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**Government  
of South Australia**

**DEPARTMENT FOR HEALTH AND  
WELLBEING  
2024-25 Annual Report**

**DEPARTMENT FOR HEALTH AND WELLBEING**

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2024-25 ANNUAL REPORT for the Department for Health and Wellbeing

To:

Chris Picton, MP

Minister for Health and Wellbeing

This annual report will be presented to Parliament to meet the statutory reporting requirements of the *Public Sector Act 2009*, the Public Sector Regulations 2010, the *Public Finance and Audit Act 1987* 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 DEPARTMENT FOR HEALTH AND WELLBEING by:

Dr Robyn Lawrence PSM

Chief Executive

Date 29 / 9 / 25

Signature 

## From the Chief Executive



*The Department for Health and Wellbeing (the Department) acknowledges the land of our head office is located on the traditional lands of the Kurna people. We respect their spiritual relationship with their country. We also acknowledge the Kurna people as the custodians of the greater Adelaide region and that their cultural and heritage beliefs are still as important to the living Kurna people today.*

As I reflect on the 2024-25 year, I am once again reminded of the incredible ability of our staff to support, innovate and deliver healthcare across South Australia.

The Department employs a wide range of incredibly dedicated and skilled individuals, and I would like to place on record my thanks to the entire workforce.

Without their drive, resourcefulness and knowledge, the quality of services and support we provide to the State Government and the Local Health Networks (LHNs) would not be possible.

### **Strengthening our workforce**

Our organisation's success is dependent on our people. This year, we focused on celebrating the Department's diversity when we launched our Diversity, Equity and Inclusion Strategy. During National Reconciliation Week in May and June 2025, we embraced the theme "Bridging Now to Next" as a reminder to step forward together and continue pushing forward as past lessons guide us. We built upon this momentum in July, celebrating NAIDOC Week.

Significant workforce initiatives included launching a new Aboriginal Mentoring Program available for all SA Health Aboriginal Workforce Network members, and

launching the Young Professionals Group Strategic Directions, marking the beginning of their refreshed vision and priorities for 2025-2030.

We also navigated challenges, including the short-notice relocation of staff from the Australian Bragg Centre following extensive building damage. This was a significant logistical undertaking that demonstrated our workforce's adaptability and resilience.

### **Addressing system demand**

The Department remains committed to addressing high levels of system demand across our public health system, to ensure South Australians receive the urgent care they need.

Key developments included opening the 24-bed transitional care service at the Pullman Adelaide for maintenance care, post-surgery recovery and care transition, overseen by the Southern Adelaide Local Health Network.

An additional 55 hospital beds opened at Hampstead Rehabilitation Centre to support older South Australians awaiting aged care placements. These beds form part of a new 70-bed Care of the Older Person and Community Transition (CO-ACT) service, designed to assist elderly patients ready for hospital discharge but unable to access aged care due to limited national supply.

Our 2025 Winter Plan outlined comprehensive strategies being implemented across the system to ease pressure on our hospitals.

We also expanded our ambulance capacity with new stations, including the Mount Barker ambulance station which became fully operational on 13 January 2025.

### **Digital transformation**

March 2025 marked a major milestone for our public health system with the final activation of SA Health's electronic patient medical record, Sunrise Electronic Medical Record and Patient Administration System (Sunrise EMR & PAS). Led by the EMR Project and Regional Reform Program (Digital Health SA), this ambitious initiative brought digital connectivity and infrastructure to 59 regional hospitals and healthcare facilities. With Sunrise EMR & PAS now implemented statewide, South

Australia is the only jurisdiction in Australia with a single, integrated EMR, which is paving the way for future advancements in digital health, interoperability, and artificial intelligence.

### **Public health and climate change**

To protect South Australian children and reduce hospitalisations, the Australian Government and SA Health funded new, free maternal and infant RSV immunisations in 2025. This was supported by a statewide marketing campaign, which has resulted in a promising early uptake of the new vaccines.

With growing evidence of health risks posed by climate change, we launched the SA Health Climate Change and Health Framework 2025-2030, outlining critical actions needed to safeguard public health and setting a foundation for essential climate action to protect all South Australians.

We are also supporting the response to the drought and algae bloom, including mental health and public safety initiatives.

### **Legislative advances**

Legislative milestones included the operational launch of new donor conception laws on 26 February 2025, establishing the publicly accessible online Donor Conception Register, which is the first of its kind in Australia to operate online in real-time and one of only a few registers worldwide with retrospective effect.

Additionally, amendments were made to the *Automated External Defibrillators (Public Access) Act 2022*. This Act enhances public safety by making Automated External Defibrillators mandatory in specific buildings and facilities from 1 January 2025, with further mandatory locations from 1 January 2026.

### **Closing the Gap**

The establishment of the South Australian Health and Wellbeing Partnership Committee marks a significant step in strengthening collaboration between SA Health, the South Australian Aboriginal Community Controlled Organisation Network, and the Aboriginal Health Council of South Australia. This committee has

been formed in a genuine and formal partnership, serving as a mechanism to enable the principles of co-design and shared decision making, as outlined in Priority Reform One of the National Agreement on Closing the Gap. In support of this work, a new governance and accountability framework has been established to align with the four priority reforms outlined in the National Agreement. This framework reinforces and strengthens partnerships with the Aboriginal Community Controlled Sector in the delivery of health commitments under South Australia's Implementation Plan for Closing the Gap 2024–2026.

### **Looking forward**

We continue to work closely with our LHNs, including state-wide services aligned with those LHNs, SA Ambulance Service, the Commission on Excellence and Innovation in Health, Preventive Health SA, the Commonwealth Government and private providers to ensure we deliver timely, high-quality, safe care to all South Australians.

As with all healthcare systems, there is always room for improvement, and we remain committed to identifying innovative solutions and pursuing continued improvements in the year ahead.

Once again, I thank all SA Health staff for their outstanding contribution to South Australia's public health system.

Dr Robyn Lawrence PSM

**Chief Executive**

Department for Health and Wellbeing

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## Overview: about the agency

### Our strategic focus

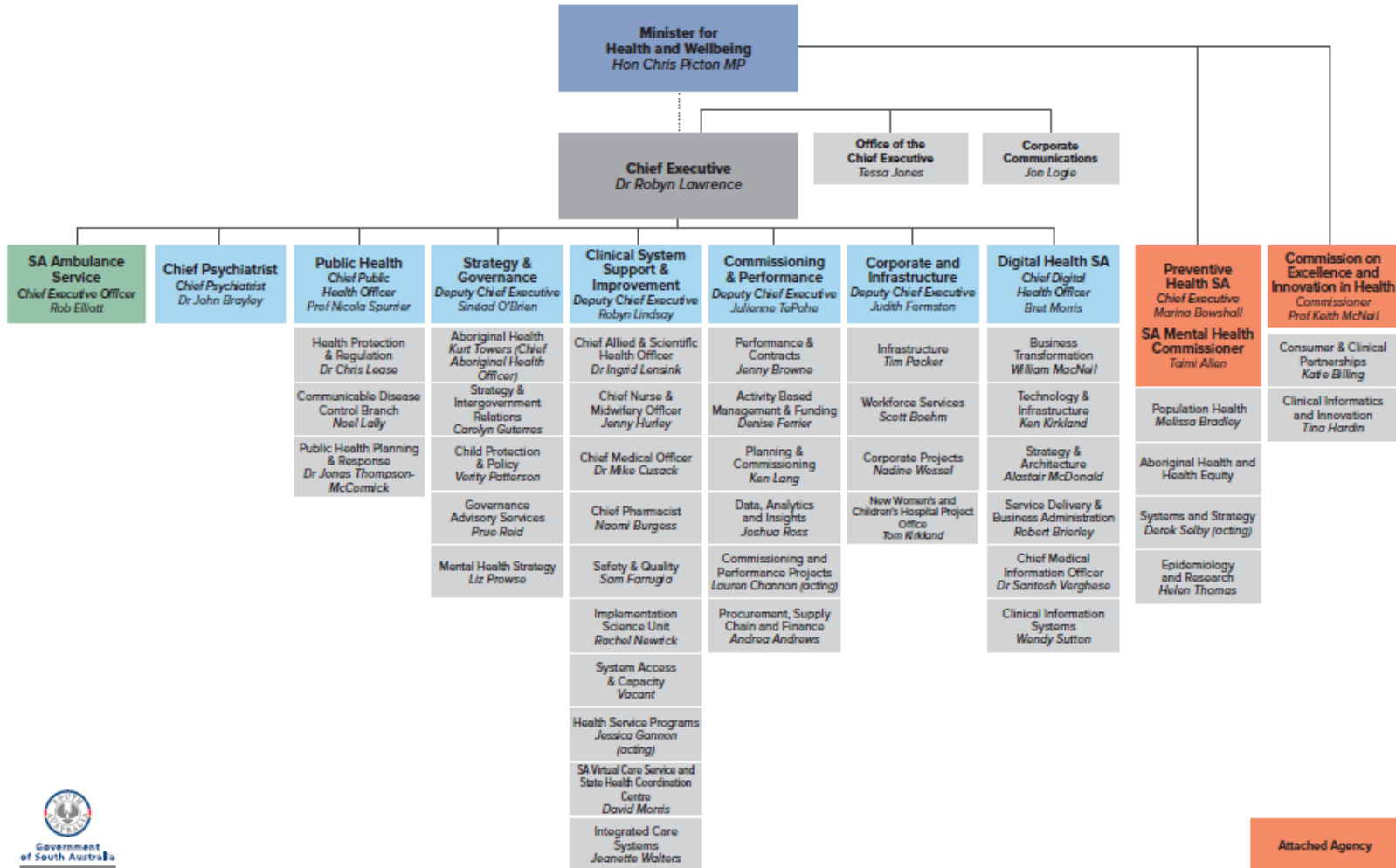
<p><b>Our Purpose</b></p>	<p>The Department is responsible for providing system leadership and developing the vision, direction and long-term strategies that will sustain the South Australian public health system, now and in the future.</p> <p>The Department, through the Chief Executive, is responsible to the Minister for Health and Wellbeing. The Department provides expert health, public health, supporting the Minister and Chief Executive in exercising their powers and functions.</p>
<p><b>Our Vision</b></p>	<p>The Health and Wellbeing Strategy 2020-2025 establishes a strong vision that South Australians experience the best health and wellbeing in Australia.</p> <p>To achieve this vision, a strategic focus on prevention, protection, innovation, and sustainability is maintained across SA Health, with the primary objective to improve the health and wellbeing of all South Australians.</p> <p>Five principal themes support SA Health’s achievement of the vision and strategic direction. The themes form the foundation for the deliverable actions identified in the Health and Wellbeing Strategy 2020-2025 and informs the principal rationale for determining, planning, and developing new improvement activities, initiatives and projects:</p> <ul style="list-style-type: none"> <li>• Together – working in partnership to develop patient-centred solutions and service improvements</li> <li>• Trusted – providing safe, reliable, and high-quality treatment and care</li> <li>• Targeted – addressing priority health needs and disparities with the right evidence, motivation, and interventions</li> <li>• Tailored – meeting the diverse and complex needs of individuals</li> <li>• Timely – optimising health and wellness outcomes by delivering timely and appropriate health care.</li> </ul>

<p><b>Our Values</b></p>	<p>The South Australian Public Sector values articulate our commitment to each other, consumers and the community.</p> <p>These are Service, Professionalism, Trust, Respect, Collaboration and Engagement, Honesty and Integrity, Courage and Tenacity and Sustainability. Further, to support these values, SA Health upholds Care and Kindness values that underpin how we treat each other and our patients and work together to provide services.</p>
<p><b>Our functions, objectives and deliverables</b></p>	<p>The Department supports the delivery of public health services, formulates health and wellbeing policies and programs, facilitates public and consumer consultation on health issues, and monitors the performance of South Australia’s health system by providing timely advice, research, and administrative support. The Department is the health system leader, in the context of its relationship with the LHNs, SA Ambulance Service and other portfolio entities. The Department’s aim is to improve whole-of-system capability and performance through alignment, culture, partnership, connectivity, and collaboration.</p> <p>Led by the Chief Executive, the Department is responsible for:</p> <ul style="list-style-type: none"> <li>• Supporting and advising the Minister and government on strategic policies and directions</li> <li>• Coordinating Parliamentary and Cabinet briefing processes</li> <li>• Statutory reporting requirements</li> <li>• Inter-governmental relations</li> <li>• Participating in, and supporting the Minister to participate in, national reforms via national councils and committees</li> <li>• Regulatory and licencing functions</li> </ul> <p>As the system leader for the delivery of health services, the Department will:</p> <ul style="list-style-type: none"> <li>• Develop the vision, direction and long-term planning strategy to sustain the health system</li> <li>• Provide strategic leadership, planning and direction for health care services in South Australia</li> <li>• Guide, inform and fulfil the planning and commissioning cycle including:             <ul style="list-style-type: none"> <li>○ Making recommendations for the allocation of funding from the health portfolio budget to health service providers</li> <li>○ Enter into Service Agreements with health service providers outlining budget, activity and performance measures</li> </ul> </li> </ul>

	<ul style="list-style-type: none"><li>○ Monitor performance and take remedial action when performance does not meet expected standards</li><li>○ Demonstrate strong financial management and accountability that prioritises investment in high value, evidence informed service responses and system sustainability at a local level</li><li>● Arrange for the provision of health services by contracted health entities</li><li>● Oversee, monitor and promote improvements in the safety and quality of health services</li><li>● Prioritise and set system-wide interventions including regulations, policy directives, guidelines, funding, performance and programs</li><li>● Support, promote and lead the delivery of relevant system-wide strategies, policies, plans, and innovation</li><li>● Build system-wide collaboration and inter-agency stakeholder networks</li><li>● Foster a leadership culture that supports accountability, transparency, collaboration and encourages innovation.</li></ul>
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# Our organisational structure

Department for Health and Wellbeing and attached agencies **Organisational Chart**



Last updated 27 June 2025

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## **Changes to the agency**

During 2024-25 there were the following changes to the agency's structure and objectives as a result of internal reviews or machinery of government changes.

- Office for Ageing Well transferred to Department for Human Services.
- Sustainable Health changed to Commissioning and Performance Projects.
- Procurement and Supply Chain Management combined with Finance and relocated to the Commissioning and Performance Division to create the Procurement, Supply Chain and Finance team.
- Business Performance Operational Services was moved under a new branch called Service Delivery and Business Administration.
- Sunrise EMR combined into Clinical Information Systems.

## **Our Minister**



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

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

## **Our Executive team**

- Dr Robyn Lawrence PSM – Chief Executive
- Julianne TePohe – Deputy Chief Executive, Commissioning and Performance
- Judith Formston – Deputy Chief Executive, Corporate and Infrastructure
- Robyn Lindsay – Deputy Chief Executive, Clinical System Support and Improvement
- Sinead O'Brien – Deputy Chief Executive, Strategy and Governance
- Prof Nicola Spurrier PSM – Chief Public Health Officer
- Dr John Brayley – Chief Psychiatrist
- Bret Morris – Chief Digital Health Officer
- Rob Elliott ASM – Chief Executive Officer, SA Ambulance Service

**Legislation administered by the agency**

The Department plays a role in administering legislation committed to the Minister for Health and Wellbeing. The legislation committed to the Minister for Health and Wellbeing is listed below:

- *Advance Care Directives Act 2013*
- *Assisted Reproductive Treatment Act 1988*
- *Automated External Defibrillators (Public Access) Act 2022*
- *Blood Contaminants Act 1985*
- *Consent to Medical Treatment and Palliative Care Act 1995*
- *Controlled Substances Act 1984*
- *Food Act 2001*
- *Gene Technology Act 2001*
- *Health and Community Services Complaints Act 2004*
- *Health Care Act 2008*
- *Health Practitioner Regulation National Law (South Australia) Act 2010*
- *Health Professionals (Special Events Exemption) Act 2000*
- *Health Services Charitable Gifts Act 2011*
- *Mental Health Act 2009*
- *National Health Funding Pool Administration (South Australia) Act 2012*
- *New Women's and Children's Hospital Act 2022*
- *Prohibition of Human Cloning for Reproduction Act 2003*
- *Public Intoxication Act 1984*
- *Research Involving Human Embryos Act 2003*
- *Safe Drinking Water Act 2011*
- *South Australian Public Health Act 2011*
- *Suicide Prevention Act 2021*
- *Termination of Pregnancy Act 2021*
- *Tobacco and E-Cigarette Products Act 1997*
- *Transplantation and Anatomy Act 1983*
- *Voluntary Assisted Dying Act 2021*

Pertinent updates to legislation during 2024-25 include:

- The *Automated External Defibrillators (Public Access) Act 2022* came into operation on 1 January 2025, as amended by the *Automated External Defibrillators (Public Access) (Miscellaneous) Amendment Act 2024*. The legislation mandates the installation and maintenance of Automated External Defibrillators (AEDs) in designated buildings, facilities and vehicles across

South Australia. The Minister for Health and Wellbeing must maintain a publicly accessible register of AEDs installed in buildings and facilities.

- The *Assisted Reproductive Treatment (Posthumous Use of Material and Donor Conception Register) Amendment Act 2024* amended the *Assisted Reproductive Treatment Act 1988* on 26 February 2025 to enable the launch of the donor conception register to allow donors, donor recipient parents, and donor-conceived persons to access and share information. Amendments also commenced to bring equality of opportunity for access to the posthumous use of human reproductive material for assisted reproductive material, extending these benefits to surviving partners, irrespective of their sex.
- The *Health Practitioner Regulation National Law (South Australia) Act 2010* was amended by the *Health Practitioner Regulation National Law (South Australia) (Amendment of Law) Regulations 2024* on 1 July 2024 to bring into effect in South Australia national reforms designed to improve governance, strengthen public protection and increase consumer confidence. Amendments included new powers to issue interim prohibition orders to prevent an unregistered practitioner from providing a specified health service or from using a protected title; and provisions requiring an application for renewal of registration following reinstatement from suspension.
- On 5 June 2024, the *Statutes Amendment (Tobacco and E-Cigarette Products—Closure Orders and Offences) Act 2025* introduced further reforms to *Tobacco and E-Cigarette Products Act 1997*, including:
  - offences prohibiting the possession or supply of commercial quantities of prescribed products, including e-cigarette products
  - offences applying to building owners who knowingly permit their premises to be used for certain prohibited conduct, such as the unlawful sale of e-cigarette products or tobacco products
  - introduction of short-term closure orders for periods of 28 days
  - information sharing powers to allow the public to be informed about closure orders.
- The *Transplantation and Anatomy Act 1983* was amended on 6 February 2025 to allow public disclosure of a donation of human tissue by a deceased person by their next of kin or legal representative, thereby enabling families to share organ donor stories about their deceased loved ones.

### **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
- 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
- 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
- Preventive Health SA
- Women’s and Children’s Health Network
- Veterans’ Health Advisory Council
- Voluntary Assisted Dying Review Board
- Yorke and Northern Local Health Network

## The agency’s performance

### Performance at a glance

Number	Indicator	Target	End of Year 2024/25	End of Year 2023/24
1	Transfer of care ≤ 30 minutes (ambulance ramping)	≥90%	45.7%	47.3%
2	ED seen on time – Resuscitation	≥100%	98.9%	98.3%
3	ED seen on time – Emergency	≥80%	50.3%	44.2%
4	Elective Surgery Wait List Patients Overdue for Procedure - Overall	≤300	5,605	4,068

<b>5</b>	Consumer experience: overall quality	≥85%	88.6% (Jan - Mar 2025*)	87.0% (July 2023 - June 2024)
<b>6</b>	Potentially preventable hospitalisations	≤8%	7.9%	7.7%
<b>7</b>	Hospital acquired complication rate	≤2.0%	4.0%	3.9%
<b>8</b>	Staphylococcus aureus bacteraemia infection rate	≤ 1 infections per 10,000 patient bed days.	0.7	0.7
<b>9</b>	Hospital standardised mortality ratio**	Inlier	Outlier	Outlier
<b>10</b>	Average cost per National Weighted Activity Unit	≤NEP 24 (\$6,465)	\$6,498 (July - Dec 2024)	\$6,714 (July 2023 - June 2024)
<b>11</b>	Executive tenure within SA Health***	>3 years	3.7 Years	3.5 Years

\*Data reported for the Consumer Experience: Overall Quality indicator for 2024/25 references consumer experience data for the Q3 24/25 reporting period ONLY. This is due to data validity concerns with data reported in the first two (2) reporting quarters of the 2024-25 financial year. Changes in data collection process through this period (transitioned from SACCESS to the South Australian Hospital Experience Survey digital format) caused the instability in the data source. The new digital delivery is being implemented across Local Health Networks (LHNs).

\*\*Hospital standardised mortality ratio refers to the ratio of observed count of hospital separations that end in a patient's death, to the count of separations expected to end in death based on the patient's characteristics. For reporting, an LHN's reported HSMR is identified as an inlier or an outlier. An inlier is within the confidence limit of the national population mean for HSMR within expected rate, an outlier is outside the confidence rate.

\*\*\*Executive tenure refers to South Australian Executive Service (SAES) employees in the Department. Includes tenure of positions where executives were in other executive positions within the Department prior.

Since the publication of the previous annual report, some 2023-24 figures in Table 1 have been revised, following retrospective updates to coding and other data.

### **Agency specific objectives and performance**

The Department is working to deliver the government's priorities to reduce ramping and improve patient flow whilst maintaining high quality and safe levels of care. This is being achieved through delivering the Government's key election commitments, including:

- Significant investment in SA Ambulance Service's infrastructure, vehicle assets and workforce.

- Recruitment of Doctors, Nurses, and Allied Health professionals in addition to workforce planning to address current and future workforce needs.
- Improving demand management and patient flow with a substantial increase to hospital bed capacity through upgrades and expansion of existing infrastructure and the creation of new facilities across South Australia.
- Boosting investment in mental health and drug and alcohol rehabilitation to assist with keeping South Australians out of hospital.
- Enhancing the role of community pharmacy and supporting the operation of 24/7 pharmacies to provide specialist health service, pharmacy services and medication dispensing.
- Improving cancer health outcomes in South Australia by enhancing cancer prevention through early diagnosis and improving the experience for people diagnosed with cancer and their families / carers.

