 2025 • 'Building Continuous Improvement capability in a world of complexity' NSW Agency for Clinical Innovation/National Surgical Care Network, Sydney, May 2024 • 'Risk has no memory' Jones Radiology Conference, May 2024 • 'QI concepts and tools: How do people improve in the face of complexity*?'* Implementation Science Network, SA Health, May 2024 • Three poster presentations, 2024 International Forum on Quality and Safety in Healthcare, Brisbane, October 2024

	Publications 'Continuous quality improvement across a South Australian health service and the role it plays in a learning health system: a quality study' BMC Health Services Research, Published: 27 March 2025 *Mia Bierbaum, Susan Hillier, Louise A.Ellis, Robyn Clay-Williams, Angie Goodrich, Robert Padbury & Peter Hibbert*

Corporate performance summary

Employment opportunity programs

Program name	Performance
Aboriginal Enrolled Nurse Cadetship Program	0
Transition to Professional Practice (RN and EN)	337
Medical Intern Program	84
Early Career Program – Student Placements	5

Agency performance management and development systems

Performance management and development system	Performance
SA Health Performance Review and Development program. Compliance is measured through weekly PR&D completion reports by Division that are circulated to the SALHN Executive, Clinical Directors, and Professional leads. The Workforce Service Dashboard is communicated weekly to all managers and provides an individualised list of PR&D completion. PR&D compliance is also part of the SALHN Excellence Framework discussions with the CEO and Executives.	70.6% at 30 June 2025

Work health, safety and return to work programs

Program name	Performance
Staff Physical Wellness Program	Provision of access to physiotherapy services for musculoskeletal injury treatment., 430 staff participated in the Staff Physiotherapy Service.
Schwartz Rounds	Schwartz Rounds are structured forums where clinical and non-clinical staff discuss the emotional and social aspects of healthcare work. For 2024/2025, a total 1891 personnel have attended these forums.
Worksite Safety Audits	90% of services participated with a total of 180 of 200 audits conducted identifying 345 hazards. A monitoring program is established for identified hazards until closure.
SALHN Influenza Program	The program was launched on 28 April 2025, to date 5485 staff are vaccinated (55%).

White Ribbon Accreditation

SALHN is proud to be a White Ribbon accredited workplace (since March 2017). We are committed to embedding respectful relationships and gender equality within the workplace, setting examples for our consumers and demonstrating a culture of zero tolerance of violence. This is particularly pertinent in the health environment considering the high representation of women in the workforce (SALHN's workforce is made up of 75% women from culturally diverse backgrounds). In 2024 SALHN continued to support through fundraising and holding events during White Ribbon month.

Workplace injury claims	**2024/25**	**2023/24**	**% Change (+ / -)**
Total new workplace injury claims	154	150	+2.7%
Fatalities	0	0	0.0%
Seriously injured workers*	**0**	3	-100%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	13.58	13.41	+1.3%

**number of claimants assessed during the reporting period as having a whole person impairment meeting the relevant threshold under the Return to Work Act 2014 (Part 2 Division 5)*

***The 'significant injuries' measure was calculated, as per the Safety, Wellbeing and Injury Management (SWIM) Strategy for the South Australian Public Sector (2023-2032), using OCPSE's 'Primary and Secondary Measures Specification' report created July 2024. This measure now reflects all significant injury claims with status accepted, rejected or undetermined (rather than only accepted significant injury claims). Note: the 2023-24 figure was recalculated using the revised methodology.*

Work health and safety regulations	**2024/25**	**2023/24**	**% Change (+ / -)**
Number of notifiable incidents (*Work Health and Safety Act 2012, Part 3)*	10	10	0%
Number of provisional improvement, improvement and prohibition notices (*Work Health and Safety Act 2012 Sections 90, 191 and 195*)	0	1	-100%

Return to work costs**	2024/25	2023/24	% Change (+ / -)
Total gross workers compensation expenditure ($)	$7,457,776	$6,810,765	+9%
Income support payments – gross ($)	$3,628,570	**$3,353,734**	-8%

***before third party recovery*

Data for previous years is available here

Executive employment in the agency

Executive classification	Number of executives
SAES1	14
EXEC	1

Data for previous years is available here

The Office of the Commissioner for Public Sector Employment has a workforce information page that provides further information on the breakdown of executive gender, salary and tenure by agency.

Financial performance

Financial performance at a glance

The following is a brief summary of the overall financial position of the agency. The information is unaudited. Full audited financial statements for 2024-2025 are attached to this report.

Statement of Comprehensive Income	2024-25 Budget $000s	2024-25 Actual $000s	Variation $000s	2023-24 Actual $000s
Total Income	1,718,755	1,814,565	95,810	1,591,852
Total Expenses	1,628,446	1,757,309	(128,863)	1,602,723
Net Result	90,309	57,256	(33,053)	(10,871)
Total Comprehensive Result	**90,309**	**122,836**	**32,527**	**270,018**

Statement of Financial Position	2024-25 Budget $000s	2024-25 Actual $000s	Variation $000s	2023-24 Actual $000s
Current assets		99,066		65,401
Non-current assets		1,186,576		1,046,220
Total assets		**1,285,642**		**1,111,621**
Current liabilities		257,427		227,873
Non-current liabilities		215,873		194,883

Total liabilities		**473,300**		**422,756**
Net assets		**812,342**		**688,865**
Equity		**812,342**		**688,865**

Consultants' disclosure

The following is a summary of external consultants that have been engaged by the agency, the nature of work undertaken, and the actual payments made for the work undertaken during the financial year.

Consultancies with a contract value below $10,000 each

Consultancies	Purpose	$ Actual expense
All consultancies below $10,000 each - combined	Various	$21,603

Consultancies with a contract value above $10,000 each

Consultancies	Purpose	$ Actual expense
Ernst & Young	Review of Eye Bank of South Australia	$92,420
Strategic Momentum Pty Ltd	SALHN Leadership Development Program	$90,708
Scyne Advisory Pty Ltd	Develop an AI Governance Framework	$70,000
Strategic Momentum Pty Ltd (engaged by Flinders University)	Facilitate the development of the Flinders Health Precinct Partnership Strategy between Flinders University and SALHN	$69,779
Ernst & Young	Conduct a literature review for hospital in the home program	$48,000
BDO Services Pty Ltd	Southern Redevelopment – Stage 1,	$36,504
Ernst & Young	SALHN Future Back	$30,328
Ernst & Young	SALHN Service Quality Review	$24,250
	Total	$483,592

Data for previous years is available at: News and publications for SALHN | SA Health

See also the Consolidated Financial Report of the Department of Treasury and Finance for total value of consultancy contracts across the South Australian Public Sector.

Contractors' disclosure

The following is a summary of external contractors that have been engaged by the agency, the nature of work undertaken, and the actual payments made for work undertaken during the financial year.

Contractors with a contract value below $10,000

Contractors	Purpose	$ Actual expense
All contractors below $10,000 each - combined	Various	$101,711

Contractors with a contract value above $10,000 each

Contractors	Purpose	$ Actual expense
VENTIA AUSTRALIA PTY LTD	Contract management fees	$3,192,273
SCYNE ADVISORY PTY LTD	SALHN Technology Strategy – Horizon 1	$737,107
CARE PARK PTY LTD	Car Park Management Fee	$428,066
DELOITTE FINANCIAL ADVISORY PTY LIMITED	Internal Audit Plan	$305,141
STRATEGIC MOMENTUM PTY LTD	SALHN leadership Development Program	$272,935
ALTERA HEALTHCARE IT (AUSTRALIA) PTY LTD	Supply, install and support MDI multi-connectivity licence	$262,348
DELOITTE TOUCHE TOHMATSU	Service Efficiency Review	$228,508
FLINDERS UNIVERSITY	A Virtual Care Service Economic Evaluation	$109,080
SCYNE ADVISORY PTY LTD	Clinical registriess	$103,128

BDO SERVICES PTY LTD	Cardiology Financial Modelling	$102,143
SWANBURY PENGLASE PTY LTD	DASSA Tenancy Fit Out	$97,441
DXC TECHNOLOGY AUSTRALIA PTY LTD	ICT Services	$92,449
UNIVERSITY OF SOUTH AUSTRALIA	A Virtual Care Service Economic Evaluation	$52,273
JOB DOORNBERG	Support research in Orthopaedic Department	$49,920
POWERHEALTH SOLUTIONS	Patient Costing Support	$48,617
HEALTH CATALYST ENGAGEMENT	Clinical variation application pilot.	$45,625
ZED MANAGEMENT CONSULTING	Project Management Support	$33,832
HEALTH LEGAL PTY LTD	Legislative Compliance Services	$31,968
STRATEGIC MOMENTUM PTY LTD	FMC Emergency Dept Planning	$31,052
BUSINESS HEALTH CONSULTING SERVICES	Business Finance Services	$29,700
BDO SERVICES PTY LTD	Radiology Oncology Pricing Review	$21,000
BSI GROUP ANZ PTY LTD	NDISC Certification	$18,053
SCYNE ADVISORY PTY LTD	Data and Analytics Strategy Horizon 2	$18,000
FLINDERS UNIVERSITY	Evaluation of DASSA Managed Alcohol Program	$17,841
RED FOX FILMS	2024 SALHN Excellence Awards	$17,200
THRIVING PEOPLE CONSULTING PTY LTD	Delivery of Workshops and Executive Coaching	$16,308

JOHNSTAFF ADVISORY PTY LTD	Clinical Service Planning	$12,000
GOVERNANCE PLUS	Preparation of surveys, logistics and reports	$11,348
PETER HIBBERT FAMILY TRUST	Safety and Quality Review	$11,250
FLINDERS UNIVERSITY	Evaluation of the Integrated Alcohol and Other Drug Service (IAODS)	$10,909
MQM BUSINESS CONSULTANTS	Risk Appetite Executive Leadership Workshop	$10,000
	Total	$6,519,226

Data for previous years is available at: News and publications for SALHN | SA Health

The details of South Australian Government-awarded contracts for goods, services, and works are displayed on the SA Tenders and Contracts website. View the agency list of contracts.

