



**Government
of South Australia**

CENTRAL ADELAIDE LOCAL HEALTH NETWORK 2022-23 Annual Report

CENTRAL ADELAIDE LOCAL HEALTH NETWORK

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Acknowledgement of Country

Ngadlu tampinthe yaintya yartarlun gadlu inparrinthe, warpulayinthe, tikanthe kuma ngunyawayinthe Kurna Miyurnaku yarta. Ngadlu tampinthe parnaku tuwilarna yaintya yartangka yuwanthe.

Ngadlurlu parnaku yarltarripurkarna pukinangku, yalaka kuma tarrkarri-ana.

Ngadlu tampinthe parnaku warra kuma tapa-purruna puru purruna Kurna Miyurna-itya kumartarna Yaitya Miyurna-itya yalaka

We acknowledge that this land we meet, work, live and play on is the traditional lands of the Kurna people, and we respect their spiritual relationship with this country.

We pay our respects to their leaders, past, present, and emerging and acknowledge that their language, cultural and traditional beliefs held for over 60,000 years are still as important and relevant to the living Kurna and all Aboriginal people today.

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 Section 37 of the Health Care Act 2008 (the Act) 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 Central Adelaide Local Health Network (CALHN) by:

Mr Raymond Spencer

Chair, Central Adelaide Local Health Network Governing Board

Date: 27 September 2023

Signature



Associate Professor Kathryn Zeitz

Interim Chief Executive Officer

Date: 27 September 2023

Signature



From the Governing Board Chair & Chief Executive Officer

Through 2022-23, the Central Adelaide Local Health Network (CALHN) has remained responsive to the ongoing high demand for our services while also supporting our people, engraining world-class patient-centred care and maintaining our commitment to research.

We have continued introducing innovative models of care to meet the changing health needs of our community and expanded our collaboration with consumers to improve the services we deliver in line with our consumer framework.

As South Australia's largest health network, CALHN is proud to support equity of access to advance the health outcomes of our community. In 2022-23, we progressed our commitment to improving the patient experience for Aboriginal and Torres Strait Islander peoples with the launch of our third Reconciliation Action Plan, which will also support our Aboriginal employment and retention strategies.

We continue to work across the health sector to strengthen our ability to deliver timely and appropriate care and during this financial year CALHN implemented various strategies to improve our operational efficiency. This included expanding the range of services offered by our Hospital Avoidance Supported Discharge Service, such as Hospital in the Home and Geriatric in the Home to make sure our patients are receiving care in the right place.

Throughout the year, we integrated care for COVID-19 patients into our daily operations, while CALHN's prehab program, aimed at reducing post-surgery complications that may delay or impair a patient's recovery attracted national attention.

Work on the 5-level clinical services building, the centrepiece of the \$314 million redevelopment project at The Queen Elizabeth Hospital (TQEH) continues and will support our delivery of world-class health care to the western suburbs when it is operational in the next financial year.

With a focus on improving mental health services, the network initiated planning to expand mental health services at TQEH and continued to make use of Regency Green to play an important role in supporting patients who have a primary psychosocial disability avoid long stays in hospital.

Our network can only provide care to our community thanks to the diverse and multidisciplinary team that operate across our many sites and services. As part of our strong commitment to a respectful and safe work environment, we recently expanded our Professional Accountability Program to include our corporate staff, in addition to our medical team. We are absolutely focused on embedding a kind workplace culture and addressing unprofessional behaviours as we know this will also have benefits for patient care and outcomes.

CALHN marked many successes in 2022-23, including gaining recognition awards at the SA Health Awards, Nursing and Midwifery Excellence Awards and our continuous improvement in the world-class hospital rankings. These achievements highlight our staff's unwavering dedication to delivering exceptional care and translational research.

We've also celebrated SA Dental's 40 years of incredible service to the South Australian community and the tenth year of the Statewide Clinical Support Services organisation.

As we sign this Annual Report, we acknowledge that work reflected in this report was work under the previous Chief Executive Officer, Lesley Dwyer and we acknowledge her substantial contribution to improving CALHN over the past five years.

After this period of stable leadership, CALHN will welcome a new Chief Executive Officer in the coming financial year to continue the task of consolidating a cohesive, focused and modern health service.

On behalf of the CALHN Governing Board and the CALHN Executive team, we would like to thank our workforce for continuing their efforts to provide high quality and safe health care that strives to meet the changing needs of our community.



Mr Raymond Spencer

Board Chair

Central Adelaide Local Health Network



Associate Professor Kathryn Zeitz

Interim Chief Executive Officer

Central Adelaide Local Health Network

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Overview: about the agency

Our strategic focus

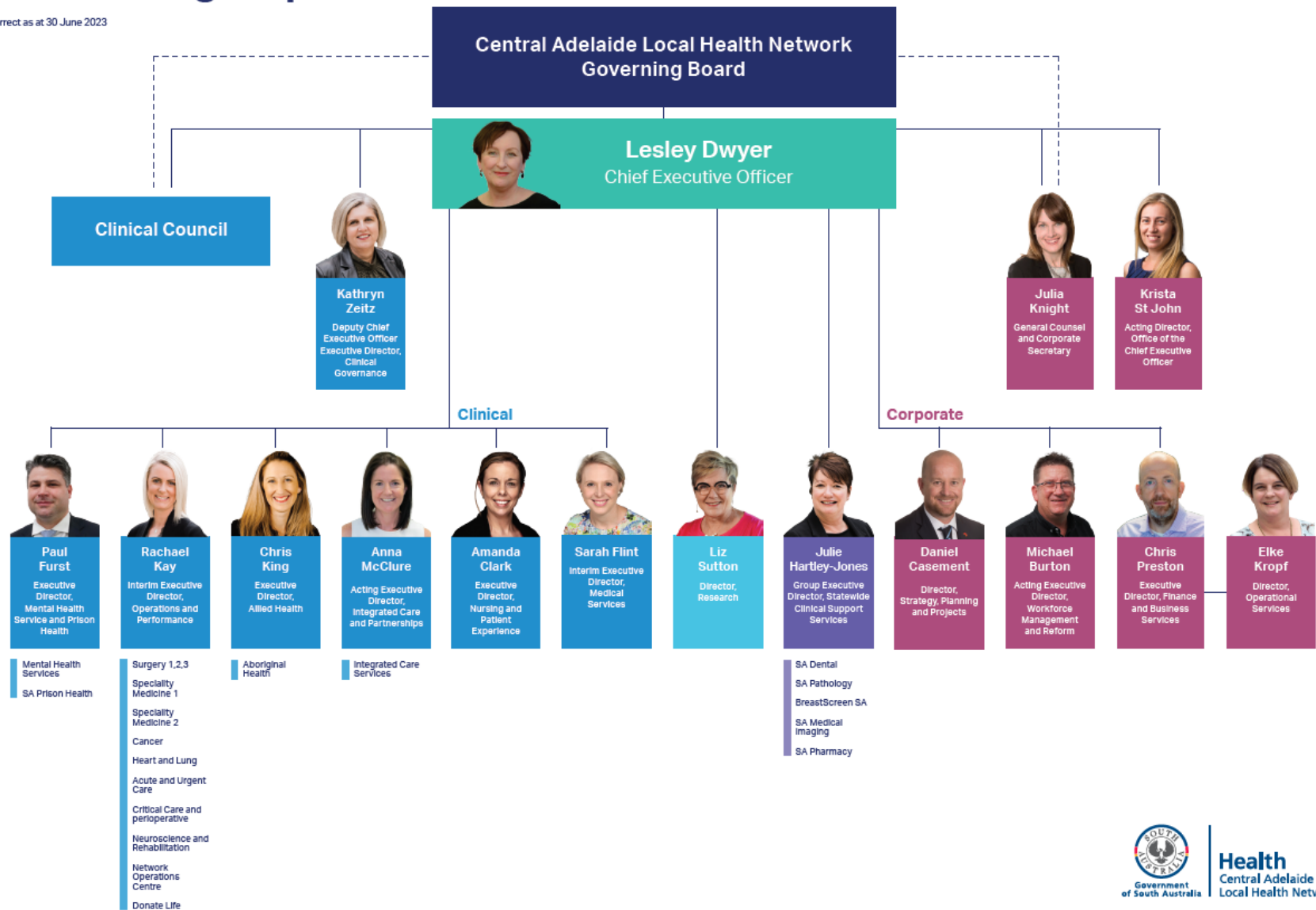
Our purpose	<p>CALHN is responsible for promoting and improving the health of the central metropolitan Adelaide community and provides specialised care for South Australians through integrated health care and hospital services.</p> <p>CALHN brings together the following primary sites:</p> <ul style="list-style-type: none"> • Royal Adelaide Hospital (RAH) • The Queen Elizabeth Hospital (TQEH) • Glenside Health Services • Hampstead Rehabilitation Centre (HRC) • Statewide Rehabilitation Services at the Repat Health Precinct, supported by a large community footprint <p>CALHN also governs several statewide services including SA Prison Health Service (SAPHS), SA Cancer Service (SACS), DonateLife SA (DLSA), and Statewide Clinical Support Services incorporating SA Pathology, SA Medical Imaging (SAMI), BreastScreen SA (BSSA), SA Pharmacy and SA Dental.</p> <p>While the primary catchment for CALHN is the central Adelaide metropolitan region, a substantial number of people who access services in CALHN come from outside these geographic boundaries. These include people from rural, remote, interstate and overseas locations. This is due to the need to access our highly specialised, statewide services.</p>
Our vision	<p>We are shaping the future of health with world-class care and world-class research. We aim to be one of the top five performing health services in Australia and one of the top 50 performing health services in the world by 2025.</p>
Our values	<p>Our values outline who we are, what we stand for and what people can expect from us. We are:</p> <ul style="list-style-type: none"> • People first • Future focused • Ideas driven • Community minded
Our functions, objectives and deliverables	<p>CALHN has an important role in improving the health and wellbeing of South Australians by delivering world-class integrated healthcare and hospital services.</p> <p>Our strategic ambitions recognise our commitment to care, community, investment, research, technology and importantly,</p>

	<p>recognise the influence of our world-class workforce on our ability to achieve our vision.</p> <p>Our strategic ambitions are:</p> <ul style="list-style-type: none">• Our care is connected and revolves around the patient in their (and our) community• Our curiosity compels us to always do better – research and innovation drives everything• We invest in what matters• Our technology enables excellence• We attract and foster world-class talent
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Our organisational structure

Executive group

Correct as at 30 June 2023



Changes to the agency

During 2022-23 there were the following changes to the agency's structure and objectives as a result of internal reviews or machinery of government changes:

- The Corporate Affairs Division was dissolved.
- SA Dental relocated to Statewide Clinical Support Services.

Our Minister



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

The Minister oversees health, wellbeing, mental health, ageing well, substance abuse and suicide prevention.

Our Governing Board

Mr Raymond Spencer (Chair) (1 July 2019 – 30 June 2023)



Mr Raymond Spencer returned to Australia in 2009, following more than 35 years of living and working in the USA, India and Europe. Raymond is currently Chair of several boards, including the Global Centre for Modern Ageing and the South Australian Venture Capital Fund, and recently completed his term as Chair of the South Australian Health and Medical Research Institute (SAHMRI). He is a Founding Partner of RSVP Ventures and holds the position of Chair or Director in several of its portfolio companies. He brings more than 40 years of leadership experience in international business, management planning, technology, finance, organisational culture, and mergers and acquisitions.

Adjunct Professor Michael (Mick) Reid AM (Deputy Chair) (1 July 2019 - 30 June 2023)



Adjunct Professor Mick Reid is currently the Principal of Michael Reid and Associates, a consultancy firm responsible for the delivery of many health and science projects throughout Australasia, for governments in Asia and the Pacific, and with United Nations organisations. He is currently the Chair of the AusHealth Board, a subsidiary of CALHN. Mick has been Director General in both New South Wales and Queensland, Director Policy and Practice at the George Institute for International Health, Director General for the Ministry of Science and Medical Research in NSW.

Professor Justin Beilby MD (Member)
(1 July 2019 - 30 June 2023)

Professor Justin Beilby is a practising General Practitioner, board member and leader in primary care/general practice reform in Australia. In 2015, Justin was appointed Vice-Chancellor of Torrens University and concluded this role at the end of 2020. He moved to a part-time Deputy Vice Chancellor Research role and, in March 2022, was appointed Emeritus Professor. Justin has demonstrated experience and skills in research, both clinical and policy related, workforce planning, financial and people management, philanthropic funding, leading major capital programs, leading change programs and governance. He has broad international experience, establishing educational and research partnerships in several countries. He is currently Deputy Chair of the South Australian Health and Medical Institute Board.

Dr Alexandra Cockram MD (Member)
(1 July 2019 - 30 September 2022)

Dr Alexandra (Alex) Cockram has deep experience of working in both the public and not for profit health sector. She completed a two-year appointment as a Commissioner to the Royal Commission into Victoria's Mental Health System and is a Director of several health and related sector Boards. Alex is a former CEO in the health and emergency services sectors and is experienced in leading large and complex organisations. As a psychiatrist by training, a clinician, and leader in mental health and acute health care, she is committed to providing an inclusive workplace that is highly participatory. She continues to provide strategic advice to government and industry.

Professor Judith Dwyer AM (Member)
(1 July 2019 - 30 June 2023)

Professor Judith Dwyer brings significant knowledge of the governance and management of health care delivery, health services research, health policy and the health care needs of communities.

Judith has had a distinguished career in health management, including Chief Executive roles of Southern Health Care Network (Melbourne) and Flinders Medical Centre, and Deputy Chief Executive of the Women's and Children's Hospital. Between 2006 to 2018, Judith was Professor of Health Care Management in the Flinders University College of Medicine and Public Health, where she has a continuing adjunct role. Judith was awarded the Sidney Sax medal by the Australian Healthcare and Hospitals Association (AHHA), honouring her lifelong commitment to delivering high quality health services in Australia, particularly in the area of Indigenous health.

Mr Peter Hanlon (Member)
(20 February 2023 – 30 June 2023)

Peter Hanlon is a filmmaker and business and government adviser. A successful business and people leader, Peter has a strong track record of business growth, re-engineering, and culture and change management. He is a partner in LIGHT ADL, the founder of Living Not Beige Films and a partner in film company Mess Productions, and the owner of Notus Advisory, a business consulting firm. Peter is currently a Strategic Adviser to the South Australian Government. Peter is a former Chair of the BankSA Advisory Board and South Australian Film Corporation and member of the SA Museum Board. Peter is currently the co-Chair of the Mercury CX. Peter was previously the Chief Executive, Westpac Australian Financial Services. Prior to his banking career, Peter served in the RAAF.

Ms Ingrid Haythorpe (Member)
(20 February 2023 – 30 June 2023)

Ingrid Haythorpe is a Manager Partner of Peg Consulting, which has led significant projects for the Victorian, Australian Capital Territory, Northern Territory and South Australian governments. This has included reviews of whistle-blower legislation, lands title legislative, regulatory reviews, justice system projects, women in leadership policy, and governance reforms. In 2020-21, Ingrid supported Victorian and South Australian senior executive health teams in their response to COVID-19. Ingrid's past roles in the South Australian Government include Chief Executive of the Attorney-General's Department and senior executive positions in SA Health, the Department of the Premier and Cabinet and the Department of Human Services.

Mr Gavin Wanganeen (Member)
(14 February 2022 - 30 June 2023)

Mr Gavin Wanganeen is a former Australian Football League (AFL) player, acclaimed contemporary Aboriginal artist and advocate for Indigenous empowerment. A proud descendent of the Kokatha Mula people of the Western Desert in South Australia, Gavin is a two-time AFL Premiership winner, a member of the AFL Hall of Fame and was the first Indigenous player to receive a Brownlow medal and reach 300 games. Gavin also sits on the board of the State Theatre Company South Australia and is an ambassador for Wellbeing SA. Gavin also serves on the Reconciliation Action Plan Committee of the United Nations Association of Australia, where he is also an advisor.

Ms Jane Yuile (Member)
(29 May 2020 - 6 May 2023)

The late Ms Jane Yuile had almost 40 years' experience as a finance executive. For the last 20 years Jane was a non-executive director on numerous boards in a range of industries and a consultant in governance, business strategy and risk. Prior to that, she was the finance director of a listed technology company and worked for one of the global Chartered Accounting firms in San Francisco, London and Melbourne. Jane was the State Chair (SA) for ANZ Bank and a director of Adelaide Airport and the Art Gallery of South Australia. Jane held a Master of Business Administration, Bachelor of Science, and was a fellow of Chartered Accountants ANZ and the Australian Institute of Company Directors.

Our Executive team



Professor Lesley Dwyer

Lesley Dwyer is the Chief Executive Officer of CALHN and is responsible for leading the network's innovative and research-driven strategies to fulfill the organisation's ambition of shaping the future of health with world-class care and world-class research.



Dr Kathryn Zeitz

Kathryn Zeitz is the Deputy Chief Executive Officer and Executive Director, Clinical Governance at CALHN. Kathryn is responsible for the clinical performance of CALHN, leadership and influence over the day-to-day running of CALHN clinical services and driving continuous improvement across all clinical programs.

The role oversees Safety and Quality, Strategy and Digital and Project Management Office.



Mr Michael Burton

Commencing in March 2023, Michael Burton is the Acting Executive Director, Workforce Management and Reform. He is responsible for the strategic direction and reform of the human resource operations, workforce optimisation and work health safety management across CALHN to enable an environment that attracts and fosters world-class talent.

The role oversees Industrial Relations, Organisational Development and Workforce Strategy, Human Resources Operations and Performance, Work Health and Safety and Injury Management and Workforce Services.



Mr Daniel Casement

From March 2023, Daniel Casement is the Interim Director Strategy, Planning and Projects and is responsible for driving digital technology, strategy and leadership to improve outcomes and to put consumers at the centre of service design.

The role oversees Health Information Services, Digital Design Innovation and Change, Data and Analytics, EMR Optimisation Team and Improvement and Project Management Office.



Ms Amanda Clark MBA MN BN

Amanda Clark is the Executive Director, Nursing and Patient Experience and is responsible for the provision of care and treatment of the patient within CALHN and ensuring the patient is undergoing appropriate, safe and efficient care and treatment.

The role oversees Director of Nursing and Nursing and Patient Experience.



Dr Sarah Flint

Sarah Flint is the Interim Executive Director, Medical Services and is responsible for the overall clinical vision and direction of CALHN, ensuring that the culture, clinical systems and practices are aligned with and facilitate the delivery of excellent, evidenced-based care that is safe and high quality.

The role oversees Medical Leads, Medical Administration, Medical Education, Credentialing and Clinical Council.



Dr Paul Furst

Paul Furst is the Executive Director, Mental Health Service and Prison Health, and is responsible for the operations of the Mental Health Service and Prison Health program. He provides strategic and operational directions relating to planning, leadership and management including specialised strategies which focus on the promotion and improved outcomes for defined population groups.

The role oversees Mental Health and Prison Health.



Adjunct Associate Professor Julie Hartley-Jones

Julie Hartley-Jones is the Group Executive Director, Statewide Clinical Support Services and is responsible for the effective management and leadership of service and facilities to support the delivery of high quality, population needs-based services including BreastScreen SA, SA Dental, SA Pathology, SA Medical Imaging and SA Pharmacy services to the people of South Australia.

The role oversees the five Statewide Clinical Support Services listed above.