<b>Agency objectives</b>	<b>Indicators</b>	<b>Performance</b>
Investment in SA Ambulance Service	<ul style="list-style-type: none"> <li>• Construction of new SA Ambulance Emergency Operations Centre and Ambulance Station, staffed with two 24/7 16-person crews.</li> <li>• Ambulance Station expansions or upgrades – Aldinga, Elizabeth, Goolwa, Bordertown, Mount Gambier, Whyalla and Wallaroo.</li> <li>• Ambulance Station rebuilds and expansions – Campbelltown, Gawler, Mount Barker and Victor Harbor.</li> <li>• New Ambulance Stations – Edwardstown, Golden Grove, Norwood and Woodville.</li> <li>• Additional new Ambulance Stations - Two Wells, Marion and Whyalla (formerly upgrades) – December 2026 delivery.</li> <li>• Purchase an additional 36 ambulances.</li> <li>• Recruitment of 350 paramedics and ambulance officers.</li> </ul>	<ul style="list-style-type: none"> <li>• Construction is ongoing and remains on track to achieve the Emergency Operations Centre Early Access in August and Practical Completion date of October 2025.</li> <li>• Expansion/upgrade stations:               <ul style="list-style-type: none"> <li>- Aldinga and Elizabeth delivered.</li> <li>- Goolwa, Bordertown, Mount Gambier, Whyalla and Wallaroo stations progressing in tender and construction phases.</li> </ul> </li> <li>• Rebuild/expansion stations:               <ul style="list-style-type: none"> <li>- Mount Barker and Victor Harbor delivered.</li> <li>- Campbelltown and Gawler in construction phase.</li> </ul> </li> <li>• New stations:               <ul style="list-style-type: none"> <li>- Edwardstown, Golden Grove, Norwood and Woodville delivered.</li> <li>- Two Wells, Marion and Whyalla progressing to finalisation of design development stage in preparation for tender.</li> </ul> </li> <li>• 27 new ambulances operational.</li> <li>• As at 30 June 2025, recruitment of 273/350 SAAS staff in total, comprising paramedics, ambulance officers, emergency support service officers, dispatchers and clinical leads.</li> </ul>

<p>Workforce Recruitment and Planning</p>	<ul style="list-style-type: none"> <li>• Develop a long-term plan to address workforce shortages, including identifying our state’s needs, gaps and risks, and planning for the training requirements we will need for services in both the short and long term.</li> <li>• The Government’s election commitments included:             <ul style="list-style-type: none"> <li>- 212 additional nurses recruited and commenced by 31 December 2025.</li> <li>- Women’s and Children’s Hospital: 12 speciality cancer and mental health nurses recruited.</li> <li>- 76 additional nurses recruited and commenced by 31 December 2025, including 21 specialty nurses committed to under various commitments/grant funding with NGOs.</li> <li>- Country Doctors: 2 specialist doctors quickly employed and brought online from July 2022, progressing to meeting the full quota of 10 doctors in 2025.</li> <li>- Women’s and Children’s Hospital: 17 senior specialists, 15 advanced resident doctors and 4 clinical academics positions funded and filled, including 1 FTE trainee paediatric rheumatologist, to commence within 2 years.</li> <li>- 15 resident doctors quickly employed and brought online from July, progressing to meeting the full quota of 50 doctors in 2025.</li> <li>- 5 additional paediatric psychiatrists, and 10 additional child psychologists employed over the next 4 years.</li> <li>- The development of a psychiatry workforce plan.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• SA Health Workforce Strategy is being developed and progressed to ensure a sustainable, well trained and competent workforce into the future.</li> <li>• In relation to the Government’s, specific election commitments as at 30 June 2025:             <ul style="list-style-type: none"> <li>- 284.88FTE additional nurses, including 12 speciality cancer and mental health nurses at WCH and 22 nurses specialising in palliative care, lung, respiratory, arthritis, epilepsy and Parkinson’s.</li> <li>- 101.71FTE additional doctors:                 <ul style="list-style-type: none"> <li>▪ 10.37FTE Country Doctors</li> <li>▪ Women’s and Children’s Hospital:                     <ul style="list-style-type: none"> <li>○ 16.34FTE Consultants</li> <li>○ 15.5FTE Advanced Trainees</li> <li>○ 10.5FTE Basic Trainees.</li> </ul> </li> <li>▪ 38FTE resident doctors</li> <li>▪ 5FTE Psychiatrists</li> <li>▪ 6FTE Psychologists.</li> </ul> </li> </ul> </li> <li>• Psychiatry Workforce Plan: South Australia is developed, with a specific focus on child and adolescent mental health services.</li> </ul>
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<p>Improve Demand Management and Patient Flow</p>	<ul style="list-style-type: none"> <li>• 50 Additional Beds at the new Women’s and Children’s Hospital.</li> <li>• 48 permanent beds at Lyell McEwin Hospital.</li> <li>• 20 homelessness discharge beds.</li> <li>• 20 mental health community beds.</li> <li>• 24 bed inpatient ward at Noarlunga Hospital.</li> </ul>	<ul style="list-style-type: none"> <li>• The Master Plan and Concept Design includes the distribution of the 50 additional beds and 20 future expansion beds. The new hospital will have a provision for 414 overnight beds – 76 more than the current Women’s and Children’s Hospital.</li> <li>• The appointment of the new Design Team for Stage 2 of the Project, design and construction of the main clinical building was completed in June 2025.</li> <li>• 48 beds established and operational at Lyell McEwin Hospital.</li> <li>• 20 bed discharge support service operating in partnership with the Salvation Army.</li> <li>• 22 mental health community beds operational.</li> <li>• 24 inpatient beds at Noarlunga Hospital are progressing to Practical Completion in September 2025.</li> </ul>
<p>Mental Health and Drug and Alcohol Rehabilitation</p>	<ul style="list-style-type: none"> <li>• Metropolitan Mental Health Beds:             <ul style="list-style-type: none"> <li>- 24 beds at the Queen Elizabeth Hospital</li> <li>- 24 beds at Noarlunga Hospital</li> <li>- 24 beds at Modbury Hospital.</li> </ul> </li> <li>• Regional Mental Health Beds:             <ul style="list-style-type: none"> <li>- 6 beds at Mount Gambier Hospital.</li> </ul> </li> <li>• Regional Drug and Alcohol Beds:             <ul style="list-style-type: none"> <li>- 2 drug and alcohol detox beds at Mount Gambier Hospital.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Metropolitan mental health beds are progressing to practical completion, expected:             <ul style="list-style-type: none"> <li>- Queen Elizabeth Hospital – August 2025</li> <li>- Noarlunga Hospital – September 2025</li> <li>- Modbury Hospital – February 2026.</li> </ul> </li> <li>• Regional mental health beds are progressing to Practical Completion in October 2025.</li> <li>• Regional drug and alcohol beds are progressing to Practical Completion in October 2025.</li> </ul>

<p>Enhance role of Community Pharmacy</p>	<ul style="list-style-type: none"> <li>• Three 24/7 pharmacies across Adelaide to enable the community to access medication and advice at any time of the day.</li> <li>• Establish a fourth 24/7 pharmacy in the outer southern suburbs.</li> <li>• Medication Review Program for people discharged from hospital developed and in use.</li> </ul>	<ul style="list-style-type: none"> <li>• In 2024, three pharmacies, located at Norwood, Salisbury Plain and Clovelly Park commenced their extended opening hours.</li> <li>• The fourth 24/7 pharmacy established at Terry White Chemmart, Hallett Cove.</li> <li>• Medication Review Program developed and in use. As at 30 June 2025, hospitals can refer patients to 134 community pharmacies across South Australia.</li> </ul>
<p>Improving cancer health outcomes in South Australia</p>	<ul style="list-style-type: none"> <li>• Implement a new SA Cancer Plan.</li> <li>• Establish a new Modbury Hospital Cancer Centre with 12 chemotherapy treatment spaces.</li> <li>• New Mount Barker Hospital to include upgrades to chemotherapy equipment and consideration to increasing chemotherapy services to medium complexity.</li> </ul>	<ul style="list-style-type: none"> <li>• SA Cancer Plan 2025-2029 was released on 16 April 2025 and implementation has commenced.</li> <li>• Construction on the new Modbury Hospital Cancer Centre continues to progress in line with key milestones with Practical Completion in February 2026.</li> <li>• Construction is ongoing on the new Mount Barker Hospital with substructure works for the Clinical Services Building underway and progressing in line with key milestones.</li> </ul>

**Corporate performance summary**

From new hospitals to inspiring stories of care and vital public health messages, the Corporate Communications branch has shown how SA Health is delivering better health to all South Australians.

In 2024-25 the Corporate Communications branch responded to 811 media enquiries; participated in more than 130 interviews; coordinated 46 press conferences; and drafted more than 260 media releases.

The branch also implemented nine paid marketing campaigns to promote SA Health public health messaging and other initiatives, including influenza vaccination program for young children, Palliative Care Connect, Donor Conception Register, RSV vaccination, emergency department alternatives, Building a Bigger Health System, promoting respectful behaviour towards healthcare workers, mental health and drought, and an international and interstate mental recruitment campaign.

The branch provided communications support to a range of other communications plans and campaigns, such as National Reconciliation Week, NAIDOC Week, Aboriginal Health Scholarship Program, School Immunisation Program, 24/7 pharmacies, Healthy in the Heat, SA Cancer Plan, Automated External Defibrillators, mosquito bite prevention, Transition to Professional Practice Program, and SA Health Urgent Care Hubs, just to name a few.

SA Health’s LinkedIn followers increased 8.8 per cent to 57,538, Instagram followers increased by 2.6 per cent to 50,772. Our Facebook performance remained consistently strong with an average daily reach of 59,986 – reaching a total of 21.9 million users for the year. In 2024-25, SA Health published 632 Facebook posts, 680 Instagram posts, 156 LinkedIn posts and 61 X posts.

The SA Health website was visited by 6.6 million active users who viewed 18.8 million pages during 10.6 million sessions.

There were notable increases in page views compared to last year for the Umm...ergency campaign: 103,964 views (+246 per cent), vaping information: 53,306 views (+531 per cent), mental health careers: 81,851 views (+6,640 per cent) and the international applicant guidelines: 75,143 (+43 per cent).

The branch processed more than 120 Freedom of Information applications submitted by Members of Parliament, members of the public and other various entities.

**Employment opportunity programs**

<b>Program name</b>	<b>Performance</b>
The Department’s Graduate Program	As part of the Department’s Graduate program, 19 graduates commenced within the Department in February 2025. This is a structured pipeline program to strengthen the Department’s workforce and provide graduates with varied experience to build their knowledge and skills, while providing professional development and support.
Aboriginal Employment Pool	SA Health has established the Aboriginal Employment Pool that is actively used to recruit and retain Aboriginal employees. The Pool is a direct entry point for new employees and encourages existing employees to join for employment mobility opportunities. During the year the Pool has achieved 45 placements with 215 available candidates.
Aboriginal Traineeship Program	The Department contracted Maxima to host a Traineeship program. Six Aboriginal and or Torres Strait Islander trainees are participating in the program.

**Agency performance management and development systems**

<b>Performance management and development system</b>	<b>Performance</b>
<p>The Department's Performance Review and Development (PRD) process</p>	<p>Two designated performance review cycles are established for managers to undertake a conversation with direct reports: the first cycle from August to November and the second cycle from March to June. In addition to this, two Manager training sessions were facilitated each round to upskill managers in performance discussions. As at 30 June 2025, 58 per cent of employees had registered a PRD conversation within the 2024-2025 financial year.</p> <p>The Performance Review and Development Policy was reviewed and updated in March 2024 and is consistent with the Premier's Direction on Performance Management and Development.</p>

**Work health, safety and return to work programs**

Program name	Performance
<p>SA Health Work Health Safety &amp; Injury Management Strategic Plan 2025 - 2030</p>	<p>The SA Health Work Health Safety and Injury Management (WHSIM) Strategic Plan 2025-2030 was launched in April 2025 and highlights the objectives, strategic levers and milestones that will be prioritised to ensure the health and safety of SA Health workers.</p> <p>The WHSIM Strategic Plan sets out a system-wide approach to improving workplace health, safety, and injury management by focusing on prevention, leadership accountability, innovation, and workforce capability. Through targeted programs, data-driven monitoring, and inclusive safety culture, the plan aims to reduce harm, support mental and physical wellbeing, and ensure consistent safety standards across all health services.</p>
<p>Nursing Security (Challenging Behaviours)</p>	<p>SA Health is committed to working with the ANMF (SA) to establish their 10-point plan to end violence in the workplace. The Department’s Work Health and Safety continue to actively support the progression of activities to meet this commitment.</p> <p>A review of the 2020 Preventing and Responding to Challenging Behaviour governing documents has been completed. The updated Policy, Framework and supporting documents have been co-designed by workers and consumers to align with the latest best practice, the 10-point plan objectives and the National Safety and Quality Health Service Standards, and underpin and guide the prevention, recognition, response and recovery of complex behaviour, including environmental design, messaging, post-incident support, and workforce training.</p> <p>The Department’s Corporate Communications developed and launched a public communications campaign ‘Abuse shouldn’t be part of the job’ to encourage respectful behaviour towards health care workers.</p> <p>SA Government also delivered on its election commitment to conduct an independent security review of Port Lincoln Hospital. The Eyre and Far North Local Health Network Board implemented 24/7 security service to protect the safety of staff and patients. The Port Lincoln Security Oversight Committee developed a Decision-Making Framework which could be used at any health service in regional South Australia to assess what response would be appropriate in terms of security, including use of security guards.</p>

<p>Respectful Behaviours and Wellbeing</p>	<p>To increase psychological safety and wellbeing, SA Health has implemented the Psychosocial Safety Policy to complement our Respectful Behaviour Policy, including the provision of online training and the development of initiatives to prevent inappropriate behaviour and improve psychosocial risk management practices. The policies promote a respectful and inclusive workplace culture, mandates supportive leadership, enables confidentiality and ensures information is available to assist staff to identify, report and manage unacceptable behaviour and at work.</p> <p>The Department provides mandatory training for employees and managers on respectful behaviour to promote awareness, support positive workplaces and how to address it. A Health Chief Executive’s Council Healthcare Workforce Wellbeing Sub-Committee has been established and progressing with consistent metrics to benchmark and track change in workforce wellbeing across SA Health.</p>
<p>Manual Tasks Risk Management</p>	<p>The Department provides state-wide manual task training to SA Health workers and coordinates the SA Health Manual Tasks Local Facilitator Training Program which underpins mandatory manual task practical training to reduce the risk of body-stressing injury. The program follows a local champion model, upskilling workers to provide manual tasks support and training for their colleagues.</p> <p>As of 30 June 2025, there are 1,291 active SA Health Manual Tasks Local Facilitators across SA Health providing training, induction and support to their colleagues to reinforce safe work practices. 186 new facilitators completed the two-day practical training, and 396 current facilitators attended refresher sessions during the 2024-25 financial year.</p>
<p>Seasonal Influenza Program</p>	<p>The 2025 staff influenza vaccination programs made vaccinations available to SA Health staff from April 2025.</p> <p>As of 30 June 2025, 916 (approximately 44 per cent) Department employees have a record of receiving an influenza vaccination in 2025.</p>
<p>Employee Assistance Program (EAP)</p>	<p>The EAP plays an important role in our ongoing commitment to being a mentally healthy workplace. The EAP is available to all staff and their immediate family members to access free counselling services.</p>

<p>White Ribbon Workplace</p>	<p>The Department continues its commitment to workplace gender equality, respect and inclusion, free from discrimination and violence. The Department is proudly a White Ribbon accredited workplace and continually reviews and adapts culture, practices and procedures to promote and embed respectful relationships and safe workplaces for all.</p> <p>The Department acknowledges the important role we can play in the prevention of violence against women in supporting all people, regardless of gender, who may be experiencing or escaping violence.</p> <p>The department's White Ribbon Operational Plan sets out the short and long term key actions to educate, build awareness, encourage supportive conversations, and implement policies in our workplace to contribute to the prevention of domestic and family violence.</p>
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<b>Workplace injury claims</b>	2024-25	2023-24	% Change (+ / -)
Total new workplace injury claims	20	12	+66.7%
Fatalities	0	0	0.0%
Seriously injured workers*	0	0	0.0%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)**	5.66	5.14	+10.1%

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

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

<b>Work health and safety regulations</b>	2024-25	2023-24	% Change (+ / -)
Number of notifiable incidents ( <i>Work Health and Safety Act 2012, Part 3</i> )	0	4	-100.0%
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%

<b>Return to work costs**</b>	2024-25	2023-24	% Change (+ / -)
Total gross workers compensation expenditure (\$)	\$1,100,721	\$977,330	+12.6%
Income support payments – gross (\$)	\$405,903	\$273,642	+48.3%

*\*\*before third-party recovery*

**Executive employment in the agency**

<b>Executive classification</b>	<b>Number of executives</b>
Chief Executive	1 position
SAES1	51 positions
SAES2	14 positions
SAES-Specialist	5 positions

Data for previous years is available at: [The agency's performance \(DHW 2023-24 Annual Report\) | SA Health](#)

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

## Financial performance

### Financial performance at a glance

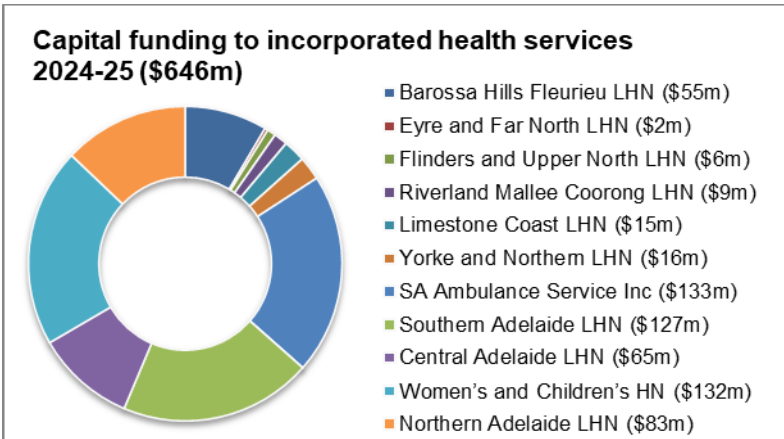
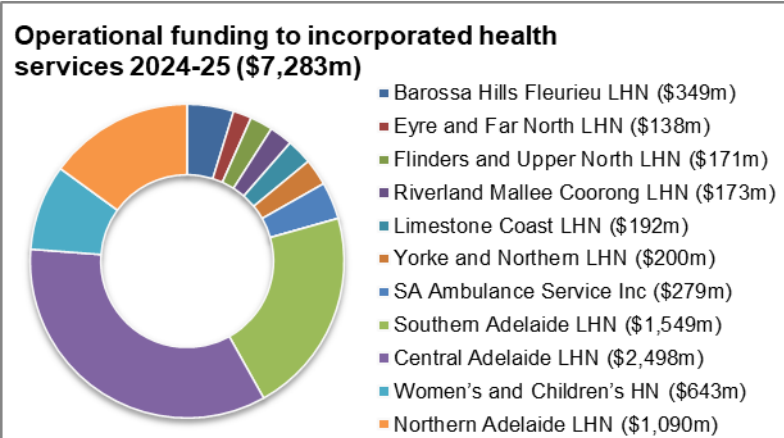
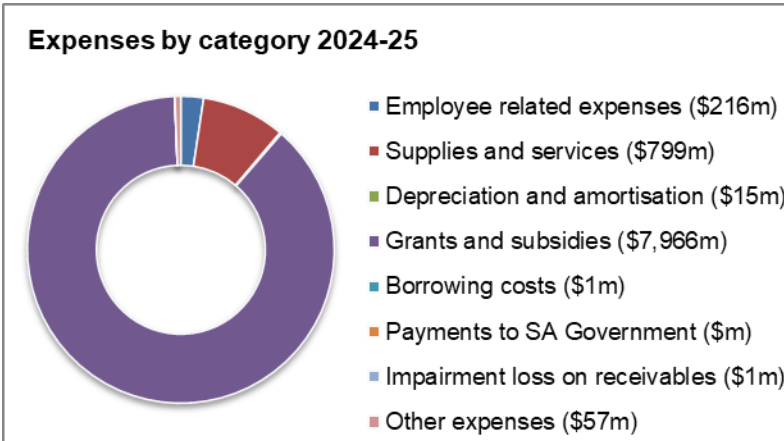
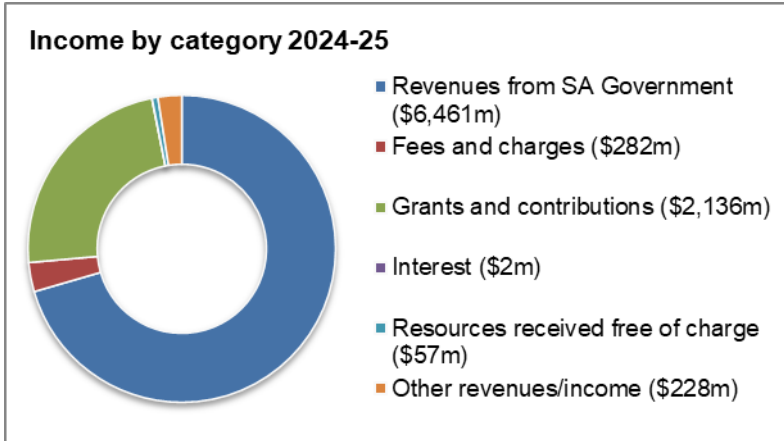
The following is a brief summary of the overall financial position of the agency. The information is unaudited. Full audited financial statements for 2024-25 are attached to this report.

Statement of Comprehensive Income	2024-25 Budget \$000s	2024-25 Actual \$000s	Variation \$000s	2023-24 Actual \$000s
Total Income	9,090,808	9,166,222	75,414	8,277,394
Total Expenses	9,048,272	9,053,979	5,707	8,339,632
<b>Net Result</b>	<b>42,536</b>	<b>112,243</b>	<b>69,707</b>	<b>(62,238)</b>
<b>Total Comprehensive Result</b>	<b>42,536</b>	<b>112,243</b>	<b>69,707</b>	<b>(43,138)</b>

Statement of Financial Position	2024-25 Budget \$000s	2024-25 Actual \$000s	Variation \$000s	2023-24 Actual \$000s
Current assets	972,678	1,104,578	131,900	911,602
Non-current assets	101,244	98,866	(2,378)	110,156
<b>Total assets</b>	<b>1,073,922</b>	<b>1,203,444</b>	<b>129,522</b>	<b>1,021,758</b>
Current liabilities	347,242	383,791	36,549	344,179
Non-current liabilities	270,904	292,614	21,710	264,339
<b>Total liabilities</b>	<b>618,146</b>	<b>676,405</b>	<b>58,259</b>	<b>608,518</b>
<b>Net assets</b>	<b>455,776</b>	<b>527,039</b>	<b>71,263</b>	<b>413,240</b>
<b>Equity</b>	<b>455,776</b>	<b>527,039</b>	<b>71,263</b>	<b>413,240</b>

The following table and charts provide a brief summary of the overall financial performance of the Department.

Three-year financial summary (\$000)	2024-25	% ↑↓	2023-24	% ↑↓	2022-23	% ↑↓
Total income	9 166 222	↑ 11%	8 277 394	↑ 7%	7 701 571	↑ 5%
Total expenses	9 053 979	↑ 9%	8 339 632	↑ 8%	7 723 618	↑ 1%
Net result	112 243	↑ 280%	( 62 238)	↓ -182%	( 22 047)	↑ 93%
Other comprehensive income	- -		19 100	↑ 100%	- -	
Total comprehensive result	112 243	↑ 360%	( 43 138)	↓ -96%	( 22 047)	↑ 93%
Net cash provided by operating activities	163 145	↑ 327%	38 207	↑ 28%	29 956	↑ 111%
Total assets	1 203 444	↑ 18%	1 021 758	↑ 8%	946 233	↑ 2%
Total liabilities	676 405	↑ 11%	608 518	↑ 24%	489 855	↑ 6%
Net assets	527 039	↑ 28%	413 240	↓ -9%	456 378	↓ -3%



**Consultants disclosure**

Refer to Appendix 4

**Contractors disclosure**

Refer to Appendix 5

## Risk management

### Risk and audit at a glance

The Chief Executive of the Department has established and appointed an Audit and Risk Committee to provide independent advice regarding the Department and state-wide public health system as system leader, in the areas of risk, internal control, audit, governance, performance management and compliance as well as external responsibilities as prescribed in relevant legislation and standards.

The Committee regularly receives reports from the Department’s Governance Advisory Services Branch, and supplementary reports from other areas in the Department.

### Fraud detected in the agency

Category/nature of fraud	Number of instances
Nil	0

### Strategies implemented to control and prevent fraud

The Department regularly assesses its exposure to fraud and corruption as part of its risk management framework. This is supplemented by an audit program which routinely tests key controls.

Data for previous years is available at: [Department for Health and Wellbeing - Dataset - data.sa.gov.au](https://data.sa.gov.au/dataset/department-for-health-and-wellbeing)

### 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*:

1

Data for previous years is available at: [Department for Health and Wellbeing - Dataset - data.sa.gov.au](https://data.sa.gov.au/dataset/department-for-health-and-wellbeing)

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

## Reporting required under any other act or regulation

Act or Regulation	Requirement
<p><b><i>Food Act 2001</i></b></p>	<p>Part 9 – Administration</p> <p>Division 2 – Functions of enforcement agencies</p> <p>S 93 - Reports by enforcement agencies</p> <p>(1) The head of an enforcement agency (other than the relevant authority) is to report to the relevant authority, at such intervals as the relevant authority requires, on the performance of functions under this Act by persons employed or engaged by the agency.</p> <p>Division 4 – Agreement and consultation with local government sector on administration and enforcement of Act</p> <p>S 96 – Agreement and consultation with local government sector</p> <p>(1) The Minister must take reasonable steps to consult with the Local Government Association (LGA) from time to time in relation to the administration and enforcement of this Act.</p> <p>(2) If the Minister and the LGA enter into an agreement with respect to the exercise of functions under this Act by councils, then the Minister must prepare a report on the matter and cause copies of the report to be laid before both Houses of Parliament.</p> <p>(3) A report under subsection (2) must be accompanied by a copy of any relevant written agreement between the Minister and the LGA.</p> <p>(4) The Minister must consult with the LGA before a regulation that confers</p>

	<p>any function on councils is made under this Act.</p> <p>(5) The annual report of the Minister under this Act must include a specific report on -</p> <p>(a) the outcome of any consultation undertaken under subsection (1) or (4); and</p> <p>(b) the operation of any agreement referred to in subsection (2).</p> <p>S 109 - Annual report</p> <p>(1) The Minister must, on or before 30 September in each year, prepare a report on the operation of this Act for the financial year ending on the preceding 30 June.</p> <p>(2) The Minister must, within 6 sitting days after completing a report under this section, cause copies of the report to be laid before both Houses of Parliament.</p> <p>The objectives of the <i>Food Act 2001</i> (the Act) are defined in Section 3 of the Act as:</p> <p>a. Ensuring that food for sale is safe and suitable for human consumption.</p> <p>b. Preventing misleading conduct in connection with the sale of food.</p> <p>c. Providing for the application of the Food Standards Code.</p> <p>The Act closely follows the content and structure of national model food provisions, which provide for the consistent administration and enforcement of food legislation in Australia. This uniform approach to national food legislation was formalised by the Inter-Governmental Food Regulation Agreement 2002. Under the Agreement all states and territories have adopted the Australia New Zealand Food Standards Code (the Code) through their Food Acts. While the Act contains important legal and administrative issues, such as defining offences and penalties,</p>
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Act or Regulation	Requirement
	the Code details the specific requirements with which food businesses must comply.

The objectives of the *Food Act 2001* (the Act) and Food Regulations 2017 are to:

- ensure food for sale is both safe and suitable for human consumption.
- prevent misleading conduct in connection with the sale of food.
- ensure the Food Standards Code (the Code) can be applied to food businesses in South Australia.

To meet the objectives of the Act, the Act requires the Department to:

- undertake measures to ensure the effective administration and enforcement of this Act.
- approve laboratories and analysts to carry out analyses under the Act.
- approve food safety auditors to carry out audits and monitor compliance of audited facilities.
- maintain a list of approved food safety auditors.
- appoint authorised officers for the Department.
- prepare an annual report to be submitted to both Houses of Parliament.

The Department administers the Act with assistance from local government and the Department of Primary Industries and Regions South Australia (PIRSA). Activities undertaken by local government under the Act are detailed in Appendix 1, activities undertaken by PIRSA are detailed in this report. Within the Department, the Food Safety and Regulation Branch is responsible for day-to-day administration of the Act with assistance from the Regional Public Health team within the Department (formerly known as the Health Protection Operations).