The website also provides details of across government contracts.

Risk management

Risk and audit at a glance

SALHN's Board Audit and Risk Committee met quarterly in 2024-25 with additional scheduling of meetings to prepare for the financial statement verification and submission processes. The committee consists of two Board members and an external member.

The SA Health Risk Management, Integrated Compliance and Internal Audit Policy guides risk management practices and reporting in the organisation. Reporting requirements have been delivered as scheduled.

The Governing Board approved and released the 2024 Risk Appetite Statements. Strategic risks were recalibrated following the release of the SALHN Strategic Plan 2024-2027.

Monitoring metrics and engagements with the workforce provides opportunities to continuously refine risk management processes. SALHN strives to build enterprise risk management maturity across the organisation, overseen by the Audit and Risk Committee.

Risk is a critical component in of identifying and prioritising internal audit projects. These projects provide the Chief Executive Officer and Board a detailed understanding of the level of control within specific systems and processes to inform corrective actions if needed.

Fraud detected in the agency

Category/nature of fraud	Number of instances
April 2025 – Alleged incorrect recording on timesheet (upheld – referred to managerial discussion)	1
June 2025 – Alleged incorrect recording of flexitime (matter in progress)	1

NB: Fraud reported includes actual and reasonably suspected incidents of fraud.

Strategies implemented to control and prevent fraud

In 2024-25, SALHN implemented initiatives that will further strengthen controls and processes in detecting and mitigating fraud, and these are as follows:

- Fraud Management Program is implemented to provide stronger assurance to the Board and Audit and Risk Committee of the controls and governance practices for fraud and risk management.
- The Fraud Management Program is integrated into internal audit activities by embedding fraud risk considerations into the scoping of audit projects. This approach strengthens the assurance provided to the Chief Executive Officer and Board regarding the effectiveness of fraud controls and governance practices in risk management.

- The Integrated Governance Framework approved by the Board guides SALHN in managing its operations, providing a shared vision and direction through strategy and planning are delivered as efficiently and effectively as possible. This provides guidelines to SALHN on how safe, quality, reliable and respectful care is provided to its patient and community including providing good business practices to ensure appropriate use of public funds and assets.
- The Legislative Compliance Framework implements the processes and requirements for managing compliance to obligations through systems and processes within SALHN. This has strengthened SALHN's commitment and culture in integrity and continuous improvement in its compliance management and improvement systems.
- SALHN reviews independent Commissioner Against Corruption (ICAC) and industry reports for learnings and implements improvement actions as necessary to strengthen its controls and processes. Findings highlighted in the reports together with the recommendations are considered in the assessment of areas for independent assessment through the Internal Audit Program.

Data for previous years is available at: https://data.sa.gov.au/data/dataset/southern-adelaide-local-health-network- salhn/resource/30ab8d86-20d1-43cf-aa64-ccd6920b0d50

Public interest disclosure

Number of occasions on which public interest information has been disclosed to a responsible officer of the agency under the *Public Interest Disclosure Act 2018:*

Zero (0)

Data for previous years is available at: https://data.sa.gov.au/data/dataset/southern-adelaide-local-health-network- salhn/resource/80ae2805-aae1-4780-b65f-c876b454e4b2

Note: Disclosure of public interest information was previously reported under the *Whistleblowers Protection Act 1993* and repealed by the *Public Interest Disclosure Act 2018* on 1/7/2019.

Reporting required under any other act or regulation

Act or Regulation	Requirement
National Occupational Respiratory Disease Registry Act 2023 (Cth)	The new *National Occupational Respiratory Disease Registry Act 2023* (Cth), *National Occupational Respiratory Disease Registry Rules 2024* (Cth) and the *National Occupational Respiratory Disease Registry Determination 2024* (Cth) commenced on 22 May 2024. The Act establishes the new National Occupational Respiratory Disease Registry that is designed to record the incidence of occupational respiratory diseases (such as Silicosis) in Australia. The Registry requires respiratory and occupational medical practitioners to notify diagnoses of occupationally caused Silicosis within 30 days after the day the practitioner makes the diagnosis. Section 14 of the Act is deemed applicable to a prescribed medical practitioner which means: • a medical practitioner registered under the Health Practitioner Regulation National Law as a specialist in the specialty of occupational and environmental medicine. • a medical practitioner registered under the *Health Practitioner Regulation National Law* as a specialist in the specialty of respiratory and sleep medicine. Failure to notify under section 14 of the Act will result in a prescribed medical practitioner being liable to a civil penalty of 30 penalty units (currently $9390.00). Section 23 of the Act prohibits a person from making a record of, disclosing or otherwise using protected information where the making of the record, the disclosure or the use, is not authorised by the Act. Protected information means personal information, workplace identifying information or information that is commercial-in-confidence

Act or Regulation	Requirement
	A breach of section 23 of the Act may result in a penalty of 120 penalty units (currently $37,560.00) or 2 years imprisonment, or both.

To ensure compliance with these obligations, the Respiratory and Sleep Unit implemented the following actions:

- Service-wide notification of mandatory training requirements via a formal email to all relevant personnel.
- Patients treated in a clinic are advised of the notification requirements and informed consent obtained and documented in health records.
- Personal information relating to employment information and medical history is obtained through the medical consultation in line with standard health care recording practices.

Act or Regulation	Requirement
Australian Immunisation Register Act (2015) (Cth)	The *Australian Immunisation Register (AIR) Amendment (Reporting) Rules (2024)* (Commonwealth (Cth)) which amended the *Australian Immunisation Register Rule (2015)* (Cth) are deemed applicable to recognised vaccination providers being general practitioners or an individual or body endorsed to administer vaccines in Australia and are required to report the administration of certain vaccinations to the Australian Immunisation Register. From 1 March 2024, it is now a mandatory requirement to report: • the route of administration for Japanese Encephalitis Vaccines (JEV); and • information about the vaccine type for all vaccines prescribed by the Rule (which includes COVID-19, JEV, influenza and National Immunisation Program (NIP) vaccines). Section 10A Rule 9: Requires that if a recognised vaccination provider administers a relevant vaccination in Australia for the Japanese encephalitis virus the provider must report, within the

Act or Regulation	Requirement
	period prescribed by the rules and in the manner prescribed by the rules, the information prescribed by the rules for that vaccination for inclusion in the AIR. Failure to comply with the vaccination reporting obligations under existing 10A of the Act may result in a civil penalty of 30 penalty units ($9390). Rule 9e(vii): The requirement to report the vial serial number of administered COVID-19 vaccines to the AIR has been removed.

Act or Regulation	Requirement
Voluntary Assisted Dying Act (2021)	The *Voluntary Assisted Dying (VAD) Act (2021)* is deemed applicable for the following: Department for Health and Wellbeing and all health service establishments including private hospitals within the meaning of the *Health Care Act 2008* (SA), other private health facilities either whole or part of as may be prescribed in the regulations. Section 107 established several reporting requirements to the VAD Review Board ('Board').

Act or Regulation	Requirement
Termination of Pregnancy Act (2021) (SA) *Termination of Pregnancy Regulations (2022)* (SA)	The *Termination of Pregnancy Act (2021)* (SA) and *Termination of Pregnancy Regulations (2022)* (SA) are deemed applicable to the Minister for Health and Wellbeing, organisations that operate hospitals or private day procedure centres and registered health practitioners who perform pregnancy terminations. The Regulation under Section 6 and Schedule 2 introduced new reporting obligations on Chief Executive Officers of hospitals, private day procedure centres where pregnancies are terminated and registered

Act or Regulation	Requirement
	health practitioners who perform terminations as follows: Section 20 Act: the Minister must provide an annual report to both Houses of Parliament relating to services provided in connection with the performance of terminations per calendar year as outlined in the legislation and regulations.

Act or Regulation	Requirement
Radiation Protection and Control Act (2021) *Radiation Protection and Control Regulations (2022)*	The *Radiation Protection and Control Act (2021)* and *Radiation Protection and Control Regulations (2022)* incorporate several provisions and definitions from the National Director for Radiation Protection and aims to align South Australia with other jurisdictions to create national uniformity in the regulation of radiation. The new regulations pare back the existing framework of regulation in SA, opting to introduce more flexible provisions that can be amended with changes in the technology. New requirements for the investigation and reporting of notifiable radiation incidents are as follows: Regulation 95, 96 & 97 – requires a worker to report a notifiable incident as soon as reasonably practical, an employer to immediately investigate all reported incidents and to enter the required details into a register. Failure to do so may result in a maximum fine of $10,000. Regulation 98 – The employer must report the incident to the Minister within the required reporting timeframe which is determined by the type of incident that occurred and is outlines in Schedule 3 of the new Regulations. Failure to do so may result in a maximum penalty of $10,000.

Reporting required under the *Carers' Recognition Act* 2005

Act or Regulation	Requirement
Carers' Recognition Act (2005)	Reporting required under the *Carers' Recognition Act (2005)*. The *Carers' Recognition Act (2005)* is deemed applicable for the following: Department of Human Services, Department for Education, Department for Health and Wellbeing, Department of State Development, Department of Planning, Transport and Infrastructure, South Australia Police and TAFE SA. Section 7: Compliance or non-compliance with Section 6 of the *Carers' Recognition Act (2005)* and (b) if a person or body provides relevant services under a contract with the organisation (other than a contract of employment), that person's or body's compliance or non-compliance with Section 6.