Ms Rachael Kay

Rachael Kay is the Interim Executive Director, Operations and Performance and is responsible for the day-to-day operations of health services across CALHN.

The role oversees all Clinical Programs (Surgery, Specialty Medicine 1, Cancer, Heart and Lung, Acute and Urgent Care, Critical Care and Perioperative, Neuroscience and Rehabilitation and Speciality Medicine 2), Network Operations Centre and Donate Life.



Ms Christine King

Christine King commenced as the Executive Director, Allied Health in February 2023 providing corporate, strategic, professional and operational leadership of allied health and intermediate care services in CALHN.

The role oversees Exercise Physiology and Physiotherapy, Social Work, Occupational Therapy, Psychology, Nutrition and Dietetics, Audiology and Speech Pathology, Orthotics and Prosthetics and Podiatry.



Ms Julia Knight

Julia Knight is the General Counsel and Corporate Secretary and is responsible for providing high quality legal advice to the Board, Board Committees, Chief Executive Officer CALHN and CALHN's Executive Team on corporate governance and legal matters.

The role oversees Board and Government Relations and Freedom of Information.



Ms Elke Kropf

Elke Kropf is the Director, Operational Services and is responsible for the strategic and operational leadership of Operational Services across CALHN.

The role oversees Facility Services, Corporate Support Services, RAH Research Fund, Biomedical Engineering and Disaster Resilience Unit.



Ms Anna McClure

From March 2023, Anna McClure is the Acting Executive Director, Integrated Care and Partnerships, and is responsible for providing strategic leadership and governance across CALHN for integrated care approaches, partnering across sectors to deliver better care for the Local Health Network's populations, places and systems.

The role oversees Integrated Care Services and Aboriginal Health.



Mr Chris Preston

Chris Preston commenced as the Executive Director, Finance and Business Services in March 2023 and is responsible for financial management, performance reporting, procurement, contract management, business development, operational services, business continuity and improvement of effective and efficient delivery of services to support the local health network's strategic intent.

The role oversees Finance and Business Advisory Services, Business Support and Improvement, Procurement and Operational Services.



Ms Krista St John

From May 2023, Krista St John is the Acting Director, Office of the Chief Executive and is responsible for the effective coordination, leadership and strategic advice to ensure the delivery of key projects and policy initiatives to support the Chief Executive Officer and the Board on contemporary issues.

The role oversees the Office of the Chief Executive Officer, Communications, Internal Audit, Corporate Records and Consumer Partnering.



Ms Liz Sutton

Liz Sutton is the Director, Research and is responsible for ensuring effective research leadership and governance and expanding research activity across CALHN by leading the implementation of CALHN's Research Strategy.

The role oversees Research Services.

Legislation administered by the agency

- *Health Care Act 2008*

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

The public sector agencies listed below are responsible for reporting information about their activities and operations in their own annual report submitted to the Minister for Health and Wellbeing:

- Barossa Hills Fleurieu Local Health Network
- Central Adelaide Local Health Network
- Commission on Excellence and Innovation in Health
- Controlled Substances Advisory Council
- Country Health Gift Fund Health Advisory Council Inc.
- Regional Health Advisory Councils (39 across South Australia)
- Eyre and Far North Local Health Network
- Flinders and Upper North Local Health Network
- Health and Community Services Complaints Commissioner
- Health Performance Council
- Health Services Charitable Gifts Board
- Limestone Coast Local Health Network
- Northern Adelaide Local Health Network
- Office for Ageing Well
- Pharmacy Regulation Authority of South Australia
- Riverland Mallee Coorong Local Health Network
- SA Ambulance Service
- SA Ambulance Service Volunteers' Health Advisory Council
- SA Medical Education and Training Health Advisory Council
- South Australian Public Health Council
- Southern Adelaide Local Health Network
- Wellbeing SA
- Women's and Children's Health Network
- Veterans' Health Advisory Council
- Yorke and Northern Local Health Network.

The agency's performance

Performance at a glance

Central Adelaide Local Health Network is committed to implementing a range of strategies, programs and initiatives to deliver on its service agreement and to champion world-class care and world-class research.

During 2022-23 the Network continued to recover from the lead role it played in the protracted COVID-19 pandemic. Recognising COVID had become endemic in the community, CALHN stood down its incident management COVID response in September 2022.

Under the leadership of 8 commanders, CALHN's COVID-19 response saw the incident management team convene 467 briefings that shaped CALHN's delivery of care, response to and recovery from the pandemic.

Management of COVID-19 patients is now integrated into CALHN's usual operations. COVID-positive patients receive care in 'home' wards, by home treating teams, under advanced respiratory precautions. Throughout 2022-23, 4310 COVID positive patients were admitted for care across CALHN.

Dozens of CALHN nursing and medical staff took part in the regional response during the pandemic. These staff volunteered to provide their expertise, knowledge and support to help reduce the impact of COVID-19 in these regional and remote communities.

As the world returned to more of a pre-COVID state, CALHN increasingly focused on improving its operational flow to enhance the patient experience, with specific attention to reducing ramping in line with the government's commitments. This included establishing the Access to Care taskforce to enable a network-wide improvement program to support the timely transfer of patients from an ambulance to the emergency department, allowing an improved hospital experience and ambulances better able to respond to the community.

Service improvement in the western suburbs continued to be a priority, with the construction of the new clinical services building well underway at TQEH. The new building will feature a new emergency department, which will be more than 40% larger inclusive of 46 treatment spaces with multiple zones to treat different presentations, and a dedicated entrance for the SA Ambulance Service.

In addition, CALHN commenced planning for a new 24-bed mental health facility at TQEH as announced in February 2023. This facility is expected to be open by late 2025.

CALHN also established 'Regency Green' as a community partnership facility for mental health consumers with a National Disability Insurance Scheme (NDIS) plan who do not need acute hospital care. At June 2023, 41 consumers have been discharged to this facility with a combined LOS exceeding 6,351 days (17.4 years). Twenty five consumers have exited Regency Green to home with NDIS support or long-term NDIS accommodation.

CALHN continued to focus on improving its governance and enacting its strategy framework, with progress continuing on the development of the network's research strategy, clinical strategy and the launch of the Statewide Clinical Support Services Strategic Plan 2022-2027.

A new Innovate Reconciliation Action Plan was launched in May 2023 to guide, support and hold us accountable as we uphold our values and make reconciliation a reality. The commitment to making CALHN a more welcoming place for Aboriginal staff and consumers and strengthening partnerships was signalled with the launch of the 'Listening, Caring, Healing' Aboriginal Health Framework and Action Plan 2022-2027 and the Network's Aboriginal Employment and Retention Strategy.

Agency specific objectives and performance

Agency objective 1.	<p>Connected care</p> <p><i>Our Care is connected and revolves around the patient in their (and our) community.</i></p> <p><i>CALHN is determined to create a shift within the community so that people know where and how they get the care they need.</i></p>
Indicators	Performance
Accreditation	<p>CALHN has undertaken several clinical accreditations to demonstrate our compliance with national standard set by external agencies. This includes:</p> <ul style="list-style-type: none"> • In 2022, the National Association of Testing Authorities (NATA) Accreditations for Lung Function Laboratory RAH (September 2022) and Clinical Sleep Laboratory TQEH (9 June 2022) • In April 2023, Australian General Practice Accreditation Limited Accreditation for Sefton Park • In April 2023, underwent Statewide Trauma System and Trauma Verification RACS: RAH Trauma Medical and Nursing • In May 2023, CALHN Prevocational Medical Training at the RAH and TQEH sites. <p>Preparation has commenced for CALHN to always be accreditation ready: short notice assessment against the NSQHS Standards could occur anytime from 1 July 2023 with 24 hours' notice.</p>
Hospital Avoidance Program (Sefton Park)	<p>The Hospital Avoidance Service (Sefton Park) continues to drive innovation and excellence to enable patients to receive care in the community and avoid unnecessary presentation to ED and/or hospitalisation. The service operates extended hours seven days per week (including public holidays) and</p>

	<p>has introduced onsite imaging including x-ray, ultrasound and computed tomography (CT). The model continues to expand and now also operates as the state-wide provider for face--to--face care for COVID patients. The service won CALHN'S World Class Care Quality and Improvement Showcase 2023 for Integrated Healthcare.</p> <p>From 1 July 2022 to 31 May 2023, the service enabled 6,585 patients to avoid presentation to a CALHN ED (a 178% increase from the equivalent prior period of 2,369 patients).</p> <p>Clinical incidents remain extremely low within the service and up transfer rates also remain low at under 6% (13% benchmark). Patient overall satisfaction rates continue to be above 97% and a staff 'Patient Safety Culture' survey saw a high participation rate and positive results across domains -- including a 97% response rate aligned to 'I would recommend a friend or relative to be treated in this unit / work area'.</p> <p>In recognition of the outstanding contribution and impact the service has on the broader health system and performance, in June 2023 the Premier of South Australia announced additional Hospital Avoidance Services will be opened in 2024.</p>
Integrated Care Hospital Avoidance Geriatric Services	<p>CALHN undertook a realignment of 'like' Geriatric services under the one governance stream of Integrated Care. This led to efficiencies and improved navigation for clinicians and patients in accessing these important services.</p> <p>The three streams of Geriatric Hospital Avoidance services focus on providing alternate care locations for older consumers to receive their care in other than acute beds while reducing the need to present to our Emergency Departments.</p> <p>Clinical Incidents remain extremely low, patient overall satisfaction rates continue to be above 98% and a staff 'Patient Safety Culture' survey saw a high participation rate and positive results, including a 97% response rate aligned to 'I would recommend a friend or relative to be treated in this unit / work area'. Length of stay of those residing in CALHN Geriatric substitution beds remains well below benchmark of 10 to 12 days, averaging 8.8 days.</p> <p>The three services include:</p> <ul style="list-style-type: none"> • The Geriatrics In The Home (GITH) service: First established in August 2021 as a hospital substitution for patients over the age of 65 (45 for Aboriginal or Torres Strait Islander people) who can safely have their hospital level care delivered in their home or temporary place of residence. Initially funded for a five -bed virtual ward, the demand for this service enabled an immediate expansion of the service to 20 beds in November 2021, the service is proposed to expand to

	<p>25 in 2023--24.</p> <ul style="list-style-type: none"> • Multidisciplinary Community Geriatric Service (MCGS): Realigned in January 2023, MCGS provides in-home comprehensive geriatric assessment and short-term case management for older people to prevent unnecessary presentations and admissions to hospital. On average, the service works with 35 to 40 patients in the community at any given time. • Residential Aged Care Facility (RACF) hospital avoidance in-reach service is an initiative implemented by Integrated Care in 2022 to support residents remaining in their RACF for exacerbations of health issues that previously led to an Emergency Department presentation and/or admission (for example, delirium secondary to infection). Our geriatric hospital avoidance Nurse Consultant collaborates with RACF Nursing staff, GPs and CALHN Geriatricians to implement alternative care pathways, working alongside approximately 20 patients at any one time.
Hospital In The Home	<p>Hospital In The Home (HITH) is a hospital substitution strategy where patients can have their hospital level care delivered in the patient's own home or temporary place of residence. The strategy is funded for a 45-bed virtual ward. Over the past 12 months, there has been an increase of HITH utilisation from average bed occupancy in 2022 being 30 patients per day, to now approximately 40-45 patients per day. These patients would otherwise be occupying an acute bed.</p> <p>Clinical Incidents remain extremely low, patient overall satisfaction rates continue to be above 97% and length of stay of the service has remained under the benchmark of seven days (sitting at 6.6 days for 2022--23).</p>
HealthDirect Videocall	<p>Virtual care/telehealth service delivery was introduced during the COVID-19 pandemic; throughout 2022-23, 14,731 calls were made using the telehealth service. To further embed videocall into routine service delivery across CALHN, the use of HealthDirect videocall was introduced in 2022-23.</p> <p>Outpatient services, Integrated Care and Cancer Services have embraced the use of HealthDirect to improve access to care, reduce appointment burdens for patients and improve efficiency of service delivery. HealthDirect is also being utilised to improve access to interpreters from across Australia.</p>
Reconciliation Action Plan	<p>CALHN's second Innovate Reconciliation Action Plan 2023-2025 was developed to demonstrate CALHN's ongoing commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander communities and</p>

	<p>supports the journey so far towards reconciliation.</p> <p>To ensure that CALHN were inclusive their engagement with staff and community, a review of the previous RAP was conducted through various workshops to inform this second Innovate RAP. Engagement included a survey of all CALHN and Statewide services staff, along with workshops with the following groups:</p> <ul style="list-style-type: none"> • Consumer advisory groups • Aboriginal and Torres Strait Islander staff • CALHN community - Community networks • Senior leadership • Our partners • RAP implementation working group <p>The RAP is built upon the learnings of our previous RAP through expanding our education and learning programs for staff and employing a dedicated RAP Coordinator to accelerate CALHN's ability to complete RAP deliverables.</p> <p>CALHN's second Innovate RAP was launched in May 2023.</p>
Aboriginal community engagement	<p>Shared relationships and engagement with Aboriginal Communities, consumers and stakeholders help CALHN to provide culturally safe care and better services.</p> <p>Engagement with community allows us to have ongoing conversations with the Aboriginal Community about the planning, designing, monitoring and delivery of quality care to Aboriginal patients and families.</p> <p>CALHN's Consumer Partnering and Community Engagement Framework includes the commitment to 'Valuing Cultural Safety' and is one of the six guiding principles on which the framework is based.</p> <p>Aboriginal consumers and stakeholders at CALHN are a part of a broad group who are engaged, supported, listened to, and involved through multiple systems including committees, patient work, programs, and services.</p> <p>Partnering with Aboriginal communities has provided CALHN with opportunities to strengthen relationships and enabled increased Aboriginal representation in our network through involvement in CALHN's Yaitya Marnintyarla Kangka Committee, Aboriginal 'Consumer and Stakeholders' Reference Groups, and CALHN's committees and working groups.</p> <p>CALHN's Aboriginal Consumer Reference Group met four times through the year. The group is supported to come together more frequently as a direct pathway to voice ideas,</p>

	<p>concerns and contribute to improving the experience and outcomes for Aboriginal and Torres Strait Islander peoples.</p> <p>In 2022-23, CALHN established an Aboriginal Stakeholder Group. The group met twice to form shared understandings and ways of working and are striving to identify opportunities for collaboration and partnerships to progress shared priorities towards improving Aboriginal health outcomes.</p>
Consumer Partnering	<p>CALHN's Consumer Partnering and Community Engagement approach is leading the way nationally by embedding consumer experiences into healthcare design and delivery. CALHN currently has over 130 active consumer representatives. To date, impacts of innovative and embedded consumer engagement include a cancer concierge program, care escalation pathways, tailored consumer information sheets and an audio-visual library of patient stories.</p>
Improving Surgical Outcomes	<p>In July 2022, CALHN launched the My PreHab Program, a patient-centred prehabilitation program for consumers referred for, or awaiting, elective surgery. Co-created by consumers and a multi-professional clinical group, it aims to reduce post-operative complications and empowers consumers to co-manage their health to improve surgical outcomes.</p>
Essential Nursing Care	<p>Let's BRUNCH was developed to improve essential nursing care in CALHN's Emergency Department and Surgery Program.</p> <p>Each letter focuses on a quality improvement care theme and has led to increased education and awareness, resulting in a significant improvement in consumer satisfaction, positive Hospital Acquired Complication (HAC) data trends, and staff engagement.</p>
Regency Green Facility	<p>Non-acute patients delayed from discharge while awaiting disability supports through NDIS present a significant challenge for SA hospitals.</p> <p>Regency Green supports consumers with psychosocial disability to be cared for in a setting where they also regain their independence and re-connect with the community.</p> <p>Since August 2022, the community-based facility has helped reduce Long Length of Stay (LLOS) patients, saving 4,884 hospital days, ensuring more appropriate use of acute beds.</p>
Outpatient Waiting Lists	<p>Over the 2022-23 financial year, CALHN achieved a significant milestone with all outpatient waiting lists under five-years by 31 December 2022. A total net reduction in</p>

	<p>patients waiting during the year was 3,868. This was achieved through the use of Systemview, which enabled monitoring of all unbooked patients. Statewide clinical audits, which enabled patients to indicate that they no longer require an appointment, resulted in large numbers of patients being removed from the waiting list in January 2023. Movement of the audit to a digital pathway through Personify Care has streamlined the process significantly, enabling it to be carried out monthly. Each month, 600-800 patients are sent an SMS inviting them to the audit, with 75% of patients responding in the first few days. On average, 8% of patients ask to be removed from the waiting list each month. Use of these digital systems has further supported waiting list reduction through improved clinic efficiency due to decreased failure to attend rates and improvement in new to review ratios.</p>
Spinal Outpatient Service	<p>Demand for the Spinal Outpatient Service far exceeds capacity, with wait-times for non- urgent referrals historically extending to as much as four years. A Spinal Virtual Clinic (SVC), pioneered by the Advanced Practice Physiotherapy Team (AP-P) has transformed the outpatient service. The SVC provides rapid assessment, has eliminated waitlists, and allows patients to start treatment, that is timely and right for them, in the community under guidance.</p>
Access to Care Taskforce	<p>CALHN's Access to Care Taskforce has been established to monitor, support, guide and steer clear themes of work and the Clinical Flow Model to improve patient flow and reduce ramping.</p> <p>The aim of the taskforce is to deliver an organisational-wide program of work to improve internal systems and processes that will ensure the timely transfer of patients from an ambulance to the emergency department, allowing an improved hospital experience and ambulances to better respond to the community.</p> <p>The taskforce has identified three focus areas (Houses)</p> <ul style="list-style-type: none"> • Avoid and redirect • Improve throughput • Increase output <p>These focus areas span the continuum of the patient's journey and include initiatives to improve efficiencies at each stage.</p>
Mental Health Length of Stay Framework	<p>Tackling barriers to discharge relating to long length of stay (LLOS) patients with mental health challenges aims to improve patient flow through our hospitals.</p> <p>Since adopting a consumer-centred framework, CALHN's Mental Health Clinical Program (MHCP) has overseen a</p>

	<p>significant reduction in the number of LLOS patients, some of whom had been stranded in hospital for up to a year, who are now discharged into supported community-based options.</p>
Aboriginal Healthcare Framework	<p>Our 'Listening, Caring, Healing Aboriginal Health Framework and Action Plan 2022 – 2027' was released on 7 December 2022. It will help fulfil our ambition to deliver culturally sensitive services where Aboriginal consumers feel confident and safe.</p> <p>The action plan is monitored by the Aboriginal Priority Care Committee.</p>
Aboriginal Health Beyond the Gap Project	<p>SA Pharmacy commenced the Beyond the Gap project, a joint initiative with the Aboriginal Health team at the Department for Health and Wellbeing. The project focuses on best practice pharmaceutical care for Aboriginal people, with particular interest in improving continuity of care in the areas of chronic disease, child and maternal health, mental health and social and emotional wellbeing.</p>
Mock Accreditation	<p>A mock short-notice assessment was undertaken in June to help us prepare for short notice assessment which could happen anytime from 1 July 2023.</p> <p>This short-notice format was different to the accreditation survey undertaken in 2021, which was held over a five-day period. Governance Plus undertook the mock assessment to assess us against the National Safety and Quality Health Service Standards.</p> <p>The assessors visiting several sites to see how we are performing against the National Safety and Quality Health Service (NSQHS) Standards and fed back to staff on their findings.</p>
Volunteering	<p>CALHN has a dedicated group of over 170 volunteers and every one of you makes an important difference in some way or another.</p> <p>Over the past year:</p> <ul style="list-style-type: none"> • Volunteer guides within CALHN have handled 350,000 requests from patients, visitors, and staff. • Inpatient team volunteers have visited nearly 11,000 newly admitted patients offering companionship and emotional support • Intensive Care Unit volunteers have made a profound impact, providing over 4,200 hours of support to patients, their families and staff during some of the