## **1. Activities of the Food Safety and Regulation Branch**

### **Monitoring Compliance with the *Food Act 2001***

The Food Safety and Regulation Branch (FSRB) of the Department carries out key functions under the Act to help ensure that food supplied to the South Australian community is safe and suitable. These functions include investigating incidents of foodborne illness, ensuring compliance with compositional and labelling requirements of the Code, supporting businesses to manage food recalls (and mandating recalls where necessary), conducting risk assessments of reported food contaminants, managing the food safety audit system across the state, and responding to food safety complaints and general enquiries. Further detail on those activities is presented below.

### **Food sampling 2024-25**

The FSRB conducts sampling of various foods that are of public health concern as part of local or national food safety surveys or to confirm compliance with the compositional and labelling requirements of the Code. A key performance indicator was established to analyse 800 food samples per year. For the 2024-25 financial year, a total of 367 food samples were collected as part of food compliance investigations and food surveys. The reduction in the number of samples this period is reflective of the reduction in the investigation of foodborne incidents this year. During this reporting period there was only one food foodborne illness outbreak investigated by FSRB and no sample collection were deemed necessary for the investigation of this outbreak. Details of investigation can be found in Appendix 2.

### **Investigation of food safety issues 2024-25**

Food safety related issues come to the attention of the FSRB from a variety of sources including food surveys, complaints from members of the public, reports from the food industry, the Australian Competition and Consumer Commission (ACCC), Environmental Health Officers (EHOs) in local government, other regulatory agencies, or notification of illness from the Communicable Disease Control Branch (CDCB).

During 2024-25 after notification from CDCB, the FSRB, in collaboration with PIRSA, investigated one foodborne illness outbreak. Details of investigation can be found in Appendix 2. Investigation concluded that improper egg handling practices in the home environment were the primary cause of the outbreak. To raise community awareness, FSRB developed and promoted public messaging on safe egg handling through social media.

FSRB regularly conducts post-incident debriefs to review the effectiveness of policies and procedures applied during incident investigation.

### **Notifiable contaminants**

The South Australian Public Health (Notifiable Contaminants) Regulations 2020 require specified microorganisms to be reported to the FSRB when they are found in food and water samples. Food and water samples include all raw, partly processed, and ready-to-eat foods, bottled water and ice, and may also include live plants and animals.

Notifiable contaminants include pathogens such as *Salmonella*, *Campylobacter*, *Listeria monocytogenes* which cause foodborne illness, and indicator (non-pathogenic) organisms such as *Listeria* species and *E.coli*. Indicator organisms do not cause illness but can be used by the business to indicate there may be suitable conditions in their environment for pathogenic bacteria to grow. Further information about pathogenic and indicator organisms can be found in the Food Standards Australia New Zealand (FSANZ) Compendium of Microbiological Criteria for Food (the Compendium).

During this reporting period there were 215 notifications received by SA Health.

When notifications are received, FSRB conducts a risk assessment to determine if any actions are required. Based on the risk assessments, no recalls were conducted for notifiable contaminants as the risk to public health was negligible e.g. the notification was for an indicator micro-organism, the food was not available for sale

to the public, the food was undergoing further processing by the business, or it was raw food to be cooked by the consumer.

Non-pathogenic *Listeria* species accounted for 56 of the notifications for this reporting period. There are five species of non-pathogenic *Listeria* (*L. grayii*, *L. innocua*, *L. ivanovii*, *L. seeligeri*, *L. welshimeri*) which can be found in soil, water, vegetation, animals and processing facilities. Raw vegetables were the most common source of non-pathogenic *Listeria* species.

There were 11 *Listeria monocytogenes* notifications, and all were investigated by FSRB. None of these required a food recall as the risk assessment deemed them to be of low risk to public health. All the *Listeria monocytogenes* isolates were whole genome sequenced and are not linked to human cases of listeriosis.

All 69 *Campylobacter* notifications were from raw poultry. There were 51 *Salmonella* notifications, with 37 coming from raw meat and poultry products, highlighting the importance of cooking. Other *Salmonella* notifications were from product on test and hold programs.

### **Horticulture Standards**

New Primary Production and Processing Standards for Berries, Leafy vegetables and Melons came into effect on 12 February 2025.

The Standards set out the requirements for berries, leafy vegetables and melons (horticultural produce) from pre-harvesting to early-stage processing but do not include manufacturing or retail sale.

Due to the defined activities in the Standards, there will be a division of regulatory responsibility between the *Primary Produce (Food Safety Schemes) Act 2004* and the *Food Act 2001* in South Australia.

FSRB is working with PIRSA and local government to establish a regulatory framework to ensure all businesses captured by the Standards are monitored for compliance at the appropriate level of risk.

FSRB is also assisting local government where food businesses are identified as being captured by the requirements.

### **Food recalls**

Standard 3.2.2 of the Code requires food businesses that engage in the wholesale supply, manufacture, or importation of food, to have a system in place to ensure the recall of unsafe food. All food recalls are coordinated nationally by FSANZ, with the food business undertaking the recall being responsible for carrying out the recall as soon as an issue is identified. There are two levels of recall, a trade level and a consumer level recall. A trade level recall is conducted when the food has not been available for direct purchase by the public, such as food sold to wholesalers and caterers. A consumer level recall is conducted when the food has been available for retail sale and usually involves advertisements on government websites and social media to inform consumers of the recall. The FSRB informs local councils of all recalls affecting South Australia and requests that they check food businesses in their area are complying with the recall.

FSANZ was the coordinator for 86 food recalls nationally during the 2024-25 financial year as summarised in Table 1. In total, SA consumers were affected by 37 recalls meaning recalled product was distributed in the state.

**Table 1: Summary of recalls conducted in 2024-25**

Type of Recall		Reason for Recall				Recalls affecting SA	
Consumer	58	Undeclared allergens	50	Foreign matter	14	SA & other jurisdictions	35
Trade	14	Microbiological contamination	16	Labelling	0	National	11
Consumer & Trade	14	Chemical contamination	2	Other	3	SA only	2
<b>TOTAL</b>	<b>86</b>	Biotoxin contamination	1	<b>TOTAL</b>	<b>86</b>	SA not affected	49

**Enforcement actions**

The FSRB is responsible for monitoring compliance with Chapters 1 and 2 of the Code for SA based food businesses, and is also involved in investigating matters of non-compliance with Chapters 3 and 4 found during audits, surveys, complaints, and investigations of illness. [SA Health’s Public Health Services Enforcement Framework](#) provides authorised officers with guidance on the process for conducting enforcement activities.

Local government is responsible for conducting routine food business inspections to monitor compliance with Chapter 3 of the Code and for investigating complaints made against businesses within their jurisdiction. Statistics about local government activities under the Act are provided in Appendix 1.

Where the FSRB identifies non-compliance in a food business, corrective actions are addressed through a graduated and proportionate response. Once effective corrective action is confirmed, no further enforcement action is undertaken. Should non-compliance remain unresolved, enforcement action can be escalated. Table 2 provides a summary of the enforcement activities undertaken by the FSRB.

**Table 2: Enforcement activities undertaken in 2024-25**

Warning letters	Expiations issued	Seizures	Improvement notices	Emergency orders	Prosecutions
7	2	2	0	0	0

**Activities and enquiries**

Table 3 details the number and type of enquiries, complaints, referrals, and incident management requests actioned by FSRB in the 2024-25 financial year.

**Table 3: Activity requests in 2024-25**

<b>Category</b>	<b>Number</b>
<b><i>Complaints</i></b>	<b>459</b>
Alleged food poisoning	125
Allergens	35
Food contamination	116
Alleged non-compliance with Food Standard 3.2.2	81
Alleged non-compliance with Food Standard 3.2.2A	3
Alleged non-compliance with Food Standard 3.2.3	10
Labelling	63
Others	26
<b><i>Enquiries</i></b>	<b>421</b>
General food matters	115
Alleged non-compliance with Food Standard 3.2.2	85
Alleged non-compliance with Food Standard 3.2.2A	70
Alleged non-compliance with Food Standard 3.2.3	13
Labelling	64
Food Safety Rating Scheme	2
Allergens	6
Requests for resources	27
Others	39
<b><i>Incident Management</i></b>	<b>200</b>
Investigations	2
Recalls Enquiries	7
Referrals from CDCB	191
<b>TOTAL</b>	<b>1080</b>

### **Approval of laboratories and analysts**

The Department is responsible for approval of laboratories and analysts to undertake analyses under Sections 63 and 67 of the Act in line with established competency criteria.

On 30 June 2025, there were 13 approved laboratories and 60 approved analysts. The department maintains a list of approved laboratories and analysts on the [SA Health website](#).

**Food safety audits**

Food safety programs have been mandated nationally for businesses providing food to vulnerable populations in hospitals, aged care facilities, childcare centres, and via delivered meals organisations like Meals on Wheels.

National Food Safety Standard 3.3.1 (audited mandatory food safety programs for food services to vulnerable persons) became enforceable in South Australia in October 2008. The Department has continued to liaise with industry, local government and food safety auditors to develop monitoring and review systems, to ensure effective management of the audit process in SA food businesses to whom this standard applies.

In 2024–25, the Department continued to conduct food safety audits of public hospitals, Department of Human Services (DHS) businesses such as Disability Services and not-for-profit delivered meals organisations including Meals on Wheels SA. These facilities are audited at the frequency determined by the performance of individual sites, in line with the priority classification for these businesses. Additionally, the Department conducts food safety audits of specific food processing sectors (e.g., bivalve molluscs, ready-to-eat meat and egg processors) under Food Safety Standards 4.2.1, 4.2.2, 4.2.3 and 4.2.5., where these food businesses undertake activities that are regulated under the Act. Food audit statistics are provided in table 4 below.

**Table 4: Food audit statistics 2024-25**

<b>Risk classification</b>	<b>Number of businesses</b>	<b>Routine audits</b>
Public hospitals	73	78
Not-for-profit delivered meals organisations	41	42
Aged care/childcare audited in regional areas / DHS	5	5
Standard 4.2.1 – bivalve molluscs	11	10
Standard 4.2.5 – egg processor	1	1

**Food Safety Auditor training**

The annual SA Health Auditor Forum was held 25 October 2024 and was facilitated by approved food safety auditors from the Department to assist with improving consistency of interpretation and professional development for the auditor workforce.

The Department continues to facilitate the Lead Food Safety Auditor training sessions. One training session was held in the 2024-25 reporting period.

**Food Safety Auditor approvals**

The Department is responsible for approval of food safety auditors under Section 73, 83 and 84 of the Act in line with established competency criteria.

In 2024-25, the Department approved/re-approved 23 food safety auditors.

On 30 June 2025, there were 67 approved food safety auditors including Department staff and local government authorised officers. The Department maintains a list of approved auditors on the [SA Health Website](#).

**2. Foodborne disease investigations in SA 2024-25**

Epidemiological investigations into foodborne disease outbreaks within South Australia are coordinated by the Disease Surveillance and Investigation Section (DSIS) and OzFoodNet staff who are based within the CDCB. OzFoodNet is a national network that conducts enhanced foodborne disease surveillance.

OzFoodNet and other CDCB staff work in collaboration with a range of stakeholders when investigating outbreaks. SA Pathology conducts microbiological and molecular testing of isolates from humans, food, and environmental samples. Local government EHOs and the FSRB provide food technology and environmental investigation expertise and perform environmental and food premises investigations. PIRSA staff assist with traceback investigations and implement control measures with primary producers where appropriate.

CDCB staff conduct interviews with cases to obtain food histories when clusters of suspected foodborne disease are detected. This information is used to identify frequently consumed food items and can sometimes lead to further investigations. When further investigations are required, it is often in the form of analytical studies that aim to demonstrate a statistical association between illness and the consumption of a particular food item, eating at a particular premises, or an environmental exposure. When a food and/or premises are suspected on epidemiological grounds, laboratory evidence, for example, microbiological testing of food and environmental samples is undertaken to support the observed epidemiological associations.

Often, despite efforts to identify a specific food or source of an outbreak, none can be identified. An implicated food item may no longer be available or suitable for microbiological testing, making it impossible to provide definitive laboratory evidence for the source of an outbreak. Cases may also have difficulty in remembering foods consumed or premises visited if an appreciable time has passed between the exposure and the interview.

During the period of 1 July 2024 to 30 June 2025 CDCB and FSRB investigated one foodborne outbreak in the community for which a common source was identified. A summary of the outbreak is included in Table 5 and detailed in Appendix 2.

This summary does not include outbreaks that were suspected to be person-to-person transmission, animal-to-person transmission, or from an environmental source (including swimming pools). All investigation data are subject to change, as this is the nature of clusters and outbreaks.

**Table 5: Summary of foodborne disease investigations in South Australia during the period 1 July 2024 to 30 June 2025**

No.	Month, Year	Organism*	Setting	No. ill	No. laboratory confirmed	Evidence
1	Jan 2025	<i>Salmonella</i> Hessarek	Community	7	7	Eggs

No. = Number; D = Descriptive evidence (i.e., information obtained from interviewing cases and/or inspections of premises); M = Microbiological evidence of pathogen in food vehicle

### Cluster Investigations

A cluster is defined as an increase in a specific infection in terms of time, person or place, where the source and mode of transmission remains unknown. A summary of cluster investigations from 1 July 2024 to 30 June 2025 is listed in Table 6. During the reporting period, six *Salmonella* clusters, one norovirus and one Shiga toxin producing *Escherichia coli* (STEC) cluster were investigated. All clusters were general increases in specific infections in the community without a common source identified and only descriptive evidence was available for all the investigations.

**Table 6: Summary of cluster investigations in South Australia during the period 1 July 2024 to 30 June 2025**

No.	Month, Year	Organism	No. ill
1	October, 2024	<i>Salmonella</i> Typhimurium MLVA 03-10-08-09-523	12
2	October, 2024	<i>Salmonella</i> Typhimurium MLVA 04-16-12-00-517	3
3	October, 2024	Norovirus	20
4	December, 2024	<i>Salmonella</i> Saintpaul	11
5	February, 2025	<i>Salmonella</i> Virchow	6
6	February, 2025	<i>Salmonella</i> Typhimurium MLVA 03-18-15-15-523	5
7	March, 2025	Shiga toxin producing <i>Escherichia coli</i> O157 H7	3
8	May, 2025	<i>Salmonella</i> Typhimurium MLVA 05/06-15-15-11-490	6

MLVA= multi-locus variable tandem repeat analysis.

### Multijurisdictional Outbreak Investigations

During the reporting period from 1 July 2024 to 30 June 2025, there were no multi-jurisdictional outbreak investigations (MJOIs) that included South Australian cases.

### 3. Activities of the Regional Public Health Team

The Regional Public Health team within the Department (formerly known as Health Protection Operations section, prior to an organisational restructure in 2024) administers the regulatory functions of the *Food Act 2001* in parts of South Australia which are not under local government jurisdiction. These areas, collectively known as 'Out-of-Council Areas', are made up of 'Unincorporated Areas' and Aboriginal Lands and cover approximately 85 per cent of the geographical area of the State. The majority of the Out-of-Council Areas are typically very remote and isolated, requiring extensive travel (including extensive unsealed roads) of 1500km or more to reach some locations. As such a thorough approach to planning and safety is essential for all operations.

All of the Regional Public Health team are authorised under the *Food Act 2001* and are qualified Environmental Health Officers with extensive regulatory experience in rural, remote and Aboriginal communities. Food safety functions undertaken by Regional Public Health include:

- Monitoring of food businesses for compliance with relevant provisions of the *Food Act 2001* and Food Safety Standards, and where necessary undertaking enforcement action under the *Food Act 2001*.
- Routine and follow up inspections of food businesses to ensure that the premises, equipment and food handling practices will result in the supply and sale of safe and suitable food.
- Food safety audits of businesses providing food to vulnerable populations.
- Responding to complaints in relation to food businesses and investigating food poisoning and disease outbreaks.
- Monitoring and action as required to ensure efficiency with which food is recalled for health and safety, and/or is removed from sale.
- Receiving food business notifications for new businesses or change to business details.
- Provision of food safety advice and delivery of educational programs and resources to food businesses, schools and communities.

The vast distances and extreme weather conditions of Outback South Australia create a challenging environment for food business operators and regulators alike. Effective and robust operational procedures and protocols ensure the risks associated with this environment are well managed and food safety and compliance standards are maintained to protect public health.

Statistics about food businesses and surveillance activities are provided below:

**Table 7: Authorised officers**

<b>Environmental health qualifications</b>	<b>Full-time</b>
<b>6</b> (1 FTE currently vacant/to be filled)	<b>6</b> (1 FTE currently vacant/to be filled)

**Table 8: Food business and surveillance activity**

<b>Area of operation</b>	<b>‘Out-of-Council Areas’~ 837,000 km<sup>2</sup> (≈ 85% of geographic area of SA)</b>
Number of businesses	117
Routine inspections	90
Follow-up inspections	2
Food safety audits	10
Complaint inspections	1

**Table 9: Enforcement actions**

<b>Business type</b>	<b>Improvement notices</b>	<b>Expiations</b>	<b>Prohibition order</b>
Caterer	0	0	0
Hotel/Pub/Tavern	0	0	0
Roadhouse/service station	1	0	0
Supermarket	0	0	0
Aged Care Facility	0	0	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>

#### **4. PIRSA activities under the *Food Act 2001***

##### **Department of Primary Industries and Regions (PIRSA) activities under the *Food Act 2001***

Biosecurity is a division of the Department of Primary Industries and Regions (PIRSA) and administers the *Primary Produce (Food Safety Schemes) (Meat Industry) Regulations 2017*. The regulations require butcher shops to hold accreditation and comply with relevant food safety standards. Under the Memorandum of Understanding (MoU) between SA Health and PIRSA, both agencies share risk management principles that minimise regulatory burden and duplication. In practice, to avoid duplication, butcher shops that sell food other than meat and conduct activities regulated under the *Food Act 2001* are inspected by PIRSA officers. A number of PIRSA officers have been appointed authorised officers under the *Food Act 2001*.

During 2024-2025, 757 audits were conducted by Biosecurity officers on 401 butcher shops including supermarkets, where a component of audits may address other retail activities regulated under the *Food Act 2001*.

During the audits, 87 Corrective Action Requests (CARs) were issued which related to their food safety program, hygiene or construction, and required follow up visits. No expiation notices or penalties were issued.

Act or Regulation	Requirement
<p><b><i>Safe Drinking Water Act 2011</i></b></p>	<p>Part 8 – Miscellaneous</p> <p>S 50 – Agreement and consultation with local government sector</p> <ol style="list-style-type: none"> <li>(1) The Minister must take reasonable steps to consult with the LGA from time to time in relation to the administration and enforcement of this Act.</li> <li>(2) If the Minister and the LGA enter into an agreement with respect to the exercise of functions under this Act by councils, then the Minister must prepare a report on the matter and cause copies of the report to be laid before both Houses of Parliament.</li> <li>(3) A report under subsection (2) must be accompanied by a copy of any relevant written agreement between the Minister and the LGA.</li> <li>(4) The Minister must consult with the LGA before a regulation that confers any function on councils is made under this Act.</li> <li>(5) The annual report of the Minister under this Act must include a specific report on-             <ol style="list-style-type: none"> <li>(a) the outcome of any consultation undertaken under subsection (1) or (4); and</li> <li>(b) the operation of any agreement referred to in subsection (2).</li> </ol> </li> </ol> <p>S 51 – Annual report by Minister</p> <ol style="list-style-type: none"> <li>(1) The Minister must, on or before 30 September in each year, prepare a report on the operation of this Act for the financial year ending on the preceding 30 June.</li> <li>(2) The Minister must, within 6 sitting days after completing a report under subsection (1), cause copies of the report to be laid before both Houses of Parliament.</li> </ol> <p>S 52 – Annual reports by enforcement agencies</p> <ol style="list-style-type: none"> <li>(1) An enforcement agency (other than the Minister) must, on or before 30 September in each year, furnish to the Minister a report on the activities of the enforcement agency under this Act during the financial year ending on the preceding 30 June.</li> <li>(2) The Minister must, within 6 sitting days after receiving a report under subsection (1), cause copies of the report to be laid before both Houses of Parliament.</li> </ol>

The objectives of the *Safe Drinking Water Act 2011* (the Act) and *Safe Drinking Water Regulations 2012* (the Regulations) are to:

- ensure that drinking water supplied to the South Australian public is safe
- provide direction to drinking water providers on how to achieve a safe drinking water supply
- implement principles of the *Australian Drinking Water Guidelines 2011* (ADWG).

The Act requires:

- registration of drinking water providers
- development and implementation of Risk Management Plans (RMPs) for individual drinking water supplies including approved monitoring programs and incident protocols
- audit or inspection of drinking water supplies
- reporting of incidents to the Department
- provision of water quality results to the public on request.

The department administers the Act with assistance from local government. Annual reports of council activities are provided in Appendix 3. Within the Department, the Water Quality Unit is responsible for day-to-day administration of the Act with assistance from the Food Safety and Audit and Regional Public Health teams (formerly known as the Health Protection Operations).

### **Registration of drinking water providers**

During 2024-25, the Department registered 21 new drinking water providers and deregistered six drinking water providers. The unprecedented dry conditions in 2024-25 resulted in an increase (15) in water carter drinking water provider registrations. At 30 June 2025, there were 178 drinking water providers registered with the Department. Some providers include multiple drinking water supplies under one registration. SA Water has a dual registration which includes a total of 90 water supplies while the Department for Education's single registration includes 116 schools and preschools.

As required under Section 11 of the Act, the Department maintains a list of registered drinking water providers on the SA Health website. Councils are advised of drinking water providers within their area on a minimum annual basis.

## Risk management plans

All drinking water providers must have a Risk Management Plan (RMP) that includes an approved monitoring program and incident protocol.

During 2024-25, the Department reviewed draft RMPs for drinking water providers seeking registration and amendments to RMPs from registered providers.

Amendments to an RMP can be required in response to changes introduced by drinking water providers or to rectify non-compliance identified as part of a drinking water inspection or audit.

## Water quality incidents

Under Section 13 of the Act, a drinking water provider's RMP must include a procedure for identifying, notifying, and responding to water quality incidents. The department receives notification of incidents and provides advice and direction on remedial actions required to maintain safety of drinking water supplies.

## Incidents reported by SA Water

SA Water incidents are reported according to the interagency Water/Wastewater Incident Notification and Communication Protocol (the Protocol). The department maintains the Protocol and provides the Water Incident Coordinator. Incidents are classified as Priority Type 1, Type 1, or Type 2 health incidents.

- Priority Type 1 incidents are likely to require an immediate interagency meeting to develop responses and consider possible issuing of public advice. In the absence of appropriate interventions these incidents could cause serious risk to human health
- Type 1 water quality incidents, in the absence of appropriate intervention could cause serious risk to human health
- Type 2 incidents represent a low risk to human health but may provide preliminary warnings of more serious incidents.

The total number of incidents notified by SA Water during 2024-25 (138) has decreased since 2023-24 (179), with no Priority Type 1 incidents raised during this period.

Compared to 2023-24 (26) there was an increase in incidents during 2024-25 (38) for detection of contamination in source waters and distribution system water tanks. The latter followed implementation of an enhanced tank inspection program in 2024-25. These incidents were managed effectively and did not have a measurable impact on drinking water quality.

The number of incidents (7) for drinking water reservoirs open to recreational activities has increased since 2023-24 (3) with most involving non-compliant water access including swimming. These incidents did not have a measurable impact on drinking water quality. High concentrations of the toxic cyanobacterium *Cylindrospermopsis raciborskii* were detected for the second year in a row in Lake Alexandrina leading to advice being issued not to use the Goolwa Channel for swimming and diving. Lake Alexandrina is not used as source of drinking water.

The number of reported incidents for elevated cyanobacteria concentrations in drinking water source waters including River Murray and reservoirs decreased from 19 in 2024-25 compared to 26 detections in 2023-24.

Reduced rainfall events contributed to a decrease in reported detection of enteric protozoa (*Cryptosporidium* and *Giardia*) in drinking water catchments and source waters from 31 reported incidents in 2023-24 to 14 reported incidents in 2024-25. There were three incidents at drinking water treatment plants involving detection of enteric protozoa including one in treated product water (*Cryptosporidium*) and two at the inlets to treatment plants. Protozoa were not detected in follow up samples. No faults were detected from the continuous monitoring of treatment plant performance during the periods when the protozoa were detected.

There was a decrease in the number of detections of *E.coli* in drinking water samples in 2024-25 from eight compared to 14 detections in 2023-24. Detections were low-level and in isolated samples, with follow-up samples clear of *E.coli*. Overall compliance of *E.coli* monitoring remained high.

Other Type 1 incidents included:

- infrequent exceedances of health-related chemical and radiological guideline values
- elevated concentrations of disinfection by-products in drinking water
- short-term interruptions to disinfection
- cross-connection between a drinking water main and non-drinking water
- small clusters of dirty water complaints

The department coordinated communication and responses for all reportable incidents and liaised with SA Water to ensure remedial actions or responses were implemented in a timely manner to ensure the protection of public health was maintained at all times.

### **Incidents reported by other drinking water providers**

In 2024-25 there were 11 drinking water incidents reported to the Department by providers other than SA Water.