Public complaints

Number of public complaints reported

Complaint categories	Sub-categories	Example	Number of Complaints 2024/2025
Access	Attendance	Provider fails to keep an agreed appointment, failure to attend to give emergency treatment	36
Access	Admission to mixed gender accommodation	Co-location of male and females in the same bay in general wards resulting in 'mixed gender accommodation' will only occur in an exceptional situation, and at the discretion of the Bed Manager or delegate	2
Access	Cancellation of surgery	Unreasonable cancellation of appointment or surgery Short notice provided for cancellation	16
Access	Delay in admission or treatment	Delays in treatment or admission including delay in attending – eg long waits in the Emergency Department or waiting rooms (excludes waiting lists)	102
Access	Discharge or transfer arrangements	Premature, unsuitable or delayed discharge or transfer. Inadequate discharge planning. Refusal to discharge	44
Access	Referral	Refusal to refer Inappropriate referral	6
Access	Refusal to admit or treat	Refusal by health service or health provider to accept a person as a consumer/client. Refusal to provide a service where a service is available	9

Complaint categories	Sub-categories	Example	Number of Complaints 2024/2025
Access	Service availability	Service or resources non-existent Service or resources insufficient for consumer requirements	87
Access	Transport	Ambulance and patient transit problems including inter-hospital transfers	2
Access	Waiting lists	Unreasonable wait for elective surgery, other treatment or service, or further postponement after a date has been set (excludes delay in admission outpatient appointments)	152
Communication	Attitude	Staff manner is rude, discourteous, negative, lacks sensitivity or is patronising or overbearing (excludes discrimination)	228
Communication	Inadequate information	Information is inadequate, difficult to understand due to jargon, language or other barriers or is incomplete.	132
Communication	Wrong/misleading information	Information is wrong, incorrect, misleading or conflicting (excludes consent not informed/failure to warn and information on costs)	15
Consent	Consent invalid	Consent considered invalid when the patient was not competent to consent. Did not understand information was coerced or consent was not specific to the treatment performed	0

Consent	Consent not informed/failure to warn	Not enough information was given for the consumer to make an informed choice regarding treatment options (excludes inadequate information)	1
Consent	Involuntary admission	The admission or treatment of a patient when not indicated or require a patient be detailed, scheduled under a mental health act	2
Corporate Services	Administrative services	Administrative processes such as clerical, reception, administrative record keep and bookings/admission.	16
Corporate Services	Car parking	Cost, location, access	7
Corporate services	Grounds	Unsafe paving, signature, wayfinding	11
Corporate services	Hotel services (accommodation)	Services and physical environment provided during a patient's visit or stay (includes car parking, cleaning, laundry, maintenance, security and accommodation)	30
Corporate Services	Hygiene/environmental standards	Hazards in physical environment; unclean or unsanitary conditions; unsafe storage of sharps; inadequate or substandard conditions in relation to fire safety, wayfinding, noise and lighting; (excludes infection control)	29
Corporate Services	Lost property	Lost property (e.g. personal items)	24
Cost	Ambulance fees	Billing practices of ambulance fees	10

Cost	Billing practices	Unfair/unsatisfactory billing practices including item numbers used to disadvantage. Insufficient or wrong information on bill. Extra fees for services normally included in global fee. Unreasonable penalties for late payment. Refusal to consider financial circumstances (excludes overcharging)	5
Cost	Government subsidies	government subsidies for treatment or services are unavailable or inadequate (for example schedule fee, availability of drugs under the Pharmaceutical Benefit Scheme, travel subsidy)	2
Cost	Information on costs	information on costs was not offered prior to treatment or the information was partial, misleading or incorrect; long stay fees; information on ambulance fees; ambulance fees (cost of ambulance or complaint about the provision of an ambulance account for transportation (excludes incorrect invoice fees and inadequate discharge planning)	13
Cost	Overcharging	fee or account is too high, including unnecessary provision of services	1
Grievances	Inadequate / no response to complaint	inadequate or non-existent response to complaint made directly to a health service by consumer	24

Grievances	Patient behaviour	one patient raising concern about another patient on the ward who is disruptive to other patients or staff	12
Privacy / Discrimination	Access to records	restriction or refusal of access to information in any personal health record	3
Privacy / Discrimination	Discrimination	consumer claims are being treated less favourably, or not given the same opportunities as others in a similar situation because of their age, religion disability or gender (excludes attitude and refusal to admit or treat)	3
Privacy / Discrimination	Inconsiderate service	failure to treat with respect, dignity and consideration (excludes attitude)	4
Privacy / Discrimination	Privacy / confidentiality	failure to ensure personal privacy or confidentiality; breach of privacy principles; maintenance of patient / consumer confidentiality	14
Professional Conduct	Assault	physically aggressive or violent actions against a consumer (excludes consent not obtained) note: for assaults of a sexual nature see 'Sexual misconduct' below	4
Professional Conduct	Accuracy / inadequacy of records	failure to create and maintain adequate, accurate, complete and up to date health records	9
Professional Conduct	Competence	failure to meet standard of practice because of lack of or failure to use clinical knowledge, skills, judgement or care	2

Professional Conduct	Illegal practices	alleged breaches of trade practices law; deceptive claims; assuming bogus qualifications; extortion; criminal actions; fraudulent claims of curative properties; dishonesty; excludes financial fraud	0
Professional Conduct	Safety / Rights	consumer felt unsafe (right to be safe from abuse or risk of abuse); failure to provide Statement of Rights (Mental Health Act 2009) ; failure to uphold human rights (i.e. restraint, seclusion etc)	7
Treatment	Adverse outcome	any event or circumstance leading to unintended harm or suffering, which results in admission, prolonged hospitalisation, significant disability at discharge or death	27
Treatment	Coordination of treatment	uncertainty about who is managing the patient ; no-one taking overall responsibility for the patient ; conflicting decisions; poor communication between providers (staff) about treatment or care	49
Treatment	Diagnosis	missed, wrong or inadequate diagnosis. failure to investigate adequately	24
Treatment	Inadequate treatment	claim that a provider did not provide adequate treatment or care (excludes negligent treatment and competence)	255
Treatment	Infection control	inadequate measures taken to control sources of infection, sterilise equipment or to adhere to standard universal precautions	6
Treatment	Medication	failure to prescribe; over or under prescribing; wrong or incorrect prescribing; inappropriate use of	21

		medication; incorrect dosage administered	
Treatment	Negligent treatment	explicit allegations of legal liability under tort law (distinct from competence)	13
Treatment	Rough / painful treatment	rough treatment or unnecessary pain inflicted during an examination or treatment	28
Treatment	Wrong / inappropriate treatment	incorrect or inappropriate choice of therapy has been made but not where proper therapies are performed wrongly	5

Additional Metrics	**Total**
Number of positive feedback comments	726
Number of negative feedback comments	1542
Total number of feedback comments	2501
% complaints resolved within policy timeframes	72%

Data for previous years is available at: https://tinyurl.com/44n692rx

SALHN has implemented a number of improvements as a result of feedback received.

QR codes added to Consumer feedback forms to support real time feedback.

SALHN has recently commenced initiatives such as a 24-hour transitional care unit which aims to improve access and egress of patients outside of the emergency department.

Women's and Children's Division has developed a complex care team to coordinate follow up appointments post pregnancy loss. Appointments will be offered both in person or telehealth as per clinical need/patient preference.

Women's Assessment Service are in the process of credentialling three (3) midwives to perform ultrasounds and the Midwifery Unit Manager is credentialled to perform early pregnancy ultrasound. Once these midwives are credentialled it will prevent some women having to wait for a doctor.

The plastic surgery unit is currently undertaking a large reform project to try to improve wait times for outpatient appointments and the efficiency of those appointments.

Compliance Statement

The Southern Adelaide Local Health Network is compliant with Premier and Cabinet Circular 039 – complaint management in the South Australian public sector.	Y
The Southern Adelaide Local Health Network has communicated the content of PC 039 and the agency's related complaints policies and procedures to employees.	Y

Appendix: Audited financial statements 2024-25

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

	Note	2025	2024
		$'000	$'000
Income			
Revenues from SA Government	2	1,677,744	1,473,355
Fees and charges	3	91,023	78,593
Grants and contributions	4	7,798	6,236
Interest	12	774	671
Resources received free of charge	5	11,930	7,839
Other revenues/income	6	25,298	25,158
Total income		**1,814,567**	**1,591,852**
Expenses			
Staff related expenses	7	1,110,350	1,009,568
Supplies and services	8	583,984	534,150
Depreciation and amortisation	16,17	55,634	46,604
Grants and subsidies	9	357	3,412
Borrowing costs	20	203	127
Net loss from disposal of non-current and other assets	11	2,151	6,063
Impairment loss on receivables	13.1	1,397	67
Other expenses	10	3,146	2,732
Total expenses		**1,757,222**	**1,602,723**
Net result		**57,345**	**(10,871)**
Other Comprehensive Income			
Items that will not be reclassified to net result			
Changes in property, plant and equipment asset revaluation surplus		57,771	270,889
Total other comprehensive income		**57,771**	**270,889**
Total comprehensive result		**115,116**	**260,018**