	<p>most challenging moments of their lives</p> <ul style="list-style-type: none"> Volunteers at the Hampstead Rehab Centre Kiosk have poured over 11,000 cups of coffee and served more than 35,000 patients, staff, and visitors with all revenue going back to Health Services Charitable Gifts Board and patient amenities <p>Volunteers at the Repat Health Precinct, in their first year at the new facility have already touched the lives of nearly 150 patients, responding to requests and tending to various needs.</p>
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Agency objective 2.	<p>Curiosity compels</p> <p><i>Our curiosity drives us to always do better – research and innovation drives everything.</i></p> <p><i>As a research-informed leading health care provider, CALHN is committed to fostering partnerships and scholarships and the spirit of discovery and interrogation.</i></p>
Indicators	Performance
Adelaide Health Innovation Partnership	<p>CALHN is a part of Adelaide Health Innovation Partnership, an alliance that facilitates and advocates for change, innovation and improvements in health service delivery, medical research, education and patient care.</p> <p>The partnership brings together the key elements, knowledge and skills from our members organisations to tackle projects that will have a significant impact on improving the health of our community and provide economic growth for South Australia.</p>
Bragg Comprehensive Cancer Centre (BCCC)	<p>The Bragg Comprehensive Cancer Centre (BCCC) is an initiative of the Adelaide Health Innovation Partnership (AHIP).</p> <p>The centre will bring together South Australia's leading cancer researchers, clinicians, patients, carers and technology as well as combining the best education, prevention programs, treatment, and long-term care in one coordinated service.</p>
Research Strategy	<p>The CALHN Research Strategy has been established to align with the CALHN Clinical Strategy.</p> <p>Both strategies outline the direction and flagships to enable the network to achieve its vision of world class care and world class research, and our commitment to addressing the changing and growing health care needs of our community.</p> <p>The Research strategy was first introduced to staff during CALHN research week in October 2022 and opened at this time for consultation.</p>
Clinical Rapid Implementation	<p>The CALHN CEO Clinical Implementation Project Scheme (CRIPS) Grant, is an initiative to promote health services</p>

Project Scheme Grant	<p>research within CALHN, in keeping with our vision of delivering world-class care and world-class research.</p> <p>The annual grant scheme is for hospital-based staff to develop projects that will improve health service delivery within CALHN. It is anticipated the successful projects could be implemented as a CALHN policy within 12 months of completion of the two-year grant.</p> <p>The winners for 2022 were:</p> <ul style="list-style-type: none"> • Dr Stephen Bacchi for the project titled ‘Electronic Penicillin Allergy Screening with Machine Learning (EPAS-ML) with Systematic Allergy Delabelling’. • Professor Sepehr Shakib for the project titled ‘Improving safety, quality, cost, and patient outcomes through a transitional care model for individuals discharged from CALHN with multimorbidity’. • Professor Bogdan Solomon for the project titled ‘Next Generation Sequencing as a Precision Medicine Tool in the treatment and management of patients with Prosthetic Joint Infection’.
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Agency objective 3.	<p>Investing in what matters</p> <p><i>In order for CALHN to deliver clinical quality and modern health care we will need to be in a position to invest in what matters.</i></p>
Indicators	Performance
TQEH Redevelopment	<p>This capital project is an investment of \$314 million to provide a new Clinical Services Building for TQEH. Construction began in early 2022 and is due for completion in mid-2024. Planning is underway for the relocation of clinical services in July 2024, including relocating General Rehabilitation Services from Hampstead Rehabilitation Centre. Readiness planning with the Clinical and Statewide programs is underway, including workforce and activity planning, financial analysis, training, commissioning, and relocation. Consumer engagement has been a key focus of the project team who have established strong relationships and partnered with First Nations community leaders and consumers. Together they have established cultural design principles that will enhance the health and wellbeing of Aboriginal and Torres Strait Islander people and provide a positive experience of cultural safety within the facility. An upgrade to the existing Mortuary is also in progress and expected to be complete in October 2023.</p>
TQEH Mental Health	<p>In 2022, the South Australian Government committed to deliver 72 new non-acute Mental Health Rehabilitation beds</p>

<p>Rehabilitation Unit</p>	<p>across Northern Adelaide Local Health Network, Southern Adelaide Local Health Network and Central Adelaide Local Health Network. TQEH will receive a new 24-bed Mental Health Rehabilitation Unit with a location identified on Woodville Road adjacent to the hospital. Engagement with the Mental Health Clinical Program and other key stakeholders began in 2023, with facility planning and design underway with a project design team. A Steering Committee led through the Office of the Chief Psychiatrist is developing the model of care for these new services and workforce planning principles. The project is due for completion in late 2025.</p>
<p>Emergency Access</p>	<p>CALHN continues to invest in what matters and in June 2023 a \$2.2 million upgrade to the RAH ED waiting room and triage area was announced to help clinicians treat patients faster and improve flow through the department. Once completed there will be a rapid assessment and intervention zone consisting of seven purpose-built chair spaces and one bed, allowing for increased assessment and intervention at the front of the emergency department. In addition, there will be improved seating to enable greater visibility of all patients in the waiting room by the triage desk.</p> <p>To improve emergency access at the TQEH a “fast track” area was established where patients who were needing only minor treatments or investigations could be seen, treated and discharged. This space was set up in a temporary cabin freeing up space within the ED for SA Ambulance crews to offload patients during times of high demand, minimising external triage. During 2022-23, ‘the cabin’ as it is affectionately known by staff, treated 1,074 patients. The average time of treatment for a patient who was seen within the cabin was 112 minutes. The cabin was open 243 days during the period.</p> <p>Consumer surveys in the cabin demonstrated that 83% of those treated within it were very satisfied with the care they received, and there was very positive feedback for staff.</p>
<p>North Terrace Outpatients</p>	<p>To improve access to outpatient appointments, CALHN opened a new outpatient clinic on North Terrace in July 2022, just opposite the Royal Adelaide Hospital, with eight clinic rooms accommodating a range of services including Neurology, Endocrinology, Immunology and Rheumatology clinics. These services had previously been based in a ward of the RAH and were displaced at the beginning of the COVID response in November 2021.</p>

Agency objective 4.	Technology enables us <i>CALHN maximises our use of technology to drive better health outcomes for our community, and release time for our staff.</i>
Indicators	Performance
Electronic Medical Record activation for CALHN services on Glenside Campus	<p>CALHN led the implementation of the Electronic Medical Record (EMR) for Eastern Acute, Inpatient Rehabilitation, and Neurostimulation patients at Glenside Health Services in November 2022.</p> <p>A new activation model was developed using existing CALHN budget and resources, which enabled the services to 'go-live' years sooner than the planned Digital Health SA led activation.</p> <p>Implementing Sunrise EMR and the supporting Patient Administration System for these mental health services benefits patient care. It enables consistent clinical workflows across CALHN sites, providing clinical staff with real-time patient information to help with decision making, and monitoring patients' movement and progress across the LHN.</p>
Vital Signs device integration with Sunrise EMR	<p>In response to evidence which indicates Biomedical Engineering (BME) integration is a critical success factor in the implementation of a digital hospital, a four-ward trial commenced in June 2023 which integrated Sunrise EMR with a selection of vital signs machines.</p> <p>Interstate studies have shown a typical registered nurse looking after four patients in a general medical ward, experienced a time saving of between 45-minutes and 60-minutes per shift. The interstate data suggests this productivity dividend translated to improved nutrition, reduced Stage 3 and 4 pressure injuries, and reduced healthcare acquired S. Aureus Bacteraemia infections. There was also an increase in rapid response team calls because of earlier identification of deteriorating patients, with a subsequent reduction in in-hospital cardiac arrests.</p> <p>Data collection within CALHN remains ongoing.</p>
Personalise Acute Myocardial Infarction Care outcomes	<p>The Personalised Acute Myocardial Infarction Care to improve Outcomes (PAMICO) project uses clinical algorithms in patients with acute heart attacks to inform them and their clinicians of their individualised expected length of hospital stay and risk of procedural complications. Thus, patients are better informed, and the clinician can tailor therapy to the individual patient.</p>

<p>Ainsoff Deterioration Index</p>	<p>CALHN has become the first public hospital in Australia to implement a real-time data monitoring system which provides advanced warning to medical staff of patient deterioration.</p> <p>The system monitors a host of patient variables and pathology results to anticipate deteriorations in patient status, automatically alerting medical staff and allowing them to intervene sooner.</p> <p>Following a successful shadow trial, a live trial is now underway on four wards at the RAH and TQEH.</p>
<p>Digital Patient Pathways</p>	<p>The implementation of Digital Patient Pathways (using Personify Care) is ongoing across CALHN sites, with a total of 465 staff members currently utilising the system. This software is being utilised for pre-admission at TQEH, TQEH/RAH Endoscopy, SA Dental, CALHN Outpatients, Cancer Prehab Colorectal and throughout the Royal Adelaide.</p> <p>Personify Care has successfully digitised over 984,000 patient encounters and screens patient information prior to admission, resulting in a notable reduction in CALHN's workforce requirements while providing improved information to patients.</p>
<p>Health Information Services</p>	<p>Medical records identified paper forms that can instead have information entered directly into the Electronic Medical Record, thus improving efficiencies, and reducing paper-use and wastage. Clinical Coding has continued to support improvements to documentation and clinical coding and gained 1651 National Weighted Activity Units (NWAU) for CALHN through improved auditing. Health Information Services Documentation Improvement has gained a further 1200 NWAU through retrospective auditing led by the services.</p>
<p>Discharge timeliness</p>	<p>Adelaide Score for General Surgery is currently in early stages of development. The 'Adelaide Score' is an innovative Artificial Intelligence algorithm that accurately predicts when general surgery patients are ready to be discharged. It could help hospitals free up limited bed spaces and reduce pressure on emergency departments.</p> <p>Dr Stephen Bacchi, Neurology Registrar and Researcher, has led a successful trial of a tool that uses machine learning to predict when patients will leave hospital after a stroke, helping patients return home an average of two days earlier.</p>

Agency objective 5.	Growing world class talent <i>CALHN is a place that attracts and grows world-class talent. It is CALHN's objective to be globally recognised for the exceptional care our workforce provides and for our strong culture where people want to perform at their best, not only because it's expected of them but because it's what they want to do.</i>
Indicators	Performance
Hospital rankings	<p>CALHN's vision to be a globally recognised healthcare service was boosted in March 2023, with the RAH consolidating its place among the top 15 hospitals in Australia, following the release of 2023's World's Best Hospitals rankings.</p> <p>As South Australia's largest research and teaching hospital, the RAH has increased its ranking among the nation's best hospitals and is now placed 14th in Australia, lifting its position by three places in the past 12-months.</p> <p>The RAH Orthopaedic team featured among the world's best specialities, ranked at number 38 this year.</p>
World Class Care Showcase	<p>The third CALHN World Class Care Quality and Improvement Showcase was held at SAHMRI on 15 February 2023. It was a successful showcase with presentations by international and domestic experts on 'The Future Is...' including a thought-provoking panel discussion on Artificial Intelligence. The event also highlighted all the amazing quality improvement projects currently underway across CALHN.</p> <p>The four winning improvements were:</p> <p>Category 1: Innovation in Healthcare – Future Focused</p> <p>My Prehab Program – A hospital initiated, community-based prehabilitation program. A digital screening tool to provide a holistic prehab intervention to optimise patients individual risk factors before elective surgery.</p> <p>Category 2: Integrated Health Care</p> <p>CALHN Hospital in the Home (HITH) - Leading the way with intravenous treatment at home pathways for high-risk mild-moderate COVID 19 positive patients.</p> <p>Category 3: Patients as Partners</p> <p>The inclusion of diversional therapy within a multidisciplinary setting focusing on the management of behavioural and psychological symptoms of dementia and BPSD contributes to patient happiness and reduces behavioural</p>

	<p>disturbances and incidents of Code Blacks.</p> <p>Category 4: Improving Safety and Quality</p> <p>Improving outcomes for older patients with multiple myeloma – a case management approach. Delivering ongoing patient information, education and support while providing a point of contact for patients to liaise with the service regarding complications or toxicities.</p>
International recruitment campaign	<p>CALHN is looking to recruit nearly 500 new staff across all areas. Videos were produced to support an international social media recruitment campaign.</p> <p>In August, the international recruitment figures highlighted:</p> <ul style="list-style-type: none"> • Facebook and Instagram advertisements reached 878,864 people • 126 applications have been received • 65 applications have been shortlisted and • 28 candidates are in the final stages of recruitment
Aboriginal Health Practitioners	<p>Aboriginal Health Practitioners (AHPs) are located within the Aboriginal and Torres Strait Islander Health and Wellbeing Hub, Renal, Podiatry and Cancer programs and RAH ED services. CALHN continues to embed the nationally recognised and registered role of Aboriginal and Torres Strait Islander Health Practitioners (AHPs) in the acute services sector.</p> <p>The Aboriginal and Torres Strait Islander Health Practitioner Credentialing/Re-credentialing and Scope of Practice Procedure and supporting documentation was introduced in May 2022 to provide guidance for CALHN staff, management, and decision makers to effectively deploy and support an AHP workforce in our hospitals and acute services settings.</p>
Yaitya Marnintyarla Kangka Committee	<p>Established in November 2020, the CALHN Yaitya Marnintyarla Kangka Committee was established as the mechanism to focus on meeting the needs of Aboriginal and Torres Strait Islander people.</p> <p>The Committee has a strong multidisciplinary and consumer membership and representation from external stakeholders including the Aboriginal Health Council of South Australia, SAHMRI's Wardliparingga Aboriginal Health Equity Theme and remote Aboriginal Health Service.</p> <p>A key outcome of the committee includes the establishment of CALHN's Aboriginal 'Consumer and Stakeholders' Reference Groups implementation of CALHN's Aboriginal Health Framework and Action Plan.</p>

Staff wellbeing	<p>CALHN established a Director of Staff Wellbeing position in 2022-23. The role oversees CALHN's Wellbeing pathway. A Peer Support Program was launched as a pilot in 2020 with around 35 staff trained. 70 additional staff have been trained in the Program since October 2022 when the training recommenced. All staff have undertaken Mental Health First Aid training as well as a one-day training in peer support specifically. Peer supporters are spread across Clinical Programs and SCSS and are a resource to staff in their teams as well as a group who initiate wellbeing strategies for colleagues.</p>
Leadership development	<p>CALHN continued to offer leadership development opportunities in line with its leadership framework.</p> <p>In 2022-2023, CALHN targeted its high potential leaders, frontline leaders and senior leaders providing a number of leadership programs.</p> <p>The Leaders Within Program, provided up to 210 staff who have been identified as emerging leaders with three development sessions focused on Impactful Leadership, Kindness And Civility In Healthcare and Future Directions for SA Health.</p> <p>The Linking Leaders forum brought together CALHN's leaders to connect on CALHN's strategic priorities and learn from thought leaders. The annual forum was held in November 2022 and attended by over 180 CALHN leaders on the theme of The Role Of Leaders In Shaping Culture. Ninety one percent of attendees felt they were able to apply learnings from the session to their work in CALHN.</p> <p>The Managers Fundamentals Program aims to provided 104 new and existing frontline managers with knowledge of CALHN's processes and systems to manage teams effectively over a two-day program. Feedback on the Program has been consistently positive with the majority of attendees indicating that the content is relevant and useful for them in their roles.</p> <p>As part of the Leadership Development Framework CALHN also supports and facilitates attendance at Programs run through the South Australian Leadership Academy and through SA Health</p>

Corporate performance summary

Over the 2022-23 financial year CALHN continued to focus on improving its performance against key access and safety and quality metrics as outlined below.

Access performance:

- CALHN continued to be challenged in meeting the National Emergency Access Target (NEAT) performance of >90% (for patients with an ED length of stay less than four hours) with CALHN reaching up to 56.7% but unable to improve this metric further.
- The number of CALHN Emergency Department presentations decreased by 1% this financial year.
- The Hospital Avoidance Program, which helps patients with complex needs avoid unnecessary visits to the ED, treated 7255 patients this year (169% increase from the equivalent prior period – 2698)
- Mental Health has continued to work to reduce length of stay, with a general average acute non-linked length of stay of 14 days for 2022/23. As at June 2023, Mental Health were down to an average length of stay of 12 days.
- The unplanned re-attendances at CALHN ED's within 48 hours has averaged 4.5% for 2022-23 financial year (Target $\leq 4.5\%$)

Safety and Quality performance:

- Reported incidents with harm (Incident Severity Rating 1 and 2) remained below target for the majority of the year. Sadly, three sentinel events occurred within CALHN during 2022-23.
- Hospital Acquired Complication (HAC) rates have remained above the target of 2% during 2022-23.
- CALHN has sustained the hospital diagnosis standardised mortality ratio in line with our Health Round Table peer benchmarks.
- Staphylococcus aureus bacteraemia (SAB) rates have remained below the target of 1 for the majority of this financial year.
- The hand hygiene rates have been above the target of 80% this financial year.
- Mental Health restraint events per 1,000 bed days have remained above the target of 2 for the majority of this year, with seclusion also not meeting the target of <3 this financial year.

In addition, CALHN continued to optimise use of its physical assets with a range of non-patient functions relocating from the RAH to Roma Mitchell House to create more space.

CALHN continues to promote a positive workplace culture through implementation of a Professional Accountability Program for medical, nursing and executive employees. Work is also being done as part of our responses to the ICAC's evaluation of targeted aspects of the Central Adelaide Local Health Network report of November 2022, including improving culture and systems in respect to the reporting of wrongdoing and the investigation and management of reports.