Eight incidents were due to the detection of *E.coli* in their drinking water supplies with the majority sourced from rainwater tanks. Two of these incidents occurred at the same site where the Department worked closely with this provider as part of the incident management process. A full decontamination of the system was conducted after the positive *E.coli* result and the follow-up sample was clear.

Other incidents included a chlorine over-dose and elevated turbidity, which occurred at the same site and a UV disinfection failure that occurred at a separate site. In all cases remedial actions were immediately implemented to ensure a safe drinking water supply.

### **Approval of auditors and inspectors**

Auditors and inspectors are approved under Section 15 of the Act in line with established competency criteria. Approval as either a Level 1 or 2 Auditor or Level 3 Inspector is based on technical skills and experience. The types of drinking water supply that can be audited or inspected by an individual are defined in approval conditions. In 2024-25, the Department:

- approved two Level 2 Auditors
- reapproved two Level 2 Auditors and two Inspectors following expiry of existing approvals
- provided support for local government auditors and inspectors
- provided on-site training for local government Environmental Health Officers considering becoming approved auditors or inspectors.

At 30 June 2025, there were 32 approved auditors and inspectors including independent auditors, department staff and local government employees. The department maintains a list of approved auditors and inspectors on the [SA Health website](#).

### **Audits and inspections**

The Act requires that all drinking water providers be subject to an audit or inspection every year or every two years as described in a schedule published in the Government Gazette. Under Section 20(4) of the Act, the drinking water provider is responsible for ensuring the audit or inspection is conducted in accordance with the published schedule. Reports of all audits and inspections are required to be submitted to the Department within 21 days of the audit or inspection being undertaken.

The Water Quality Unit oversees the audit and inspection program. Where possible drinking water audits and inspections are coordinated with the activities from teams within the Department (Food Safety and Audit and Regional Public Health) to reduce impacts on providers. Local government and independent auditors also perform audits and inspections. Where required Dairysafe undertakes inspections of independent drinking water supplies used by dairy processors as part of existing food safety audit activities.

Fees for drinking water audits and inspections undertaken by the Department were introduced in December 2023. Charging fees for regulatory inspections is standard practice and is implemented by the Department, other Government agencies and local councils for other types of inspections and audits. Some local councils and independent auditors and inspectors charge for undertaking drinking water audits and inspections. The introduction of fees by the Department promotes consistency in practices and remove the disincentive for entry of other auditors/inspectors. Fees are categorised based on classes of drinking water providers ranging from level 1 – 3. These levels reflect the complexity and size of the provider or water supply and for 2024-25 the fees ranged from \$215 to \$646.

During 2024-25 there were a total of 61 audits and inspections of drinking water supplies (Table 1). This included 25 audits, and 36 inspections conducted by the Department. Three audits and 13 inspections were conducted by local government and independent auditors including a comprehensive audit of SA Water. The number of audits and inspections undertaken by the Department was higher than 2023-24 when 52 were conducted. Factors including resource and staffing limitations impacting regional travel have contributed to the reduced number of completed audits and inspections. Audits and inspections of drinking water providers rated as 'high risk' were prioritised during the reporting period (Table 1).

Audits and inspections led to advice being given to a number of drinking water providers about actions to improve operation and management of drinking water supplies. Non-compliances identified in 2024-25 included incomplete or insufficient RMPs, improvements required for operational and verification water quality monitoring, infrastructure improvements and lack of detail or absence of documentation relating to maintenance activities and water quality monitoring.

**Table 1: Audits and inspections based on risk ratings**

<b>Risk Rating</b>	<b>Gazetted Schedule</b>	<b>Categories of Drinking Water Providers</b>	<b>Number of providers</b>	<b>Audit and inspections</b>
<b>1</b>	Yearly audit	SA Water, Regulated Care, Childcare and Preschool	27	20
	2 yearly audit	Small surface water supplies	3	1
<b>2</b>	Yearly inspection	Dairies	1	0
	2 yearly audit	Mining camps Drinking water providers >2000, desalinated supply	13	4
	2 yearly inspection	Schools Food premises Food and accommodation premises Primary producers Small bore and rainwater supplies	69	25
<b>3</b>			65	11

	2 yearly inspection	Water Carters On supply of mains water with additional treatment Emergency supplies		
<b>Total</b>			<b>178</b>	<b>61</b>

Follow-up processes including changes in inspection/audit frequencies were implemented by the Department as required to ensure compliance with the requirements of the Act. The department maintains a database of non-compliances reported as an outcome of audit and inspection of drinking water providers.

**Quality of water and provision of results**

Under Section 27 of the Act, drinking water providers must make results of any monitoring program available to the public.

SA Water provides consumers with water quality information through publication of data on their website and in their annual report. Other drinking water providers can provide results to consumers on request by letter, email, or telephone.

**Approval of laboratories**

No laboratories were approved during the reporting period. Approved water quality testing laboratories are listed on the SA Health website.

**Administration and enforcement**

Part 7 of the Act incorporates enforcement provisions including the appointment of authorised officers with appropriate qualifications and experience by enforcement agencies. In addition, an Instrument of Authorisation was signed by the Minister in March 2020 giving authorised officers authority to issue expiation notices pursuant to the *Expiation of Offences Act 1996* for offences allegedly committed against the Act and Regulations.

There were no new appointments made within the Department during 2024-25. At 30 June 2025 there were 11 authorised officers. Authorised officers appointed by local government are provided in council annual reports (Appendix 3).

**Consultation with the local government sector**

Under Section 50 of the Act, the Minister must take reasonable steps to consult with the LGA from time to time in relation to the administration and enforcement of the Act. During 2024-25 the Department continued to support local councils in the administration and enforcement of the Act, undertaking routine drinking water audits and inspections and providing assistance with complex water quality issues and

other routine enquiries. Training was arranged for council officers considering becoming auditors or inspectors.

### **Reporting required under the *Carers' Recognition Act 2005***

The Department is an applicable organisation for the purposes of the *Carers Recognition Act 2005*. Under Section 6 of the Act, the department is to ensure all SA Health employees have an awareness and understanding of the principles of the Carers Charter, which promotes consultation with carers in policy, program development, strategic and/or promotional planning.

SA Health's commitment to partnering with Carers is demonstrated through the [Partnering with Carers Policy](#) which sets out the mandatory requirements to enable and support Carers role in the healthcare system, and activities undertaken to support compliance with Section 6 of the Act.

The Department's Diversity, Equity and Inclusion (DEI) Access All Areas Resource Group was established in April 2024. The Reference Group is employee led with voluntary membership of passionate employees and enables a consultative forum and supportive network to discuss disability, accessibility and employees with caring roles in our workplace. It also enables discussion on the progression of the Department's DEI 2024-2026 Strategy, which includes providing insights and input into the development and implementation of initiatives, policies, and strategies aimed at promoting diversity, inclusion, and belonging within our organisation.

In April 2025, the Department Executive Committee approved the pursuit of the Carer-Inclusive Workplace Initiative for the Department. This is a national program designed to foster supportive and inclusive work environments for the nation's approximately 3 million unpaid carers. There are currently no known SA public sector agencies pursuing the initiative which presents the opportunity for the Department to become an early adopter in this area of inclusion.

On 1 October 2024, SA Health participated as an exhibitor at the Carers Expo with staff representatives from the Department's Safety and Quality Unit in collaboration with a record number of SA Health teams at the expo in Adelaide's South. The Department's Aboriginal Health also provided merchandise to raise awareness for expo attendees and support Aboriginal Carers. The teams and their expertise were invaluable, providing guidance, direction and information to support Carers whilst caring for their loved ones in our health services from SA Dental, Lived Experience - Office of Chief Psychiatrist, Borderline Personality Disorder (BPD) Collaborative, BreastScreen SA and Palliative Care Connect. Carer resources were updated and available at the Carers Expo, and on the SA Health webpage at [www.sahealth.sa.gov.au/carers](http://www.sahealth.sa.gov.au/carers)

National Carers Week in October 2024 is a time to recognise the many employees who balance caregiving responsibilities alongside their professional roles. This year we highlighted inspiring stories shared by Ana, Leanne, and Sarah from the Department.

Two morning tea events were held on 17 October 2024 and hosted by the Department's Diversity, Equity and Inclusion Access All Areas Employee Resource Group at Citi Centre and Australian Bragg Centre to acknowledge, recognise the

importance of carers and to celebrate employees with caring responsibilities. Main foyer displays in both centres provided staff with Carer information and resources.

In May 2025, the Department's Safety and Quality collaborated with Carers SA and Central Adelaide Local Health Network to present Partnering with Carers. The presentation included a Carer's story, national and state agenda, context on legislation and policy, key priorities, about Carers SA, National Carer Strategy and Survey, partnership between Central Adelaide LHN and opportunities for LHNs to partner with Carers SA. Over 45 participants attended the online forum including consumers, Carers, consumer engagement leads, and governing board members. The presentation was well received, and following the presentation several LHNs have reached out to collaborate directly with Carers SA in their local areas.

## Public complaints

### Number of public complaints reported

The public complaints reported are representative of SA Health which includes the Department, LHNs, and statewide services. All public complaints are reported in the Consumer Feedback module of the statewide Safety Learning System (SLS).

NB: LHN annual reports include their health services complaints.

<b>Complaint categories</b>	<b>Sub-categories</b>	<b>Example</b>	<b>Number of Complaints 2024-25</b>
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency	1224
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided	61
Professional behaviour	Staff knowledge	Lack of service specific knowledge; incomplete or out-of-date knowledge	0
Communication	Communication quality	Inadequate, delayed or absent communication with customer	939
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly	179
Service delivery	Systems/technology	System offline; inaccessible to customer; incorrect result/information provided; poor system design	255
Service delivery	Access to services	Service difficult to find; location poor; facilities/ environment poor standard; not accessible to customers with disabilities	201
Service delivery	Process	Processing error; incorrect process used; delay in processing application; process not customer responsive	120
Policy	Policy application	Incorrect policy interpretation; incorrect	0

<b>Complaint categories</b>	<b>Sub-categories</b>	<b>Example</b>	<b>Number of Complaints 2024-25</b>
		policy applied; conflicting policy advice given	
Policy	Policy content	Policy content difficult to understand; policy unreasonable or disadvantages customer	0
Service quality	Information	Incorrect, incomplete, out-dated or inadequate information; not fit for purpose	22
Service quality	Access to information	Information difficult to understand, hard to find or difficult to use; not plain English	9
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	1,680
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security service/ premises; poor cleanliness	270
Service quality	Service responsiveness	Service design doesn't meet customer needs; poor service fit with customer expectations	437
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate	0
		<b>Total</b>	<b>5,397</b>

<b>Additional Metrics</b>	<b>Total</b>
Number of positive feedback comments	8,508
Number of negative feedback comments	10,322
Total number of feedback comments	19,993
% complaints resolved within policy timeframes	72.78%

Data for previous years is available at: [Department for Health and Wellbeing - Dataset - data.sa.gov.au](https://data.sa.gov.au)

**Service Improvements**

SA Health encourages patients, consumers, families and carers and the community to provide feedback. Consumer feedback includes compliments, complaints, suggestions and advice. Feedback provides valuable insight on how our health services can be improved and drives quality improvement in our health services and to better meet the needs and expectations of all South Australians.

In 2024, the SA Health Consumer, Carer and Community Feedback and Complaints Management Strategic Framework, Guide and Resources were reviewed through a consultation process with consumers, Carers and LHNs Consumer Advisory and Engagement staff.

The Department’s Safety and Quality are collaborating with Multicultural Communities Council SA (MCCSA) to facilitate a workshop with culturally and linguistically diverse (CALD) community leaders. The workshop will provide community leaders with information on the consumer feedback processes and mechanisms to provide feedback. The workshop will also provide an opportunity for community leaders to provide feedback on draft community resources related to consumer feedback processes and your rights and responsibilities. This feedback will ensure that information provided is easy to read, easy to understand, and in a suitable format for the CALD communities.

The Framework, Guide, Community Resources and Policy will be scheduled for release in late 2025.

Every year, LHNs continue to provide a Safety and Quality Account Report to the Department. The report demonstrates their achievements and ongoing commitment to consumer feedback as a requirement of their Service Level Agreements. The report provides an opportunity for LHNs to showcase and demonstrate quality improvement activities identified following consumer feedback and complaints.

Consumer feedback is recorded in the Safety Learning System (SLS) Consumer Feedback module to enable the investigation and management of complaints, compliments, suggestions and advice.

**Compliance Statement**

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

## Appendix 1: Local government activities under the *Food Act 2001 in 2024-25*

Under the *Food Act 2001* (the Act) it is a mandatory requirement for local government to provide the Department with information on the performance and functions of the local government agency. For the purpose of this annual report, a request for information was circulated to all councils. Councils are empowered under Parts 4 and 5 of the Act to ensure that hygienic standards are maintained in relation to the manufacture, transportation, storage, and handling of food for sale under Chapter 3 of the Australia and New Zealand Food Standards Code. They are also responsible for taking measures to prevent the sale of unfit food and to investigate complaints related to the sale of unfit food. Environmental Health Officers (EHOs) are authorised under the Act to issue orders and notices and take enforcement action for breaches.

Data in the tables below was provided by 68 councils in SA. Please note that one regional subsidiary offers Environmental Health services on behalf of five councils, for data collection purposes, they are treated as a single council authority, resulting in a total of 64 councils.

### Authorised officers

All EHOs must be authorised under Division 3, Section 94 of the Act to be able to monitor and enforce the Act. EHOs must have the necessary skills and knowledge to effectively perform their food related responsibilities to gain authorisation.

**Table A2.1: Authorised officers’ details**

No. of authorised officers	Full-time	Part-time
working in local government*	95	92

Note: \*at 30 June 2025. Numbers may be duplicated where EHOs are employed in more than one council.

### Audits

Since 5 October 2008, businesses captured under Food Safety Standard 3.3.1 (Food Safety Programs for Food Services to Vulnerable Persons) have required regulatory food safety audits.

In 2024-25 local government food safety auditors continued to conduct food safety audits of aged care facilities, childcare centres, private hospitals and other facilities captured by Standard 3.3.1 at a frequency determined by the performance of individual sites, in line with the priority classification for these businesses.

**Table A2.2: Local government audits of businesses captured by Std 3.3.1**

	Type of facility				Total
	Aged care facilities	Childcare centres	Private hospitals	Others	
<b>No. of businesses captured</b>	263	404	17	1	685
<b>No. of audits</b>	231	395	16	1	643
<b>Percentage of businesses audited*</b>	88%	98%	94%	100%	94%

*Note: \*Some facilities may be audited more than once in a financial year, hence the actual percentage of businesses audited may be slightly lower than indicated in the table.*

The following is a summary of councils' policies regarding imposing audit fees.

**Table A2.3: Number of councils charging audit fees**

<b>Number of councils carrying out audits</b>	21
<b>Number of councils charging audit fees</b>	21

## Inspections

To gain a better understanding of how inspections are organised and undertaken by local government, it is necessary to establish the number and risk profile of food businesses across SA. All businesses have been classified using the South Australian Food Business Risk Classification System (FBRC). The FBRC allows council resources for monitoring and enforcement to be aligned with the inherent food safety risk of the business. In addition, the performance of each business influences its inspection frequency for example, poor compliance results in more frequent inspections. Table A2.4 details the number of food businesses across SA councils as per their food safety risk category, and the number and type of inspections conducted by local government.

During this financial year, councils reported all inspection data as priority risk classifications P1 (highest), P2, P3 or P4 (lowest).

**Table A2.4: Food business risk classification and inspections**

	Food safety risk classification				Total
	P1	P2	P3	P4	
<b>No. of businesses</b>	7329	4734	4118	1473	17654
<b>No. of routine inspections</b>	5468	2937	1453	82	9940

<b>No. of follow-up inspections</b>	2100	542	97	0	2739
<b>No. of inspections from complaints</b>	525	214	36	9	784

### Event Inspections

Councils may undertake inspections of mobile food vendors (MFVs) whilst they are trading at events within their council area. In the year 2024-25, 22 councils reported the number of event inspections. Table 2A2.4A details the routine and follow-up inspections conducted during events.

**Table A2.4A: Temporary food business risk classification and inspections**

	Food safety risk classification				Total
	P1	P2	P3	P4	
<b>No. of routine inspections</b>	388	287	75	11	761
<b>No. of follow-up inspections</b>	13	1	0	1	15

Note- One council reported an additional 35 inspections of MFVs but did not supply their risk classification therefore the total number of reported inspections are 796.

### Inspection Fees

The Food Regulations 2017, Part 4 Section 13 makes provision for enforcement agencies to impose an inspection fee. The following is a summary of councils' policies regarding imposing an inspection fee.

**Table A2.5: Number of councils charging inspection fees**

Council inspection fee policy	Number of councils
Charging fees	42
Not charging fees	22

### Complaints

Reports of illness, non-compliant businesses, non-compliant food and general enquiries from consumers provide an important source of information on food safety. In addition, receiving complaints allows the public to interact with qualified EHOs and provides opportunities for them to promote food safety. All complaints are logged and generally risk classified to ensure that the most serious cases are dealt with as a priority. Table A2.6 lists the number of complaint/reports received by local

government per type and whether the complaint was found to be valid or justified when investigated by an authorised officer.

**Table A2.6: Breakdown of activities by category**

<b>Complaint type</b>	<b>No. of complaints received</b>	<b>No. of complaints justified</b>
Alleged food poisoning	282	30
Allergens	20	9
Chemical contamination	2	0
Foreign matter	99	41
Garbage/recyclable storage	82	45
Labelling	33	13
Pests and animals	107	34
Poor personal hygiene or poor food handling practices	209	65
Unclean premises	193	90
Unsafe/unsuitable food due to microbial contamination	126	30
Other (please state)	87	43
<b>TOTAL COMPLAINTS</b>	<b>1240</b>	<b>400</b>

### **Enforcement Actions**

The Act makes provision for enforcement agencies and authorised officers to apply enforcement actions to improve food safety outcomes for the public. Enforcement actions may take the form of written warnings, improvement notices, prohibition orders, expiations or prosecutions. These actions are applied using a graduated and proportionate response.

Tables A2.7 to A2.10 detail enforcement actions relating to inspections conducted as per the businesses food industry sector as defined in the Food Business Risk Classification. Improvement notices make up the largest single action applied, progressing to expiations and prohibition as food businesses fail to respond or issues became more serious. Table A2.11 contains enforcement actions taken by Local Government in relation to audits of Food Safety Programs conducted under Standard 3.3.1.

**Table A2.7: Number of enforcement actions by retail sector**

<b>Retailer</b>	<b>Risk classification</b>	<b>Total businesses</b>	<b>Businesses inspected</b>	<b>Businesses requiring enforcement action</b>	<b>Improvement notices issued</b>	<b>Prohibition orders issued</b>	<b>Expiations issued</b>	<b>Prosecutions</b>
Alcoholic beverages packaged	P4	198	14	0	0	0	0	0
Bakery products	P3	88	36	1	1	0	0	0
Bakery products, perishable fillings	P2	150	96	3	6	0	0	0
Continental type delicatessen food	P2	60	39	1	1	0	0	0
High risk food, perishable	P2	602	393	16	13	1	3	0
Low risk packaged food	P4	1121	65	0	0	0	0	0
Low risk unpackaged food	P3	226	88	1	2	0	0	0
Medium risk food, perishable	P3	740	321	3	6	0	3	0
Raw meat & poultry	P2	20	5	0	0	0	0	0
Seafood (excludes processing of bivalve mollusc)	P2	26	7	2	2	0	0	0
*Other retailers – P2	P2	40	66	0	0	0	0	0
*Other retailers – P3	P3	7	5	0	0	0	0	0
*Other retailers – P4	P4	52	4	0	0	0	0	0
<b>Total</b>		<b>3330</b>	<b>1139</b>	<b>27</b>	<b>31</b>	<b>1</b>	<b>6</b>	<b>0</b>

Notes:

\*Others may include the businesses which has not been officially classified or council unable to retrieve the data based on above classification.

**Table A2.8: Number of enforcement actions by food service sector**

<b>Food service</b>	<b>Risk classification</b>	<b>Total businesses</b>	<b>Businesses inspected</b>	<b>Businesses requiring enforcement action</b>	<b>Improvement notices issued</b>	<b>Prohibition orders issued</b>	<b>Expiations issued</b>	<b>Prosecutions</b>
Catering offsite activity	P1	238	143	1	3	0	1	0
Catering onsite	P1	615	348	3	1	0	0	0
Medium risk foods perishable	P3	847	349	2	3	0	0	0
Restaurants and takeaway ready to eat food - prepared in advance	P1	5743	4185	350	394	16	72	0
Restaurants and take away food, ready to eat food - express order	P2	2610	1568	58	68	4	9	0
Restaurants and takeaway ready to eat food - no raw preparation	P2	985	579	16	16	0	4	0
*Other food service – P1	P1	47	41	0	0	0	0	0
*Other food service – P2	P2	3	3	0	0	0	0	0
*Other food service – P3	P3	238	8	0	0	0	0	0
<b>Total</b>		<b>11326</b>	<b>7224</b>	<b>430</b>	<b>485</b>	<b>20</b>	<b>86</b>	<b>0</b>

Notes:

*\*Others may include the businesses which has not been officially classified or council unable to retrieve the data based on above classification.*

**Table A2.9: Number of enforcement actions by processor/m manufacturer sector**

<b>Processor/m manufacturer</b>	<b>Risk classification</b>	<b>Total businesses</b>	<b>Businesses inspected</b>	<b>Businesses requiring enforcement action</b>	<b>Improvement notices issued</b>	<b>Prohibition orders issued</b>	<b>Expiations issued</b>	<b>Prosecutions</b>
Bakery products, perishable fillings processing	P1	417	286	10	9	2	1	0
Baby food processing	P2	1	0	0	0	0	0	0
Beverage processing	P3	186	51	0	0	0	0	0
Beverage processing small producer	P3	29	7	0	0	0	0	0
Canned food processing	P2	8	5	0	0	0	0	0
Canned food processing very small producer and high acid food	P3	43	12	0	0	0	0	0
Chocolate processing	P2	7	4	0	0	0	0	0
Chocolate processing small producer	P3	32	8	0	1	0	0	0
Cereal processing & medium/low risk bakery	P3	925	317	2	2	0	0	0
Confectionary processing	P3	342	98	0	0	0	0	0
Cook-chill food short shelf-life processing	P1	37	28	1	1	0	0	0
Cook-chill food extended shelf-life processing	P1	16	13	1	5	0	2	0
Cook-chill food extended shelf-life processing; aseptic packaging	P2	5	4	0	1	0	0	0

Cook-frozen food processing	P2	27	11	0	0	0	0	0
Dairy processing (excluding soft cheese)	P2	24	14	0	0	0	0	0
Dairy processing (soft cheese)	P1	2	0	0	0	0	0	0
Egg processing	P2	6	2	0	0	0	0	0
Fruit and vegetables processing	P1	52	24	1	1	0	1	0
Fruit and vegetable processing (frozen)	P2	5	3	0	0	0	0	0

<b>Processor/manufacturer</b>	<b>Risk classification</b>	<b>Total businesses</b>	<b>Businesses inspected</b>	<b>Businesses requiring enforcement action</b>	<b>Improvement notices issued</b>	<b>Prohibition orders issued</b>	<b>Expiations issued</b>	<b>Prosecutions</b>
Fruit and vegetable processing, frozen/ Blanch (small producer)	P3	104	37	0	0	0	0	0
Fruit and vegetable juice, unpasteurised processing	P1	8	5	0	0	0	0	0
Fruit juice, pasteurisation or shelf stable processing (medium-large producer)	P2	7	3	0	0	0	0	0
Fruit juice, pasteurisation or shelf stable processing (small producer)	P3	3	1	0	0	0	0	0
Infant formula product processing	P1	2	0	0	0	0	0	0
Meat processing abattoir/boning room	P2	23	0	0	0	0	0	0

Meat, fermented meat and small goods processing	P1	10	3	0	0	0	0	0
Oils and fats processing	P3	35	13	0	0	0	0	0
Peanut butter processing	P2	6	0	0	0	0	0	0
Peanut butter processing, small producer	P3	7	1	0	0	0	0	0
Poultry processing	P1	2	1	0	0	0	0	0
Prepared not ready to eat food processing	P2	29	21	1	1	0	0	0
Prepared ready to eat food processing	P1	65	49	2	2	0	0	0
Salt & other low risk ingredients/additives processor	P3	7	0	0	0	0	0	0
Seafood processing (excluding molluscs)	P2	23	14	2	2	0	0	0
Seafood processing ready to eat and shelf stable	P2	5	3	0	0	0	0	0

<b>Processor/manufacture</b>	<b>Risk classification</b>	<b>Total businesses</b>	<b>Businesses inspected</b>	<b>Businesses requiring enforcement action</b>	<b>Improvement notices issued</b>	<b>Prohibition orders issued</b>	<b>Expiations issued</b>	<b>Prosecutions</b>
Seafood processing - mollusc processing	P1	22	12	0	0	0	0	0
Snack chips processing	P3	7	2	0	0	0	0	0
Spices and dried herbs processing	P2	16	7	0	0	0	0	0
Spices and dried herbs processing, small producer	P3	61	18	0	0	0	0	0

Sprout processing	P1	2	0	0	0	0	0	0
Sushi processing	P1	30	35	4	3	0	1	0
Vegetables in oil processing	P1	28	18	0	0	0	0	0
*Other processor / manufacturers - P1	P1	1	0	0	0	0	0	0
*Other processor / manufacturers - P2	P2	0	0	0	0	0	0	0
*Other processor / manufacturers - P3	P3	3	1	0	0	0	0	0
<b>Total</b>		<b>2670</b>	<b>1131</b>	<b>24</b>	<b>28</b>	<b>2</b>	<b>5</b>	<b>0</b>

Notes:

\*Others may include the businesses which has not been officially classified or council unable to retrieve the data based on above classification.