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

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

	Note	2025	2024
		$'000	$'000
Current assets			
Cash and cash equivalents	12	57,515	28,986
Receivables	13	36,412	31,738
Inventories	15	4,782	4,677
Total current assets		**98,709**	**65,401**
Non-current assets			
Receivables	13	8,394	7,698
Other financial assets	14	1,379	1,377
Property, plant and equipment	16,17	1,169,034	1,037,144
Intangible assets	16.5	-	1
Total non-current assets		**1,178,807**	**1,046,220**
Total assets		**1,277,516**	**1,111,621**
Current liabilities			
Payables	19	55,043	44,986
Financial liabilities	20	1,113	1,215
Staff related liabilities	21	191,070	173,500
Provisions	22	9,266	7,685
Contract liabilities and other liabilities	23	410	487
Total current liabilities		**256,902**	**227,873**
Non-current liabilities			
Payables	19	57	57
Financial liabilities	20	3,743	4,873
Staff related liabilities	21	166,304	154,682
Provisions	22	45,888	35,271
Total non-current liabilities		**215,992**	**194,883**
Total liabilities		**472,894**	**422,756**
Net assets		**804,622**	**688,865**
Equity			
Retained earnings		408,016	347,331
Asset revaluation surplus		396,606	341,534
Total equity		**804,622**	**688,865**

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

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

	Asset revaluation surplus $ '000	Retained earnings $ '000	Total equity $ '000
Balance at 30 June 2023	**83,630**	**344,905**	**428,535**
Net result for 2023-24	**-**	**(10,871)**	**(10,871)**
Gain/(loss) on revaluation of land and buildings	270,889	-	270,889
Total comprehensive result for 2023-24	**270,889**	**(10,871)**	**260,018**
Transfer between equity components	(12,985)	12,985	-
Net assets transferred out as a result of an administrative restructure	-	312	312
Balance at 30 June 2024	**341,534**	**347,331**	**688,865**
Net result for 2024-25	**-**	**57,345**	**57,345**
Gain/(loss) on revaluation of land and buildings	57,771	-	57,771
Total comprehensive result for 2024-25	**57,771**	**57,345**	**115,116**
Transfer between equity components	(2,699)	2,699	-
Net assets transferred out as a result of an administrative restructure	-	641	641
Balance at 30 June 2025	**396,606**	**408,016**	**804,622**

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

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

	Note	2025 $'000	2024 $'000
Cash flows from operating activities			
Cash inflows			
Receipts from SA Government		1,364,404	1,239,401
Fees and charges		86,971	73,361
Grants and contributions		8,324	6,725
Interest received		774	671
GST recovered from ATO		25,347	23,933
Other receipts		13,563	12,895
Cash outflows			
Staff benefits payments		(1,066,877)	(979,831)
Payments for supplies and services		(383,293)	(348,789)
Payments of grants and subsidies		(378)	(3,419)
Interest paid		(203)	(127)
Other payments		(1,466)	(1,352)
Net cash from/(used in) operating activities		**47,166**	**23,468**
Cash flows from investing activities			
Cash outflows			
Purchase of property, plant and equipment		(15,282)	(17,806)
Net cash from/(used in) investing activities		**(15,282)**	**(17,806)**
Cash flows from financing activities			
Cash outflows			
Repayment of lease liabilities		(3,355)	(1,475)
Net cash from/(used in) financing activities		**(3,355)**	**(1,475)**
Net increase/(decrease) in cash and cash equivalents		**28,529**	**4,187**
Cash and cash equivalents at the beginning of the period		28,986	24,799
Cash and cash equivalents at the end of the period	12,24	**57,515**	**28,986**

The accompanying notes form part of these financial statements.

1. About Southern Adelaide Local Health Network

The Southern Adelaide Local Health Network (the Hospital) is a not-for-profit incorporated hospital established under the *Health Care Act 2008*. The financial statements include all controlled activities of the Hospital. The Hospital does not control any other entity. It does have an interest in an unconsolidated structured entity (Flinders Fertility). Information on the Hospital's interests in other entities is at note 31.

Administered items
The Hospital has administered activities and resources. Transactions and balances relating to administered resources are presented separately and are disclosed in the Schedule of Administered Financial Statements (note 33). 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 Southern 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 quaternary care including medical, surgical and other acute services, rehabilitation, mental health, palliative care and other community health services to veterans and other persons living within the Southern 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 the Chief Executive of the Department for Health and Wellbeing (Department).

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

1.2 Basis of preparation

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

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

The financial statements have been prepared based on a 12 month period and presented in Australian currency. All amounts in the financial statements and accompanying notes have been rounded to the nearest thousand dollars ($'000). Any transactions in foreign currency are translated into Australian dollars at the exchange rates at the date the transaction occurs. The historical cost convention is used unless a different measurement basis is specifically disclosed in the note associated with the item measured.

Assets and liabilities that are to be sold, consumed or realised as part of the normal operating cycle have been classified as current assets or current liabilities. All other assets and liabilities are classified as non-current.

Material accounting policies are set out below/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, the Hospital had a working capital deficiency of $158.193 million ($162.472 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. This ongoing commitment is ultimately outlined in the annually produced and published *State Budget Papers* which presents the SA Government's current and estimated future economic performance, including forward estimates of revenue, expenses and performance by Agency.

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

1.6 Administrative restructures

2024-25
In response to the Commonwealth Government's introduction of a new single assessment aged care system across all State and Territory jurisdictions, the South Australian Health Chief Executives Council (HCEC), on 2 July 2024, approved the proposal to transition Local Health Network based assessment services into a statewide Aged Care Assessment Service (ACAS), to be implemented by the Central Adelaide Local Health Network (CALHN) by 1 July 2025. The Chief Executive Officer of the Hospital, on 1 April 2025, approved the transition of 24 staff to the statewide ACAS in CALHN, effective 17 May 2025. Staff related liabilities of $0.641 million were transferred out of the Hospital.

2023-24
On 4 September 2023 the Minister announced steps to work towards establishing Preventive Health SA, a new agency bringing together Wellbeing SA and parts of Drug and Alcohol Services SA (DASSA). As a result of administrative arrangements outlined in the Chief Executive agreement, effective 24 February 2024, governance of non-clinical DASSA services previously undertaken by the Hospital were transferred to Wellbeing SA, now Preventive Health SA. Net liabilities of $0.312 million were transferred out of the Hospital, consisting of staff related liabilities ($0.334 million) less receivables ($0.022 million). This included the transfer of 14 staff. The Hospital paid $2.746 million to Preventive Health SA for expenditure incurred from 24 February to 30 June 2024 (refer note 9).

1.7 Change in accounting policy
The Hospital did not change any of its accounting policies during the year.

2. Revenues from SA Government

	2025 $'000	2024 $'000
Operational funding	1,549,499	1,410,771
Capital projects funding	128,245	62,584
Total revenues from Department for Health and Wellbeing	**1,677,744**	**1,473,355**

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

3. Fees and charges

	2025 $'000	2024 $'000
Car parking revenue	7,765	7,303
Commissions revenue	8	11
Fees for health services	15,134	12,585
Fines, fees and penalties	18	20
Patient and client fees	59,761	51,613
Private practice fees	3,477	3,114
Sale of goods - medical supplies	529	491
Training revenue	42	168
Other user charges and fees	4,289	3,288
Total fees and charges	**91,023**	**78,593**

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.

Contracts with Customers disaggregated by pattern of revenue recognition and type of customer	**2025 $'000 Goods/Services transferred at a point in time**	**2025 $'000 Goods/Services transferred over a period of time**	**2024 $'000 Goods/Services transferred at a point in time**	**2024 $'000 Goods/Services transferred over a period of time**
Car parking revenue	4,368	3,397	4,119	3,184
Commissions revenue	8	-	11	-
Patient and client fees	52,172	-	44,660	-
Private practice fees	3,477	-	3,114	-
Fees for health services	14,514	-	12,067	-
Sale of goods - medical supplies	100	-	100	-
Training revenue	30	-	154	-
Other user charges and fees	3,938	-	2,914	-
Total contracts with external customers	**78,607**	**3,397**	**67,139**	**3,184**
Patient and client fees	7,589	-	6,953	-
Fees for health services	620	-	518	-
Sale of goods - medical supplies	429	-	391	-
Training revenue	12	-	14	-
Other user charges and fees	351	-	374	-
Total contracts with SA Government customers	**9,001**	**-**	**8,250**	**-**
Total contracts with customers	**87,608**	**3,397**	**75,389**	**3,184**

The Hospital recognises contract liabilities for consideration received in respect of unsatisfied performance obligations and reports these amounts as other liabilities (refer to note 23). 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 13).

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

Patient and client fees
Public health care is free for medicare eligible customers. Non-medicare eligible customers pay in arrears to stay overnight in a public hospital and to receive medical assessment, advice, treatment and care from a health professional. These charges may include doctors, surgeons, anaesthetists, pathology, radiology services etc. Revenue from these services is recognised on a time-and-material basis as services are provided. Any amounts remaining unpaid at the end of the reporting period are treated as an accounts receivable.

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

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

Car parking revenue
The Hospital provides access to car parks directly to staff, patients and visitors. A discounted weekly ticket is also available. Revenue is recognised when control of the goods has transferred to the customer, being when the ticket is purchased. The Hospital also provides weekly, fortnightly and monthly car park passes to doctors, nurses and other staff.

4. Grants and contributions

	2025 $'000	2024 $'000
Commonwealth grants and donations	1,497	1,803
Other SA Government grants and contributions	1,157	1,117
Private sector capital contributions	1,171	813
Private sector grants and contributions	3,973	2,503
Total grants and contributions	**7,798**	**6,236**

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

Of the $7.798 million ($6.236 million) total grants and contributions, $2.451 million ($1.998 million) was provided for specific purposes, such as research and associated activities.