Employment opportunity programs

Program name	Performance
South Australian Public Sector Aboriginal Employment initiatives	<p>CALHN recognises the employment of skilled Aboriginal staff makes a difference to CALHN's Aboriginal patients and their families, and that cultural safety and clinical safety are essential for the delivery of high-quality care.</p> <p>Since the launch of the Aboriginal Employment and Retention Strategy (2022-26 and beyond) in April 2022, there has been a steady increase and retention of Aboriginal workforce. The headcount currently sits at 133 staff equating 0.8% of the workforce inclusive of SCSS.</p> <p>Key initiatives within the strategy include the student ambassador program to attract more cadets and graduates and the development of a cultural learning framework for the LHN.</p>
Graduate recruitment	<p>CALHN provides employment opportunities for graduate nurses through a supported Transition to Professional Practice (TPPP) program. In 2022-23, a total of 299 graduate nurses were employed in this program.</p> <p>CALHN also provides employment opportunities for graduate doctors with 140 interns employed in Jan 2023.</p>

Agency performance management and development systems

Performance management and development system	Performance
Action 1.22 of the National Safety & Quality Health Service Standards (NSQHSS) requires that the clinical workforce participates in regular performance reviews that support individual development and improvement.	<p>As at 30 June 2023, compliance was 55%. This is an increase from 47% in 2021-22.</p> <p>The Performance Review and Development process was relaunched in April 2023 as 'Development Discussions'. This has been followed by an ongoing campaign to improve the perception and effectiveness of the performance development processes across CALHN. The relaunch and subsequent campaign have been in response to employee and leader feedback regarding the effectiveness and impact of the previous process.</p>

Work health, safety and return to work programs

Program name	Performance
Manual Tasks	<p>Ergonomic consultancy was provided for infrastructure redevelopment (including TQEH and the Repat Health Precinct), purchase of equipment, redesign of work areas and tasks, and to mitigate manual tasks risks.</p> <p>Over 350 Manual Tasks Local Facilitators are in place throughout CALHN/SCSS to provide practical training, induction, support and problem solving for manual tasks issues.</p> <p>A suite of resources was developed, including a 'Workstation Ergonomics' staff education video.</p> <p>A one-day CALHN Bariatric Patient Management Workshop was established by the Nursing Education and WorkFit team, running twice a year and available to all clinical staff caring for a bariatric person.</p>
Psychological Health	<p>A Director of Staff Wellbeing and a Project Officer, Wellbeing, were established (see wellbeing update for further details).</p> <p>CALHN and SCSS provided 11 two-day Mental Health First Aid training programs for staff during 2022-23. Since 2019, CALHN and SCSS have seen 657 workers complete the Mental Health First Aid course.</p> <p>A Peer Support Program is available to all CALHN and SCSS work areas.</p> <p>A suite of wellbeing resources was published, the wellbeing intranet page was updated and bulletins were emailed to staff to update them and promote specific resources.</p> <p>IworkforSA Action Plans developed to address priority psychosocial opportunities for improvement identified in the IworkforSA survey.</p>
Fatigue risk management	<p>During 2022-23, a suite of fatigue resources was published on the intranet.</p> <p>A survey was conducted to evaluate the implementation of the fatigue resources. The resources are being updated to simplify and increase accessibility and ensure fatigue metrics are monitored to identify trends and opportunities to improve shift patterns.</p>
Challenging behaviour	<p>During 2022-23, a Complex Behaviour Framework and Working Group was established.</p> <p>The Behavioural Assessment and Response Team (BART) provides support to clinicians to facilitate the implementation</p>

	<p>of early preventative strategies that minimise the likelihood of escalating patient behaviours.</p> <p>Presenting and Responding to Complex Behaviours training was also launched.</p> <p>During 2022-23, CALHN completed a summary of current actions/controls and how they align with the 10-Point Plan to end violence and aggression. An action plan was developed to address opportunities for improvement, which will complement the SA Health Action Plan.</p>
Injury management	<p>During 2022-23, 857 phone calls were made to the 1800 injury notification number. Of those calls, 729 (85%) were made within two business days of injury.</p> <p>Daily lost time reporting was actioned by return-to-work staff to enable the safe and timely return to work following injury.</p> <p>Engagement with all key stakeholders transpired within five days to promote an early and sustainable return to work.</p>

Workplace injury claims	2022-23	2021-22	% Change (+ / -)
Total new workplace injury claims	233	286	-19.2%
Fatalities	0	0	0.0%
Seriously injured workers*	2	1	100.0%
Significant injuries – CALHN (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	11.44	13.68	-16.4%
Significant injuries – SCSS (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	6.82	6.76	+0.9%

**number of claimants assessed during the reporting period as having a whole person impairment of 30% or more under the Return to Work Act 2014 (Part 2 Division 5)*

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Work health and safety regulations	2022-23	2021-22	% Change (+ / -)
Number of notifiable incidents (<i>Work Health and Safety Act 2012, Part 3</i>)	6	6	0.0%
Number of provisional improvement, improvement and prohibition notices (<i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i>)	0	0	0.0%

Return to work costs**	2022-23	2021-22	% Change (+ / -)
Total gross workers compensation expenditure (\$)	\$12,883,527	\$10,729,815	+16.7%
Income support payments – gross (\$)	\$6,143,532	\$4,299,041	+30.0%

**before third-party recovery

Data for previous years is available at: [Data SA](#)

Aboriginal employment in the agency

Classification	Number of employees
Administrative	27
Allied health professionals	20
Board member	1
Dental and visiting dental officers	1
Health ancillary	5
Medical professionals	5
Nurses/midwives	45
Operational services	24
Professional officer	1
Scientific (Technical)	1
Trainee	3
Total	133

Salary Band	Female	Male	X	Total
\$127,875 or more	3	0	0	3
\$101,307 to \$127,875	11	4	0	15
\$79,166 to \$101,306	17	4	0	21
\$62,210 to \$79,165	19	5	0	24
Up to \$62,209	55	14	1	70

**'X' represents non-binary/indeterminate/intersex/unspecified/other.*

Executive employment in the agency

Executive classification	Number of executives
SAES1	26
SAES2	4
Chief Executive Officer	1

Data for previous years is available at: [Data SA](#).

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.

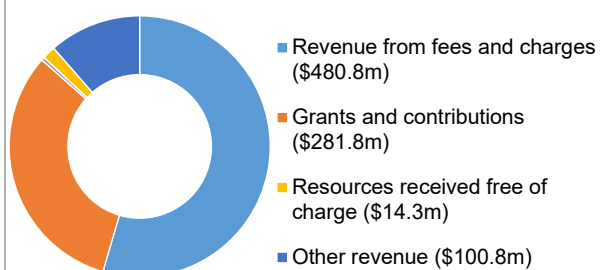
Financial performance

Financial performance at a glance

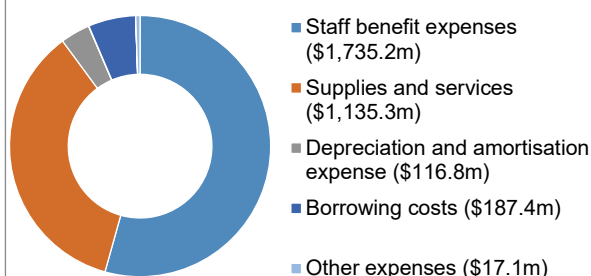
The following is a brief summary of the overall financial position of the agency. CALHN remains committed to further improving the effectiveness and efficiency of the services that it provides. Full audited financial statements for 2022-2023 are attached to this report. The information in the table and charts below has not been audited.

	2022-23	% ↑↓	2021-22	% ↑↓	2020-21	% ↑↓
Total income	3,249,169	↑9.0%	2,982,195	↑7.6%	2,771,912	↑1.3%
Total expenses	3,192,904	↑5.9%	3,014,823	↑8.3%	2,783,875	↑1.5%
Net result for the period	56,265	↑272.4%	(32 628)	↓-172.7%	(11 963)	↓-96.4%
Net cash provided by operating activities	113,071	↑70.4%	66,365	↓-42.9%	116,157	↓-17.1%
Total assets	3,507,401	↑0.6%	3,487,638	↓-2.9%	3,592,409	↓-1.5%
Total liabilities	3,213,146	↓-1.1%	3,249,648	↓-2.2%	3,321,791	↓-1.7%
Net assets	294,255	↑23.6%	237,990	↓-12.1%	270,618	↑1.0%

Non SA Government Income by category 2022-23



Expenses by category 2022-23



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 payment
All consultancies below \$10,000 each - combined	Various	\$24,865

Consultancies with a contract value above \$10,000 each

Consultancies	Purpose	\$ Actual payment
Tek-V	Advisory services for the set-up of the digital and strategy portfolio	\$395,860
Deloitte Touche Tohmatsu	Two-year organisational financial and operational performance recovery implementation plan	\$171,924
Deloitte Touche Tohmatsu	Review and redesign of the CALHN Performance Management and Accountability Framework	\$99,115
ALTFIVE	Produce recommendations to optimise the workforce and alleviate any impacts to patient flow	\$78,186
Pricewaterhouse coopers Legal	Review of the Integrated Clinical Governance Framework	\$74,460
Deloitte Touche Tohmatsu	Evidence-based review of the product fraction (PFRAC) process including the underlying assumptions, supporting data and allocation methodologies and the presentation of a final report with key findings	\$51,677
Ernst & Young	Review of CALHN financial reporting and analysis	\$49,891
Accru Harris Orchard	Review and improvement process for the onboarding of nursing staff and training of medical officers	\$49,500
Francis Health	Audit of appropriate admission decision-making as part of operational flow management model and development of clinical vision	\$47,308
Zed Management Consulting	Review of best practice functional structures of Community Mental Health services to inform considerations of the future CALHN Community Mental Health Services organisational structure	\$45,854
Destravis Australia Pty Ltd	Clinical Service Plan for adult Cardiothoracic Surgery services delivered by CALHN	\$45,818
Nayda Associate Consulting	Design a strategic plan for Statewide Clinical Support Services	\$40,786

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2022-23 ANNUAL REPORT for the Central Adelaide Local Health Network

Consultancies	Purpose	\$ Actual payment
Dr Joanna Sutherland	To make recommendations to enable the Statewide Rehabilitation Services to operate with contemporary models of clinical practice to deliver quality patient outcomes	\$29,336
Destravis Australia Pty Ltd	Royal Adelaide Hospital car park study to understand demand and supply for staff car parking	\$20,558
Deloitte Touche Tohmatsu	In depth analysis of indirect cost identification/ allocation to identify potential areas of improvement and updating of costing models	\$20,000
Governance Plus	Onsite mock survey of National Safety and Quality Health Service Standards	\$18,145
Destravis Australia Pty Ltd	Develop and test a preliminary schedule of accommodation for required space to deliver changes to the model of care for cancer services	\$16,130
Mithu Palit	To make recommendations to enable the Statewide Rehabilitation Services to operate with contemporary models of clinical practice to deliver quality patient outcomes	\$11,375
Zed Management Consulting	Acute and Urgent Care evaluation of program leadership structures	\$10,500
Health E Workforce Solutions	Workforce diagnostic and future modelling (adjustment to 2021-22 FY total of \$288,750)	(\$24,000)
Oz-Train Pty Ltd	Assessment of cultural challenges for Cardio thoracic team (adjustment to 2021-22 FY total of \$20,000)	(\$5,000)
	Total	\$1,247,423
	Grand total	\$1,272,288

Data for previous years is available at: [Data SA](#)

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 payment
All contractors below \$10,000 each - combined	Various	\$193,501

Contractors with a contract value above \$10,000 each

Contractors	Purpose	\$ Actual payment
Workzone Traffic Control	Traffic control at COVID-19 drive through testing sites	\$3,697,333
RGH Pharmacy Consulting Services Pty Ltd	Provision of pharmacy services at Port Augusta Hospital	\$984,723
Agile Group (Global) Pty Ltd	Traffic control at COVID-19 drive through testing sites	\$897,066
Epic Pharmacy	Provision of pharmacy services at Whyalla Hospital	\$885,708
Matthews Health Coding Solutions Pty Ltd	Remote coding services	\$591,360
Walter Brooke & Associates Pty Ltd	Architect services	\$407,629
Dialog Information Technology	Project management services	\$219,240
The University of Adelaide	Senior research	\$217,246
The University of Adelaide	Clinical academics	\$214,278
Tek-V	Interim Executive Director Strategy & Digital resource services	\$197,501
Pricewaterhousecoopers Legal	Internal audit function for CALHN FY 22/23	\$177,898

Contractors	Purpose	\$ Actual payment
Escient Pty Ltd	SystemView project management extension	\$149,325
Ernst & Young	FY22 Internal audit plan	\$109,856
ISS Health Services Pty Limited	Cleaning services	\$109,806
The University of Adelaide	Research associate	\$107,060
Beamtree Pty Ltd	POC/Clinical trial for Ainsoff One module	\$105,556
Zed Management Consulting	Strategic priority project support	\$103,900
Ernst & Young	Forecasting process – future state design	\$100,000
University of South Australia	Pharmacy researcher	\$97,154
Ernst & Young	Redesign forecasting reports and reporting uplift	\$95,000
Ernst & Young	FBP reporting – recommendation implementation	\$93,700
Uplift Group Australia Pty Ltd	Contract clinical coding and auditing	\$62,207
Aurion Payroll	Employee portal and fortnightly payroll processing	\$59,554
Department Of Human Services (SA)	Hospital support staff	\$52,194
DG Hazzard & AD Paul	Lawn and garden services	\$45,000
Simple Integrated Marketing Pty Ltd	Online booking system development of prototype	\$44,280
Lawson Risk Management Services Pty Ltd	Claims administration support services	\$42,329
Powerhealth Solutions	Provision of patient costing and casemix reporting to RAH and TQEH	\$42,232

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Contractors	Purpose	\$ Actual payment
Paul Tridgell Pty Ltd	Activity reporting and opportunities plan for CALHN	\$39,627
Deloitte Consulting Pty Limited	Professional services on operational management of patient flow, reviewing current quality improvement projects and assessing the current geriatrics practice across CALHN	\$37,915
Ernst & Young	FY23 Internal audit plan	\$34,450
Pricewaterhousecoopers Consulting (Australia) Pty Ltd	CALHN Executive planning session facilitation and outputs	\$30,000
Occo Services Pty Ltd	Recruitment advice services	\$28,000
Megan Hender Consulting	Mediating SAMI workplace forums	\$26,978
Talent International (SA) Pty Ltd	Network management and support staff	\$25,251
Splashdown (Aust) Corporate Bathroom Rentals Pty Ltd	Toilet hire and plumbing service	\$22,191
Nijan Consulting	Recruitment advice services	\$20,350
Alumni Executive Search Australia Pty Ltd	Placement fee for a Cardiothoracic Surgeon	\$20,000
Riskcom Pty Ltd	Risk management service	\$18,750
BH Medical Equipment Services	Providing service and repairs for medical equipment	\$18,409
BDO Services Pty Ltd	Evaluation of future funding options	\$16,658
Insync Solutions	IT sync solutions	\$16,440
Centacare Catholic Family Services	Employee assistance counselling	\$15,931
Joy Woodhouse	Performance management projects	\$15,485
Workforce Planning Global	Workforce planning project	\$15,000

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2022-23 ANNUAL REPORT for the Central Adelaide Local Health Network

Contractors	Purpose	\$ Actual payment
1st Group Ltd	Virtual healthcare technology services	\$15,000
Worklogic Pty Ltd	To resolve inappropriate conduct in the workplace	\$13,513
Mel Davis & Associates	Audit of hospital sites and report preparation	\$13,503
Moira Clay Consulting Pty Ltd	Desktop review of CALHN/TAVI registry documentation	\$12,000
Nayda Associate Consulting	Design on SA Pharmacy strategic plan	\$10,200
ESS Prehab (SAHMRI)	ESS prehab agreement (adjustment to 2021-22 FY total of \$90,000)	(\$30,000)
	Total	\$10,344,786
	Grand total	\$10,538,287

Data for previous years is available at: [Data SA](#)

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

The Audit and Risk Committee (ARC) assists the Governing Board to fulfil its responsibilities in matters relating to:

- integrity of the financial statements
- compliance with legal and regulatory requirements
- independent auditor's qualification and independence
- performance of the internal audit function
- efficient and effective management of all aspects of risk.

The ARC is chaired by a member of the Governing Board and met five times during 2022-23.

The Risk and Compliance Leadership Committee (RCLC) continued its ongoing governance of the CALHN Integrated Compliance Management Framework and the Enterprise Risk Management Framework, providing executive management oversight and advice to the ARC, Clinical Governance Committee (CGC) and CALHN Executive Leadership team (ELT) on risk and compliance. The RCLC supports the ARC, CGC and CALHN ELT to identify, respond and manage risks and to identify and meet compliance requirements. The RCLC meets bi-monthly and met six times during 2022-23.

CALHN's risk profile continued to evolve post the operating environmental conditions associated with and having withstood the COVID-19 pandemic. CALHN was able to maintain provision of high-quality clinical services to our consumers in accordance with relevant safety guidelines and SA Health directives throughout the pandemic.

The Enterprise Risk Management Framework continued to be refined and deployed across CALHN, with monitoring and reporting on risks arising, including strategic risks, organisational risks, program risks and project risks.

An Integrated Compliance Policy was released by the Department for Health and Wellbeing (DHW) on 28 March 2023. As part of the CALHN Integrated Compliance Management Framework, the 'Comply Online' legislative compliance management system continued to mature and be integrated further into operations providing CALHN with a centralised system to monitor compliance with its legal and legislative obligations. 'Comply Online' incorporates a compliance register to ensure all updates are captured and monitored in a timely manner to assist CALHN to respond to relevant regulatory changes and compliance issues.

The CALHN Risk Appetite Statement is reviewed on an annual basis which was conducted in December 2022. It was re-endorsed by the Governing Board with the respective executive directors assigned to the 22 associated aspirational statements. Risks arising outside of the Risk Appetite Statement continued to be reported regularly to the ARC.

Pricewaterhouse Coopers (PwC) were appointed as the new CALHN Co-Source audit partners in January 2023, replacing EY. Six internal audits have been completed spanning across clinical and corporate areas. All audit recommendations and management follow-up action plans have been agreed upon and recorded in the

Risk Recommendation Register to track implementation progress. Implementation progress continued to be reported to the ARC each meeting.

The FY23 Annual Audit Plan has been agreed in collaboration with the ARC and approved by the Governing Board.

Fraud detected in the agency

Category/nature of fraud	Number of instances
Unauthorised use of medication for personal use by an enrolled nurse	2
Falsification of an operating budget	1

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

Strategies implemented to control and prevent fraud

CALHN's Corporate Governance Framework, Internal Assurance Plan and Risk and Assurance Framework collectively contribute to the organisational governance and control environments for managing risks, including fraud risk.

Processes for identifying fraud are informed by CALHN's strategic and operational risk registers, annual internal audit programme, financial management compliance program and external work undertaken via the Auditor-General's office.

CALHN continues to take significant steps to improve culture and accountability, strengthening of control environments and the mitigation of fraud and other risks.

Data for previous years is available at: [Data SA](#)

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*:

Nil

Data for previous years is available at: [Data SA](#)

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

Reporting required under the *Carers' Recognition Act 2005*

Act or Regulation	Requirement
<i>Carers' Recognition Act 2005</i>	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.

CALHN actively encourages consumer and carer engagement. Central to our culture is our commitment to collaborate with our consumers, carers and community.

We believe people have a right to participate in health care, contribute to the design of services and be part of the evaluation of services because it leads to better experiences and outcomes for the community.

Carers play a significant role in the lives of our consumers. CALHN has a team of dedicated consumer partners embedded at all levels of the organisation who help shape our services by contributing to the design, delivery, and evaluation process. Of our consumer representatives, many identify as carers and actively participate in decision making committees across our sites and services.

Feedback is actively sought in relation to the services we provide. Carers provided detailed feedback in relation to our CALHN visitor guidelines and assisted nursing education with the development of complex behaviour training for staff.

CALHN also has an Aboriginal Reference Group and a Mental Health Consumer Advisory Committee. These committees are made up of a mix of consumers and carers with lived experience of our services.

Carers SA is an active member of the CALHN Community Connectors Forums., CALHN and Carers SA are working in partnership to ensure carers for consumers are connected to supports within the community.