**Table A2.10: Number of enforcement actions by food transport sector**

<b>Food transporter</b>	<b>Risk classification</b>	<b>Total businesses</b>	<b>Businesses inspected</b>	<b>Businesses requiring enforcement action</b>	<b>Improvement notices issued</b>	<b>Prohibition orders issued</b>	<b>Expiations issued</b>	<b>Prosecutions</b>
Bulk flour storage distributor	P3	7	1	0	0	0	0	0
Bulk milk collection distributor	P2	2	0	0	0	0	0	0
Dairy produce distributor	P3	18	2	0	0	0	0	0
Dry goods and beverages distributor	P4	96	5	0	0	0	0	0
Frozen food distributor	P3	29	15	0	0	0	0	0

Fruit and vegetables distributor	P3	80	33	0	0	0	0	0
Perishable, ready to eat, packaged, medium risk food distributor	P3	52	14	0	0	0	0	0
Perishable, ready to eat, packaged, high risk food distributor	P2	37	18	0	0	0	0	0
Processed meat distributor	P2	2	1	0	0	0	0	0
Seafood distributor	P2	11	4	0	0	0	0	0
Other food transporters - P2	P2	0	0	0	0	0	0	0
Other food transporters - P3	P3	7	2	0	0	0	0	0
Other food transporters - P4	P4	1	0	0	0	0	0	0
<b>Total</b>		<b>342</b>	<b>95</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Notes:

\*Others may include the businesses which has not been officially classified or council unable to retrieve the data based on above classification.

**Table A2.11: Enforcement actions by number - referenced to Standard 3.2.1 Food Safety Program (FSP)**

<b>Reason for enforcement activity</b>	<b>Written warnings</b>	<b>Improvement notices</b>	<b>Prohibition orders</b>	<b>Expiations</b>	<b>Prosecutions</b>
FSP not prepared, implemented, maintained and monitored	3	0	0	0	0
FSP not audited at the frequency determined by the auditor	2	0	0	0	0
FSP not revised to comply with the Regulations	0	0	0	0	0

FSP audit report not retained by business for four years	0	0	0	0	0
<b>Total</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Prosecution register**

The Department publishes on its website details of businesses or individuals that have been found guilty by a court of a breach of the Act. This website is intended to provide information to the community regarding successful prosecutions under this Act. This is the most serious action available that can be undertaken by local councils and the Department.

There has been no food business prosecuted in the financial year 2024-25. Details of prosecutions are published on the SA Health website here:

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/legislation/food+legislation/food+prosecution+register>

Details of businesses or individuals that have been found guilty by a Court of a breach of the Act will remain on the register for a period of two years from the Court decision date. There was no food businesses listed on the prosecution register at the end of financial year i.e. on 31 July 2025.

## Appendix 2: Foodborne Disease Investigations in South Australia, 2024-25

Epidemiological investigations into foodborne disease outbreaks within South Australia are coordinated by the Disease Surveillance and Investigation Section (DSIS) and OzFoodNet staff who are based within the Communicable Disease Control Branch (CDCB) of SA Health. OzFoodNet is a national network that conducts enhanced foodborne disease surveillance.

OzFoodNet and other CDCB staff work in collaboration with a range of stakeholders when investigating outbreaks. SA Pathology conducts microbiological and molecular testing of isolates from humans, food, and environmental samples. Local Government environmental health officers (EHOs) and the SA Health Food Standards Surveillance (FSS), Food Safety and Regulation Branch, provide food technology and environmental investigation expertise and perform environmental and food premises investigations. Biosecurity SA (a Division of Primary Industries and Regions SA; PIRSA) staff assist with traceback investigations and implement control measures with primary producers where appropriate.

CDCB staff conduct interviews with cases to obtain food histories when clusters of suspected foodborne disease are detected. This information is used to identify frequently consumed food items and can sometimes lead to further investigations. When further investigations are required, it is often in the form of analytical studies that aim to demonstrate a statistical association between illness and the consumption of a particular food item, eating at a particular premises, or an environmental exposure. When a food and/or premises are suspected on epidemiological grounds, laboratory evidence, for example, microbiological testing of food and environmental samples is undertaken to support the observed epidemiological associations.

Often, despite efforts to identify a specific food vehicle or source of an outbreak, none can be identified. An implicated food item may no longer be available or suitable for microbiological testing, making it impossible to provide definitive laboratory evidence for the source of an outbreak. Cases may also have difficulty in remembering foods consumed or premises visited if an appreciable time has passed between the exposure and the interview.

### Outbreak Investigations

During the reporting period (1 July 2024 to 30 June 2025), SA Health investigated one foodborne outbreak in the community for which a common source was identified. A summary of the outbreak investigated is presented in Table 1.

This summary does not include outbreaks that were suspected to be person-to-person transmission, animal-to-person transmission, or from an environmental source (including swimming pools). All investigation data are subject to change, as this is the nature of clusters and outbreaks.

*An outbreak is defined as an event where two or more people experience a similar illness after eating a common meal or food and epidemiological and/or microbiological evidence indicates the meal or food as the source of the illness.*

**Salmonella Hessarek – Community**

Seven cases of *Salmonella* Hessarek were notified between 1 January 2025 and 6 February 2025. Six cases were able to be contacted for interview and all reported eating eggs in the home and none reported eating eggs out of the home. All cases reported eating their eggs raw or lightly cooked, such as raw eggs in cake batter, runny eggs and homemade mayonnaise made with raw egg. Multiple cases named the same brand of eggs eaten at home. In January 2025, an egg isolate was also reported to SA Health with *S. Hessarek* and was highly related on genomic analysis with case isolates. SA Health developed and shared appropriate safe egg handling messaging on social media.

**Table 1: Summary of the foodborne disease investigation in South Australia during the period 1 July 2024 to 30 June 2025**

No.	Month, Year	Organism*	Setting	No. ill	No. laboratory confirmed	Source	Evidence
1	Jan 2025	<i>Salmonella</i> Hessarek	Community	7	7	Eggs	D, M

No. = Number; D = Descriptive evidence (i.e. information obtained from interviewing cases and/or inspections of premises); M = Microbiological evidence of pathogen in food vehicle

**Cluster Investigations**

A summary of cluster investigations from 1 July 2024 to 30 June 2025 are listed in Table 2. During the reporting period, six *Salmonella* clusters, one norovirus and one Shiga toxin producing *Escherichia coli* (STEC) cluster were investigated. All clusters were general increases in specific infections in the community without a common source identified and only descriptive evidence was available for all the investigations.

*A cluster is defined as an increase in a specific infection in terms of time, person or place, where the source and mode of transmission remains unknown.*

**Table 2: Summary of cluster investigations in South Australia during the period 1 July 2024 to 30 June 2025**

No.	Month, Year	Organism	No. ill
1	October, 2024	<i>Salmonella</i> Typhimurium MLVA 03-10-08-09-523	12
2	October, 2024	<i>Salmonella</i> Typhimurium MLVA 04-16-12-00-517	3
3	October, 2024	Norovirus	20
4	December, 2024	<i>Salmonella</i> Saintpaul	11
5	February, 2025	<i>Salmonella</i> Virchow	6
6	February, 2025	<i>Salmonella</i> Typhimurium MLVA 03-18-15-15-523	5
7	March, 2025	Shiga toxin producing <i>Escherichia coli</i> O157 H7	3
8	May, 2025	<i>Salmonella</i> Typhimurium MLVA 05/06-15-15-11-490	6

MLVA= multi-locus variable tandem repeat analysis.

### Multi-jurisdictional Outbreak Investigations

During the reporting period from 1 July 2024 to 30 June 2025, there were no multi-jurisdictional outbreak investigations (MJOIs) that included SA cases.

*A multi-jurisdictional outbreak investigation (MJOI) is an outbreak where multiple states are affected. This includes, but is not limited to:*

- an increase in cases, or related outbreaks, in more than one state or territory;*
- an outbreak in one state or territory related to a food product produced in another state or territory; or*
- a large point source outbreak with many cases from multiple jurisdictions.*

**Appendix 3: Annual Reports by Enforcement Agencies  
under the *Safe Drinking Water Act 2011 – 2024-25***

# Adelaide Hills Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nil		

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# Adelaide Plains Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nil		

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# City of Adelaide

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nil		

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# Alexandrina Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Tony Pearson	EHO	Kangaroo Island
Luke McCumiskey	EHO	Kangaroo Island

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Rob Solly (water carter)	4 November 2024	Tony Pearson

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# Barossa Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Debra Harding	Senior Environmental Health Officer	No

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Valley Wine Tankers	24/10/2024	Joel Bray

#### 3 Fees for audits and inspections

\$144
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

None
------

#### 7 Other activities

1 x inspection outside of our Council area – Adelaide Hills Bulk Springwater 10/06/2025 by Debra Harding
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# District Council of Barunga West

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Katina Vahaviolos	Environmental Health Officer	Yes – City of Playford

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# Berri Barmera Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Angela Sorger	Contract Environmental Health Officer	Yes
Steven Ryles	Contract Environmental Health Officer	Yes

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# District Council of Ceduna

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nil		

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
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# City of Charles Sturt

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nil		

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
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# Clare & Gilbert Valleys Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nil		

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

During Inspection two (2) food business was found to be using Rain water in kitchen, Business has no registration under SDWA, therefore advised to obtain registration and develop a safe drinking water management plan. Also advised to reach out to SA Health water quality unit for any exemption that may apply.
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#### 7 Other activities

Nil
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# District Council Cleve

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Harc Wordsworth	EHO	Yes – District Council of Kimba, District Council of Franklin Harbour

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
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#### 7 Other activities

Nil
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# District Council of Coober Pedy

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
David Hooper	Environmental Health Officer	Light Regional Council

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

During the course of routine food premises inspections if required
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#### 7 Other activities

Nil
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# Coorong District Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Emily Hudson (Bachelor of Health Science (EH) – UTAS)	EHO - contracted	Yes – RCMB, SMDC, KDC, MMC
Christopher Mackay-Trenouth (Graduate Diploma in EH Practice - Flinders)	EHO - contracted	Yes – RCMB, SMDC, KDC, MMC
Teaka Prosser (Graduate Diploma in EH Practice - Flinders)	EHO - contracted	Yes – RCMB, SMDC, KDC, MMC

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Information provided on drinking water requirements on food safety inspections if required.
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**7 Other activities**

Nil
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# Copper Coast Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Jan Truter	Manager Environmental Health	No
Denvir Moses	Environmental Health Officer	No

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
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#### 7 Other activities

Nil
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**Eastern Health Authority  
City of Norwood Payneham and St Peters  
Campbelltown City Council  
City of Burnside  
City of Prospect  
Town of Walkerville**

**Safe Drinking Water Act Annual Report 2024-2025**

**Activities under the Act**

**1 Appointment of authorised officers under the Safe Drinking Water Act**

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nil		

**2 Audits and inspections**

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

**3 Fees for audits and inspections**

Nil
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**4 Enforcement activities**

Nil
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**5 Drinking water related complaints**

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

**6 Provision of information/education**

Nil
-----

**7 Other activities**

Nil
-----

# District Council of Elliston

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Dane Abbott (Bachelor of Environmental Health)	Environmental Health Consultant	Yes, several other Councils
Matthew Boyce Bachelor of Applied Science (Environmental Health)	Environmental Health Officer	Lower Eyre Council

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
District Council of Elliston	Nil	

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
District Council of Elliston	Nil	

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Council operates a drinking water supply at Port Kenny under the Safe Drinking Water Act.
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# Flinders Ranges Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Sophie Limoux BHSGDPEHP Flinders University	Environmental Health Officer	District Council of Mount Remarkable District Council of Orroroo Carrieton District Council of Peterborough Flinders Ranges Council Port Pirie Regional Council Northern Areas Council
Brian Sickles BHlthScENVH) Flinders University	Environmental Health Officer	District Council of Mount Remarkable District Council of Orroroo Carrieton District Council of Peterborough Flinders Ranges Council Port Pirie Regional Council Northern Areas Council

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil

**5 Drinking water related complaints**

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

**6 Provision of information/education**

Nil

**7 Other activities**

Nil

# District Council of Franklin Harbour

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Harc Wordsworth	Environmental Health Officer	DC Kimba, DC Cleve

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
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#### 7 Other activities

Nil
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# Town of Gawler

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
No authorised officers under Safe Drinking Water Act		

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
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#### 7 Other activities

Nil
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# Regional Council of Goyder

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Amedeo Fioravanti	Contract Environmental Health Officer	Playford Council

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Yearly review of food businesses using rainwater for food preparation and drinking within the Townships of Hallett and Terowie
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#### 7 Other activities

Nil
-----

# District Council of Grant

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Aaron Price (Graduate Diploma in Environmental Health Practice)	Manager Environmental Health & Regulatory Services	Holds cross council delegation with the City of Mount Gambier and Wattle Range Council (only for emergency purposes)

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Provision of advice provided through routine food safety regulatory activities and customer service requests.
---

**7 Other activities**

Nil
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# City of Holdfast Bay

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Adrian Hill No qualifications	Manager Community Safety	No
Marissa Michail Level 4 High Risk Auditor	Environmental Health Lead	No

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
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#### 7 Other activities

Nil
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# Kangaroo Island Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Tony Pearson	EHO	Alexandrina Council
Luke McCumiskey	EHO	Alexandrina Council

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
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#### 7 Other activities

Nil
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# District Council of Karoonda East Murray

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Jamie Tann Bachelor applied Science (Environmental Health) (University of Western Sydney)	Manager, Health & Public Safety	Yes
Hannah Johansen Bachelor of (Environmental Health) (Flinders University)	Team Leader Environmental Health	Yes
Nicole Greenleaf Bachelor of Health Science Nutrition/ Graduate Diploma Environmental Health Practice (Flinders University)	Environmental Health Officer	Yes
Eric Adetutu Grad Diploma in Environmental Health Practice (Flinders University)	Environmental Health Officer	Yes
Simranpreet Brar Master of Environmental Health (Flinders University)	Environmental Health Officer	Yes
Emily Pitta Bachelor of Human Nutrition/Graduate Diploma Environmental Health Practice (Flinders University)	Environmental Health Officer	Yes

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector

Nil		
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**3 Fees for audits and inspections**

Nil
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**4 Enforcement activities**

Nil
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**5 Drinking water related complaints**

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

**6 Provision of information/education**

Nil
-----

**7 Other activities**

Nil
-----

# District Council of Kimba

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Harc Wordsworth	Environmental Health Officer	DC Cleve, DC Franklin Harbour

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# Kingston District Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Emily Hudson (Bachelor of Health Science (EH) – UTAS)	EHO - contracted	Yes – RCMB, SMDC, CDC, MMC
Christopher Mackay-Trenouth (Graduate Diploma in EH Practice - Flinders)	EHO - contracted	Yes – RCMB, SMDC, CDC, MMC
Teaka Prosser (Graduate Diploma in EH Practice - Flinders)	EHO - contracted	Yes – RCMB, SMDC, CDC, MMC

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Information provided on drinking water requirements on food safety inspections if required.
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**7 Other activities**

Nil
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# Light Regional Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
David Hooper	Environmental Health Officer	District Council of Coober Pedy

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

During the course of routine food premises inspections
--

#### 7 Other activities

Nil
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# Lower Eyre Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Matthew Boyce	Development Coordinator	

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Lincoln Contracting	05/11/2024	Matthew Boyce

#### 3 Fees for audits and inspections

\$144 (same as Food Act inspections)

#### 4 Enforcement activities

Nil

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Education / advise provided as needed during routine inspections and via phone call. Majority of questions were around reducing water testing frequency and referred to SA Health.

#### 7 Other activities

Nil

# Loxton Waikerie District Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Michelle Jordan	Environmental Health Officer	No

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
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# City of Marion

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nil		

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
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#### 7 Other activities

Nil
-----

# Mid Murray Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nil		

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
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#### 7 Other activities

Nil
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# City of Mitcham

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nil		

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
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#### 7 Other activities

Nil
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# Mount Barker District Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Jamie Tann  Bachelor applied Science (Environmental Health) (University of Western Sydney)	Manager, Health & Public Safety	Yes
Hannah Johansen  Bachelor of (Environmental Health) (Flinders University)	Team Leader Environmental Health	Yes
Nicole Greenleaf  Bachelor of Health Science Nutrition/ Graduate Diploma Environmental Health Practice (Flinders University)	Environmental Health Officer	Yes
Eric Adetutu  Grad Diploma in Environmental Health Practice (Flinders University)	Environmental Health Officer	Yes
Simranpreet Brar  Master of Environmental Health (Flinders University)	Environmental Health Officer	Yes
Emily Pitta  Bachelor of Human Nutrition/Graduate Diploma Environmental Health Practice (Flinders University)	Environmental Health Officer	Yes

**2 Audits and inspections**

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

**3 Fees for audits and inspections**

Nil
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**4 Enforcement activities**

Nil
-----

**5 Drinking water related complaints**

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

**6 Provision of information/education**

Nil
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**7 Other activities**

Nil
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# City of Mount Gambier

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Kate Taylor	Environmental Health Officer	No

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
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#### 4 Enforcement activities

Nil
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#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

If required, advice and information is provided to customer
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#### 7 Other activities

Nil
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# District Council of Mount Remarkable

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Sophie Limoux BHSGDPEHP Flinders University	Environmental Health Officer	District Council of Mount Remarkable District Council of Orroroo Carrieton District Council of Peterborough Flinders Ranges Council Port Pirie Regional Council Northern Areas Council
Brian Sickles BHlthSc(ENVH) Flinders University	Environmental Health Officer	District Council of Mount Remarkable District Council of Orroroo Carrieton District Council of Peterborough Flinders Ranges Council Port Pirie Regional Council Northern Areas Council

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
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**5 Drinking water related complaints**

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

**6 Provision of information/education**

Nil
-----

**7 Other activities**

Nil
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# Rural City of Murray Bridge

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Emily Hudson (Bachelor of Health Science (EH) – UTAS)	Senior EHO	Yes –SMDC, CDC, KDC, MMC
Christopher Mackay-Trenouth (Graduate Diploma in EH Practice - Flinders)	EHO	Yes –SMDC, CDC, KDC, MMC
Teaka Prosser (Graduate Diploma in EH Practice - Flinders)	EHO	Yes –SMDC, CDC, KDC, MMC
Jeremy Byrnes (Bachelor of Applied Science (EH))	Team Leader Regulation	No

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil

#### 4 Enforcement activities

Nil

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc

Nil		
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**6 Provision of information/education**

Nil
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**7 Other activities**

Nil
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# Naracoorte Lucindale Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Dane Abbott	EHO	Yes, various
Catie McCarthy	EHO	Yes, various
Christopher Congdon	EHO	Yes, various

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
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# Northern Areas Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Sophie Limoux BHSGDPEHP Flinders University	Environmental Health Officer	District Council of Mount Remarkable District Council of Orroroo Carrieton District Council of Peterborough Flinders Ranges Council Port Pirie Regional Council Northern Areas Council
Brian Sickles BHlthSc(ENVH) Flinders University	Environmental Health Officer	District Council of Mount Remarkable District Council of Orroroo Carrieton District Council of Peterborough Flinders Ranges Council Port Pirie Regional Council Northern Areas Council

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

**5 Drinking water related complaints**

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

**6 Provision of information/education**

Nil
-----

**7 Other activities**

Nil
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# City of Onkaparinga

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Stuart Dearden BSc (Environmental Health; Hons) & SA Health-approved Food Safety Auditor	Senior Environmental Health Officer	No
Tricia Franks BSc, Graduate Diploma in Environmental Health Practice & SA Health-approved Food Safety Auditor	Senior Environmental Health Officer	No
Nicole Moore Bachelor of Environmental Health	Team Leader Community Health	No
Jodi-Anne Smith Bachelor of Environmental Health	Environmental Health Officer	No
Craig Nicks Bachelor of Environmental Health	Senior Environmental Health Officer	No

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Dandelion Vineyards	8 May 2025	Stuart Dearden

Swell Brewing Company	22 May 2025	Stuart Dearden
Chapel Hill Winery	30 July 2024	Stuart Dearden

**3 Fees for audits and inspections**

No fee

**4 Enforcement activities**

Nil

**5 Drinking water related complaints**

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

**6 Provision of information/education**

Ongoing adhoc education of affected businesses

**7 Other activities**

Nil

# District Council of Orroroo Carrieton

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Sophie Limoux BHSGDPEHP Flinders University	Environmental Health Officer	District Council of Mount Remarkable District Council of Peterborough Flinders Ranges Council Port Pirie Regional Council Northern Areas Council
Brian Sickles BHlthSc(ENVH) Flinders University	Environmental Health Officer	District Council of Mount Remarkable District Council of Peterborough Flinders Ranges Council Port Pirie Regional Council Northern Areas Council

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

**5 Drinking water related complaints**

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

**6 Provision of information/education**

Nil
-----

**7 Other activities**

Nil
-----

# District Council of Peterborough

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Sophie Limoux BHSGDPEHP Flinders University	Environmental Health Officer	District Council of Mount Remarkable District Council of Orroroo Carrieton District Council of Peterborough Flinders Ranges Council Port Pirie Regional Council Northern Areas Council
Brian Sickles BHlthSc(ENVH) Flinders University	Environmental Health Officer	District Council of Mount Remarkable District Council of Orroroo Carrieton District Council of Peterborough Flinders Ranges Council Port Pirie Regional Council Northern Areas Council

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

**5 Drinking water related complaints**

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

**6 Provision of information/education**

Nil
-----

**7 Other activities**

Nil
-----

# City of Playford

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nil		

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# City of Port Adelaide Enfield

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Joel Bright	Environmental Health Officer	No

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# Port Augusta City Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Isireli Koyamaibole	Environmental Health Officer	No

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# City of Port Lincoln

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Bronwyn Thompson Masters Public Health (International Health) Bachelor of Applied Science - Environmental Health	Senior Environmental Health Officer	No
Brittany Hesse Graduate Diploma in Environmental Health Practice	Environmental Health Officer	No

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

**6 Provision of information/education**

Routinely speak with food business proprietors regarding any proposals for use of domestic rainwater tanks in preparation of food for sale.

Provision of information regarding maintaining rainwater tanks at domestic premises in response to queries.