5. Resources received free of charge

	2025 $'000	2024 $'000
Buildings and improvements	2,794	-
Services	9,136	7,839
Total resources received free of charge	**11,930**	**7,839**

Buildings and improvements contributions relates to upgraded Hospital facilities shared with Central Adelaide Local Health Network.

Contribution of services are recognised only when the 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 $6.204 million ($5.701 million) and IT and communication services from the Office of the Chief Information Officer valued at $2.549 million ($2.138 million). Refer to note 8 for corresponded expenses.

The Hospital also receives audit services free of charge from the Audit Office of South Australia valued at $0.383 million, following the Treasurer's approval to cease audit fee charging arrangements effective from 2024-25. Refer to note 10 for corresponded expenses.

In addition, although not recognised the Hospital received volunteer services from the Volunteer Service for Flinders Medical Centre Inc. There are several hundred volunteers who provide patient and employee support services to individuals using Hospital`s services. The services include but are not limited to: childcare, respite care, transport, therapeutic activities, patient liaison gift shop support, kiosk support and café support.

6. Other revenues/income

	2025 $'000	2024 $'000
Donations	5	2
Health recoveries	12,896	12,760
Other	12,397	12,396
Total other income/revenue	**25,298**	**25,158**

7. Staff related expenses

	2025 $'000	2024 $'000
Salaries and wages	859,327	790,647
Targeted voluntary separation packages	133	-
Long service leave	25,096	30,162
Annual leave	89,031	81,787
Skills and experience retention leave	3,937	3,737
Superannuation	110,033	95,336
Workers compensation	20,407	6,029
Board and committee fees	334	386
Other staff related expenses	2,052	1,484
Total staff related expenses	**1,110,350**	**1,009,568**

7.1 Key Management Personnel

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

The compensation detailed below excludes salaries and other benefits received by the:

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

Compensation	**2025 $'000**	**2024 $'000**
Salaries and other short term staff benefits	2,268	1,877
Post-employment benefits	837	364
Total	**3,105**	**2,241**

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.

7.2 Remuneration of board and committee members

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

	2025 No. of Members	**2024 No. of Members**
$0	349	349
$1 - $20,000	33	37
$20,001 - $40,000	5	6
$40,001 - $60,000	1	-
$60,001 - $80,000	1	2
Total	**389**	**394**

The total remuneration received or receivable by members was $0.371 million ($0.426 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits and fringe benefits and 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. Board members ceasing membership during the reporting period are also included in the table above.

Unless otherwise disclosed, transactions between members are on conditions no more favourable than those that it is reasonable to expect the entity would have adopted if dealing with the related party at arm's length in the same circumstances.

Refer to note 32 for members of boards/committees that served for all or part of the financial year and were entitled to receive income from membership in accordance with APS 124.B.

7.3 Staff remuneration

The number of staff whose remuneration received or receivable falls within the following bands:	2025 Number	2024 Number
$166,001 - $171,000*	n/a	66
$171,001 - $191,000	155	148
$191,001 - $211,000	115	108
$211,001 - $231,000	77	56
$231,001 - $251,000	36	44
$251,001 - $271,000	48	47
$271,001 - $291,000	48	41
$291,001 - $311,000	43	29
$311,001 - $331,000	42	31
$331,001 - $351,000	37	33
$351,001 - $371,000	23	27
$371,001 - $391,000	20	13
$391,001 - $411,000	18	21
$411,001 - $431,000	30	22
$431,001 - $451,000	20	21
$451,001 - $471,000	16	20
$471,001 - $491,000	21	20
$491,001 - $511,000	19	22
$511,001 - $531,000	26	23
$531,001 - $551,000	14	13
$551,001 - $571,000	6	4
$571,001 - $591,000	5	7
$591,001 - $611,000	4	5
$611,001 - $631,000	7	6
$631,001 - $651,000	5	5
$651,001 - $671,000	4	2
$671,001 - $691,000	1	1
$691,001 - $711,000	-	1
$711,001 - $731,000	1	1
$731,001 - $751,000	1	-
Total	**842**	**837**

* This band has been included for the purposes of reporting comparative figures based on the executive base level remuneration rate for 2023-24.

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

7.4 Staff remuneration by classification

The total remuneration received by these staff included in note 7.3:

	2025		2024	
	No.	**$'000**	**No.**	**$'000**
Nursing remuneration	73	13,658	88	16,041
Medical (excluding Nursing) remuneration	748	237,198	729	225,914
Non-medical (i.e. administration) remuneration	8	1,502	9	1,580
Executive remuneration	13	3,226	11	2,824
Total	**842**	**255,584**	**837**	**246,359**

7.5 Targeted voluntary separation packages (TVSP)

Amount paid to separated staff:	2025 $'000	2024 $'000
Targeted voluntary separation packages	133	-
Leave paid to separated staff	23	-
Net cost to the Hospital	**156**	**-**
The number of staff who received a TVSP during the reporting period	1	-

8. Supplies and services

	2025 $'000	2024 $'000
Administration	559	479
Advertising	654	1,391
Communication	3,948	3,487
Computing	16,689	19,414
Consultants	484	695
Contract of services	21,330	21,350
Contractors	6,519	7,156
Contractors - agency staff	29,126	33,393
Drug supplies	32,669	28,671
Electricity, gas and fuel	7,554	7,394
Fee for service	113,934	95,609
Food supplies	20,419	17,334
Housekeeping	14,032	13,126
Insurance	8,625	8,336
Internal SA Health SLA payments	16,527	15,971
Legal	622	521
Medical, surgical and laboratory supplies	176,176	160,283
Minor equipment	6,633	5,730
Motor vehicle expenses	1,050	852
Occupancy rent and rates	4,953	5,021
Patient transport	8,341	6,387
Postage	1,799	1,830
Printing and stationery	2,356	2,477
Repairs and maintenance	32,001	26,110
Security	19,024	16,290
Services from Shared Services SA	6,404	5,782
Training and development	11,586	11,683
Travel expenses	6,319	5,898
Other supplies and services	13,651	11,480
Total supplies and services	**583,984**	**534,150**

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.

9. Grants and subsidies

	2025 $'000	2024 $'000
Subsidies	-	2,997
Funding to non-government organisations	357	415
Total grants and subsidies	**357**	**3,412**

The grants given are usually subject to terms and conditions set out in the contract, correspondence, or by legislation. Contributions payable will be recognised as a liability and an expense when the Hospital has a present obligation to pay the contribution and the expense recognition criteria are met.

10. Other expenses

	2025 $'000	2024 $'000
Debts written off	95	238
Bank fees and charges	57	50
Donated assets expense	188	-
Other	2,806	2,444
Total other expenses	**3,146**	**2,732**

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

	2025 $'000	2024 $'000
Carrying amount of assets disposed	(2,151)	(6,063)
Total net gain/(loss) from disposal of property, plant and equipment	**(2,151)**	**(6,063)**

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.

12. Cash and cash equivalents

	2025 $'000	2024 $'000
Cash at bank or on hand	2,418	905
Deposits with Treasurer: general operating	34,489	9,906
Deposits with Treasurer: special purpose funds	20,608	18,175
Total cash and cash equivalents in the Statement of Financial Position	**57,515**	**28,986**
Total cash and cash equivalents in the Statement of Cash Flows	**57,515**	**28,986**

Cash is measured at nominal amounts. 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.

The Hospital earned interest on the special purpose funds deposit account of $0.774 million ($0.671 million).

13. Receivables

Current	**Note**	2025 $'000	2024 $'000
Patient/client fees: compensable		1,939	1,924
Patient/client fees: other		17,060	13,892
Debtors		7,442	9,045
Less: allowance for impairment loss on receivables	13.1	(3,642)	(2,245)
Prepayments		5,068	4,042
Workers compensation provision recoverable		1,858	1,574
Sundry receivables and accrued revenue		6,053	2,635
GST input tax recoverable		634	871
Total current receivables		**36,412**	**31,738**
Non-current			
Debtors		715	711
Prepayments		1,264	1,320
Workers compensation provision recoverable		6,415	5,667
Total non-current receivables		**8,394**	**7,698**
Total receivables		**44,806**	**39,436**

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.

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

Movement in the allowance for impairment loss on receivables:

	2025 $'000	2024 $'000
Carrying amount at the beginning of the period	**2,245**	**2,178**
Increase/(Decrease) in allowance recognised in profit or loss	1,397	67
Carrying amount at the end of the period	**3,642**	**2,245**

Impairment losses relate to receivables arising from contracts with customers that are external to the SA Government. Refer to note 29 for details regarding credit risk and the methodology for determining impairment.

14. Other financial assets

	2025 $'000	2024 $'000
Non-current		
Joint venture	1,379	1,377
Total other financial assets	**1,379**	**1,377**

The joint venture represents the Hospital's interest in Flinders Reproductive Medicine Pty Ltd as trustee for Flinders Charitable Trust, trading as Flinders Fertility, which is the only joint arrangement in which the Hospital participate.

According to the terms of the joint venture, profit earned during the financial year is to be distributed to the beneficiaries, resulting in immaterial net assets being held by the trust. However, it has previously been agreed that rather than paying out these distributions, they be retained in Flinders Fertility as a liability to the beneficiaries to facilitate growth within the business. Therefore the Hospital recognises their ownership interest of the beneficial entitlement and share of net assets as a financial asset.

There is no impairment on other financial assets. Refer to note 29 for information on risk management.