Public complaints

Number of public complaints reported

Complaint categories	Sub-categories	Example	Number of complaints 2022-23
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency	264
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided	2
Professional behaviour	Staff knowledge	Lack of service specific knowledge; incomplete or out-of-date knowledge	61
Communication	Communication quality	Inadequate, delayed or absent communication with customer	402
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly	14
Service delivery	Systems/technology	System offline; inaccessible to customer; incorrect information provided; poor system design	N/A
Service delivery	Access to services	Service difficult to find; location poor; facilities/ environment poor standard; not accessible to customers with disabilities	78
Service delivery	Process	Processing error; incorrect process; delay in processing application; process not customer responsive	N/A

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Complaint categories	Sub-categories	Example	Number of complaints 2022-23
Policy	Policy application	Incorrect policy interpretation; incorrect policy applied; conflicting policy advice given	N/A
Policy	Policy content	Policy content difficult to understand; policy unreasonable or disadvantages customer	N/A
Service quality	Information	Incorrect, incomplete, out-dated or inadequate information; not fit for purpose	61
Service quality	Access to information	Information difficult to understand, hard to find or difficult to use; not plain English	3
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	200
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security service/ premises; poor cleanliness	N/A
Service quality	Service responsiveness	Service design doesn't meet customer needs; poor service fit with customer expectations	N/A
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate	N/A
		Total	1,085

Additional Metrics	Total
Number of positive feedback comments	1,338
Number of negative feedback comments	2,029
Total number of feedback comments	3,577
% complaints resolved within policy timeframes	93.88%

Data for previous years is available at: [Data SA](#)

Service improvements

CALHN encourages patients, consumers, families, carers and communities to provide feedback on their experiences within our network. We want to hear about our consumers experiences and how we can improve the delivery of health care services. The feedback provided drives safety and quality improvement and supports CALHN in its ambition to be world class in care.

As part of the annual service level agreement with DHW, Safety and Quality Account reports are submitted to the department. We provide an overview of CALHN's complaints management system, including:

- Performance in relation to feedback from patients, carers, families and the community about their experience and outcome of care.
- Aggregate and trend analysis of all complaints.
- Timeliness of acknowledgement and resolution of consumer feedback.
- How information from analysis of consumer feedback informs improvements in safety and quality systems.
- Effectiveness and accessibility of patients, carers, families and member of the community to provide feedback.
- Demonstrating consistency with best practice principles, such as implementing an online feedback form for consumers which has allowed for a more modern, accessible, and efficient way to provide feedback.

CALHN has implemented a number of service improvements across the network from consumer feedback and complaints within 2022-23, including:

- A trial of a CALHN electronic consumer survey tool from May – July 2022 enabling feedback to be identified at the local level to support the implementation of local improvements such as repair of broken television screens and the installation of floor decals with arrows to improve wayfinding.
- The implementation of an interactive voice recording (IVR) to address a number of complaints relating to long wait times when calling the outpatient department. The IVR directs inbound calls from patients to one of the 7 outpatient wings based on the medical discipline they require.

Compliance Statement

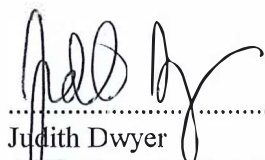
CALHN is compliant with Premier and Cabinet Circular 039 – complaint management in the South Australian public sector	Y
CALHN has communicated the content of PC 039 and the agency's related complaints policies and procedures to employees.	Y

Appendix: Audited financial statements 2022-23

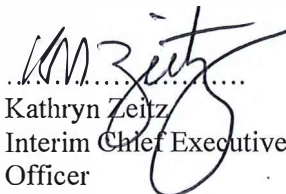
Certification of the financial statements

We certify that the:

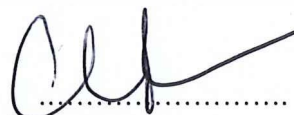
- financial statements of the Central Adelaide Local Health Network Inc.:
 - are in accordance with the accounts and records of the authority; and
 - comply with relevant Treasurer's instructions; and
 - comply with relevant accounting standards; and
 - present a true and fair view of the financial position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



Judith Dwyer
AI Chair, Governing Board



Kathryn Zeitz
Interim Chief Executive
Officer



Chris Preston
Executive Director,
Finance and Business Services

Date 13 Sept 2023

Your ref: A23/472



Health
Central Adelaide
Local Health Network

13 September 2023

Level 10
Roma Mitchell House
130-136 North Terrace
Adelaide SA 5000

DX: 800

Ms I Reszitaryk
Principal Audit Manager
Auditor-General's Department
Level 9, State Administration Centre
200 Victoria Square
ADELAIDE SA 5000

Tel 08 7117 3527
Fax 08 7074 6131
ABN 96 269 526 412

www.sahealth.sa.gov.au

Dear Ms Reszitaryk

Management representation letter

Central Adelaide Local Health Network financial statements for the year ended 30 June 2023

We make the following representation, for your audit of the financial statements of the Central Adelaide Local Health Network for the year ended 30 June 2023, having made such enquiries as we considered necessary for appropriately informing ourselves and according to the best of our knowledge and belief.

1. We have fulfilled our responsibilities as set out in the terms of the engagement letter dated 2 February 2023 for the preparation of financial statements that give a true and fair view in accordance with the Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and the Australian Accounting Standards.
2. We have provided you with:
 - (a) access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other matters
 - (b) additional information that you have requested from us for the purpose of the audit
 - (c) unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence and

- (d) information regarding all legal issues and legal opinions which have the capacity to be relevant to the control environment and the fair presentation of the financial statements.
3. All transactions have been recorded in the accounting records and are reflected in the financial statements.
 4. We acknowledge our responsibility for the design, implementation and maintenance of internal controls to prevent and detect fraud and error. We have established and maintained an effective internal control structure to facilitate the preparation of reliable financial statements, and adequate financial records have been maintained. We have disclosed to you details of all deficiencies in internal control that we are aware of.
 5. We have disclosed to you all information about
 - fraud or suspected fraud involving:
 - i. management
 - ii. employees who have significant roles in internal control
 - iii. others where the fraud could have a material effect on the financial statements
 - allegations of fraud, or suspected fraud, affecting the financial statements, communicated by employees, former employees, analysts, regulators or others.
 6. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
 7. We have disclosed to you all known or suspected instances of non-compliance with laws, regulations, contracts or agreements, the effects of which should be considered when preparing the financial statements.
 8. All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in line with the financial reporting framework.
 9. We believe the methods, the data, and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.
 10. All events occurring subsequent to the date of the financial statements and for which the financial reporting framework requires adjustment or disclosure have been adjusted or disclosed.

11. There have been no changes in accounting policies or application of those policies that would have a material effect on the financial statements, except as disclosed in the financial statements.

12. Non-current assets

- (a) The entity has satisfactory title to all assets (excluding those assets held in the name of the Crown), and there are no liens or encumbrances on such assets nor has any asset been pledged as collateral.
- (b) Depreciation on assets has been allocated on a systematic basis over the estimated useful lives of assets. Useful lives and residual values of the assets were reviewed during the reporting period and adjusted where necessary. Any resulting changes were accounted for as a change in accounting estimate.
- (c) We have considered the requirements of accounting standards when assessing whether there are indicators of impairment of assets, and in ensuring that no assets are stated in excess of their recoverable amount.
- (d) We consider the measurement methods (including related assumptions) used to determine the value of assets to be appropriate, consistently applied, and sufficiently disclosed in the financial statements.

13. Liabilities

- (a) We have recognised all liabilities in the financial statements.
- (b) We consider the measurement methods (including related assumptions) used to determine the value of liabilities to be appropriate, consistently applied, and sufficiently disclosed in the financial statements.

14. Contingent liabilities

All material contingent liabilities have been completely and adequately disclosed in the financial statements.

15. Commitments

We have disclosed all material commitments in the financial statements.

16. Related party transactions

- (a) We have disclosed to you the identity of all related parties and related party relationships and transactions of which we are aware.
- (b) We have appropriately accounted for and disclosed such relationships and transactions in line with the requirements of the financial reporting framework.

17. Uncorrected misstatements

We have reviewed the attached summary of uncorrected misstatements and believe the effects of those uncorrected misstatements aggregated by you during the audit, are immaterial, both individually and in aggregate, to the financial statements taken as a whole.

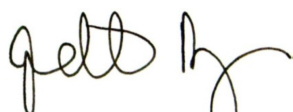
18. Publication on a website

With respect to the publication of the audited financial report on our website, we acknowledge that:

- (a) We are responsible for the electronic publication of the audited financial report.
- (b) We will ensure that the electronic version of the audited financial report and the auditor's report on the website are identical to the final signed hard copy version.
- (c) We will clearly differentiate between audited and unaudited information on our website as we understand the risk of potential misrepresentation.
- (d) We have assessed the controls over the security and integrity of the data on the website and that adequate procedures are in place to ensure the integrity of the information published.
- (e) We will not present the auditor's report on the full financial report with extracts only of the full financial report.

We do not publish an electronic version, either in part or in full of our audited financial report and the auditor's report on any website.

Yours sincerely



Acting Board Chair

Date: 13 / 09 / 2023



Interim Chief Executive Officer

Date: 13 / 09 / 2023



Executive Director Finance and Business Services

Date: 13 / 09 / 2023

Summary of uncorrected misstatements

Total net misstatements	Current period	Prior period
(Overstatement)/(Understatement) of net result	0	0
Overstatement/(Understatement) of net assets	0	0

Uncorrected misstatements for the current period

Item	Financial Statement line(s) affected	Explanation	Statement of Financial Position				Statement of Comprehensive Income	
			Assets \$	Liabilities \$	Retained earnings beg of year \$	Other equity \$	Income \$	Expenses \$
1	Work In Progress	Work in progress not capitalised as at 30 June 2023.	Overstated (Understated) 2 969 522	(Overstated) Understated	(Overstated) Understated	(Overstated) Understated	(Overstated) Understated	Overstated (Understated)
	Various asset categories		(2 969 522)					
	Total		\$0	Nil	Nil	Nil	Nil	Nil

Amounts deemed to be clearly trivial have not been included in the above

Uncorrected misstatements for the prior (comparative) period

Item	Financial Statement line(s) affected	Explanation	Statement of Financial Position					Statement of Comprehensive Income	
			Assets \$	Liabilities \$	Retained earnings beg of year \$	Other equity \$	Income \$	Expenses \$	
1	Property, plant and equipment Intangible Assets	Transfer from WIP for asset CC 135918 should have been capitalised as property plant and equipment instead of as an intangible asset.	Overstated (Understated) (\$282 100) \$282 100	(Overstated) Understated	(Overstated) Understated	(Overstated) Understated	(Overstated) Understated	Overstated (Understated)	
	Total		\$0	Nil	Nil	Nil	Nil	Nil	Nil

Amounts deemed to be clearly trivial have not been included above.

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2023

		Consolidated		Parent	
	Note	2023	2022	2023	2022
		\$'000	\$'000	\$'000	\$'000
Income					
Revenues from SA Government	2	2,367,770	2,142,968	2,367,770	2,142,968
Fees and charges	3	480,794	472,850	466,347	453,309
Grants and contributions	4	281,769	256,044	282,255	256,257
Interest	5	3,675	3	3,625	-
Resources received free of charge	6	14,335	15,453	14,335	15,453
Net gain from disposal of non-current and other assets	7	-	66	-	66
Other revenues/income	8	100,826	94,811	96,283	94,071
Total income		3,249,169	2,982,195	3,230,615	2,962,124
Expenses					
Staff benefits expenses	9	1,735,220	1,659,258	1,724,064	1,648,226
Supplies and services	10	1,135,255	1,080,991	1,131,034	1,075,659
Depreciation and amortisation	19,20	116,760	136,781	116,117	136,192
Grants and subsidies	11	1,417	949	615	700
Borrowing costs	23	187,370	126,997	187,327	126,983
Net loss from disposal of non-current and other assets	7	318	-	304	-
Impairment loss on receivables	14.1	(560)	650	(560)	650
Other expenses	12	17,124	9,197	16,760	7,945
Total expenses		3,192,904	3,014,823	3,175,661	2,996,355
Net result		56,265	(32,628)	54,954	(34,231)
Other Comprehensive Income					
Total other comprehensive income		-	-	-	-
Total comprehensive result		56,265	(32,628)	54,954	(34,231)

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

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
STATEMENT OF FINANCIAL POSITION
As at 30 June 2023

		Consolidated		Parent	
	Note	2023	2022	2023	2022
		\$'000	\$'000	\$'000	\$'000
Current assets					
Cash and cash equivalents	13	180,068	166,413	175,121	159,457
Receivables	14	85,488	106,683	82,656	104,717
Other financial assets	15	5,534	4,937	-	-
Inventories	16	24,348	23,267	24,120	22,811
Contract assets	17	417	1,527	417	1,527
Total current assets		295,855	302,827	282,314	288,512
Non-current assets					
Receivables	14	8,773	7,207	8,773	7,207
Other financial assets	15	-	-	1,150	1,150
Property, plant and equipment	18,19	3,179,991	3,152,123	3,177,092	3,150,975
Investment property	18,19	8,600	5,550	-	-
Intangible assets	18,20	14,182	19,931	14,182	19,931
Total non-current assets		3,211,546	3,184,811	3,201,197	3,179,263
Total assets		3,507,401	3,487,638	3,483,511	3,467,775
Current liabilities					
Payables	22	117,003	121,343	114,573	120,217
Financial liabilities	23	71,254	69,812	70,785	69,565
Staff benefits	24	239,581	221,787	238,315	220,931
Provisions	25	11,523	10,399	11,523	10,399
Contract liabilities and other liabilities	26	1,117	1,583	1,104	1,570
Total current liabilities		440,478	424,924	436,300	422,682
Non-current liabilities					
Payables	22	11,117	10,698	11,117	10,698
Financial liabilities	23	2,467,841	2,517,639	2,467,051	2,517,637
Staff benefits	24	256,623	257,625	256,594	257,588
Provisions	25	37,087	38,762	37,087	38,762
Total non-current liabilities		2,772,668	2,824,724	2,771,849	2,824,685
Total liabilities		3,213,146	3,249,648	3,208,149	3,247,367
Net assets		294,255	237,990	275,362	220,408
Equity					
Retained earnings		252,800	195,247	233,907	177,665
Asset revaluation surplus		41,455	42,743	41,455	42,743
Total equity		294,255	237,990	275,362	220,408

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

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
STATEMENT OF CHANGES IN EQUITY
For the year ended 30 June 2023

CONSOLIDATED

	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2021	42,735	227,883	270,618
Net result for 2021-22	-	(32,628)	(32,628)
Total comprehensive result for 2021-22	-	(32,628)	(32,628)
Transfer between equity components	8	(8)	-
Balance at 30 June 2022	42,743	195,247	237,990
Net result for 2022-23	-	56,265	56,265
Total comprehensive result for 2022-23	-	56,265	56,265
Transfer between equity components	(1,288)	1,288	-
Balance at 30 June 2023	41,455	252,800	294,255

PARENT

	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2021	42,735	211,904	254,639
Net result for 2021-22	-	(34,231)	(34,231)
Total comprehensive result for 2021-22	-	(34,231)	(34,231)
Transfer between equity components	8	(8)	-
Balance at 30 June 2022	42,743	177,665	220,408
Net result for 2022-23	-	54,954	54,954
Total comprehensive result for 2022-23	-	54,954	54,954
Transfer between equity components	(1,288)	1,288	-
Balance at 30 June 2023	41,455	233,907	275,362

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

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
STATEMENT OF CASH FLOWS
For the year ended 30 June 2023

		Consolidated		Parent	
	Note	2023	2022	2023	2022
		\$'000	\$'000	\$'000	\$'000
Cash flows from operating activities					
Cash inflows					
Receipts from SA Government		2,419,413	2,217,323	2,419,413	2,217,323
Fees and charges		332,229	312,027	318,650	292,931
Grants and contributions		291,051	266,611	291,537	266,824
Interest received		3,672	3	3,625	-
GST recovered from ATO		81,288	70,162	81,288	70,162
Other receipts		10,327	15,217	9,613	14,477
Cash generated from operations		3,137,980	2,881,343	3,124,126	2,861,717
Cash outflows					
Staff benefits payments		(1,709,316)	(1,693,376)	(1,698,561)	(1,682,170)
Payments for supplies and services		(1,109,638)	(992,876)	(1,106,976)	(987,497)
Payments of grants and subsidies		(1,488)	(1,009)	(686)	(760)
Interest paid		(179,063)	(117,944)	(179,020)	(117,930)
Other payments		(25,404)	(9,773)	(25,040)	(9,309)
Cash used in operations		(3,024,909)	(2,814,978)	(3,010,283)	(2,797,666)
Net cash provided by operating activities		113,071	66,365	113,843	64,051
Cash flows from investing activities					
Cash inflows					
Proceeds from sale of property, plant and equipment		57	108	71	108
Proceeds from sale/maturities of investments		414	5,153	-	-
Cash generated from investing activities		471	5,261	71	108
Cash outflows					
Purchase of property, plant and equipment		(27,995)	(26,059)	(26,796)	(25,385)
Purchase of intangible assets		(160)	(637)	(160)	(637)
Purchase of investments		(232)	(3,502)	-	-
Cash used in investing activities		(28,387)	(30,198)	(26,956)	(26,022)
Net cash provided by/(used in) investing activities		(27,916)	(24,937)	(26,885)	(25,914)
Cash flows from financing activities					
Cash outflows					
Repayment of lease liabilities		(71,500)	(72,308)	(71,294)	(72,055)
Cash used in financing activities		(71,500)	(72,308)	(71,294)	(72,055)
Net cash provided by/(used in) financing activities		(71,500)	(72,308)	(71,294)	(72,055)
Net increase/(decrease) in cash and cash equivalents		13,655	(30,880)	15,664	(33,918)
Cash and cash equivalents at the beginning of the period		166,413	197,293	159,457	193,375
Cash and cash equivalents at the end of the period	13	180,068	166,413	175,121	159,457
Non-cash transactions	27				

The accompanying notes form part of these financial statements.

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2023

1. About Central Adelaide Local Health Network

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

The consolidated financial statements have been prepared in accordance with AASB 10 *Consolidated Financial Statements*. Consistent accounting policies have been applied and all inter-entity balances and transactions arising within the consolidated entity have been eliminated in full. Information on the consolidated entity's interest in other entities is at note 35.

Administered Items

The Hospital has administered activities and resources. Transactions and balances relating to administered resources are presented separately and are disclosed in the Schedules of Administered Items – refer note 37. Except as otherwise disclosed, administered items are accounted for on the same basis and using the same accounting policies as for the Hospital's transactions.

1.1 Objectives and activities

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

The Hospital is part of the SA Health portfolio providing health services for Central Adelaide, including those managed on a State-wide basis.

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

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

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

The Hospital is comprised of:

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

1.2 Basis of preparation

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

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

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

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

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2023

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

1.3 New and amended standards adopted by the Hospital

No Australian Accounting Standards have been early adopted other than AASB 2021-1 which was adopted from 1 July 2021.

1.4 Taxation

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

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

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

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

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

1.5 Continuity of Operations

As at 30 June 2023, the Hospital had a working capital deficiency of \$144.623 million (\$122.097 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.

1.6 Equity

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

1.7 Changes to the Hospital

2022-23

There were no functions transferred in or out in 2022-23.

2021-22

There were no functions transferred in or out in 2021-22.

1.8 Impact of COVID-19 pandemic on Central Adelaide Local Health Network

The COVID-19 pandemic has impacted the Hospital's operations to ensure that demand can be managed across South Australia and that necessary compliance measures are followed. The declaration of a major emergency COVID-19 was revoked on and effective from 24 May 2022, the National Partnership on COVID-19 Response and related Commonwealth financial assistance expired on 31 December 2022. COVID-19 specific costs have not been quantified for 2022-23, net COVID-19 specific costs for the Hospital in 2021-22 were \$215.099 million.