**7 Other activities**

Nil

# Port Pirie Regional Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Brian Sickles BAppSc(ENVH) Flinders Uni	Environmental Health Officer	Flinders Ranges Council District Council of Mount Remarkable District Council of Orroroo Carrieton District Council of Peterborough Northern Areas Council

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

**7 Other activities**

Nil
-----

# Renmark Paringa Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nil		

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# District Council of Robe

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Angela Sorger	EHO	Yes

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Tarooki Campsite	24 September 2024	Angela Sorger
Grant High School Robe Campsite	11 December 2024	Angela Sorger

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# Municipal Council of Roxby Downs

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nil		

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# City of Salisbury

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nil		

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# Southern Mallee District Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Emily Hudson (Bachelor of Health Science (EH) – UTAS)	EHO - contracted	Yes – RCMB, KDC, CDC, MMC
Christopher Mackay – Trenouth (Graduate Diploma in EH Practice – Flinders)	EHO - contracted	Yes – RCMB, KDC, CDC, MMC
Teaka Prosser (Graduate Diploma in EH Practice – Flinders)	EHO - contracted	Yes – RCMB, KDC, CDC, MMC

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

**6 Provision of information/education**

Information provided on drinking water requirements on food safety inspections if required
--

**7 Other activities**

Nil
-----

# District Council of Streaky Bay

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Chris Congdon BEnvHlth	EHO	Yes
Dane Abbott BEnvHlth	EHO	Yes

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# Tatiara District Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Chris Congdon BEnvHlth, Dip Bus National Food Safety Auditor Safe Drinking Water Act Auditor	Environmental Health Officer	Yes

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# City of Tea Tree Gully

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nil		

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# District Council Tumby Bay

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nil		

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# City of Unley

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
<b>Kelly Gregory</b> -Bachelor of Science (Environmental Health) Flinders University -Diploma of Quality Auditing	Senior Environmental Health Officer	No
<b>Nada Barbaro</b> -Bachelor of Environmental Management (Uni SA) Graduate Diploma in Environmental Practice (Flinders University) -Diploma of Quality Auditing	Environmental Health Officer	No
<b>Thomas Shaw</b> -Bachelor of Health Science Flinders University -Graduate Diploma in Environmental Practice (Flinders University) -Diploma of Quality Auditing	Environmental Health Officer	No
<b>Karleigh Brown</b> -Bachelor of Science (Animal behaviour) -Graduate Diploma in Environmental Practice	Environmental Health Officer	No

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

**3 Fees for audits and inspections**

Nil
-----

**4 Enforcement activities**

Nil
-----

**5 Drinking water related complaints**

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

**6 Provision of information/education**

Nil
-----

**7 Other activities**

Nil
-----

# City of Victor Harbor

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Kye Rees	Environmental Health Officer	No

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# Wakefield Regional Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Justin Westneat	Environmental Health Officer	No

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# Wattle Range Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Ana Catarina Santos, Bachelor of Applied Science – majoring in Environmental Health – Swinburne University	EHO	Full-Time position in WRC Also assisted City of Mount Gambier, fortnightly basis, until end of January 2025

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

During the routine inspections of food businesses, fact sheets were provided to owners explaining the Act and its requirements.
---

#### 7 Other activities

Nil
-----

# City of West Torrens

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nil		

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# City of Whyalla

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Nathan Gale	EHO	No

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# Wudinna District Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
EH Solutions (Chris Congdon)	Company Principle	Contractor of Council

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Primary visitation is for Food Act inspections however provision of Safe Drinking Water Act is considered when on the premises
--

# District Council of Yankalilla

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Kim Vivian Inspector Level 3	Environmental Health Officer	No

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
JA & JL Solly Water Cartage	16 December 2024	Kim Vivian

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

# Yorke Peninsula Council

## Safe Drinking Water Act Annual Report 2024-2025

### Activities under the Act

#### 1 Appointment of authorised officers under the Safe Drinking Water Act

Name of authorised officer & qualifications (including auditing qualifications)	Position Title	Does the authorised officer work for more than one council? Provide details.
Rebecca Burton	Environmental Health Officer	No (Consultant)
Rebecca Chamberlain	Environmental Health Officer Cadet	No

#### 2 Audits and inspections

Trading name of drinking water provider	Date of audit/inspection	Name of auditor/inspector
Nil		

#### 3 Fees for audits and inspections

Nil
-----

#### 4 Enforcement activities

Nil
-----

#### 5 Drinking water related complaints

Trading name of drinking water provider	Date complaint received	Details of follow-up/ investigation, etc
Nil		

#### 6 Provision of information/education

Nil
-----

#### 7 Other activities

Nil
-----

## Appendix 4: Consultants disclosure 2024-25

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

### Consultancies with a contract value below \$10,000 each

Consultancies	Purpose	\$ Actual expense
All consultancies below \$10,000 each - combined	Various	\$9,598

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

Consultancies	Purpose	\$ Actual expense
Deloitte Consulting Pty Limited	Provide an independent review of current Oracle Business Intelligence. This includes the provision of options, estimates and recommendations for the current and future state of options for upgrading current software.	\$214,500
Ernst & Young	Independent evaluation of the Department's Workforce Services, including benchmarking, proposing of structure and review of current practices. Includes the provision of a final report highlighting gaps and areas of improvement.	\$130,000
RixStewart Pty Ltd	Provision of subject matter expertise in relation to the procurement of security services. This includes specialised advice in relation to the security services area as well independent recommendations throughout the process.	\$35,150

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
CyberCX Pty Ltd	Provision of an independent privacy impact assessment in relation to the SA NT Datalink. Including expert analysis, amendments and recommendations.	\$27,273
Oxford and James Pty Ltd	Undertake an independent review of Strategic division risk management, providing actionable recommendations to improve the project. This includes provision of a roadmap for implementing the recommendations as well as enhancing current processes.	\$22,500
Adelaide Primary Health Network Limited	Provide expert advice and analysis in relation to the National Primary and Acute Care Data Linkage project.	\$19,332
CyberCX Pty Ltd	Provision of an independent physical impact assessment in relation to the SA NT Datalink. Including expert analysis, amendments and recommendations.	\$18,500
Zero Suicide Institute of Australasia Pty Ltd	Provide independent advice and expertise in relation to the Towards Zero Suicides Initiative.	\$13,800
Shelley-Jo Warchol	Provision of expert independent advice for the mental health triage service including the provision of potential options and 5-year transition plan.	\$13,560
Aurecon Australasia Pty Ltd	Utilising expert skills to perform a technical feasibility study to assess the suitability of relocating SA Pathology main laboratory at Frome Road site to Bragg Centre. This includes provision of a draft and final report.	\$12,032

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Brett & Watson Pty Ltd	Provide expert advice in the provision of the annual medical malpractice actuarial valuation (FY 23-24).	\$11,000
Wallbridge Gilbert Aztec	Provision of independent expert advice regarding the feasibility of modifications proposed to the Australian Bragg Centre.	\$11,000
Country SA PHN	Provide expert advice and analysis in relation to the National Primary and Acute Care Data Linkage project.	\$10,536
	Total	<b>\$539,183</b>

Data for previous years is available at: [Department for Health and Wellbeing Annual Reports | SA Health](#)

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

## Appendix 5: Contractors disclosure 2024-25

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

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
All contractors below \$10,000 each - combined	Various	\$211,919

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

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Scyne Advisory Pty Ltd	Detailed design, implementation planning and support - Cyber Security Operating Model	\$1,334,743
Chemist Warehouse - Saints Shopping Centre Salisbury	24 Hours Community Pharmacies	\$1,092,056
KPMG	Testing for Continuity of Care Protocol program	\$1,036,139
Chemist Warehouse - Clovelly Park	24 Hours Community Pharmacies	\$939,330
Hannan & Partners Pty Ltd	Splunk Platform Support	\$846,625
Mav3Rik Pty Ltd	Professional Services - SRMS Enhancements	\$774,637
National Pharmacies	24 Hours Community Pharmacies	\$617,760
Scyne Advisory Pty Ltd	Digital Health South Australia Cyber Team Augmentation	\$471,655
ISD Cyber	Cyber Security Resources - Digital Health	\$418,256
Scyne Advisory Pty Ltd	Spend Analytics Project	\$376,656
Scyne Advisory Pty Ltd	EMR-Regional Rollout Program - Independent Project Advisory Services	\$376,278

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<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Think Tank Consulting Australia Pty Ltd	Procurement services for various procurements	\$365,175
Tek-V	Review of the Governance and Support Model for Sunrise Electronic Medical Record	\$361,208
DXC Technology Australia Pty Ltd	PBRC-HRS Azure Cloud Implementation Project	\$350,273
DXC Technology Australia Pty Ltd	SA Health DHSA Active Directory Transformation	\$339,165
Chamonix IT Consulting	Engagement of a Cloud Architect	\$308,551
Chamonix IT Consulting	Senior Business Analyst - Regional Reform	\$284,213
Chamonix IT Consulting	SA Health - Data and Analytics Foundation Program Manager	\$282,200
Nous Group	Evaluation of Primary Care Pilot	\$279,300
DWS Advanced Business Solutions	Project management - IT Contractor Service	\$278,125
Scyne Advisory Pty Ltd	Operational support & ISMS Documentation uplift	\$275,550
Chamonix IT Consulting	Regional Reform Project - Project Director	\$245,050
EPM Partners Pty Ltd	PMO365 Project online implementation	\$223,515
Wipro Technologies Australia Pty Ltd	OBIEE analyst	\$220,572
Relationships Australia South Australia Ltd	Donor Conception Register Support Service	\$220,000
Scyne Advisory Pty Ltd	Digital Health South Australia Workforce Planning Framework	\$201,640
Hannan & Partners Pty Ltd	Provision of Cyber Security Resources	\$175,797
All Occasions Group	SA Health Supplier Conference 2025 Organiser Services	\$172,235

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Scyne Advisory Pty Ltd	Sustainable Health Program CALHN Peer to Peer Review Project	\$161,078
Taptu Pty Ltd	EMR - Professional Services - Access Management Tool Modification	\$159,720
DWS Advanced Business Solutions	ECPS Project - Senior Integration Analyst	\$153,558
Taryn Schubert Communications	The Department's Media Team work with Leadership Team on improving systems, processes and coordination.	\$150,300
IBM Australia Ltd	OBIEE Analyst Resource	\$149,891
Dialog Information Technology	Solution architect for Internal Initiatives Program	\$149,153
Specialised Dispute Management Pty Ltd	Legal services to PSCM contracts and the RAH PPP Agreement	\$144,604
Chamonix IT Consulting	Interoperability Architect	\$139,200
Pharmaceutical Society Of Australia	Provision of mental health training services to community pharmacists and staff	\$138,593
DXC Technology Australia Pty Ltd	DXC Resources for 0308 Migration	\$136,102
Mindset Procurement Pty Ltd	Development of Tender Specification for My Home Hospital Services	\$135,925
GPEX Limited	Research with Primary health professionals on the Impact of Palliative Care Connect	\$130,880
BDO Services Pty Ltd	DHSA Strategic Procurement Support	\$128,800
Peg Consulting Pty Ltd	Donor Conception Register document preparation	\$128,340
Zed Management Consulting	Community Pharmacy UTI Service	\$125,964

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
DWS Advanced Business Solutions	Migrating the HIB to the cloud	\$124,500
DWS Advanced Business Solutions	EMR - Senior consultant	\$123,125
Chamonix IT Consulting	Business Analyst for Connected Healthcare	\$118,950
Jones Lang Lasalle (NSW) Pty Ltd	SA Health ARCHIBUS Upgrade RFP	\$114,161
BDO Services Pty Ltd	DHSA Finance Review & Finance Management Support	\$113,801
JD Consultancy Pty Ltd	SA Health Linen Services procurement	\$111,898
Envido Solutions Pty Ltd	Solution Architect and Developer – ECPS project	\$109,905
Hardes & Associates	Health Activity Modelling and Forecasting Services	\$109,500
JMtech Pty Ltd	Oracle Senior Consultant	\$108,059
Chamonix IT Consulting	Interoperability - Options analysis and roadmap	\$104,672
NEC Australia Pty Ltd	HSNet 2 - Architect services	\$99,270
Dialog Information Technology	Program Director - Connected Healthcare Program	\$98,875
locane Pty Ltd	Provision of IT security contractor	\$98,000
Clear Horizon Consulting Pty Ltd	Developmental evaluation of the South Australian Palliative Care Navigation Pilot	\$90,784
Chamonix IT Consulting	Interoperability - Options analysis and roadmap	\$88,450
Scyne Advisory Pty Ltd	Professional services rendered in relation to the EMR Regional Rollout Program assurance	\$87,516

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Department of Infrastructure and Transport	Drug and Alcohol Rehabilitation Beds Service Contractor fees	\$80,264
DXC Technology Australia Pty Ltd	2003 and 2008 Server Upgrade Project	\$79,254
BDO Services Pty Ltd	Cost benefit analysis of the SA Palliative Care Navigation Pilot	\$78,609
Skeen Pty Ltd	Capital Works Policy Directive Update	\$75,332
Rider Levett Bucknall SA Pty Ltd	Professional Services - SA Pathology New Central Laboratory	\$66,700
Paxon Consulting Group Pty Ltd	Design and development of a new commercial structure for Panel arrangements	\$65,633
Open Windows Australia Pty Ltd	PCMS Improvements Project Resource	\$64,860
The Pharmacy Guild of Australia SA Branch	24 Hours Community Pharmacies	\$64,533
Department of Energy Environment and Climate Action	Health Protection Program - Fight the Bite	\$63,563
GHD Pty Ltd	SA Pathology Frome Rd Redevelopment Study - Part 2	\$62,800
Scyne Advisory Pty Ltd	Spend Analytics Service Project Proof of Concept	\$60,000
Mav3Rik Pty Ltd	Professional Services for Referral Management system	\$59,828
NAATSIHWP Consultancy	Cultural Mentoring Training program for SA Health Aboriginal & Torres Strait Islander staff	\$58,650
BDO Services Pty Ltd	Strategic Procurement Management Support	\$57,374
Sensum SA Pty Ltd	SAAS Upgrade Project Management	\$57,258

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Deloitte Touche Tohmatsu	Data Specialist resources - JLMS (iLearn Snowflake integration)	\$55,250
Deloitte Touche Tohmatsu	ICT Project Management & ePMO	\$53,784
Chamonix IT Consulting	Business Analyst - Interoperability	\$50,700
WorldLearn Pty Ltd	Enhance iLearn platform	\$50,400
Deloitte Touche Tohmatsu	Fee for professional services rendered in relation to Paediatric Enhancement Build Review	\$50,000
Pernix Pty Ltd	Spend Analytics Service Project Proof of Concept	\$50,000
Beyond...(Kathleen Stacey & Associates) Pty Ltd	CTG partnership Agreement review and redesign process	\$49,925
Pareto Toolbox NZ Limited	Financial and Business Analyst Services	\$49,831
DXC Technology Australia Pty Ltd	SAH 2003/2008 refresh project - DXC Body Hire	\$49,486
D Squared Consulting Pty Ltd	SA Health Climate Impact Assessment	\$49,400
Zed Management Consulting	Support Cochlear Implant Program External Governance Review	\$49,000
Bailey Abbott SA Pty Ltd	National Strategy Alignment Prioritisation	\$48,960
Zed Management Consulting	Mental Health Consumer Transfer Workshop	\$47,590
TSA Riley (SA) Pty Ltd	The Department - Patient Care Complexity Analysis	\$47,250
Hannan & Partners Pty Ltd	Splunk 2025 Cyber Trainee	\$45,918
Dialog Information Technology	Rheumatic Heart Disease Register Project Support	\$45,335

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
GHD Pty Ltd	SA Pathology Frome Rd Redevelopment Study	\$44,820
Hannan & Partners Pty Ltd	Security Services and Investigation Support	\$44,441
All Occasions Group	Nursing and Midwifery Excellence Awards 2025 Event Professional Conference Organiser Services	\$42,689
Matthews Health Coding Solutions Pty Ltd	Secure remote and audit coding My Home Hospital	\$40,590
Chamonix IT Consulting	Medical Rostering System Project	\$40,238
Haymakr	School Immunisation Research Market Research	\$39,000
Zed Management Consulting	SQU Future State Consumer Program	\$38,940
First Line Software Pty Ltd	Development Ops Engineer	\$38,500
Ventia Australia Pty Ltd	SAMIS plan updates	\$38,350
Bestec Pty Ltd	Glenside campus health facilities aquatherm replacement hydraulic services	\$38,000
Aktis Performance Management	Review, develop, finalise and classify RD	\$37,990
ISD Cyber	Security Impact Assessment (SIA)	\$37,500
Deloitte Financial Advisory Pty Limited	Mental Health Curated Data Asset Project	\$37,245
Our Global Table	Aboriginal Health Outcomes Implementation Tracker	\$36,000
Open Office Holdings	PHMS - Tobacco Data Extraction	\$35,625
BDO Services Pty Ltd	Probity Services - Linen and Associated Services	\$35,250

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
BRM Advisory	Review of the Department's Disaster Management Branch Documentation	\$35,000
Pricewaterhousecoopers Legal	Professional services rendered in relation to the EMR Regional Rollout Program assurance	\$35,000
Zed Management Consulting	Design and development of an Aboriginal Health Monitoring and Reporting Framework	\$33,291
Bailey Abbott SA Pty Ltd	Digital Health IT Metrics Reporting	\$30,840
Promadis Pty Ltd	Data analysis, design, preparation and attendance at various project meetings	\$30,398
Mav3Rik Pty Ltd	DHSA MS SOW- Managed Service Ext	\$29,914
Scyne Advisory Pty Ltd	Development of cyber security dashboard	\$29,600
Harrison McMillan Pty Ltd	Graduate management program onboarding and training	\$27,780
O'Connor Marsden & Associates Pty Ltd	Probity Services	\$27,046
DWS Advanced Business Solutions	EMR Project - Senior Integration Analyst	\$27,000
Deloitte Touche Tohmatsu	Fee for professional services rendered in relation to ECPS Independent Project Assurance	\$26,125
Aurecon Australasia Pty Ltd	The Department's Fitout Changes	\$24,620
Lived Experience Leadership & Advocacy Network Inc	Southern ICC targeted consultation process & report	\$24,000
Red Wagon Workplace Solutions Pty Ltd	Workplace investigations support	\$23,897

**OFFICIAL**

2024-25 ANNUAL REPORT for the Department for Health and Wellbeing

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Tetra Tech Coffey Pty Ltd	Dudley Park - Contamination Site Testing and Sampling	\$23,885
Urban & Regional Planning Solutions	Code Amendment SA Health Helipads	\$22,604
Deloitte Touche Tohmatsu	Patient Inflow Security Testing	\$22,200
FBE Pty Ltd	Provision of Biomedical Engineer to SABME	\$21,048
Adelaide WHS Pty Ltd	WHS Audit of SA Health Distribution Centre	\$21,000
BDO Services Pty Ltd	Probity Services - My Home Hospital	\$20,988
Bonita Kennedy	Records Disposal Schedule Review	\$20,640
Samantha McDonnell	Bereavement counselling session	\$19,525
Taryn Schubert Communications	The Department's Media Team work with Leadership Team on improving systems, processes and coordination.	\$19,500
Compliance Aware	SA Health Smoke Free Project	\$18,809
Hannan & Partners Pty Ltd	SPLUNK Security and Information Management program (SIEM) implementation project	\$18,503
Hannan & Partners Pty Ltd	Security Services Consultant	\$18,503
Xmplify Pty Ltd	Solution Design Architect-Statewide Referral Management System	\$18,099
BH Medical Equipment Services	Service to Medical Equipment	\$18,050
The Procure Group Pty Ltd	Insurance matter statement and report	\$17,632
Secureware Pty Ltd	Web Application Penetration Testing	\$17,600

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Stillwell Management Consultants	Executive Leadership Team Development Sessions	\$17,500
Greenway Architects (SA) Pty Ltd	Architect Services	\$16,320
Powerhealth Solutions	PHS Billing for PBRC	\$16,208
Destravis Australia Pty Ltd	Redesign of Mental Health Shared Care (MHSC) step down services model	\$16,134
Duck Pond Solutions	Maturing DHSA's Procurement Capability	\$16,133
EPM Partners Pty Ltd	Investigating insurance matter interview, transcribing statement and report	\$15,863
Zed Management Consulting	Rehabilitation Co-Design Workshop facilitation	\$15,700
Nijan Consulting	Preparation of position classification Report	\$15,420
Hannan & Partners Pty Ltd	Conduct investigation of P1 incidents and how to enhance incident response for the EMR platform at Digital Health SA	\$15,386
NSW Health Pathology	South Australian Sentinel Chick Program	\$15,313
Cheesman Architects Pty Ltd	TQEH - Tower Planning study, Condition survey	\$15,000
Deloitte Risk Advisory Pty Ltd	Professional services - Data Specialist - iLearn Snowflake integration	\$15,000
IComm Australia Pty Ltd	Project Management Access, Planning and Trial room set up Remediation of all rooms Training	\$14,365
Corporate Scorecard Pty Ltd - Equifax Australasia	Detailed Financial and Performance Assessment (Procurement)	\$14,266

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
DXC Technology Australia Pty Ltd	SAH SMM core and add on services	\$14,167
Taptu Pty Ltd	EMR - Professional Services - Reporting Portal Proof of Concept	\$13,860
McArthur & Associates Pty Ltd	Oracle Product Specialist	\$13,500
Stoplevel Pty Ltd	SA Health Hotline Service - service fee for the externally managed disclosure service	\$13,475
The Energy Project Pty Ltd	Develop procurement templates and tender documentation	\$13,275
Insynchr Pty Ltd	Attending and drafting grievance panel report	\$12,900
Stillwell Management Consultants	To undertake recruitment for the position of Manager, Public Health Intelligence & System Environment	\$12,895
Emotous Pty Ltd	Leading Together Workshops	\$12,680
Zed Management Consulting	Office of the Chief Psychiatrist Strategic Plan	\$12,600
Adaptive Grief Counselling	Delivery of bereavement groups across South Australia	\$12,366
Aurecon Australasia Pty Ltd	Australian Bragg Centre Engineering Design Review	\$12,000
Destravis Australia Pty Ltd	Transitional Care and Care Awaiting Placement Workshop facilitation	\$12,000
GHD Pty Ltd	Laboratory Interview and Scope works	\$11,740
KPMG	KPMG DAI Secondment	\$11,436
NEC Australia Pty Ltd	Windows server network segmentation	\$10,872

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual expense</b>
Australian & New Zealand College of Anaesthetists	SA Anaesthetic Mortality Committee	\$10,000
Scyne Advisory Pty Ltd	Repatriation Cost Recovery Model Updates	\$10,000
	<b>Total</b>	<b>\$20,264,414</b>

Data for previous years is available at: [Department for Health and Wellbeing Annual Reports | SA Health](#)

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

The website also provides details of [across government contracts.](#)

## **Appendix 6: Audited financial statements 2024-25**



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## To the Chief Executive Department for Health and Wellbeing

### Qualified Opinion

I have audited the financial report of the Department for Health and Wellbeing and the consolidated entity comprising the Department for Health and Wellbeing and its controlled entities for the financial year ended 30 June 2025.

In my opinion, except for the effects of the matter described in the 'Basis for qualified opinion' section of my report, the accompanying financial report gives a true and fair view of the financial position of the Department for Health and Wellbeing and its controlled entities as at 30 June 2025, their financial performance and their cash flows for year then ended in accordance with relevant Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and Australian Accounting Standards.

The financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 2025
- a Statement of Financial Position as at 30 June 2025
- a Statement of Changes in Equity for the year ended 30 June 2025
- a Statement of Cash Flows for the year ended 30 June 2025
- notes, comprising material accounting policy information and other explanatory information
- a Certificate from the Chief Executive and the Deputy Chief Executive, Commissioning and Performance.

## **Basis for qualified opinion**

### *Procurement reporting disclosure*

The Department for Health and Wellbeing and the consolidated entity was required by the Treasurer's Instructions (Accounting Policy Statements) to include a disclosure reporting the value of procurement with South Australian businesses and non-South Australian businesses for 2024-25.

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

The Department for Health and Wellbeing and the consolidated entity did not include the disclosure in the financial report.

I conducted the audit in accordance with the *Public Finance and Audit Act 1987* and Australian Auditing Standards. My responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial report' section of my report. I am independent of the Department for Health and Wellbeing and its controlled entities. The *Public Finance and Audit Act 1987* establishes the independence of the Auditor-General. In conducting the audit, the relevant ethical requirements of APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* have been met.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my qualified opinion.

## **Responsibilities of the Chief Executive for the financial report**

The Chief Executive is responsible for the preparation of the financial report that gives a true and fair view in accordance with relevant Treasurer's Instructions issued under the provisions of the *Public Finance and Audit Act 1987* and Australian Accounting Standards, and for such internal control as management determines is necessary to enable the preparation of the financial report that gives a true and fair view and that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Chief Executive is responsible for assessing the entity's and consolidated entity's ability to continue as a going concern, taking into account any policy or funding decisions the government has made which affect the continued existence of the entity. The Chief Executive is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the assessment indicates that it is not appropriate.

## **Auditor's responsibilities for the audit of the financial report**

As required by section 31(1)(b) of the *Public Finance and Audit Act 1987*, I have audited the financial report of the Department for Health and Wellbeing and its controlled entities for the financial year ended 30 June 2025.

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

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

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Department for Health and Wellbeing's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Chief Executive
- conclude on the appropriateness of the Chief Executive's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify the opinion. My conclusion is based on the audit evidence obtained up to the date of the auditor's report. However, future events or conditions may cause an entity to cease to continue as a going concern
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation

- plan and perform the group audit to obtain sufficient appropriate audit evidence regarding the financial information of the entities or business units within the group as a basis for forming an opinion on the group financial report. I am responsible for the direction, supervision and review of the audit work performed for the purposes of the group audit. I remain solely responsible for my audit opinion.

My report refers only to the financial report described above and does not provide assurance over the integrity of electronic publication by the entity on any website nor does it provide an opinion on other information which may have been hyperlinked to/from the report.

I communicate with the Chief Executive about, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during the audit.



Andrew Blaskett  
**Auditor-General**

22 September 2025

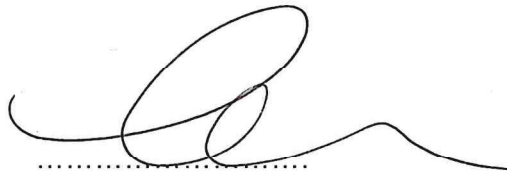
**Certification of the financial statements**

We certify that the:

- financial statements of the Department for Health and Wellbeing:
  - 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 Department for Health and Wellbeing for the financial year over its financial reporting and its preparation of financial statements have been effective.



Dr Robyn Lawrence  
Chief Executive



Julienne TePohe  
Deputy Chief Executive, Commissioning and  
Performance

Date .....15/9/2025.....