15. Inventories

	2025 $'000	2024 $'000
Drug supplies	1,155	955
Inventory imprest stock	2,938	3,061
Other	689	661
Total current inventories - held for distribution	**4,782**	**4,677**

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

16. Property, plant and equipment and intangible assets

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

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

16.2 Depreciation and amortisation

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

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

Class of asset	Useful life (years)
Buildings and improvements	11 – 60
Right-of-use buildings	Lease term
Accommodation and Leasehold improvements	Lease term
Plant and equipment:	
• Medical, surgical, dental and biomedical equipment and furniture	5 – 15
• Computing	3
• Vehicles	5
• Other plant and equipment	3 – 50
Intangible assets	5

16.3 Revaluation

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

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

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

16.4 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 or intangibles as at reporting date.

16.5 Intangible assets

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

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

The Hospital has computer software with a carrying amount of $0.000 million ($0.001 million) at the end of reporting period after amortisation of $0.001 million ($0.007 million).

16.6 Land and building

An independent valuation of 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 regular valuation cycle.

Fair value of unrestricted land was determined using the market approach by way of direct comparison. The valuation was based on an analysis of sales evidence and comparisons with the subject land, taking into account matters such as whether an active market can be established and there are no unreasonable restrictions as to use and/or sale, area, location and other general site characteristics. For land classified as restricted in use, fair value was determined by applying an adjustment to reflect the restriction.

Fair value of buildings and other land was determined using depreciated replacement cost, due to there not being an active market. The depreciated replacement cost considered the need for ongoing provision of government services; specialised nature and restricted use of the assets; their size, condition, and location. The valuation was based on a combination of internal records, specialised knowledge and acquisitions/transfer costs.

To ensure compliance with AASB 116 *Property, Plant and Equipment*, an 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 carrying amounts of land and buildings should be increased to better reflect fair value based on changes in replacement cost and market conditions. The Office of the Valuer-General indices were considered appropriate for this purpose.

16.7 Plant and equipment

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

16.8 Leased property, plant and equipment

Right-of-use assets (including concessional arrangements) leased by the Hospital as lessee are measured at cost and there are no indications of impairment. Short-term leases of 12 months or less and low value leases, where the underlying asset value is less than $15,000 are not recognised as right-of-use assets.

The Hospital has a number of lease agreements. Lease terms vary in length from 2 to 10 years.
Major lease activities include the use of:

- Properties – Office accommodation and health clinics are generally leased from the private sector. Generally property leases are non-cancellable with many having the right of renewal. Rent is payable in arrears, with increases generally at a fixed rate. Prior to renewal, most lease arrangements undergo a formal rent review linked to market appraisals or independent valuers.
- Motor vehicles – leased from the South Australian Government Financing Authority (SAFA) through their agent LeasePlan Australia. 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 arrangement that has not commenced. The Hospital has not entered into any sub-lease arrangements outside of the SA Health.

The lease liabilities related to the right-of-use assets, maturity analysis and interest expense are disclosed at note 20. Depreciation expense related to right-of-use assets is disclosed at note 17. Cash outflows related to right-of-use assets are disclosed at note 24.

The Hospital is a lessor of property under a ground underlease agreement with Adelaide Community Healthcare Alliance Incorporated, trading as Flinders Private Hospital. This arrangement has been classified as an operating lease, and has a term of 39 years. Rent is nominal. Income from variable lease payments was received as profit share of $1.086 million ($1.030 million).

17. Reconciliation of property, plant and equipment

The following table shows the movement :

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	Accommodation and Leasehold improvements $'000	Medical/ surgical/ dental/ biomedical $'000	Other plant and equipment $'000	Right-of-use plant and equipment $'000	Capital works in progress plant and equipment $'000	Total $'000
Carrying amount at the beginning of the period	**81,480**	**873,059**	**4,199**	**60,432**	**2,579**	**11,482**	**1,335**	**1,157**	**1,421**	**1,037,144**
Additions	-	268	1,295	121,667	-	4,269	-	828	2,394	**130,721**
Assets received free of charge	-	-	-	2,794	-	-	-	-	-	**2,794**
Disposals	-	(1,960)	-	-	-	(181)	(10)	(1,424)	-	**(3,575)**
Donated assets disposal	-	-	-	-	-	(188)	-	-	-	**(188)**
Transfers between asset classes	(19,233)	56,680	-	(37,679)	-	1,179	75	-	(1,022)	**-**
Subtotal:	**62,247**	**928,047**	**5,494**	**147,214**	**2,579**	**16,561**	**1,400**	**561**	**2,793**	**1,166,896**
Gains/(losses) for the period recognised in net result:										
Depreciation and amortisation	-	(48,316)	(1,466)	-	(282)	(4,809)	(199)	(561)	-	**(55,633)**
Subtotal:	**-**	**(48,316)**	**(1,466)**	**-**	**(282)**	**(4,809)**	**(199)**	**(561)**	**-**	**(55,633)**
Gains/(losses) for the period recognised in other comprehensive income:										
Revaluation increment / (decrement)	4,453	53,318	-	-	-	-	-	-	-	**57,771**
Subtotal:	**4,453**	**53,318**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**57,771**
Carrying amount at the end of the period	**66,700**	**933,049**	**4,028**	**147,214**	**2,297**	**11,752**	**1,201**	**-**	**2,793**	**1,169,034**
Gross carrying amount										
Gross carrying amount	66,700	985,261	12,353	147,214	6,133	51,342	8,518	-	2,793	**1,280,314**
Accumulated depreciation / amortisation	-	(52,212)	(8,325)	-	(3,836)	(39,590)	(7,317)	-	-	**(111,280)**
Carrying amount at the end of the period	**66,700**	**933,049**	**4,028**	**147,214**	**2,297**	**11,752**	**1,201**	**-**	**2,793**	**1,169,034**

Included in the movements are assets classified in the level 2 fair value hierarchy:

- Land: $62.247 million at beginning of period, $4.453 million revaluation increment, $66.700 million at end of period.
- Buildings: $28.257 million at beginning of period, ($1.345) million depreciation, $2.005 million revaluation increment, $28.917 million at end of period.

All other movements are attributed to assets in the level 3 fair value hierarchy except for capital works in progress and right-of-use assets (not classified).

2023-24	Land and buildings:				Plant and equipment:					
	Land $'000	Buildings $'000	Right-of-use buildings $'000	Capital works in progress land and buildings $'000	Accommodation and Leasehold improvements $'000	Medical/ surgical/ dental/ biomedical $'000	Other plant and equipment $'000	Right-of-use plant and equipment $'000	Capital works in progress plant and equipment $'000	Total $'000
Carrying amount at the beginning of the period	**43,232**	**667,747**	**5,105**	**18,333**	**2,861**	**11,803**	**1,572**	**834**	**2,298**	**753,785**
Additions	2,102	-	-	58,430	-	2,648	-	971	979	**65,130**
Disposals	-	(5,951)	-	-	-	(107)	(5)	-	-	**(6,063)**
Transfers between asset classes	-	16,331	-	(16,331)	-	1,844	12	-	(1,856)	**-**
Other movements	-	-	-	-	-	-	-	-	-	**-**
Subtotal:	**45,334**	**678,127**	**5,105**	**60,432**	**2,861**	**16,188**	**1,579**	**1,805**	**1,421**	**812,852**
Gains/(losses) for the period recognised in net result:										
Depreciation and amortisation	-	(39,811)	(906)	-	(282)	(4,706)	(244)	(648)	-	**(46,597)**
Subtotal:	**-**	**(39,811)**	**(906)**	**-**	**(282)**	**(4,706)**	**(244)**	**(648)**	**-**	**(46,597)**
Gains/(losses) for the period recognised in other comprehensive income:										
Revaluation increment / (decrement)	36,146	234,743	-	-	-	-	-	-	-	**270,889**
Subtotal:	**36,146**	**234,743**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**270,889**
Carrying amount at the end of the period	**81,480**	**873,059**	**4,199**	**60,432**	**2,579**	**11,482**	**1,335**	**1,157**	**1,421**	**1,037,144**
Gross carrying amount										
Gross carrying amount	81,480	877,679	11,058	60,432	6,133	49,467	8,620	2,199	1,421	**1,098,489**
Accumulated depreciation / amortisation	-	(4,620)	(6,859)	-	(3,554)	(37,985)	(7,285)	(1,042)	-	**(61,345)**
Carrying amount at the end of the period	**81,480**	**873,059**	**4,199**	**60,432**	**2,579**	**11,482**	**1,335**	**1,157**	**1,421**	**1,037,144**

Assets are classified in the level 2 (land $62.247 million, buildings $28.257 million) and level 3 fair value hierarchy except for capital works in progress and right-of-use assets (not classified).

18. Fair Value Measurement

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

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

The Hospital's assets are valued on the basis that the entity intends to retain the assets for a continuous use for the purposes of the entity and for the foreseeable future. The Hospital's current use is the highest and best use of the asset unless other factors suggest an alternative use. As the Hospital did not identify any factors to suggest an alternative use, fair value measurement was based on current use. The carrying amount of non-financial assets with a fair value at the time of acquisition that was less than $1.500 million or an estimated useful life that was less than three years are deemed to approximate fair value.

Refer to notes 16 and 18.2 for disclosure regarding fair value measurement techniques and inputs used to develop fair value measurements for non-financial assets.