1.9 Change in accounting policy

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

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2023

2. Revenues from SA Government

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Capital projects funding	121,468	46,193	121,468	46,193
Operational funding	2,246,302	2,096,775	2,246,302	2,096,775
Total revenues from SA Government	2,367,770	2,142,968	2,367,770	2,142,968

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

3. Fees and charges

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Ambulance transport	78	60	78	60
Car parking revenue	6,116	4,279	6,116	4,279
Commissions revenue	44	37	44	37
Fines, fees and penalties	78	89	78	89
Patient and client fees	406,945	403,605	392,330	384,064
Private practice fees	38,449	34,778	38,449	34,778
Fees for health services	11,225	11,741	11,225	11,741
Royalty income	855	679	855	679
Sale of goods - medical supplies	1,474	989	1,474	989
Training revenue	81	83	81	83
Other user charges and fees	15,449	16,510	15,617	16,510
Total fees and charges	480,794	472,850	466,347	453,309

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

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

Consolidated Contracts with Customers disaggregated by pattern of revenue recognition and type of customer	2023	2023	2022	2022
	Goods/Services transferred at a point in time	Goods/Services transferred over a period of time	Goods/Services transferred at a point in time	Goods/Services transferred over a period of time
Ambulance transport	27	-	20	-
Car parking revenue	5,050	1,066	4,277	2
Commissions revenue	44	-	37	-
Patient and client fees	203,463	-	218,681	-
Private practice fees	38,449	-	34,778	-
Fees for health services	9,096	-	9,289	-
Royalty income	855	-	679	-
Sale of goods - medical supplies	24	-	51	-
Training revenue	81	-	74	-
Other user charges and fees	14,797	-	14,035	-
Total contracts with external customers	271,886	1,066	281,921	2
Ambulance transport	51	-	40	-
Patient and client fees	203,482	-	184,924	-
Fees for health services	2,129	-	2,452	-
Sale of goods - medical supplies	1,450	-	938	-
Training revenue	-	-	9	-
Other user charges and fees	652	-	2,475	-
Total contracts with SA Government customers	207,764	-	190,838	-
Total contracts with customers	479,650	1,066	472,759	2

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2023

The Hospital recognises contract liabilities for consideration received in respect of unsatisfied performance obligations and reports these amounts as other liabilities (refer to note 26). Similarly, if the Hospital satisfies a performance obligation before it receives the consideration, the Hospital recognises either a contract asset or a receivable, depending on whether something other than the passage of time is required before the consideration is due (refer to note 14 and 17).

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

Patient and Client Fees

Public health care is free for medicare eligible customers with the exception of co-payments for Pharmaceutical Benefits Scheme drugs. Non-medicare eligible customers pay in arrears to stay overnight in a public hospital and to receive medical assessment, advice, treatment and care from a health professional. These charges may include medical, surgical, anaesthetic, theatre, pathology, radiology services etc. 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.

Private practice fees

SA Health grants SA Health employed salaried medical consultants the ability to provide billable medical services relating to the assessment, treatment and care of privately referred outpatients or private inpatients in SA Health sites. Fees derived from undertaking private practice is income derived in the hands of the specialist. The specialist appoints the Hospital as an agent in the rendering and recovery of accounts of the specialists private practice. SA Health disburses amounts it collects on behalf of the specialist to the specialist via payroll (fortnightly) or accounts payable (monthly) depending on the rights of private practice scheme. Revenue from these services is recognised as it is collected as per the Rights of Private Practice Agreement.

4. Grants and contributions

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Commonwealth grants and donations	1,784	1,859	1,784	1,859
Pharmaceutical Benefits Scheme Commonwealth subsidy	246,394	229,012	246,394	229,012
SA Government capital contributions	162	-	162	-
Other SA Government grants and contributions	78	891	385	891
Private sector capital contributions	499	-	499	-
Private sector grants and contributions	32,852	24,282	33,031	24,495
Total grants and contributions	281,769	256,044	282,255	256,257

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

Of the \$281.769 million (\$256.044 million) received in 2022-23, \$24.304 million (\$16.612 million) was provided for specific purposes, including State and Commonwealth Health initiatives - Health reforms, research and other associated activities.

5. Interest

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Interest on operating accounts	50	3	-	-
Interest on Special Purpose Funds	3,625	-	3,625	-
Total interest	3,675	3	3,625	-

6. Resources received free of charge

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Land and buildings	1	1,179	1	1,179
Plant and equipment	-	92	-	92
Services	14,334	14,182	14,334	14,182
Total resources received free of charge	14,335	15,453	14,335	15,453

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

Contributions of services are recognised only when a fair value can be determined reliably, and the services would be purchased if they had not been donated. The Hospital receives Financial Accounting, Taxation, Payroll, Accounts Payable and Accounts Receivable services from Shared Services SA free of charge valued at \$11.413 million (\$10.920 million), ICT services and media monitoring

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2023

services (from 2022-23) valued at \$2.921 million (\$3.262 million) from the Department of Premier and Cabinet following Cabinet's approval to cease intra-government charging

In addition, although not recognised the Hospital received volunteer services from the Royal Adelaide Hospital Lavender Lads and Ladies, Royal Adelaide Hospital Auxiliary, Friends of the Queen Elizabeth Hospital, Hampstead Rehabilitation Centre Volunteers and country based SA Pathology couriers. There are 326 volunteers whom provide patient and staff support services to individuals using the Hospital's services. The services include but not limited to: Emergency Department support, guide service, laundry service, RAH gift shop and a volunteer support team.

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

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Plant and equipment:				
Proceeds from disposal	58	109	72	109
Less carrying amount of assets disposed	(375)	(42)	(375)	(42)
Less other costs of disposal	(1)	(1)	(1)	(1)
Net gain/(loss) from disposal of plant and equipment	(318)	66	(304)	66
Total assets:				
Total proceeds from disposal	58	109	72	109
Less total carrying amount of assets disposed	(375)	(42)	(375)	(42)
Less other costs of disposal	(1)	(1)	(1)	(1)
Total net gain/(loss) from disposal of assets	(318)	66	(304)	66

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

8. Other revenues/income

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Dividend revenue	150	291	-	-
Donations	6,491	6,419	6,491	6,419
Health recoveries	85,690	78,413	85,690	78,413
Insurance recoveries	969	1,237	969	1,237
Other	7,526	8,451	3,133	8,002
Total other revenues/income	100,826	94,811	96,283	94,071

9. Staff benefits expenses

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Salaries and wages	1,396,877	1,357,153	1,387,887	1,348,052
Targeted voluntary separation packages	261	4,386	261	4,386
Long service leave	25,067	(15,827)	25,002	(15,894)
Annual leave	138,397	130,931	137,908	130,547
Skills and experience retention leave	6,735	6,416	6,735	6,416
Staff on-costs - superannuation*	156,639	142,615	155,766	141,753
Staff on-costs - other	442	459	7	3
Workers compensation	7,477	29,731	7,388	29,668
Board and committee fees	451	415	353	353
Other staff related expenses	2,874	2,979	2,757	2,942
Total staff benefits expenses	1,735,220	1,659,258	1,724,064	1,648,226

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

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

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2023

9.1 Key Management Personnel

Key management personnel (KMP) of the Hospital includes the Minister, the nine members of the governing board, the Chief Executive of the Department, Chief Executive Officer of the Hospital and the 12 (16) members of the Executive Management Group.

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

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

Compensation

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Salaries and other short term employee benefits	4,356	4,733	4,356	4,733
Post-employment benefits	718	793	718	793
Other long-term employment benefits	-	140	-	140
Total	5,074	5,666	5,074	5,666

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

9.2 Remuneration of boards and committee members

	2023	2022
	No. of	No. of
	Members	Members
\$0	384	385
\$1 - \$20,000	82	75
\$20,001 - \$40,000	6	6
\$40,001 - \$60,000	2	1
\$60,001 - \$80,000	1	1
Total	475	468

The total remuneration received or receivable by members was \$0.498 million (\$0.449 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits and any related fringe benefits and related fringe benefits tax. In accordance with the Premier and Cabinet Circular No. 016, government employees did not receive any remuneration for board/committee duties during the financial year.

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

Refer to note 36 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.

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2023

9.3 Remuneration of staff

	Consolidated		Parent	
Remuneration of employees	2023	2022	2023	2022
The number of staff whose remuneration received or receivable falls within the following bands:	Total	Total	Total	Total
	Number	Number	Number	Number
\$157,001 - \$160,000*	n/a	56	n/a	56
\$160,001 - \$180,000	311	305	310	303
\$180,001 - \$200,000	223	187	223	186
\$200,001 - \$220,000	140	136	139	135
\$220,001 - \$240,000	88	71	86	71
\$240,001 - \$260,000	62	74	62	74
\$260,001 - \$280,000	69	56	69	56
\$280,001 - \$300,000	53	51	53	51
\$300,001 - \$320,000	43	44	43	44
\$320,001 - \$340,000	36	28	36	28
\$340,001 - \$360,000	39	35	39	35
\$360,001 - \$380,000	28	45	28	44
\$380,001 - \$400,000	29	30	29	30
\$400,001 - \$420,000	23	28	22	28
\$420,001 - \$440,000	38	17	38	17
\$440,001 - \$460,000	34	30	34	30
\$460,001 - \$480,000	33	34	33	34
\$480,001 - \$500,000	23	27	23	27
\$500,001 - \$520,000	15	23	15	23
\$520,001 - \$540,000	24	18	24	18
\$540,001 - \$560,000	25	17	25	17
\$560,001 - \$580,000	9	21	9	21
\$580,001 - \$600,000	17	13	17	13
\$600,001 - \$620,000	20	21	20	21
\$620,001 - \$640,000	16	14	16	14
\$640,001 - \$660,000	19	11	19	11
\$660,001 - \$680,000	5	10	5	10
\$680,001 - \$700,000	13	13	13	13
\$700,001 - \$720,000	8	6	8	6
\$720,001 - \$740,000	3	7	3	7
\$740,001 - \$760,000	2	4	2	4
\$760,001 - \$780,000	-	9	-	9
\$780,001 - \$800,000	2	1	2	1
\$800,001 - \$820,000	1	-	1	-
\$840,001 - \$860,000	-	1	-	1
\$860,001 - \$880,000	-	3	-	3
\$900,001 - \$920,000	2	-	2	-
\$920,001 - \$940,000	1	1	1	1
\$960,001 - \$980,000	-	1	-	1
\$1,000,001 - \$1,020,000	1	-	1	-
\$1,040,001 - \$1,060,000	1	-	1	-
\$1,280,001 - \$1,300,000	-	1	-	1
\$1,400,001 - \$1,420,000	1	-	1	-
\$1,480,001 - \$1,500,000	-	1	-	1
Total number of staff	1,457	1,450	1,452	1,445

* This band has been included for the purposes of reporting comparative figures based on the executive base level remuneration rate for 2022.

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

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9.4 Remuneration of staff by classification

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

	Consolidated				Parent			
	2023		2022		2023		2022	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Executive	31	7,812	36	8,738	26	6,583	31	7,646
Medical (excluding Nursing)	1,204	388,789	1,212	392,645	1,204	388,789	1,212	392,645
Non-medical (i.e. administration)	77	14,521	84	15,419	77	14,521	84	15,419
Nursing	145	25,389	118	20,431	145	25,389	118	20,431
Total	1,457	436,511	1,450	437,233	1,452	435,282	1,445	436,141

9.5 Targeted voluntary separation packages (TVSP)

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Amount paid/payable to separated staff:				
Targeted voluntary separation packages	261	4,386	261	4,386
Leave paid/payable to separated employees	120	2,529	120	2,529
Net cost to the Hospital	381	6,915	381	6,915

The number of staff who accepted a TVSP during the reporting period	3	80	3	80
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TVSPs include 0 (55) separations resulting from the Workforce Rejuvenation Program.

10. Supplies and services

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Administration	2,361	2,156	4,902	5,189
Advertising	1,123	730	868	515
Communication	5,888	7,166	5,740	6,983
Computing	35,044	29,242	33,942	28,469
Consultants	1,272	1,768	1,264	1,755
Contract of services	24,285	13,015	24,285	13,015
Contractors	10,538	20,110	10,448	19,865
Contractors - agency staff	47,322	58,357	47,156	58,125
Cost of goods sold	2,795	4,893	(1)	3
Drug supplies	310,694	283,305	310,694	283,305
Electricity, gas and fuel	16,166	14,318	16,110	14,273
Fee for service	82,580	76,029	82,740	76,029
Food supplies	6,535	5,457	6,535	5,457
Housekeeping	33,994	32,066	33,843	31,948
Insurance	15,063	12,722	14,945	12,645
Internal SA Health SLA payments	25,075	23,601	25,075	23,601
Interstate patient transfers	69	26	69	26
Legal	2,506	1,362	2,195	1,169
Medical, surgical and laboratory supplies	199,127	217,759	199,127	217,759
Minor equipment	8,338	10,764	8,312	10,746
Motor vehicle expenses	2,023	2,417	2,023	2,417
Occupancy rent and rates	14,554	17,232	14,471	17,193
Patient transport	9,322	8,367	9,322	8,367
Postage	9,137	11,370	9,111	11,342
Printing and stationery	4,937	5,147	4,887	5,116
Public Private Partnership operating expenses	125,960	81,236	125,960	81,236
Repairs and maintenance	43,157	41,523	43,028	41,490
Security	27,026	35,328	27,026	35,328
Services from Shared Services SA	11,550	10,536	11,550	10,536
Short term lease expense	2	47	2	47
Training and development	17,923	16,720	17,813	16,588
Travel expenses	12,078	4,881	11,438	4,570
Other supplies and services	26,811	31,341	26,154	30,552
Total supplies and services	1,135,255	1,080,991	1,131,035	1,075,659

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

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

11. Grants and subsidies

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Subsidies	802	249	-	-
Funding to non-government organisations	615	678	615	678
Other	-	22	-	22
Total grants and subsidies	1,417	949	615	700

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

12. Other expenses

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Assets transferred to the Department	5,000	-	5,000	-
Debts written off	1,616	1,169	1,616	1,170
Bank fees and charges	142	151	84	83
Donated assets expense	1,560	600	1,560	600
Net loss on revaluation of investments	-	891	-	-
Net loss on sale of investments	115	98	-	-
Right of Private Practice Payover amounts paid to the Department	4,502	4,155	4,502	4,155
Write-down of inventory	2,659	537	2,659	537
Other*	1,530	1,596	1,339	1,400
Total other expenses	17,124	9,197	16,760	7,945

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

* Includes audit fees paid/payable to the Auditor-General's Department relating to work performed under the Public Finance and Audit Act 1987 of \$0.398 million (\$0.382 million). No other services were provided by the Auditor-General’s Department. Also includes fees paid or payable to BDO for audit services for AusHealth of \$0.039 million (\$0.036 million).

13. Cash and cash equivalents

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Cash at bank or on hand	7,366	10,642	2,419	3,686
Deposits with Treasurer: general operating	18,101	21,722	18,101	21,722
Deposits with Treasurer: special purpose funds	154,601	134,049	154,601	134,049
Total cash and cash equivalents	180,068	166,413	175,121	159,457

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

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

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14. Receivables

	Consolidated		Parent	
	2023	2022	2023	2022
Current	\$'000	\$'000	\$'000	\$'000
Patient/client fees: compensable	5,558	8,067	5,558	8,067
Patient/client fees: other	32,455	32,726	32,455	32,726
Debtors	21,383	20,551	18,641	18,638
Less: allowance for impairment loss on receivables	(5,243)	(5,803)	(5,099)	(5,659)
Prepayments	2,901	5,038	2,659	4,794
Interest	3	-	-	-
Grants	220	-	220	-
Workers compensation provision recoverable	4,115	3,470	4,115	3,470
Sundry receivables and accrued revenue	23,753	41,774	23,709	41,769
GST input tax recoverable	343	860	398	912
Total current receivables	85,488	106,683	82,656	104,717
Non-current				
Debtors	825	1,034	825	1,034
Workers compensation provision recoverable	7,948	6,173	7,948	6,173
Total non-current receivables	8,773	7,207	8,773	7,207
Total receivables	94,261	113,890	91,429	111,924

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

Other than as recognised in the allowance for impairment loss on receivables, it is not anticipated that counterparties will fail to discharge their obligations. The carrying amount of receivables approximates net fair value due to being receivable on demand. There is no concentration of credit risk.

14.1 Impairment of receivables

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

Movement in the allowance for impairment loss on receivables:

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	5,803	5,153	5,659	5,009
Increase/(Decrease) in allowance recognised in profit or loss	(560)	650	(560)	650
Carrying amount at the end of the period	5,243	5,803	5,099	5,659

Impairment losses relate to receivables arising from contracts with customers that are external to SA Government. Refer to note 33 for details relating to credit risk and the methodology for determining impairment.

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15. Other financial assets

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Current				
Term deposits	1	1	-	-
Other investments FVPL	5,533	4,936	-	-
Total current investments	5,534	4,937	-	-
Non-current				
Interest in wholly owned subsidiary	-	-	1,150	1,150
Total non-current investments	-	-	1,150	1,150
Total investments	5,534	4,937	1,150	1,150

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

There is no impairment on other financial assets. Refer to note 33 for further information on risk management.

16. Inventories

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Drug supplies	16,282	14,846	16,282	14,846
Inventory imprest stock	7,733	7,850	7,733	7,850
Other	333	571	105	115
Total current inventories - held for distribution	24,348	23,267	24,120	22,811

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

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

17. Contract assets

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Contract assets	417	1,527	417	1,527
Total contract assets	417	1,527	417	1,527

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

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

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

18.1 Acquisition and recognition

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

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

18.2 Depreciation and amortisation

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

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

<u>Class of asset</u>	<u>Useful life (years)</u>
Buildings and improvements	30 - 200
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 equipment	3 - 5
• Vehicles	2 - 25
• Other plant and equipment	3 - 25
Right-of-use plant and equipment	Lease term
Intangible assets	5 - 10

18.3 Revaluation

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

Revaluation of non-current assets or a group of assets owned by the Hospital is only performed when the asset's fair value at the time of acquisition is greater than \$1 million and the estimated useful life exceeds three years. Revaluations are undertaken on a regular cycle. Non-current tangible assets that are acquired between revaluations are held at cost until the next valuation, where they are revalued to fair-value. If at any time management considers that the carrying amount of an asset greater than \$1 million materially differs from its fair value, then the asset will be revalued regardless of when the last revaluation took place.

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

18.4 Impairment

The Hospital holds its property, plant and equipment and intangible assets for their service potential (value in use). Specialised assets would rarely be sold and typically any costs of disposal would be negligible, accordingly the recoverable amount will be closer to or greater than fair value. Where there is an indication of impairment, the recoverable amount is estimated. For revalued assets, fair value is assessed each year.

There were no indications of impairment for property, plant and equipment, intangibles, or investment properties as at 30 June 2023.

18.5 Intangible assets

Intangible assets are initially measured at cost and are tested for indications of impairment at each reporting date. Following initial recognition, intangible assets are carried at cost less any accumulated amortisation and any accumulated impairment losses.