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**STATEMENT OF COMPREHENSIVE INCOME**  
**For the year ended 30 June 2025**

	Note	Consolidated		Parent	
		2025	2024	2025	2024
		\$'000	\$'000	\$'000	\$'000
<b>Income</b>					
Revenues from SA Government	2	6,461,124	5,667,453	6,461,124	5,667,453
Fees and charges	3	928,110	829,607	281,852	246,887
Grants and contributions	4	2,717,383	2,609,609	2,136,362	2,078,834
Interest	5	18,464	18,943	2,062	3,642
Resources received free of charge	6	135,889	112,557	56,703	54,106
Other revenues/income	7	43,561	38,292	228,119	226,472
<b>Total income</b>		<b>10,304,531</b>	<b>9,276,461</b>	<b>9,166,222</b>	<b>8,277,394</b>
<b>Expenses</b>					
Employee related expenses	8	5,757,193	5,452,813	215,646	209,759
Supplies and services	9	3,281,671	3,053,878	798,826	814,627
Depreciation and amortisation	20,21	355,556	312,918	15,058	15,842
Grants and subsidies	10	44,165	47,974	7,966,140	7,232,336
Borrowing costs	11	204,737	210,969	703	591
Net loss from disposal of non-current and other assets	13	9,026	12,373	16	6,037
Impairment loss on receivables	15.1,18	10,631	8,637	946	(56)
Other expenses	12	95,515	100,777	56,644	60,496
<b>Total expenses</b>		<b>9,758,494</b>	<b>9,200,339</b>	<b>9,053,979</b>	<b>8,339,632</b>
<b>Net result</b>		<b>546,037</b>	<b>76,122</b>	<b>112,243</b>	<b>(62,238)</b>
<b>Other Comprehensive Income</b>					
<b>Items that will not be reclassified to net result</b>					
Changes in property, plant and equipment asset revaluation surplus		94,241	885,197	-	19,100
<b>Items that will be reclassified subsequently to net result when specific conditions are met</b>					
Gains or losses recognised directly in equity		10,450	10,710	-	-
<b>Total other comprehensive income</b>		<b>104,691</b>	<b>895,907</b>	<b>-</b>	<b>19,100</b>
<b>Total comprehensive result</b>		<b>650,728</b>	<b>972,029</b>	<b>112,243</b>	<b>(43,138)</b>

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

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**STATEMENT OF FINANCIAL POSITION**  
**As at 30 June 2025**

	Note	Consolidated		Parent	
		2025	2024	2025	2024
		\$'000	\$'000	\$'000	\$'000
<b>Current assets</b>					
Cash and cash equivalents	14	1,279,407	1,000,684	752,360	593,305
Receivables	15	535,112	473,575	306,435	270,740
Other financial assets	16	148,668	134,217	-	-
Inventories	17	91,018	90,666	45,783	47,557
Contract assets	18	5,285	16,558	-	-
Other assets		-	6	-	-
<b>Total current assets</b>		<b>2,059,490</b>	<b>1,715,706</b>	<b>1,104,578</b>	<b>911,602</b>
<b>Non-current assets</b>					
Receivables	15	44,337	34,718	66	65
Other financial assets	16	8,388	2,851	-	-
Property, plant and equipment	19,20	7,491,886	7,022,881	82,471	86,226
Investment property	19,20	31,100	29,932	-	-
Intangible assets	19,21	30,674	33,806	16,329	23,865
<b>Total non-current assets</b>		<b>7,606,385</b>	<b>7,124,188</b>	<b>98,866</b>	<b>110,156</b>
<b>Total assets</b>		<b>9,665,875</b>	<b>8,839,894</b>	<b>1,203,444</b>	<b>1,021,758</b>
<b>Current liabilities</b>					
Payables	23	565,120	517,265	314,622	277,893
Financial liabilities	24	92,659	91,549	2,368	2,132
Employee related liabilities	25	947,450	883,153	29,318	30,437
Provisions	26	76,110	68,815	29,546	27,558
Contract liabilities and other liabilities	27	174,310	153,510	8,060	6,159
<b>Total current liabilities</b>		<b>1,855,649</b>	<b>1,714,292</b>	<b>383,914</b>	<b>344,179</b>
<b>Non-current liabilities</b>					
Payables	23	57	57	34,279	31,211
Financial liabilities	24	2,486,455	2,544,984	21,394	21,880
Employee related liabilities	25	886,353	834,214	38,643	39,053
Provisions	26	365,707	330,200	181,945	159,188
Contract liabilities and other liabilities	27	16,230	13,007	16,230	13,007
<b>Total non-current liabilities</b>		<b>3,754,802</b>	<b>3,722,462</b>	<b>292,491</b>	<b>264,339</b>
<b>Total liabilities</b>		<b>5,610,451</b>	<b>5,436,754</b>	<b>676,405</b>	<b>608,518</b>
<b>Net assets</b>		<b>4,055,424</b>	<b>3,403,140</b>	<b>527,039</b>	<b>413,240</b>
<b>Equity</b>					
Contributed capital		1,700,853	1,700,853	1,700,853	1,700,853
Retained earnings		747,339	194,164	(1,217,357)	(1,331,156)
Asset revaluation surplus		1,476,556	1,387,897	43,543	43,543
Other reserves		130,676	120,226	-	-
<b>Total equity</b>		<b>4,055,424</b>	<b>3,403,140</b>	<b>527,039</b>	<b>413,240</b>

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

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**STATEMENT OF CHANGES IN EQUITY**  
**For the year ended 30 June 2025**

**CONSOLIDATED**

	Note	Contributed capital \$ '000	Asset revaluation surplus \$ '000	Other reserves \$'000	Retained earnings \$ '000	Total equity \$ '000
<b>Balance at 30 June 2023</b>		<b>1,700,853</b>	<b>524,818</b>	<b>109,516</b>	<b>95,612</b>	<b>2,430,799</b>
<b>Net result for 2023-24</b>		-	-	-	<b>76,122</b>	<b>76,122</b>
Reported gain on revaluation of land and buildings	20	-	826,551	-	-	826,551
Restatement of gain on revaluation of land and buildings	1.7	-	53,647	-	-	53,647
Gain on revaluation of plant and equipment	20	-	4,999	-	-	4,999
Gain/(loss) on revaluation of other financial assets		-	-	(9)	-	(9)
Gain/(loss) on revaluation of defined benefit fund liability	25.4	-	-	10,719	-	10,719
<b>Restated comprehensive result for 2023-24</b>		-	<b>885,197</b>	<b>10,710</b>	<b>76,122</b>	<b>972,029</b>
Transfer between equity components		-	(22,118)	-	22,118	-
Net assets transferred out as a result of an administrative restructure	1.6	-	-	-	312	312
<b>Balance at 30 June 2024</b>		<b>1,700,853</b>	<b>1,387,897</b>	<b>120,226</b>	<b>194,164</b>	<b>3,403,140</b>
<b>Net result for 2024-25</b>		-	-	-	<b>546,037</b>	<b>546,037</b>
Gain on revaluation of land and buildings	20	-	94,241	-	-	94,241
Gain/(loss) on revaluation of other financial assets		-	-	133	-	133
Gain/(loss) on revaluation of defined benefit fund liability	25.4	-	-	10,317	-	10,317
<b>Total comprehensive result for 2024-25</b>		-	<b>94,241</b>	<b>10,450</b>	<b>546,037</b>	<b>650,728</b>
Transfer between equity components		-	(5,582)	-	5,582	-
Net assets transferred out as a result of an administrative restructure	1.6	-	-	-	1,556	1,556
<b>Balance at 30 June 2025</b>		<b>1,700,853</b>	<b>1,476,556</b>	<b>130,676</b>	<b>747,339</b>	<b>4,055,424</b>

**PARENT**

		Contributed capital \$ '000	Asset revaluation surplus \$ '000	Other reserves \$'000	Retained earnings \$ '000	Total equity \$ '000
<b>Balance at 30 June 2023</b>		<b>1,700,853</b>	<b>31,934</b>	-	<b>(1,276,409)</b>	<b>456,378</b>
<b>Net result for 2023-24</b>		-	-	-	<b>(62,238)</b>	<b>(62,238)</b>
Gain on revaluation of land and buildings	20	-	20,145	-	-	20,145
Gain/(loss) on revaluation of plant and equipment	20	-	(1,045)	-	-	(1,045)
<b>Total comprehensive result for 2023-24</b>		-	<b>19,100</b>	-	<b>(62,238)</b>	<b>(43,138)</b>
Transfer between equity components		-	(7,491)	-	7,491	-
<b>Balance at 30 June 2024</b>		<b>1,700,853</b>	<b>43,543</b>	-	<b>(1,331,156)</b>	<b>413,240</b>
<b>Net result for 2024-25</b>		-	-	-	<b>112,243</b>	<b>112,243</b>
<b>Total comprehensive result for 2024-25</b>		-	-	-	<b>112,243</b>	<b>112,243</b>
Net assets transferred out as a result of an administrative restructure	1.6	-	-	-	1,556	1,556
<b>Balance at 30 June 2025</b>		<b>1,700,853</b>	<b>43,543</b>	-	<b>(1,217,357)</b>	<b>527,039</b>

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

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**STATEMENT OF CASH FLOWS**  
**For the year ended 30 June 2025**

	Note	Consolidated		Parent	
		2025	2024	2025	2024
		\$'000	\$'000	\$'000	\$'000
<b>Cash flows from operating activities</b>					
<b>Cash inflows</b>					
Receipts from SA Government		6,461,124	5,667,453	6,461,124	5,667,453
Fees and charges		904,495	799,199	130,818	77,722
Grants and contributions		2,730,813	2,622,719	2,136,471	2,077,819
Interest received		18,966	16,642	2,000	3,642
Residential aged care bonds received		48,666	40,407	-	-
GST recovered from ATO		316,516	282,027	121,518	106,778
Other receipts		46,699	46,345	3,568	2,412
<b>Cash outflows</b>					
Employee related payments		(5,615,661)	(5,232,967)	(218,853)	(210,302)
Payments for supplies and services		(3,464,659)	(3,139,164)	(808,142)	(753,644)
Payments of grants and subsidies		(96,403)	(90,343)	(7,662,234)	(6,927,953)
Interest paid		(197,508)	(208,152)	(703)	(591)
Residential aged care bonds refunded		(34,250)	(26,471)	-	-
Other payments		(58,089)	(61,287)	(2,422)	(5,129)
<b>Net cash from operating activities</b>	28	<b>1,060,709</b>	<b>716,408</b>	<b>163,145</b>	<b>38,207</b>
<b>Cash flows from investing activities</b>					
<b>Cash inflows</b>					
Proceeds from sale of property, plant and equipment		358	963	-	-
Proceeds from sale/maturities of investments		13,721	9,566	-	-
<b>Cash flows from investing activities</b>					
<b>Cash outflows</b>					
Purchase of property, plant and equipment		(668,430)	(518,610)	(142)	(1,534)
Purchase of intangible assets		(6,136)	(5,056)	(1,666)	(4,715)
Purchase of investments		(26,993)	(32,242)	-	-
<b>Net cash used in investing activities</b>		<b>(687,480)</b>	<b>(545,379)</b>	<b>(1,808)</b>	<b>(6,249)</b>
<b>Cash flows from financing activities</b>					
<b>Cash outflows</b>					
Repayment of lease liabilities		(94,506)	(90,701)	(2,282)	(1,751)
<b>Net cash used in financing activities</b>		<b>(94,506)</b>	<b>(90,701)</b>	<b>(2,282)</b>	<b>(1,751)</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>		<b>278,723</b>	<b>80,328</b>	<b>159,055</b>	<b>30,207</b>
Cash and cash equivalents at the beginning of the period		1,000,684	920,356	593,305	563,098
<b>Cash and cash equivalents at the end of the period</b>	14	<b>1,279,407</b>	<b>1,000,684</b>	<b>752,360</b>	<b>593,305</b>

The accompanying notes form part of these financial statements.

## **1. About the Department for Health and Wellbeing**

### **The Consolidated Entity**

The not-for-profit Consolidated Entity consists of the following controlled entities:

- The Department for Health and Wellbeing (Parent);
- Barossa Hills Fleurieu Local Health Network Incorporated;
- Central Adelaide Local Health Network Incorporated (includes the subsidiary AusHealth Corporate Pty Ltd (AusHealth));
- Eyre and Far North Local Health Network Incorporated;
- Flinders and Upper North Local Health Network Incorporated;
- Limestone Coast Local Health Network Incorporated;
- Northern Adelaide Local Health Network Incorporated;
- Riverland Mallee Coorong Local Health Network Incorporated;
- SA Ambulance Service Inc (includes SA Ambulance Development Fund);
- Southern Adelaide Local Health Network Incorporated;
- Women's and Children's Health Network Incorporated; and
- Yorke and Northern Local Health Network Incorporated;

with transactions occurring between these entities.

The Consolidated Entity operates within the *Public Sector Act 2009* and the *Health Care Act 2008*.

The consolidated financial statements have been prepared in accordance with AASB 10 *Consolidated Financial Statements*. Consistent accounting policies have been applied and all inter-entity balances and transactions arising within the Consolidated Entity have been eliminated in full. Information on the consolidated entity's interests in other entities is at note 36.

### *Administered items*

The Consolidated Entity 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 38. Except as otherwise disclosed administered items are accounted for on the same basis and using the same accounting policies as for the Consolidated Entity transactions.

### **The Department for Health and Wellbeing (the Department) – Parent Entity**

The Department is a not-for-profit government department of the State of South Australia, established pursuant to the *Public Sector Act 2009* as an administrative unit acting on behalf of the Crown.

The Department is responsible for the overall management and strategic direction of the South Australian health system. The local health networks are responsible for the provision of health services in accordance with the *Health Care Act 2008* and performance agreements.

### **1.1 Objectives and activities**

#### **1.1.1 Objectives of the Department for Health and Wellbeing**

SA Health is the brand name for the health portfolio of services and agencies (i.e. Consolidated Entity, Preventive Health SA, and the Commission on Excellence and Innovation in Health) responsible to the Minister for Health and Wellbeing (the Minister). SA Health is committed to protecting and improving the health of all South Australians by providing leadership in health reform, public health services, health and medical research, policy development and planning, with an increased focus on wellbeing, illness prevention, early intervention and quality care.

The Department (i.e. Parent Entity) assists the Minister and supports the delivery of public health services, formulates health policy, facilitates public and consumer consultation on health issues, and monitors the performance of South Australia's health system by providing timely advice, research and administrative support.

The Department is comprised of six core divisions and one operating entity:

- Strategy and Governance;
- Clinical System Support and Improvement;
- Commissioning and Performance;
- Corporate and Infrastructure;
- Chief Psychiatrist;
- Public Health;
- Digital Health SA.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2025**

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**1.1.2 Activities of the Consolidated Entity**

In achieving its objectives, the Consolidated Entity provides a range of goods and services classified into the following activities:

*Policy, Clinical Services, System Improvement and Administration*

Responsible for health policy and promotion, clinical services and administration associated with the provision of health services across South Australia. This activity largely reflects the activities of the Department itself (refer to Parent column on the face of the Statements and the notes accompanying the Statements).

*Health Services*

The provision of hospital-based tertiary care and other acute services as well as rehabilitation, mental health and other community health services within the metropolitan and country areas, the provision of grants to non-government organisations for the provision of health services, and responsibility for Aboriginal controlled primary health services in Ceduna, Port Augusta and surrounding country areas. This activity largely reflects the activities of the Local Health Networks (LHNs) and SA Ambulance Service (SAAS), refer to the Consolidated Entity column less the Parent column on the face of the Statements and the notes accompanying the Statements.

Accordingly, additional disaggregated disclosure schedules by major class of income, expense, asset and liability have not been included in the financial statements, as information can be reliably determined from the face of the Statements and the notes accompanying the Statements. It is noted that there are minor and immaterial variances between the two Activities due to inter-entity eliminations upon consolidation, with the exceptions of supplies and services and grants (expenditure), fees and charges (income), and workers compensation payable (liability) - refer to notes 3, 9, 10 and 23 respectively for further information.

**1.2 Basis of preparation**

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

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

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

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

Material accounting policies are set out throughout the notes.

**1.3 Taxation**

The Consolidated Entity is not subject to income tax. The Consolidated Entity is liable for fringe benefits tax (FBT) and goods and services tax (GST). The Department is additionally liable for payroll tax and emergency services levy.

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

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

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

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

**1.4 Continuity of operations**

As at 30 June the Consolidated Entity had working capital of \$203.841 million (\$1.414 million). The SA Government is committed and has consistently demonstrated a commitment to the ongoing funding of the Consolidated Entity, via the Department of Treasury and Finance (DTF), to enable it to perform its functions. This ongoing commitment is ultimately outlined in the annual *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.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2025**

**1.5 Equity**

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

Other reserves include Branch Reserves, Country Capital Reserves, Defined Benefit Fund Remeasurement and Investment Revaluation Reserve.

**1.6 Changes to the Consolidated Entity**

**2024-25**

As a result of administrative arrangements outlined in the SA Government Gazette, Public Sector (Reorganisation of Public Sector Operations) Notice 2024, approved by the Premier on 24 June 2024, the Department relinquished responsibility for the Office for Ageing Well, a business unit of the Department. All 46 employees of the division known as the Office for Ageing Well, excluding the Aged Care Strategy unit, were transferred to the Department of Human Services effective 1 July 2024. Employee related liabilities of \$1.556 million were transferred out of the Department.

**2023-24**

On 4 September 2023 the Minister announced steps to work towards establishing Preventive Health SA, a new agency bringing together Wellbeing SA and parts of Drug and Alcohol Services SA (DASSA). As a result of administrative arrangements outlined in the Chief Executive agreement, effective 24 February 2024, governance of non-clinical DASSA services previously undertaken by the Southern Adelaide Local Health Network (SALHN) were transferred to Wellbeing SA, now Preventive Health SA. Net liabilities of \$0.312 million were transferred out of SALHN, consisting of employee related liabilities (\$0.344 million) less receivables (\$0.022 million, prepayments). This included the transfer of 14 employees. \$2.746 million was paid/payable by SALHN to Preventive Health SA for costs incurred from 26 February to 30 June 2024.

**1.7 Prior period adjustment**

During the year the Northern Adelaide Local Health Network (NALHN) undertook a review and reconciliation of the independent valuation of land and buildings as at 1 June 2024. Carrying value of buildings was determined to be understated due to omission of fair values for some component building assets. The 2023-24 fair value measurement and revaluation increment have been adjusted to recognise the revised fair values. Refer to notes 20 and 22.

Consolidated Entity	2024 reported \$'000	Prior period adjustment \$'000	2024 restated \$'000
Property, plant and equipment – Buildings	2,871,155	53,647	2,924,802
Equity – Asset revaluation surplus	1,334,250	53,647	1,387,897
Total comprehensive result	918,382	53,647	972,029

**2. Revenues from SA Government**

	Consolidated		Parent	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
<b>Revenues from SA Government</b>				
Contingency funding provided by DTF	1,969	6,751	1,969	6,751
Appropriations from Consolidated Account pursuant to the <i>Appropriation Act</i>	6,335,610	5,609,775	6,335,610	5,609,775
Commonwealth capital grants received via DTF	72,807	10,888	72,807	10,888
Commonwealth recurrent grants received via DTF	50,738	40,039	50,738	40,039
<b>Total revenues from SA Government</b>	<b>6,461,124</b>	<b>5,667,453</b>	<b>6,461,124</b>	<b>5,667,453</b>

The Department is the administrative unit of the Consolidated Entity and as such receives all appropriation from DTF. Appropriations are recognised upon receipt. The Department provides recurrent and capital funding under a service level agreement to the LHNs and SAAS for the provision of services.

Transactions with the SA Government as owner are set out in Statement of Changes in Equity.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2025**

**3. Fees and charges**

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Ambulance cover	29,646	30,735	-	-
Ambulance transport	113,547	96,979	-	-
Business services	2,314	1,935	2,314	1,935
Call Direct	-	249	-	-
Car parking revenue	23,158	22,448	16	17
Commissions revenue	157	236	2	90
Fines, fees and penalties	1,190	1,945	987	1,817
Interstate patient transfers	137,757	107,269	137,757	107,270
Patient and client fees	431,617	394,902	-	-
Private practice fees	55,889	51,644	5,911	5,654
Fees for health services	43,762	40,441	2,818	1,037
Residential and other aged care charges	32,717	30,850	-	-
Royalty income	268	669	-	-
Sale of goods - medical supplies	1,729	1,802	129,803	127,103
Training revenue	1,544	1,901	951	819
Other user charges and fees	52,815	45,602	1,293	1,145
<b>Total fees and charges</b>	<b>928,110</b>	<b>829,607</b>	<b>281,852</b>	<b>246,887</b>

Due to inter-entity eliminations upon consolidation, revenue from fees and charges of \$135.930 million (\$132.835 million) between the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

The Consolidated Entity measures revenue based on the consideration specified in major contracts with customers 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 Consolidated Entity satisfies performance obligations by transferring the promised goods or services to its customers.

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

**Consolidated**

Contracts with Customers disaggregated by pattern of revenue recognition and type of customer	2025	2025	2024	2024
	Goods/Services transferred at a point in time	Goods/Services transferred over a period of time	Goods/Services transferred at a point in time	Goods/Services transferred over a period of time
Ambulance cover	-	29,646	-	30,735
Ambulance transport	110,583	-	94,570	-
Business services	2,314	-	1,935	-
Call Direct	-	-	-	249
Car parking revenue	13,231	9,927	12,954	9,494
Commissions revenue	157	-	234	-
Interstate patient transfers	137,757	-	107,269	-
Patient and client fees	386,989	-	359,663	-
Private practice fees	55,889	-	51,644	-
Fees for health services	40,005	-	37,459	-
Residential and other aged care charges	32,717	-	30,850	-
Royalty income	268	-	669	-
Sale of goods - medical supplies	1,727	-	1,780	-
Training revenue	1,361	-	1,774	-
Other user charges and fees	49,891	17	42,794	11
<b>Total contracts with external customers</b>	<b>832,889</b>	<b>39,590</b>	<b>743,595</b>	<b>40,489</b>
Ambulance transport	2,964	-	2,409	-
Commissions revenue	-	-	2	-
Patient and client fees	44,628	-	35,239	-
Fees for health services	3,757	-	2,982	-
Sale of goods - medical supplies	2	-	22	-
Training revenue	183	-	127	-
Other user charges and fees	2,907	-	2,797	-
<b>Total contracts with SA Government customers</b>	<b>54,441</b>	<b>-</b>	<b>43,578</b>	<b>-</b>
<b>Total contracts with customers</b>	<b>887,330</b>	<b>39,590</b>	<b>787,173</b>	<b>40,489</b>

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2025**

The Consolidated Entity recognises contract liabilities for consideration received in respect of unsatisfied performance obligations and reports these amounts as other liabilities (refer to note 27). Similarly, if the Consolidated Entity satisfies a performance obligation before it receives the consideration, the Consolidated Entity 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 18 and 15 respectively).

The Consolidated Entity recognises revenue (contracts with customers) from the following major sources:

*Patient and client fees*

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

*Ambulance transport*

Ambulance transport revenue comprises revenue earned from the provision of first aid and patient transportation that are considered non-emergency and are not covered by Medicare. Ambulance transport revenue recognition occurs under AASB 15 *Revenue from Contracts with Customers* at the point in time that the performance obligation is discharged, which will be once the service is provided.

*Private practice fees*

The Consolidated Entity allows 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 the Consolidated Entity's sites. Fees derived from undertaking private practice is income derived in the hands of the specialist. The specialist appoints the Consolidated Entity as an agent in the rendering and recovery of accounts of the specialist's private practice. The Consolidated Entity disburses amounts collected on behalf of the specialist to the specialist via payroll (fortnightly) or accounts payable (monthly) depending on the rights of private practice scheme. Revenue from these services is recognised as it is collected as per the Rights of Private Practice Agreement.

*Interstate patient Transfers*

Under the National Health Reform Agreement – When a resident of one state/territory receives hospital treatment in another state/territory, the 'resident state/territory' compensates the treating or 'provider state/territory' for the cost of that care via a 'cross-border' payment. Contributions by the resident state/territory are made to the 'provider state/territory' through the National Health Funding Pool via activity estimates.

#### 4. Grants and contributions

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Commonwealth aged care subsidies	87,084	76,881	-	-
Pharmaceutical Benefits Scheme Commonwealth subsidy	289,271	259,236	-	-
Commonwealth National Health Reform Agreement	2,027,007	1,972,589	2,027,007	1,972,589
Department of Veterans' Affairs (Commonwealth)	40,329	40,800	40,329	40,800
Commonwealth Transition Care Program	24,304	24,314	24,304	24,314
Commonwealth National Partnership on COVID-19 Response	-	10,398	-	10,398
Other Commonwealth grants and contributions	148,249	144,445	19,629	18,025
SA Government Community Development Fund	6,600	7,000	6,600	7,000
SA Government capital contributions	100	349	-	-
Emergency Services Levy	1,644	1,604	-	-
Other SA Government grants and contributions	28,164	13,006	14,924	2,693
Private sector capital contributions	1,247	1,280	-	-
Private sector grants and contributions	63,384	57,707	3,569	3,015
<b>Total grants and contributions</b>	<b>2,717,383</b>	<b>2,609,609</b>	<b>2,136,362</b>	<b>2,078,834</b>

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

Of the \$2,717.383 million (\$2,609.609 million) received during the reporting period \$2,360.913 million (\$2,299.303 million) was provided for specific purposes, including State and Commonwealth Health Initiatives-Health reforms, research and other associated activities.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2025**

**5. Interest**

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Interest on operating accounts	9,232	10,408	2,062	3,642
Interest from SAFA on investments	63	60	-	-
Interest on Special Purpose Funds	9,169	8,475	-	-
<b>Total interest</b>	<b>18,464</b>	<b>18,943</b>	<b>2,062</b>	<b>3,642</b>

**6. Resources received free of charge**

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Land and buildings	25,500	6,446	-	-
Plant and equipment	240	496	-	-
Inventory	52,910	51,049	52,910	51,041
Services	57,239	52,694	3,793	3,065
Other	-	1,872	-	-
<b>Total resources received free of charge</b>	<b>135,889</b>	<b>112,557</b>	<b>56,703</b>	<b>54,106</b>

Inventory includes immunisation drugs received from the Commonwealth recorded at their fair value. Where inventory is received free of charge, all amounts held are recognised as an asset during the period.

The Consolidated Entity received land contributions for the new Women's and Children's Hospital of \$10.500 million from the Adelaide City Council and \$15.000 million from SA Police.

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 Consolidated Entity receives Financial Accounting, Taxation, Payroll, Accounts Payable and Accounts Receivable services from Shared Services SA free of charge valued at \$40.234 million (\$38.596 million) (Parent \$2.354 million (\$2.421 million)), IT and communication services from the Office of the Chief Information Officer valued at \$13.944 million (\$14.002 million) (Parent \$0.484 million (\$0.549 million)) and media monitoring, advertising and communication services from the Department of the Premier and Cabinet valued at \$0.150 million (\$0.095 million) (Parent \$0.150 million (\$0.095 million)).