18.1 Fair value hierarchy

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

Fair value measurements at 30 June 2025

	Level 2 $'000	Level 3 $'000	Total $'000
Recurring fair value measurements (Note 17)			
Land	66,700	-	66,700
Buildings and improvements	28,917	904,132	933,049
Leasehold improvements	-	2,297	2,297
Plant and equipment	-	12,953	12,953
Total recurring fair value measurements	**95,617**	**919,382**	**1,014,999**

Fair value measurements at 30 June 2024

	Level 2 $'000	Level 3 $'000	Total $'000
Recurring fair value measurements (Note 17)			
Land	62,247	19,233	81,480
Buildings and improvements	28,257	844,802	873,059
Leasehold improvements	-	2,579	2,579
Plant and equipment	-	12,817	12,817
Total recurring fair value measurements	**90,504**	**879,431**	**969,935**

The Hospital’s policy is to recognise transfers into and out of fair value hierarchy levels as at the end of the reporting period. Valuation techniques and inputs used to derive Level 2 and 3 fair values are at note 16 and 18.2.

During the reporting period, the Hospital had no valuations categorised into Level 1.

18.2 Valuation techniques and inputs

Land fair values were derived by using the market approach, being recent sales transactions of other similar land holdings within the region, adjusted for differences in key attributes such as property size, zoning and any restrictions on use, and then adjusted with a discount factor. The Hospital's assets are valued on the basis that the entity intends to retain the assets for a continuous use for the purposes of the entity and for the foreseeable future.

Due to the predominantly specialised nature of health service assets, the majority of building and plant and equipment valuations have been undertaken using a cost approach (depreciated replacement cost), an accepted valuation methodology under AASB 13 *Fair Value Measurement*. The extent of unobservable inputs and professional judgement required in valuing these assets is significant, and as such they are deemed to have been valued using Level 3 valuation inputs.

Unobservable inputs used to arrive at final valuation figures included:

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

19. Payables

	2025	2024
Current	**$'000**	**$'000**
Creditors and accrued expenses	52,377	43,850
Paid Parental Leave Scheme	248	231
Other payables	2,418	905
Total current payables	**55,043**	**44,986**
Non-current		
Other payables	57	57
Total non-current payables	**57**	**57**
Total payables	**55,100**	**45,043**

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. All payables are non-interest bearing. The carrying amount of payables approximates net fair value due to their short term nature.

Refer to note 29 for information on risk management.

20. Financial liabilities

	2025	2024
Current	**$'000**	**$'000**
Lease liabilities	1,113	1,215
Total current financial liabilities	**1,113**	**1,215**
Non-current		
Lease liabilities	3,743	4,873
Total non-current financial liabilities	**3,743**	**4,873**
Total financial liabilities	**4,856**	**6,088**

Lease liabilities have been measured via discounting lease payments using either the interest rate implicit in the lease (where it is readily determined) or DTF's incremental borrowing rate. There were no defaults or breaches on any of the above liabilities throughout the year.

The Hospital incurred borrowing costs associated with leasing activities of $0.203 million ($0.127 million). Refer to note 16 for details about the right-of-use assets (including depreciation).

Refer to note 29 for information on risk management.

20.1 Concessional lease arrangements
The Hospital has no concessional lease arrangements.

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

	2025	2024
Lease Liabilities	**$'000**	**$'000**
Within one year	1,204	1,510
Later than one year but not longer than five years	3,884	5,223
Total lease liabilities (undiscounted)	**5,088**	**6,733**

21. Staff related liabilities

	2025	2024
Current	**$'000**	**$'000**
Accrued salaries and wages	30,107	24,896
Annual leave	119,763	108,737
Long service leave	14,477	13,611
Skills and experience retention leave	6,928	6,522
Staff on-costs	19,791	19,394
Other	4	340
Total current staff related liabilities	**191,070**	**173,500**
Non-current		
Long service leave	157,252	148,043
Staff on-costs	9,052	6,639
Total non-current staff related liabilities	**166,304**	**154,682**
Total staff related liabilities	**357,374**	**328,182**

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

21.1 Salaries and wages, annual leave, skills and experience retention leave and sick leave
The liability for salary and wages is measured as the amount unpaid at the reporting date at remuneration rates current at the reporting date.

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

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 and experience retention leave liability. As a result, there is an increase in the staff related liabilities and staff related expenses of $0.981 million.

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

21.2 Long service leave
The liability for long service leave is measured as the present value of expected future payments to be made in respect of services provided by staff up to the end of the reporting period using the projected unit credit method. The expected timing and amount of long service leave payments is determined through whole-of-government actuarial calculations, which are based on actuarial assumptions on expected future salary and wage levels, experience of staff departures and periods of service. These assumptions are based on staff 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 bonds remains unchanged 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 an immaterial movement in the reported long service leave liability. The actuarial assessment performed by DTF leaves the salary inflation rate unchanged from 2024 at 3.50% for long service leave liability.

The net financial effect of the changes to actuarial assumptions in the current financial year is a decrease in the long service leave liability of $0.022 million, staff on-costs of $0.001 million and staff related expense of $0.023 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.

21.3 Staff on-costs

Staff on-costs include Return to Work SA levies and superannuation contributions and are settled when the respective staff benefits that they relate to are discharged. These on-costs primarily relate to the balance of leave owing to staff. The Hospital makes contributions to several State Government and externally managed superannuation schemes. These contributions are treated as an expense when they occur. There is no liability for payments to beneficiaries as they have been assumed by the respective superannuation schemes. The only liability outstanding at reporting date relates to any contributions due but not yet paid to the South Australian Superannuation Board and externally managed superannuation schemes.

As a result of an actuarial assessment performed by DTF, the portion of long service leave taken as leave is 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 liability and staff related expenses of $2.818 million. The estimated impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

22. Provisions

All provisions are for workers compensation.

Reconciliation of workers compensation (statutory and additional compensation)

	2025	2024
	$'000	$'000
Carrying amount at the beginning of the period	**42,956**	**45,040**
Additions	8,612	7,690
Payments	(6,404)	(6,992)
Remeasurements	9,990	(2,782)
Carrying amount at the end of the period	**55,154**	**42,956**

22.1 Workers Compensation

The Hospital is responsible for the payment of workers compensation claims and the implementation and funding of preventative programs. A liability has been reported to reflect unsettled workers compensation claims (statutory and additional compensation schemes).

The workers compensation provision is based on an actuarial assessment of the outstanding liability as at 30 June provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment.

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

There is a significant degree of uncertainty associated with estimating future claim and expense payments and also around the timing of future payments due to the variety of factors involved. The liability is impacted by agency claim experience relative to other agencies, average claim sizes and other economic and actuarial assumptions.

23. Contract liabilities and other liabilities

	2025	2024
Current	**$'000**	**$'000**
Unclaimed monies	-	1
Unearned revenue	23	27
Contract liabilities	363	469
Other	24	(10)
Total contract liabilities and other liabilities	**410**	**487**

Revenue relating to services/treatments for drug and alcohol abuse support is recognised over time although all funds are received upfront for these services. A contract liability is recognised for this revenue at the time of initial receipt and is released over the time as and when service obligations are met. All performance obligations from these existing contracts (deferred service income) will be satisfied during the next reporting period and accordingly all amounts will be recognised as revenue.

24. Cash flow reconciliation

Reconciliation of net cash from operating activities to net result:	2025 $'000	2024 $'000
Net cash provided from operating activities	47,166	23,468
Add/less non-cash items		
Asset donated free of charge	(188)	-
Capital revenues	113,170	47,932
Depreciation and amortisation expense of non-current assets	(55,634)	(46,604)
Loss on sale or disposal of non-current assets	(2,151)	(6,063)
Resources received free of charge	2,794	-
Gain on revaluation of other financial investments	2	3
Movement in assets and liabilities		
Increase in receivables	5,370	4,799
Increase in inventories	105	102
Increase in staff benefits	(29,793)	(30,404)
Increase in payables and provisions	(23,573)	(4,478)
Decrease in other liabilities	77	374
Net result	**57,345**	**(10,871)**

The total cash outflows for leases were $3.558 million ($1.602 million).

25. Unrecognised contractual commitments

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

25.1 Contractual commitments to acquire property, plant and equipment

	2025 $'000	2024 $'000
Within one year	7,837	3,709
Total capital commitments	**7,837**	**3,709**

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 (DIT) financial statements.

25.2 Other contractual commitments

	2025 $'000	2024 $'000
Within one year	134,463	110,534
Later than one year but not longer than five years	213,664	201,066
Later than five years	238,678	300,075
Total expenditure commitments	**586,805**	**611,675**

The Hospital expenditure commitments are for agreements for goods and services ordered but not received.

26. Trust funds

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

	2025 $'000	2024 $'000
Carry amount at the beginning of period	**52**	**33**
Client trust receipts	381	346
Client trust payments	(389)	(327)
Carrying amount at the end of the period	**44**	**52**

27. Contingent assets and liabilities

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

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 up to 30 June 2025 is estimated to be $1.667 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.

28. 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 27.

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.

29. Financial instruments/financial risk management

29.1 Financial risk management
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 - 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 SA Government via the Department. The Department works with DTF to determine the cash flows associated with this Government approved program of work and to ensure funding is provided through SA Government budgetary processes to meet the expected cash flows.
Refer to note 1.4, 19 and 20 for further information.

Credit risk
The Hospital has policies and procedures in place to ensure that transactions occur with customers with appropriate credit history. The Hospital has minimal concentration of credit risk. No collateral is held as security and no credit enhancements relate to financial assets held by the Hospital.
Refer to notes 12, 13 and 14 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 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.

29.2 Categorisation of financial instruments

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

The carrying amounts of each of the following categories of financial assets and liabilities: financial assets measured at amortised cost; financial assets measured at fair value through profit or loss; 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	2025 Carrying amount/ Fair value $'000	2024 Carrying amount/ Fair value $'000
Financial assets			
Cash and equivalent			
Cash and cash equivalents	12	57,515	28,986
Amortised cost			
Receivables	13	28,765	25,130
Fair value through profit or loss			
Other financial assets	14	1,379	1,377
Total financial assets		**87,659**	**55,493**
Financial liabilities			
Financial liabilities at amortised cost			
Payables	19	54,852	44,428
Financial liabilities	20	4,856	6,088
Other liabilities	23	24	(9)
Total financial liabilities		**59,732**	**50,507**

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 AASB7 *Financial Instruments* do not apply to statutory receivables and payables.