The amortisation period and the amortisation method for intangible assets with finite useful lives are reviewed on an annual basis. The Hospital has intangibles with indefinite useful lives, amortisation is not recognised against these intangible assets

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

18.6 Land and building

An independent valuation of owned land and buildings owned by the Hospital, was performed in March 2018 within the regular valuation cycle, by a Certified Practising Valuer from Jones Lang Lasalle (SA) Pty Ltd, as at 1 June 2018. Consistent with Treasurer's Instructions, a public authority must at least every 6 years obtain a valuation appraisal from a qualified valuer, the timing and process of which will be considered in the 2023-24 financial year.

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

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

18.7 Plant and equipment

The Hospital's plant and equipment assets with a fair value greater than \$1 million or had an estimated useful life of greater than three years were revalued using the fair value methodology, as at 1 June 2018, based on independent valuations performed by a Certified Practising Valuer from Jones Lang Lasalle (SA) Pty Ltd. The value of all other plant and equipment has not been revalued, this is in accordance with APS 116D, the carrying value of these items is deemed to approximate fair value. These assets are classified in Level 3 as there have been no subsequent adjustments to their value, except for management assumptions about the asset condition and remaining useful life.

18.8 Investment property

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

The valuation of the investment property located at Dalglish Street, Thebarton was performed by a Certified Practising Valuer as at May 2023. The Valuer arrived at a fair value based on recent market transactions for similar properties in the area taking into account zoning and restricted use.

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

Amounts recognised in profit or loss

The Hospital recognised rental income from investment property during the period of \$0.471 million (\$0.448 million).

18.9 Leased property, plant and equipment

Right-of-use assets (including concessional arrangements) leased by the Hospital as lessee are measured at cost, and there were no indications for impairment. Additions to right of use assets during 2022-23 were \$14.621 million (\$1.050 million). Short-term leases of 12 months or less and low value leases, where the underlying asset value is less than \$15,000 are not recognised as right-of-use assets. The associated lease payments are recognised as an expense and disclosed in note 10.

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

- Properties – SA Pathology collection centres, primary health, dental clinics and non-DIT provided office accommodation are generally leased from the private sector. Generally property leases are non-cancellable with many having the right of renewal. Rent is payable in arrears, with increases generally linked to CPI increases. Prior to renewal, most lease arrangements undergo a formal rent review linked to market appraisals or independent valuers.
- Health Facilities – lease include the Royal Adelaide Hospital.
The Royal Adelaide Hospital (RAH) lease commenced in June 2011, achieved commercial acceptance in June 2017, and is for 35 years. The SA Health Partnership Consortium trading as Celsus entered into an arrangement to finance, design, build, operate and maintain the new RAH. Under the arrangement, Celsus will maintain and provide non-medical support services including facilities management by Spotless and information and communication technology (ICT) support and maintenance by DXC Technology for the duration of the contract. The arrangement is referred to as a Public Private Partnership (PPP). At the conclusion of the contract in 2046, the Hospital will take full ownership of the RAH. Celsus have an obligation to deliver the RAH in a condition fit for its intended purpose and fully maintained in accordance with the agreed asset management plan.
- Motor vehicles – leased from the South Australian Government Financing Authority (SAFA) through their agent LeasePlan Australia. The leases are non-cancellable and the vehicles are leased for a specific time period (usually 3 years) or a specific number of kilometres, whichever occurs first.

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

The lease liabilities related to the right-of-use assets (and the maturity analysis) are disclosed at note 23. Expenses related to right-of-use assets including depreciation and interest expense are disclosed at note 19 and 23. Cash outflows related to right-of-use assets are disclosed at note 27.

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

The following table shows the movement:

Consolidated

2022-23	Land and buildings:				Plant and equipment:						
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Accommo- dation and Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Right-of- use plant and equipment \$'000	Capital works in progress plant and equipment \$'000	Investment property \$'000	Total \$'000
Carrying amount at the beginning of the period	113,935	237,632	2,425,668	46,588	19,205	79,339	3,258	216,443	10,054	5,550	3,157,672
Additions	-	-	13,627	107,483	-	9,410	996	994	12,948	-	145,458
Assets received free of charge	-	-	-	1	-	-	-	-	-	-	1
Disposals	-	-	-	-	-	(253)	(70)	-	(66)	-	(389)
Donated assets disposal	(5,000)	-	-	(1,246)	-	-	-	-	(314)	-	(6,560)
Transfers between asset classes	-	2,797	-	(2,947)	-	8,321	1,358	-	(9,529)	-	-
Remeasurement	-	-	210	-	-	-	-	-	-	-	210
Subtotal:	108,935	240,429	2,439,505	149,879	19,205	96,817	5,542	217,437	13,093	5,550	3,296,392
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(21,511)	(54,770)	-	(1,549)	(22,055)	(1,111)	(9,855)	-	-	(110,851)
Revaluation increment / (decrement)	-	-	-	-	-	-	-	-	-	3,050	3,050
Subtotal:	-	(21,511)	(54,770)	-	(1,549)	(22,055)	(1,111)	(9,855)	-	3,050	(107,801)
Carrying amount at the end of the period*	108,935	218,918	2,384,735	149,879	17,656	74,762	4,431	207,582	13,093	8,600	3,188,591
Gross carrying amount											
Gross carrying amount	108,935	330,894	2,683,925	149,879	33,562	314,134	30,865	260,699	13,093	8,600	3,934,586
Accumulated depreciation / amortisation	-	(111,976)	(299,190)	-	(15,906)	(239,372)	(26,434)	(53,117)	-	-	(745,995)
Carrying amount at the end of the period	108,935	218,918	2,384,735	149,879	17,656	74,762	4,431	207,582	13,093	8,600	3,188,591

*All property, plant and equipment are classified in the level 3 fair value hierarchy except for investment properties valued at \$8.600 million (\$5.550 million) (classified as level 2) and capital works in progress (not classified). Refer to note 23 for details about the lease liability for right of use assets.

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Consolidated

2021-22	Land and buildings:				Plant and equipment:						Total \$'000
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Accommo- dation and Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Right-of- use plant and equipment \$'000	Capital works in progress plant and equipment \$'000	Investment property \$'000	
Carrying amount at the beginning of the period	113,935	252,435	2,479,278	18,937	20,794	102,490	3,736	225,333	5,762	5,550	3,228,250
Additions	-	-	-	34,493	-	7,975	981	1,069	10,963	-	55,481
Assets received free of charge	-	1,179	-	-	-	92	-	-	-	-	1,271
Disposals	-	-	-	-	-	(39)	(2)	(24)	-	-	(65)
Donated assets disposal	-	-	-	(600)	-	-	-	-	-	-	(600)
Transfers between asset classes	-	6,195	-	(6,242)	31	6,338	174	-	(6,671)	-	(175)
Remeasurement	-	-	170	-	-	-	-	-	-	-	170
Subtotal:	113,935	259,809	2,479,448	46,588	20,825	116,856	4,889	226,378	10,054	5,550	3,284,332
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(22,176)	(53,780)	-	(1,620)	(37,517)	(1,631)	(9,935)	-	-	(126,659)
Subtotal:	-	(22,176)	(53,780)	-	(1,620)	(37,517)	(1,631)	(9,935)	-	-	(126,659)
Carrying amount at the end of the period*	113,935	237,633	2,425,668	46,588	19,205	79,339	3,258	216,443	10,054	5,550	3,157,673
Gross carrying amount											
Gross carrying amount	113,935	328,097	2,670,087	46,588	33,599	307,911	30,512	260,667	10,054	5,550	3,807,000
Accumulated depreciation / amortisation	-	(90,465)	(244,419)	-	(14,394)	(228,572)	(27,254)	(44,224)	-	-	(649,328)
Carrying amount at the end of the period	113,935	237,632	2,425,668	46,588	19,205	79,339	3,258	216,443	10,054	5,550	3,157,672

*All property, plant and equipment are classified in the level 3 fair value hierarchy except for investment properties valued at \$5.550 million (\$5.550 million) (classified as level 2) and capital works in progress (not classified). Refer to note 23 for details about the lease liability for right of use assets.

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Parent

2022-23	Land and buildings:				Plant and equipment:						Total \$'000
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Accommo- dation and Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Right-of- use plant and equipment \$'000	Capital works in progress plant and equipment \$'000	Investment property \$'000	
Carrying amount at the beginning of the period	113,935	237,632	2,425,434	46,588	19,205	79,339	2,443	216,443	9,956	-	3,150,975
Additions	-	-	12,417	107,483	-	9,410	996	994	11,749	-	143,049
Assets received free of charge	-	-	-	1	-	-	-	-	-	-	1
Disposals	-	-	-	-	-	(253)	(56)	-	(66)	-	(375)
Donated assets disposal	(5,000)	-	-	(1,246)	-	-	-	-	(314)	-	(6,560)
Transfers between asset classes	-	2,797	-	(2,947)	-	8,321	172	-	(8,343)	-	-
Remeasurement	-	-	210	-	-	-	-	-	-	-	210
Subtotal:	108,935	240,429	2,438,061	149,879	19,205	96,817	3,555	217,437	12,982	-	3,287,300
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(21,511)	(54,501)	-	(1,549)	(22,055)	(737)	(9,855)	-	-	(110,208)
Subtotal:	-	(21,511)	(54,501)	-	(1,549)	(22,055)	(737)	(9,855)	-	-	(110,208)
Carrying amount at the end of the period*	108,935	218,918	2,383,560	149,879	17,656	74,762	2,818	207,582	12,982	-	3,177,092
Gross carrying amount											
Gross carrying amount	108,935	330,894	2,682,225	149,879	33,562	314,134	28,177	260,699	12,982	-	3,921,487
Accumulated depreciation / amortisation	-	(111,976)	(298,665)	-	(15,906)	(239,372)	(25,359)	(53,117)	-	-	(744,395)
Carrying amount at the end of the period	108,935	218,918	2,383,560	149,879	17,656	74,762	2,818	207,582	12,982	-	3,177,092

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

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Parent

2021-22	Land and buildings:				Plant and equipment:						
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Accommo- dation and Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Right-of- use plant and equipment \$'000	Capital works in progress plant and equipment \$'000	Investment property \$'000	Total \$'000
Carrying amount at the beginning of the period	113,935	252,434	2,478,788	18,937	20,794	102,490	3,165	225,333	5,761	-	3,221,637
Additions	-	-	-	34,493	-	7,975	404	1,069	10,866	-	54,807
Assets received free of charge	-	1,179	-	-	-	92	-	-	-	-	1,271
Disposals	-	-	-	-	-	(39)	(2)	(24)	-	-	(65)
Donated assets disposal	-	-	-	(600)	-	-	-	-	-	-	(600)
Transfers between asset classes	-	6,195	-	(6,242)	31	6,338	174	-	(6,671)	-	(175)
Remeasurement	-	-	170	-	-	-	-	-	-	-	170
Subtotal:	113,935	259,808	2,478,958	46,588	20,825	116,856	3,741	226,378	9,956	-	3,277,045
Gains/(losses) for the period recognised in net result:											
Depreciation and amortisation	-	(22,176)	(53,524)	-	(1,620)	(37,517)	(1,298)	(9,935)	-	-	(126,070)
Subtotal:	-	(22,176)	(53,524)	-	(1,620)	(37,517)	(1,298)	(9,935)	-	-	(126,070)
Carrying amount at the end of the period*	113,935	237,632	2,425,434	46,588	19,205	79,339	2,443	216,443	9,956	-	3,150,975
Gross carrying amount											
Gross carrying amount	113,935	328,097	2,669,598	46,588	33,599	307,911	27,704	260,667	9,956	-	3,798,055
Accumulated depreciation / amortisation	-	(90,465)	(244,164)	-	(14,394)	(228,572)	(25,261)	(44,224)	-	-	(647,080)
Carrying amount at the end of the period	113,935	237,632	2,425,434	46,588	19,205	79,339	2,443	216,443	9,956	-	3,150,975

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

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20. Reconciliation of intangible assets

The following table shows the movement:

Consolidated

	2022-23			2021-22		
	Computer software \$'000	Capital works in progress intangibles \$'000	Total \$'000	Computer software \$'000	Capital works in progress intangibles \$'000	Total \$'000
Carrying amount at the beginning of the period	19,628	303	19,931	27,072	2,169	29,241
Additions	-	160	160	-	637	637
Amortisation	(5,909)	-	(5,909)	(10,122)	-	(10,122)
Transfers between asset classes	-	-	-	2,678	(2,503)	175
Carrying amount at the end of the period	13,719	463	14,182	19,628	303	19,931
Gross carrying amount						
Gross carrying amount	77,553	463	78,016	77,553	303	77,856
Accumulated amortisation	(63,834)	-	(63,834)	(57,925)	-	(57,925)
Carrying amount at the end of the period	13,719	463	14,182	19,628	303	19,931
Parent						
Carrying amount at the beginning of the period	19,628	303	19,931	27,072	2,169	29,241
Additions	-	160	160	-	637	637
Amortisation	(5,909)	-	(5,909)	(10,122)	-	(10,122)
Transfers between asset classes	-	-	-	2,678	(2,503)	175
Carrying amount at the end of the period	13,719	463	14,182	19,628	303	19,931
Gross carrying amount						
Gross carrying amount	77,553	463	78,016	77,553	303	77,856
Accumulated amortisation	(63,834)	-	(63,834)	(57,925)	-	(57,925)
Carrying amount at the end of the period	13,719	463	14,182	19,628	303	19,931

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21. Fair value measurement

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

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

The Hospital's current use is the highest and best use of the asset unless other factors suggest an alternative use. As the Hospital did not identify any factors to suggest an alternative use, fair value measurement was based on current use.

The carrying amount of non-financial assets owned by the Hospital with a fair value at the time of acquisition that was less than \$1 million or an estimated useful life that was less than three years are deemed to approximate fair value.

Refer to notes 19 and 21.2 for disclosure regarding fair value measurement techniques and inputs used to develop fair value measurements for non-financial assets.

21.1 Fair value hierarchy

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

Fair value measurements at 30 June 2023

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Recurring fair value measurements						
Land	-	108,935	108,935	-	108,935	108,935
Buildings and improvements	-	218,919	218,919	-	218,918	218,918
Leasehold improvements	-	17,656	17,656	-	17,656	17,656
Plant and equipment	-	79,193	79,193	-	77,580	77,580
Investment property	8,600	-	8,600	-	-	-
Total recurring fair value measurements	8,600	424,703	433,303	-	423,089	423,089

Fair value measurements at 30 June 2022

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Recurring fair value measurements						
Land	-	113,935	113,935	-	113,935	113,935
Buildings and improvements	-	237,633	237,633	-	237,632	237,632
Leasehold improvements	-	19,205	19,205	-	19,205	19,205
Plant and equipment	-	82,597	82,597	-	81,782	81,782
Investment property	5,550	-	5,550	-	-	-
Total recurring fair value measurements	5,550	453,370	458,920	-	452,554	452,554

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

During 2023 and 2022, the Hospital had no valuations categorised into Level 1; there were no transfers of assets between Level 1 and 2 fair value hierarchy levels in 2022-23.

21.2 Valuation techniques and inputs

Land fair values were derived by using the market approach, being recent sales transactions of other similar land holdings within the region, adjusted for differences in key attributes such as property size, zoning and any restrictions on use, and then adjusted with a discount factor. For this reason they are deemed to have been valued using Level 3 valuation inputs.

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

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Unobservable inputs used to arrive at final valuation figures included:

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

Although there was some land valued using Level 2 inputs, the fair value of these was immaterial in comparison to the whole class, therefore all land has been classified as Level 3. Investment property has been valued using the income approach, based on capitalised net income at an appropriate yield, and is classified as Level 2.

22. Payables

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Current				
Creditors and accrued expenses	84,191	93,619	81,822	92,555
Paid Parental Leave Scheme	330	338	330	338
Staff on-costs*	28,416	22,458	28,355	22,396
Other payables	4,066	4,928	4,066	4,928
Total current payables	117,003	121,343	114,573	120,217
Non-current				
Staff on-costs*	11,117	10,698	11,117	10,698
Total non-current payables	11,117	10,698	11,117	10,698
Total payables	128,120	132,041	125,690	130,915

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

*Staff on-costs include Return to Work SA levies and superannuation contributions and are settled when the respective staff benefits that they relate to 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 unchanged at 38% and the average factor for the calculation of employer superannuation on-costs has increased from the 2022 rate (10.6%) to 11.1% to reflect the increase in super guarantee. These rates are used in the staff on-cost calculation. The net financial effect of the changes in the current financial year is an increase in the staff on-cost and staff benefits expense of \$1.178 million. The estimated impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

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

Refer to note 33 for information on risk management.

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23. Financial liabilities

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Current				
Lease liabilities	71,254	69,812	70,785	69,565
Total current financial liabilities	71,254	69,812	70,785	69,565
Non-current	\$'000	\$'000	\$'000	\$'000
Lease liabilities	2,467,841	2,517,639	2,467,051	2,517,637
Total non-current financial liabilities	2,467,841	2,517,639	2,467,051	2,517,637
Total financial liabilities	2,539,095	2,587,451	2,537,836	2,587,202

Lease liabilities have been measured via discounting lease payments using either the interest rate implicit in the lease (where it is readily determined) or Treasury's incremental borrowing rate. Borrowing costs of \$187.363 million (\$126.983 million) relate to interest on lease liabilities. Included in these borrowing costs is a reduction in contingent rental amounts of \$146.743 million (\$105.537 million). There were no defaults or breaches on any of the above liabilities throughout the year.

Refer to note 33 for information on risk management.

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

23.1 Concessional lease arrangements for right-of-use assets

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

Right of use asset	Nature of arrangements	Details
Buildings and improvements	Terms are up to 36 years Payments range from \$1 to \$1,312 pa	Concessional building arrangements include the use of premises for dental services, pathology collection, Breastscreen services, community health services and vacant land.

23.2 Maturity analysis

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

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Lease Liabilities				
1 to 3 years	904,890	902,890	904,615	902,844
3 to 5 years	587,090	592,539	586,359	592,539
5 to 10 years	1,369,790	1,402,539	1,369,790	1,402,539
More than 10 years	3,098,787	3,352,217	3,098,787	3,352,217
Total lease liabilities (undiscounted)	5,960,557	6,250,185	5,959,551	6,250,139

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24. Staff benefits

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Current				
Accrued salaries and wages	36,743	30,980	36,228	30,748
Annual leave	167,594	156,454	167,129	156,117
Long service leave	23,480	23,082	23,194	22,795
Skills and experience retention leave	11,734	11,241	11,734	11,241
Other	30	30	30	30
Total current staff benefits	239,581	221,787	238,315	220,931
Non-current				
Long service leave	256,623	257,625	256,594	257,588
Total non-current staff benefits	256,623	257,625	256,594	257,588
Total staff benefits	496,204	479,412	494,909	478,519

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

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

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

The annual leave liability and the skills and experience retention leave liability is expected to be payable within 12 months and is measured at the undiscounted amount expected to be paid. In the unusual event where salary and wages, annual leave and skills and experience retention leave liability are payable later than 12 months, the liability will be measured at present value. As a result of the actuarial assessment performed by DTF, the salary inflation rate has increased from the 2022 rate (1.5%) to 2.0% for annual leave and skills, experience and retention leave liability. As a result, there is an increase in the employee staff benefits liability and employee benefits expenses of \$0.873 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.

24.2 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.