29.3 Credit risk exposure and impairment of financial assets

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

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

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 for days past. When estimating expected credit loss, the Hospital considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the Hospital's historical evidence and informed credit assessment including any forward-looking information.

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

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

	30 June 2025			30 June 2024		
	Expected credit loss rate(s) %	Gross carrying amount $'000	Expected credit losses $'000	Expected credit loss rate(s) %	Gross carrying amount $'000	Expected credit losses $'000
Days past due						
Current	0.1 - 1.4%	8,272	155	0.1 - 1.6%	7,730	437
<30 days	0.2 - 1.8%	4,834	372	0.2 - 2.0%	4,066	254
31-60 days	0.4 - 3.6%	1,797	19	0.4 - 3.4%	3,064	52
61-90 days	0.7 - 6.4%	802	101	0.7 - 5.7%	823	16
91-120 days	1.0 - 10.2%	240	12	1.0 - 8.5%	1,028	313
121-180 days	2.1 - 16.4%	251	46	2.0 - 12.5%	585	64
181-360 days	4.5 - 40.5%	677	156	4.0 - 38.9%	632	198
361-540 days	24.7 - 57.4%	2,257	2,095	24.3 - 55.4%	721	418
>540 days	30.0 - 75.2%	1,120	686	29.5 - 74.0%	913	493
Total		**20,250**	**3,642**		**19,562**	**2,245**

30. 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 SA Government are identifiable throughout this financial report. The Hospital received funding from the SA Government via the Department (note 2), incurred expenditure with the Department for medical, surgical and laboratory supplies, computing and insurance (note 8), and incurred significant capital expenditure with DIT of $100.270 million ($41.233 million).

31. Interests in other entities

Equity accounted investment

Long Entity Name:	Flinders Reproductive Medicine Pty Ltd as trustee for Flinders Charitable Trust, trading as Flinders Fertility
Ownership interest:	50%

Flinders Reproductive Medicine Pty Ltd as trustee for Flinders Charitable Trust, trading as Flinders Fertility is the only joint arrangement in which the Hospital participates.

Flinders Fertility is structured as a private trust which is not a reporting entity and is not publicly listed. The Hospital and Flinders University each have a 50% beneficial entitlement to the net assets of the trust. Accordingly, the interest is classified as a joint venture with the investment measured using the equity accounting method.

The Hospital`s share in the equity of the Flinders Fertility is calculated based on the draft financial statements provided as at the reporting period and subsequently adjusted when the final Audited financial statements are available.

The profits have not been distributed for this reporting period as accumulated losses from previous financial years are yet to be recouped.

The following table summarises the financial information of Flinders Fertility based on currently available information:

	2025	**2024**
Percentage ownership interest	50 %	50 %
	$'000	**$'000**
Current assets	1,677	1,648
Non-current assets	2,595	2,787
Current liabilities	(1,256)	(1,221)
Non-current liabilities	(5,460)	(5,662)
Net assets	**(2,444)**	**(2,448)**
Groups share of net assets (50%)	(1,222)	(1,224)
Share of beneficial entitlement	2,601	2,601
Carrying amount of interest in joint venture	**1,379**	**1,377**
Expenses	(7,486)	(7,108)
Revenue	7,491	7,113
Profit/(loss) and total comprehensive income	**5**	**5**
Entity's share of profit and total comprehensive income (50%).	**2**	**3**

32. 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
Southern Adelaide Local Health Network Governing Board	-	Butcher M (Chair), Hickey V, Kirkpatrick E, Mitchell J, Noble J (resigned 28/09/2024), Sherbon A, Agius A (appointed 01/07/2024), Rowlands K (appointed 01/07/2024)
DASSA Clinical Executive Committee	10	Newrick K
DASSA Community Advisory Council (Committee ceased 25/03/2025)	1	Brownbill S (resigned 25/03/2025), Dwyer S (Chair) (resigned 25/03/2025), Fuller D (resigned 25/03/2025), Halls A (resigned 25/03/2025), Honeyman L (resigned 25/03/2025), Lochhead S (resigned 25/03/2025), Moncrieff D (resigned 25/03/2025), Newrick K (resigned 25/03/2025), Cotter B (resigned 25/03/2025), Cramp T (resigned 23/07/2024), Moss C (resigned 28/08/2024), Nimmo E (resigned 25/03/2025), O'Brien J (resigned 25/03/2025)
DASSA Leadership Committee (formerly DASSA Executive Group)	7	O'Brien J, Moncrieff D (appointed 25/07/2024)
Consumer and Community Operational Committee (formerly Partnering with Consumer Advisory Group)	30	Ball R, Burtnik E, Clarke S (appointed 01/07/2024), Creeks J (appointed 01/07/2024), Andrews K (appointed 01/07/2024), Voss D, Gray H, Pengilly J, Wharton J (resigned 31/01/2025).
Mental Health Consumer and Carer Advisory Group	11	Bickley B (appointed 11/07/2024), Braund S (resigned 11/07/2024), Clark W, Corena M, Marsh D (resigned 01/04/2025), Bannister E (resigned 01/04/2025), Harrison J (resigned 11/07/2024), Hopkins R (resigned 11/07/2024), Gallagher K (appointed 11/07/2024), Smith K (appointed 11/07/2024), Martin L (resigned 01/04/2025), Heredia M (appointed 11/07/2024), Buer S (resigned 01/04/2025), Thorsen K (appointed 01/04/2025)
Southern Adelaide Clinical Human Research Ethics Committee	30	Adey-Wakeling T, Cahalan P, Coles S, Dykes L, Guaqueta C, Lange B (Deputy Chair), Lower K, McEvoy M, Mudd A, Phillips C, Putsey T, Sharma S, Shepheard S, Souzeau E, Spencer M, Thomas J, Trethewey C, Trethewey Y, Van Lueven J, Velayudham P, Watt B, Were L, Yip L, Zhou Y, Toews M, Stacey A, Telfer R (appointed 16/04/2025)
Southern Adelaide Local Health Network Audit and Risk Sub Committee (Sub Committee of the Governing Board)	-	Hickey V (Chair), Forman A, Noble J (resigned 28/09/2024)
Southern Adelaide Local Health Network Clinical Council	47	Duong M, Voss D
Southern Adelaide Local Health Network Clinical Governance (Sub-Committee of the Governing Board)	-	Eckert M, Kirkpatrick E, Kennedy C, Mackean T (resigned 19/09/2024), Mitchell J, Sherbon A (Chair), Wren K (resigned 13/10/2024)

Board/Committee name:	Government employee members	Other members
Southern Adelaide Local Health Network Communicating for Patient Safety Committee	60	Crocker, H
Southern Adelaide Local Health Network Comprehensive Care Committee	44	Stankowski C
Southern Adelaide Local Health Network Drugs and Therapeutics Committee	27	Pascoe P
Southern Adelaide Local Health Network End of Life Steering Committee	15	Barrington D, Phelan C, Gray H
Southern Adelaide Local Health Network Marion Lived Experience Group Mental Health Services	4	Bickley B (Chair), English L, Police D
Southern Adelaide Local Health Network Mental Health Services Noarlunga Lived Experience Group	4	Buer S (Chair), Hopkins R, Marshall H, Oakley T
Southern Adelaide Local Health Network New Technology and Clinical Practice Innovation Committee	13	Kaambwa B, Burtnik E
Southern Adelaide Local Health Network Older Persons Lived Experience Group Mental Health Services	11	Brown L, Clark W (Chair), Eckert N, Lillecrapp D, Masters R, Schetters J, Werner J, Whitemore A
Southern Adelaide Local Health Network SEDS	1	Corena M(Chair), McGregor A, James S, Rouvray L, Woolford L, Braund S, Witt K, Higgins K, Wilkins H
Southern Adelaide Local Health Network Veterans Lived Experience Group Mental Health Services	8	Frampton R (Chair), Damare M, Hall R (Consumer Representative), O'Malley J, Schofield M (Consumer Representative), Warren S
Southern Adelaide Local Health Network Finance and Performance Committee (Sub-Committee of the Governing Board)	1	Sherbon T, Noble J (resigned 28/09/2024), Belej M, Kirkpatrick E (appointed 28/10/2024), Rowlands K (appointed 18/07/2024)
Southern Adelaide Local Health Network Board Executive Committee (Sub-Committee of the Governing Board)	-	Butcher M (Chair), Mitchell J, Hickey V, Mackean T (appointed 01/07/2024)
Southern Adelaide Local Health Network Ramping Committee (Sub-Committee of the Governing Board) (Committee ceased July 2024)	-	Butcher M, Richter J, Sherbon T

Refer to note 7.2 for remuneration of board and committee members.

33. Administered items

The Hospital administers 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.

	Rights of Private Practice	
	2025	**2024**
	$'000	**$'000**
Other expenses	(14,296)	(13,288)
Revenue from fees and charges	14,338	13,191
Net result	**42**	**(97)**
Cash and cash equivalents	1,738	1,617
Receivables	735	826
Other current provisions/liabilities	-	(12)
Net assets	**2,473**	**2,431**
Cash at the beginning of the reporting period	1,617	1,716
Fees and charges	14,429	13,183
Other payments	(14,308)	(13,282)
Cash at the end of the reporting period	**1,738**	**1,617**