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

AASB 119 requires the use of the yield on long-term Commonwealth Government bonds as the discount rate in the measurement of the long service leave liability. The yield on long-term Commonwealth Government bonds has increased from 2022 (3.75%) to 4.0%. This increase in the bond yield, which is used as the rate to discount future long service leave cash flows, results in a decrease in the reported long service leave liability. The actuarial assessment performed by DTF increased the salary inflation rate from 2022 (2.5%) to 3.5% for long service leave liability resulting in an increase in the reported long service leave liability.

The net financial effect of the changes to actuarial assumptions is a decrease in the long service leave liability of \$4.959 million, payables (staff on-costs) of \$0.209 million and staff benefits expense of \$5.168 million. The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions – a key assumption being the long-term discount rate.

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25. Provisions

Provisions represent workers compensation

Reconciliation of workers compensation (statutory and non-statutory)

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	49,161	35,347	49,161	35,347
Increase in provisions recognised	1,875	15,804	1,875	15,804
Reductions arising from payments/other sacrifices of future economic benefits	(2,426)	(1,990)	(2,426)	(1,990)
Carrying amount at the end of the period	48,610	49,161	48,610	49,161

The amount of the provision considered to be current is \$11.523 million (\$10.399 million). The amount of the provision considered to be non-current is \$37.087 million (\$38.762 million).

Workers compensation provision (statutory and additional compensation schemes)

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

Accordingly, a liability has been reported to reflect unsettled workers compensation claims (statutory and additional compensation schemes). The workers compensation provision is based on an actuarial estimate of the outstanding liability as at 30 June 2023 provided by a consulting actuary engaged through the Office of the Commissioner for Public Sector Employment.

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

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

26. Contract liabilities and other liabilities

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Current				
Unclaimed monies	112	119	112	119
Unearned revenue	13	88	-	75
Contract liabilities	471	518	471	518
Other	521	858	521	858
Total current contract liabilities and other liabilities	1,117	1,583	1,104	1,570
Total contract liabilities and other liabilities	1,117	1,583	1,104	1,570

A contract liability is recognised for revenue relating to SA Dental Service co-payments and grant funded projects /programs received in advance and is realised as agreed milestones have been achieved.

All performance obligations from these existing contracts (deferred service income) will be satisfied during the next reporting period and accordingly all amounts will be recognised as revenue.

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27. Cash flow reconciliation

Reconciliation of cash and cash equivalents at the end of the reporting period	Consolidated		Parent	
	2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000
Cash and cash equivalents disclosed in the Statement of Financial Position	180,068	166,413	175,121	159,457
Cash as per Statement of Financial Position	180,068	166,413	175,121	159,457
Balance as per Statement of Cash Flows	180,068	166,413	175,121	159,457
Reconciliation of net cash provided by operating activities to net result:				
Net cash provided by (used in) operating activities	113,071	66,365	113,843	64,051
Add/less non-cash items				
Asset donated free of charge	(6,560)	(600)	(6,560)	(600)
Capital revenues	102,842	28,332	102,842	28,332
Capitalised interest expense on finance lease	(8,307)	(9,053)	(8,307)	(9,053)
Depreciation and amortisation expense of non-current assets	(116,760)	(136,781)	(116,117)	(136,192)
Gain/(loss) on sale or disposal of non-current assets	(318)	66	(304)	66
Increments (decrements) on revaluation of non-current assets	3,050	-	-	-
Resources received free of charge	1	1,271	1	1,271
Revaluation of investments	779	(788)	-	-
Movement in assets/liabilities				
Increase/(decrease) in contract assets	(1,110)	738	(1,110)	738
Increase/(decrease) in inventories	1,081	929	1,309	777
Increase/(decrease) in receivables	(19,650)	6,768	(20,495)	6,287
(Increase)/decrease in other liabilities	466	657	466	612
(Increase)/decrease in payables and provisions	4,489	(41,226)	5,776	(41,040)
(Increase)/decrease in staff benefits	(16,809)	50,694	(16,390)	50,520
Net result	56,265	(32,628)	54,954	(34,231)

Total cash outflows for leases is \$250.563 million (\$190.252 million) for the consolidated entity, and \$250.314 million (\$189.985 million) for the parent entity.

28. Unrecognised contractual commitments

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

28.1 Capital and Expenditure commitments

28.1.1 Contractual commitments to acquire property, plant and equipment

	Consolidated		Parent	
	2023 \$'000	2022 \$'000	2023 \$'000	2022 \$'000
Within one year	13,910	1,943	13,760	1,727
Total capital commitments	13,910	1,943	13,760	1,727

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

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28.1.2 Other contracted commitments

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Within one year	117,614	128,715	117,614	128,715
Later than one year but not longer than five years	378,785	359,797	378,785	359,797
Later than five years	2,082,378	2,175,659	2,082,378	2,175,659
Total other expenditure commitments	2,578,777	2,664,171	2,578,777	2,664,171
Less contingent rentals	(1,111,836)	(1,131,528)	(1,111,836)	(1,131,528)
Total finance lease commitments	1,466,941	1,532,643	1,466,941	1,532,643

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

Included in other expenditure commitments above is \$2,523.411 million (\$2,605.205 million), including contingent rentals, which relates directly to the PPP operations and maintenance commitments.

The Hospital also has commitments to provide funding to various non-government organisations in accordance with negotiated service agreements. The value of these commitments as at 30 June 2023 have not been quantified.

28.2 Expected rental income from lessor arrangements

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Within one year	448	82	-	-
Later than one year but not longer than five years	1,418	-	-	-
Total operating lease revenue commitments	1,866	82	-	-

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

29. Trust funds

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

	Consolidated		Parent	
	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of period	35	18	35	18
Client trust receipts	22	44	22	44
Client trust payments	(35)	(27)	(35)	(27)
Carrying amount at the end of the period	22	35	22	35

30. Contingent assets and liabilities

Contingent assets and contingent liabilities are not recognised in the Statement of Financial Position, but are disclosed within this note and, if quantifiable are measured at nominal value.

30.1 Contingent Assets

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

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

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

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

30.2 Contingent Liabilities

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

30.3 Guarantees

The Hospital has made no guarantees.

31. Events after balance date

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

32. Impact of Standards not yet effective

Australian Accounting Standards and Interpretations not yet effective have not been adopted by the Hospital for the reporting period ended 30 June 2023, except for AASB 2021-2 which was adopted from 1 July 2021.

AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities* will apply from 1 July 2024. Given the complexity and level of judgement required in applying AASB 13 and the new amending standard, together with the need to liaise with valuers, the Hospital has not yet determined the impact.

The Hospital does not expect any other standards issued but not yet effective to have a material impact on the financial statements.

33. Financial instruments/financial risk management

33.1 Financial risk management

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

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

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Liquidity Risk

The Hospital is funded principally by the South Australian Government via the Department. The Department works with DTF to determine the cash flows associated with the SA Government approved program of work and to ensure funding is provided through SA Government budgetary processes to meet the expected cash flows. Refer to notes 1.4, 22 and 23 for further information.

Credit risk

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

Refer to notes 13, 14 and 15 for further information.

Market risk

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

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

33.2 Categorisation of financial instruments

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

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

A financial asset is measured at amortised cost if:

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

Category of financial asset and financial liability	Notes	Consolidated		Parent	
		2023 Carrying amount/ Fair value \$'000	2022 Carrying amount/ Fair value \$'000	2023 Carrying amount/ Fair value \$'000	2022 Carrying amount/ Fair value \$'000
Financial assets					
Cash and equivalent					
Cash and cash equivalents	13, 27	180,068	166,413	175,121	159,457
Loans and receivables					
Receivables ⁽¹⁾⁽²⁾	14	78,011	97,182	75,366	95,408
Available for sale financial assets					
Other financial assets	15	5,534	4,937	1,150	1,150
Total financial assets		263,613	268,532	251,637	256,015
Financial liabilities					
Financial liabilities at amortised cost					
Payables ⁽¹⁾	22	87,859	98,165	85,490	97,101
Lease liabilities	23, 28	2,539,095	2,587,451	2,537,836	2,587,202
Other financial liabilities	26	646	1,065	633	1,052
Total financial liabilities		2,627,600	2,686,681	2,623,959	2,685,355

⁽¹⁾ Receivable and payable amounts disclosed exclude amounts relating to statutory receivables and payables. This includes Commonwealth, State and Local Government taxes and fees and charges. This is in addition to employee related receivables and payables such as payroll tax, fringe benefits tax etc. In government, certain rights to receive or pay cash may not be contractual and therefore in these situations, the disclosure requirements of AASB 7 will not apply. Where rights or obligations have their source in legislation such as levies, tax and equivalents etc. they would be excluded from the disclosure. The standard defines contract as enforceable by law. All amounts recorded are carried at cost.

⁽²⁾ Receivable amount disclosed excludes prepayments as they are not financial assets.

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33.3 Credit risk exposure and impairment of financial assets

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

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

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

To measure the expected credit loss, receivables are grouped based on shared risk characteristics and the days past due. When calculating estimated expected credit loss, the Hospital considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis, based on the Hospital's historical experience and informed credit assessment, including forward-looking information.

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

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 2023			30 June 2022		
	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000
Days past due						
Current	0.3-2.0%	15,560	127	0.3-2.0%	16,165	162
<30 days	1.2-2.3%	8,874	174	1.1-2.3%	6,804	131
31-60 days	2.8-4.0%	3,539	101	2.5-3.9%	5,359	164
61-90 days	4.6-6.6%	2,479	107	4.6-6.5%	2,888	133
91-120 days	6.8-9.2%	2,161	148	5.7-9.1%	2,542	158
121-180 days	10.2-15.0%	2,643	280	8.4-14.8%	3,356	342
181-360 days	17.3-34.9%	4,463	1,235	12.7-34.5%	3,854	961
361-540 days	39.1-63.1%	1,272	665	33.6-54.8%	1,427	815
>540 days	45.5-71.4%	3,274	2,406	39.6-100.0%	3,893	2,937
Total		44,265	5,243		46,288	5,803

34. Significant transactions with government related entities

The Hospital is controlled by the SA Government.

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

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

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The Hospital received funding from the SA Government via the Department (note 2), and incurred significant expenditure via the Department for medical, surgical and laboratory supplies, inter-health staff recharging, insurance and computing (note 10). The Hospital incurred capital works expenditure with the Department for Infrastructure and Transport (DIT) of \$75.810 million (\$21.922 million). As at 30 June 2023 the value of unrecognised contractual expenditure commitments with DIT for accommodation was \$14.878 million (\$14.410 million).

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

35. Interests in other entities

Controlled Entities

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

From 1 July 2023 AusHealth has become a health charity known as The AusHealth Hospital Research Fund (AHRF). AusHealth, as a trading entity, will fall under the umbrella of AHRF. Under its new charity status, AusHealth's business model comprises three divisions —AusHealth Work, AusHealth Hospitals, and AusHealth Research.

Joint arrangements

The Hospital participates in the following joint operations:

Name of arrangement	Nature of the arrangement	Principal activity	Location	Interest
Adelaide Health Innovation Partnership	Company limited by guarantee comprising of four members – South Australia Health and Medical Research Institute, Central Adelaide Local Health Network, Women's and Children's Health Network and The University of Adelaide.	Advocates for change, innovation and improvements in health service delivery, medical research, education and patient care.	Adelaide SA	25%
Centre for Cancer Biology Alliance	Agreement between the University of South Australia and Central Adelaide Local Health Network Incorporated.	Undertake health and medical research in South Australia as an integrated clinical, educational and research activity, with a focus on cancer research.	Adelaide SA	50%
South Australian Immunogenomics Cancer Institute	Agreement between the University of Adelaide and Central Local Health Network.	Established as an independently - governed Institute that operates as a discrete academic unit within the University of Adelaide's Faculty of Health and Medical Sciences, supported by an alliance with CALHN	Adelaide SA	50%

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36. Board and committee members

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

Board/Committee name:	Government employee members	Other members
Allied Health Directorate Clinical Governance Committee	17	Heydrich S
AusHealth Corporate Pty Ltd	1	Bechta-Metti K (Resigned 15/05/2023), Hayden S (Appointed 14/05/2023), Johansen G, Livesey S Dr and Reid M
BreastScreen SA State Quality Committee	7	Eaton M Dr, Kerrins E and Roder D Prof
Care and Management of Aboriginal Remains Task Force	7	Wanganeen F
Central Adelaide Local Health Network 260 Currie Street Governance Committee	5	Bruce-Gordon S (Appointed 31/01/2023), Caldwell B (Appointed 30/03/2023), Massey A (Appointed 01/03/2023) and Robinson M (Appointed 03/02/2023)
Central Adelaide Local Health Network Clinical Ethics Committee	10	Cardinali R (Appointed 01/11/2022), Carter D Dr, Digance A, Lambert A and Merlin T Prof (Resigned 02/03/2023)
Central Adelaide Local Health Network Consumer Carer Advisory Group	3	Bickley B, Burns T, Earl-Bandaralage L, Law D, Lucas G, Meegan J (Resigned 01/10/2022), Smith E (Resigned 09/05/2023), Thai L (Appointed 14/02/2023) and Vega L
Central Adelaide Local Health Network Critical Care & Perioperative Program Intensive Care Services Quality and Governance Committee	-	Bampton J, Bickley B, Bruce K, How C, Johns P (Appointed 06/12/2022), Kelly P (Appointed 01/02/2023), Venhoek J, Workman D and Yeend K
Central Adelaide Local Health Network Critical Care & Perioperative Program Perioperative Services Quality and Governance Committee	35	Sheehy H
Central Adelaide Local Health Network Drug and Therapeutics Committee	39	Cullen M
Central Adelaide Local Health Network Executive Quality Governance Committee	41	Bruce K, Fyfe D and Knight S (Appointed 01/03/2023)
Central Adelaide Local Health Network Geriatric Safety and Quality Committee	37	Curry M
Central Adelaide Local Health Network Governing Board	-	Beilby J Prof, Cockram A Dr, Dwyer J Prof, Hanlon P (Appointed 20/02/2023), Haythorpe I (Appointed 20/02/2023), Reid M, Spencer R (Chair), Wanganeen G (Resigned 30/06/2023) and Yuile J (Resigned 06/05/2023)
Central Adelaide Local Health Network Governing Board Audit and Risk Committee	13	Batt R, Haythorpe I (Appointed 20/02/2023) (Chair) and Reid M
Central Adelaide Local Health Network Governing Board Clinical Governance Committee	2	Beilby J Prof (Chair), Dwyer J Prof and Fyfe D
Central Adelaide Local Health Network Governing Board Consumer and Community Engagement Committee	-	Benwell N, Fyfe D, McWhinnie S and Touli S
Central Adelaide Local Health Network Governing Board Finance and Investment Committee	-	Cantley K
Central Adelaide Local Health Network Governing Board People and Culture Committee	-	Beilby J Prof, Dwyer J Prof, McEwen K (Appointed 07/11/2022), and Wanganeen G (Resigned 30/06/2023)

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Board/Committee name:	Government	
	employee members	Other members
Central Adelaide Local Health Network Human Research Ethics Committee	10	Air T, Bonython J, Crabb A, Crockett J, Cullen J, Digance A, Fisher A, Greenberg Z, Hackett J (Resigned 30/01/2023), Lu L, Need A A/Prof, Newsham P, Parry C, Partridge G, Phillips C, Ruediger C and Slater H
Central Adelaide Local Health Network Integrated Care Clinical Governance Committee	-	Beaumont J and Wing M
Central Adelaide Local Health Network Pelvic Mesh Specialists Group	14	Blieschke, K, Lilley D, Short K and Williamson W
Clinical Governance and Quality Committee	13	Touli S
CNARTS Transplant Management Committee	46	Myers D (Resigned 25/11/2022) and Palk N (Appointed 01/07/2022)
Critical Care and Periop Safety and Quality Leadership Consumer Representative	15	Yeend K
General Medicine Safety and Quality Committee	40	Cardinali R, Klemm G
Heart and Lung Safety and Quality Committee	19	Klemm G (Appointed 01/07/2022, Resigned 17/1/2023), Lane B (Appointed 17/01/2023) and McWhinnie S
Learning from Dying Committee	28	Anderson R
Priority Care Committee: Communicating for Safety	43	Curry M, Raschella F
Priority Care Committee: Comprehensive Care	46	Anderson R, Bickley B, Coates P, Curry M and Messing L
Priority Care Committee: Managing Deterioration	40	Bampton J, Bickley B and Raschella F (Resigned 2023)
Priority Care Committee: Patient Blood Management	-	Venhoek J and Johns P
Priority Care Committee: Standard 2 Consumer Partnering	-	Anderson R (Resigned 14/03/2023), Bampton J (Appointed 14/03/2023), Curry M, Klemm G and McMahon J
Renal Community of Practice Steering Committee	18	Lester R, Robson B, Weber D and Williams K
Royal Adelaide Hospital Joint Services Review Committee	-	Klemm G
SA Brain Injury Rehabilitation Service Consumer Advisory Group	3	Bollella D, Crawford S, Francese L, Hoile L (Appointed 08/06/2023), Long J (Appointed 13/04/2023), and Morgan T (Chair)
SA Dental Services Consumer Advisory Panel	2	Costa D Dr, Ireland K, Kerekes E (Resigned 04/05/2023), Matiasz S Dr, Millier P (Resigned 12/04/2023), Saunders C, Sutherland R (Resigned 01/12/2022), Whiteway L and Zerna J
Statewide Clinical Support Services Committee	4	Beilby J Prof, Cockram A Dr (Resigned 01/09/2022), Haslam R (Resigned 30/06/2023), Smith M and Spencer R (Chair)
Statewide Clinical Support Services Risk Management & Audit Committee	11	Christley S Dr and Davies T (Chair)
Stroke Community of Practice Strategic Executive Committee	33	Chamberlain S, and McGrath A (Resigned 01/07/2022)
The Queen Elizabeth Hospital Emergency Department Steering Committee	24	Myers A (Appointed 26/10/2022)
Youth Cancer Advisory Group	3	Binns T, Custance B, Dix M, Edwards S, Gascoigne S, Gogel C, Hassall N, Kincaid J, Lawson A, Roth E (Appointed 14/12/2022), Tyson H and Winston T

Refer to note 9.2 for remuneration of board and committee member

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37. Administered items

The Hospital administers the following:

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

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

	Private Practice		Other		Total	
	2023	2022	2023	2022	2023	2022
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Revenue from fees and charges	55,931	57,195	-	67	55,931	57,262
Interest revenue	-	-	-	-	-	-
Staff benefit expenses	-	-	-	(62)	-	(62)
Supplies and services	(245)	-	-	-	(245)	-
Other expenses	(56,671)	(57,310)	(50)	-	(56,721)	(57,310)
Net result	(985)	(115)	(50)	5	(1,035)	(110)
Cash and cash equivalents	6,161	7,529	-	7	6,161	7,536
Receivables	5,868	4,794	-	70	5,868	4,864
Payables	(7,751)	(7,073)	-	(1)	(7,751)	(7,074)
Staff benefits	-	-	-	(27)	-	(27)
Other provisions/liabilities	(14)	(1)	-	-	(14)	(1)
Net assets	4,264	5,249	-	49	4,264	5,298
Cash at 1 July	7,529	6,954	7	39	7,536	6,993
Cash inflows	54,856	56,662	71	43	54,927	56,705
Cash outflows	(56,225)	(56,087)	(78)	(75)	(56,303)	(56,162)
Cash at 30 June	6,161	7,529	-	7	6,161	7,536