The Consolidated Entity also receives audit services free of charge from the Audit Office of South Australia valued at \$2.908 million (Parent \$0.805 million), following the Treasurer's approval to cease audit fee charging arrangements effective from 2024-25.

Although not recognised, the Consolidated Entity receives volunteer services from numerous volunteers who provide patient and staff support services to individuals using hospital and ambulance services. The services include but are not limited to: childcare, respite care, transport, therapeutic activities, patient liaison, gift shop, kiosk and café support.

**7. Other revenues/income**

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Dividend revenue	220	291	-	-
Donations	8,893	14,537	-	1
Gain on revaluation of investment property	1,168	-	-	-
Health recoveries	-	-	170,786	172,347
Insurance recoveries	(59)	173	50,307	48,630
Other	33,339	23,291	7,026	5,494
<b>Total other revenues/income</b>	<b>43,561</b>	<b>38,292</b>	<b>228,119</b>	<b>226,472</b>

Due to inter-entity eliminations upon consolidation, health recoveries and insurance recoveries between the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
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**For the year ended 30 June 2025**

**8. Employee related expenses**

	<b>Consolidated</b>		<b>Parent</b>	
	<b>2025</b>	<b>2024</b>	<b>2025</b>	<b>2024</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Salaries and wages	4,494,242	4,212,399	151,104	146,846
Targeted voluntary separation packages	982	93	478	-
Long service leave	123,504	175,358	4,103	7,333
Annual leave	455,389	434,615	15,077	14,811
Skills and experience retention leave	20,918	20,933	920	967
Superannuation	571,781	508,652	21,467	20,430
Workers compensation	70,839	82,678	7,498	4,846
Board and committee fees	3,573	3,551	359	345
Other employee related expenses	15,965	14,534	14,640	14,181
<b>Total employee related expenses</b>	<b>5,757,193</b>	<b>5,452,813</b>	<b>215,646</b>	<b>209,759</b>

Superannuation expense represents the Consolidated Entity's contribution to superannuation plans in respect of current services of employees.

**8.1 Key Management Personnel**

Key management personnel (KMP) of the Consolidated Entity and the Department includes the Minister, the Chief Executive and nine (eight) members of the Executive Management team who have responsibility for the strategic direction and management of the Consolidated Entity.

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 South Australia, respectively, and are payable from the Consolidated Account (via DTF) under section 6 of the *Parliamentary Remuneration Act 1990*.

<b>Compensation (Consolidated Entity)</b>	<b>2025</b>	<b>2024</b>
	<b>\$'000</b>	<b>\$'000</b>
Salaries and other short term employee benefits	3,846	3,718
Post-employment benefits	1,014	1,193
<b>Total</b>	<b>4,860</b>	<b>4,911</b>

The Consolidated Entity 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.

**8.2 Remuneration of Boards and Committees (Consolidated Entity)**

	<b>2025</b>	<b>2024</b>
	<b>No. of Members</b>	<b>No. of Members</b>
\$0	1,368	1,488
\$1 - \$20,000	237	250
\$20,001 - \$40,000	67	68
\$40,001 - \$60,000	15	13
\$60,001 - \$80,000	5	5
<b>Total</b>	<b>1,692</b>	<b>1,824</b>

The total remuneration received or receivable by members was \$3.882 million (\$3.794 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits, 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 37 for members of boards/committees that served for all or part of the financial year and were entitled to receive income from membership in accordance with APS 124.B.

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**8.3 Employee remuneration**

	Consolidated		Parent	
	2025 Number	2024 Number	2025 Number	2024 Number
The number of employees whose remuneration received or receivable falls within the following bands:				
\$166,001 - \$171,000*	n/a	333	n/a	9
\$171,001 - \$191,000	1,061	986	30	24
\$191,001 - \$211,000	691	654	17	15
\$211,001 - \$231,000	448	362	10	12
\$231,001 - \$251,000	288	250	16	10
\$251,001 - \$271,000	242	222	6	3
\$271,001 - \$291,000	198	180	5	6
\$291,001 - \$311,000	163	129	3	3
\$311,001 - \$331,000	148	124	1	2
\$331,001 - \$351,000	112	117	3	-
\$351,001 - \$371,000	105	101	4	2
\$371,001 - \$391,000	100	80	-	4
\$391,001 - \$411,000	80	71	3	1
\$411,001 - \$431,000	90	79	-	1
\$431,001 - \$451,000	91	85	1	1
\$451,001 - \$471,000	86	105	-	1
\$471,001 - \$491,000	87	77	1	-
\$491,001 - \$511,000	84	92	1	1
\$511,001 - \$531,000	81	68	1	1
\$531,001 - \$551,000	59	54	-	1
\$551,001 - \$571,000	51	41	-	-
\$571,001 - \$591,000	43	41	-	-
\$591,001 - \$611,000	35	47	-	2
\$611,001 - \$631,000	41	31	2	-
\$631,001 - \$651,000	30	21	-	-
\$651,001 - \$671,000	26	22	-	-
\$671,001 - \$691,000	30	26	-	1
\$691,001 - \$711,000	18	15	1	-
\$711,001 - \$731,000	14	12	-	-
\$731,001 - \$751,000	12	9	-	-
\$751,001 - \$771,000	5	9	-	-
\$771,001 - \$791,000	13	7	-	-
\$791,001 - \$811,000	3	1	-	-
\$811,001 - \$831,000	3	-	-	-
\$831,001 - \$851,000	3	2	-	-
\$851,001 - \$871,000	1	1	-	-
\$871,001 - \$891,000	1	1	-	-
\$891,001 - \$911,000	1	-	-	-
\$911,001 - \$951,000	-	1	-	-
\$951,001 - \$971,000	2	-	-	-
\$971,001 - \$991,000	1	1	-	-
\$1,011,001 - \$1,031,000	1	2	-	-
\$1,031,001 - \$1,051,000	1	-	-	-
\$1,051,001 - \$1,071,000	1	-	-	-
\$1,091,001 - \$1,111,000	-	1	-	-
\$1,191,001 - \$1,211,000	1	-	-	-
\$1,651,001 - \$1,671,000	1	-	-	-
\$1,771,001 - \$1,791,000	-	1	-	-
<b>Total number of employees</b>	<b>4,552</b>	<b>4,461</b>	<b>105</b>	<b>100</b>

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

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

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**8.4 Employee remuneration by classification**

The total remuneration received by these employees, included above:

	<b>Consolidated</b>				<b>Parent</b>			
	<b>2025</b>		<b>2024</b>		<b>2025</b>		<b>2024</b>	
	<b>No.</b>	<b>\$'000</b>	<b>No.</b>	<b>\$'000</b>	<b>No.</b>	<b>\$'000</b>	<b>No.</b>	<b>\$'000</b>
Executive	141	39,257	145	39,685	63	17,632	62	17,405
Medical (excluding Nursing)	3,293	1,095,034	3,144	1,018,560	9	2,672	7	2,184
Non-medical (i.e. administration)	123	24,303	153	29,222	13	2,652	13	2,445
Nursing	553	104,734	569	103,898	20	3,672	18	3,272
Operational	442	93,599	450	91,415	-	-	-	-
<b>Total</b>	<b>4,552</b>	<b>1,356,927</b>	<b>4,461</b>	<b>1,282,780</b>	<b>105</b>	<b>26,628</b>	<b>100</b>	<b>25,306</b>

**8.5 Targeted voluntary separation packages (TVSP)**

	<b>Consolidated</b>		<b>Parent</b>	
	<b>2025</b>	<b>2024</b>	<b>2025</b>	<b>2024</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Amount paid/payable to separated employees:				
Targeted voluntary separation packages	982	93	478	-
Leave paid/payable to separated employees	246	27	111	-
	<b>1,228</b>	<b>120</b>	<b>589</b>	<b>-</b>
Recovery from DTF	589	-	589	-
<b>Net cost to the entity</b>	<b>639</b>	<b>120</b>	<b>-</b>	<b>-</b>
The number of employees who received a TVSP during the reporting period	<b>9</b>	<b>1</b>	<b>4</b>	<b>-</b>

**9. Supplies and services**

	<b>Consolidated</b>		<b>Parent</b>	
	<b>2025</b>	<b>2024</b>	<b>2025</b>	<b>2024</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Administration	8,960	8,047	1,686	1,404
Advertising	7,655	7,039	5,323	3,566
Communication	36,915	37,333	11,075	11,348
Computing	173,899	159,364	148,951	136,423
Consultants	7,375	6,186	548	2,175
Contract of services	271,643	255,678	204,256	181,861
Contractors	40,539	40,993	20,476	20,164
Contractors - agency staff	216,732	202,048	32,062	35,925
Cost of goods sold	2,375	5,004	130,930	132,831
Drug supplies	378,446	336,961	7,423	4,112
Electricity, gas and fuel	50,989	46,576	609	118
Fee for service	440,356	369,712	-	-
Food supplies	61,518	52,295	92	60
Housekeeping	108,028	99,642	747	845
Insurance	92,899	115,324	89,002	111,157
Interstate patient transfers	69,742	72,400	69,601	72,377
Legal	8,825	34,553	5,293	32,130
Low value lease expense	20,401	16,898	20,293	16,832
Medical, surgical and laboratory supplies	468,352	432,776	537	430
Minor equipment	51,674	42,441	1,961	3,723
Motor vehicle expenses	17,742	14,792	242	195
Occupancy rent and rates	41,510	46,713	14,287	15,746
Patient transport	67,632	55,917	-	-
Postage	22,299	20,949	4,771	3,751
Printing and stationery	16,218	16,653	823	1,205
Public Private Partnership operating expenses	123,414	128,531	-	-
Repairs and maintenance	159,426	143,090	1,804	2,102
Security	93,111	73,507	7,407	1,084
Services from Shared Services SA	41,077	39,244	2,444	2,483
Short term lease expense	6,697	4,897	401	386
Training and development	55,439	53,963	4,366	4,093
Travel expenses	35,390	35,186	2,229	2,085
Other supplies and services	84,393	79,166	9,187	14,016
<b>Total supplies and services</b>	<b>3,281,671</b>	<b>3,053,878</b>	<b>798,826</b>	<b>814,627</b>

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Due to inter-entity eliminations upon consolidation, supplies and services of \$9.815 million (\$11.110 million) between the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

The Consolidated Entity'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 Consolidated Entity 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.

## 10. Grants and subsidies

	Note	Consolidated		Parent	
		2025	2024	2025	2024
		\$'000	\$'000	\$'000	\$'000
Recurrent grants		-	148	-	-
Operational funding to incorporated Health Services	10.1	-	-	7,282,593	6,703,108
Capital funding to incorporated Health Services	10.1	-	-	645,683	488,266
Subsidies		10,779	14,436	9,409	10,601
Funding to non-government organisations		32,085	32,083	27,154	29,092
Other		1,301	1,307	1,301	1,269
<b>Total grants and subsidies</b>		<b>44,165</b>	<b>47,974</b>	<b>7,966,140</b>	<b>7,232,336</b>

### 10.1 Funding by the Department (Parent) to incorporated Health Services

	Operational		Capital Projects	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Barossa Hills Fleurieu Local Health Network Incorporated	348,957	306,107	54,995	21,554
Eyre and Far North Local Health Network Incorporated	137,810	136,975	2,064	4,516
Flinders and Upper North Local Health Network Incorporated	170,902	163,918	5,723	4,273
Riverland Mallee Coorong Local Health Network Incorporated	172,908	158,496	9,138	4,863
Limestone Coast Local Health Network Incorporated	191,597	176,575	14,716	5,061
Yorke and Northern Local Health Network Incorporated	200,050	183,341	15,688	4,227
SA Ambulance Service Inc	279,139	249,541	133,452	61,220
Southern Adelaide Local Health Network Incorporated	1,549,499	1,410,771	128,245	62,584
Central Adelaide Local Health Network Incorporated	2,499,408	2,373,590	66,166	162,559
Women's and Children's Health Network Incorporated	642,671	570,685	132,193	102,629
Northern Adelaide Local Health Network Incorporated	1,089,652	973,109	83,303	54,780
<b>Total funding to incorporated Health Services</b>	<b>7,282,593</b>	<b>6,703,108</b>	<b>645,683</b>	<b>488,266</b>

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

Due to inter-entity eliminations upon consolidation, operational and capital funding to incorporated Health Services of \$7,928.276 million (\$7,191.374 million) between the Department and the LHNs and SAAS were eliminated. Refer to note 1.1.2 for further information.

## 11. Borrowing costs

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Interest expense on lease liabilities	204,737	210,969	703	591
<b>Total borrowing costs</b>	<b>204,737</b>	<b>210,969</b>	<b>703</b>	<b>591</b>

Included in the lease costs is a reduction in contingent rental amounts of \$180.459 million (\$183.504 million) relating to Central Adelaide Local Health Network. Refer to note 24 for more information on financial liabilities.

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**12. Other expenses**

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Debts written off	31,333	30,561	68	39
Bank fees and charges	496	538	2	7
Donated assets expense	-	-	-	16
Donated drug vaccine expense	50,416	48,739	50,416	48,739
Ex gratia payments	310	2,732	310	2,730
Loss on revaluation of investment property	-	43	-	-
Net loss on sale of investments	249	(16)	-	-
Service recoveries paid to other SA Government entities	1,172	1,189	1,172	1,189
Write-down of inventory	4,398	5,876	3,763	5,183
Other	7,141	11,115	913	2,593
<b>Total other expenses</b>	<b>95,515</b>	<b>100,777</b>	<b>56,644</b>	<b>60,496</b>

Included in other expenses is audit fees paid/payable to Galpins Accountants, Auditors and Business Consultants of \$0.256 million (\$0.233 million) for audits of the Health Advisory Council's (HACs) and aged care, and to BDO for audit services for AusHealth of \$0.059 million (\$0.082 million).

Donated drug vaccine expense includes various anti-viral and highly specialised drugs to health providers to distribute free of charge to the South Australian community.

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

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
<b>Land and buildings:</b>				
Proceeds from disposal	-	-	-	-
Less carrying amount of assets disposed	(6,325)	(12,724)	-	(6,005)
<b>Net gain/(loss) from disposal of land and buildings</b>	<b>(6,325)</b>	<b>(12,724)</b>	<b>-</b>	<b>(6,005)</b>
<b>Plant and equipment:</b>				
Proceeds from disposal	358	989	-	-
Less carrying amount of assets disposed	(1,890)	(596)	(16)	(32)
Less other costs of disposal	(1,082)	(26)	-	-
<b>Net loss from disposal of plant and equipment</b>	<b>(2,614)</b>	<b>367</b>	<b>(16)</b>	<b>(32)</b>
<b>Intangibles:</b>				
Proceeds from disposal	-	-	-	-
Less carrying amount of assets disposed	(87)	(16)	-	-
<b>Net gain from disposal of intangibles</b>	<b>(87)</b>	<b>(16)</b>	<b>-</b>	<b>-</b>
<b>Total assets:</b>				
Total proceeds from disposal	358	989	-	-
Less total carrying amount of assets disposed	(8,302)	(13,336)	(16)	(6,037)
Less other costs of disposal	(1,082)	(26)	-	-
<b>Total net gain/(loss) from disposal of non-current and other assets</b>	<b>(9,026)</b>	<b>(12,373)</b>	<b>(16)</b>	<b>(6,037)</b>

Gains or losses on disposal are recognised at the date control of the asset is passed from the Consolidated Entity 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.

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**14. Cash and cash equivalents**

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Cash at bank or on hand	46,286	41,322	251	112
Deposits with Treasurer: general operating	639,835	362,006	384,164	225,248
Deposits with Treasurer: accrual appropriation excess funds	367,945	367,945	367,945	367,945
Deposits with Treasurer: special purpose funds	225,341	229,411	-	-
<b>Total cash and cash equivalents in the Statement of Financial Position</b>	<b>1,279,407</b>	<b>1,000,684</b>	<b>752,360</b>	<b>593,305</b>
<b>Total cash and cash equivalents in the Statement of Cash Flows</b>	<b>1,279,407</b>	<b>1,000,684</b>	<b>752,360</b>	<b>593,305</b>

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

Although the Consolidated Entity controls the money reported above in the Accrual Appropriation Excess Funds Account, its use must be approved by the Treasurer. The Consolidated Entity earns interest on the special purpose funds account.

**15. Receivables**

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Patient/client fees: compensable	16,825	14,625	-	-
Patient/client fees: aged care	5,963	4,839	-	-
Patient/client fees: other	90,695	84,338	-	-
Debtors	143,904	115,230	24,288	20,175
Less: allowance for impairment loss on receivables	(74,978)	(60,829)	(4,561)	(3,615)
Interstate patient transfers	199,597	186,563	199,597	186,563
Prepayments	58,784	47,534	39,624	33,255
Dividends	23	47	-	-
Interest	1,048	2,922	62	-
Grants	95	75	-	-
Sundry receivables and accrued revenue	46,130	41,621	2,346	1,426
GST input tax recoverable	47,026	36,610	45,079	32,936
<b>Total current receivables</b>	<b>535,112</b>	<b>473,575</b>	<b>306,435</b>	<b>270,740</b>
<b>Non-Current</b>				
Debtors	3,779	4,005	66	65
Prepayments	1,264	1,320	-	-
Superannuation - defined benefit scheme	39,294	29,393	-	-
<b>Total non-current receivables</b>	<b>44,337</b>	<b>34,718</b>	<b>66</b>	<b>65</b>
<b>Total receivables</b>	<b>579,449</b>	<b>508,293</b>	<b>306,501</b>	<b>270,805</b>

Receivables arise in the normal course of selling goods and services to other agencies and to the public. The Consolidated Entity'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.

**Interstate patient transfers**

Under the National Health Reform Agreement - When a resident of one state/territory receives hospital treatment in another state/territory, the 'resident state/territory' compensates the treating or 'provider state/territory' for the cost of that care via a 'cross-border' payment. Contributions by the resident state/territory are made to the provider state/territory through the National Health Funding Pool via activity estimates. Consistent with past years, the amounts disclosed are current estimates and may change. The Department adjusts its calculations of receivables and payables based on the cross-border activity from the latest data available and the national efficient pricing rates from each year accrued. The current year receivable is based on the average of the actual data outcomes for 2019-20 to 2023-24. Refer to note 23 for more information on interstate patient transfers payable.

Receivables between state and territory governments are expected to have an insignificant, and therefore immaterial, level of credit risk exposure, accordingly the Department has not measured or recognised an allowance for impairment loss on this receivable.

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**15.1 Impairment of receivables**

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

Movement in the allowance for impairment loss on receivables:

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
<b>Carrying amount at the beginning of the period</b>	<b>60,829</b>	<b>53,031</b>	<b>3,615</b>	<b>3,671</b>
Increase/(Decrease) in allowance recognised in profit or loss	14,149	7,798	946	(56)
<b>Carrying amount at the end of the period</b>	<b>74,978</b>	<b>60,829</b>	<b>4,561</b>	<b>3,615</b>

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

**16. Other financial assets**

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Term deposits	141,982	127,587	-	-
Other investments FVPL	6,686	6,630	-	-
<b>Total current financial assets</b>	<b>148,668</b>	<b>134,217</b>	<b>-</b>	<b>-</b>
<b>Non-current</b>				
Joint venture	1,450	1,447	-	-
Other investments FVOCI	6,938	1,404	-	-
<b>Total non-current financial assets</b>	<b>8,388</b>	<b>2,851</b>	<b>-</b>	<b>-</b>
<b>Total financial assets</b>	<b>157,056</b>	<b>137,068</b>	<b>-</b>	<b>-</b>

The Consolidated Entity measures term deposits at amortised cost, listed equities and other investments are measured at fair value represented by market value. This includes shares in other corporations, floating rate notes, listed securities, managed funds not present in consolidation. Included in term deposits is \$99.606 million (\$87.375 million) related to aged care refundable deposits held by regional LHNs.

Joint venture represents the Consolidated Entity's interest in Flinders Reproductive Medicine Pty Ltd as trustee for Flinders Charitable Trust, trading as Flinders Fertility and equity interest in property at Cleve.

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

The Consolidated Entity has a 12.28% equity interest in property at Whyte Street, Cleve in the State of South Australia by way of a mortgage on certificate of title volume 5902 folio 901. The registered proprietor of the property is the Cornerstone Housing Ltd, formerly Lutheran Community Housing Support Unit Inc.

Refer to note 36 for information on interests in other entities.

**17. Inventories**

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Drug supplies	37,772	31,967	16,713	13,917
Medical, surgical and laboratory supplies	4,793	4,528	-	-
Food and hotel supplies	914	846	-	-
Engineering supplies	36	44	-	-
SA Health Distribution Centre and bulk warehouses	29,059	33,632	29,059	33,632
Inventory imprest stock	17,083	18,423	-	-
Other	1,361	1,226	11	8
<b>Total current inventories - held for distribution</b>	<b>91,018</b>	<b>90,666</b>	<b>45,783</b>	<b>47,557</b>

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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.

## 18. Contract assets

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
Contract assets	6,889	21,680	-	-
Less: allowance for impairment loss on contract assets	1,604	5,122	-	-
<b>Total contract assets</b>	<b>5,285</b>	<b>16,558</b>	-	-

Contract assets primarily relate to the Consolidated Entity's rights for work completed but not yet billable at the reporting date. The Consolidated Entity has recognised revenue for pathology services and ambulance services provided but not yet processed through the billing system. Payments for pathology and ambulance services are not due from the customer until the services are correctly coded and therefore a contract asset is recognised over the period in which pathology and ambulance services are performed to represent the Consolidated Entity's right 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 was a decrease in allowance for impairment loss on contract assets of \$3.518 million (\$0.839 million increase) during the reporting period. Refer to note 33.3 for details of the methodology for the impairment of contract assets.

## 19. Property, plant and equipment, investment property and intangible assets

### 19.1 Acquisition and recognition

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

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

### 19.2 Depreciation and amortisation

The residual values, useful lives, depreciation and amortisation methods of all major assets held by the Consolidated Entity 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	5 – 200
Right-of-use buildings	Lease term
Accommodation and leasehold improvements	Lease term
Plant and equipment:	
• Medical, surgical, dental and biomedical equipment and furniture	1 – 15
• Computing equipment	2 – 10
• Vehicles	3 – 23
• Other plant and equipment	1 – 50
Right-of-use plant and equipment	2 – 4
Intangibles	1 – 12

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### **19.3 Revaluation**

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

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

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

### **19.4 Impairment**

The Consolidated Entity 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.

Yorke and Northern Local Health Network (YNLHN) has one asset subject to impairment, being a building at Yorketown Hospital, previously used for nurses accommodation that has been earmarked for demolition as at June 2024.

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

### **19.5 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 Consolidated Entity 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.

### **19.6 Land and buildings**

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

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

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

To ensure compliance with AASB 116 *Property, Plant and Equipment*, an annual review of land and buildings fair values was undertaken effective 1 June 2025, including assessment using indices supplied by the Office of the Valuer-General for estimated cost and market values based on location. It was determined that carrying amounts of land and buildings of three LHNs should be increased to better reflect fair value based on changes in replacement cost and market conditions. The Office of the Valuer-General indices were considered appropriate for this purpose. Carrying amounts of remaining assets were considered to accurately represent fair value.

### **19.7 Plant and equipment**

The Consolidated Entity's plant and equipment assets with a fair value greater than \$1.500 million or had an estimated useful life of greater than three years, including plant and equipment of the Parent Entity and the Central Adelaide Local Health Network, were revalued using fair value methodology, as at 01 June 2024, based on an independent valuation performed by Certified Practising Valuers from Marsh Pty Ltd. The value of all other plant and equipment has not been revalued, this is in accordance with APS 116.D, the carrying value of these items is deemed to approximate fair value.

All other entities in the Consolidated Entity have not revalued their plant and equipment, as the carrying amount is deemed approximate fair value.

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**19.8 Investment property**

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

An independent valuation was performed on the investment property at Unit 1, 27 Kermode Street North Adelaide by a Certified Practising Valuer from Marsh Pty Ltd, 30 April 2025. Fair value has been determined by the income approach, whereby the net income is capitalised at an appropriate yield with recent experience in the local market and comparable properties.

The valuation of investment property located at Dalglish St, Thebarton was performed by a Certified Practising Valuer from Knight Frank as at June 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.

*Amounts recognised in profit or loss*

The Consolidated Entity recognised rental income from investment properties during the period of \$2.188 million (\$2.189 million).

**19.9 Leased property, plant and equipment**

Right-of-use assets (including concessional arrangements) leased by the Consolidated Entity are measured at cost and there were no indications for impairment. Short-term leases of 12 months or less and low value leases, where the underlying asset value is less than \$15,000 are not recognised as right-of-use assets. The associated lease payments are recognised as an expense and disclosed in note 9.

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

- Properties – non-DIT provided office accommodation, community health offices, medical centres, health clinics, SA Pathology collection centres, primary health, dental clinics and staff accommodation are generally leased from the private sector. Most 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.
- Distribution Centre (Parent) – lease commenced in April 2021 and is for 15 years with two options to renew for five years.
- Health Facilities
  - 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 Consolidated Entity 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.
  - Mt Gambier Hospital lease commenced in June 1997, initially for 25 years with an option to renew for 10 years. The underlease was renewed until 29 June 2032, with the rental increasing by 3.5% each financial year.
  - Port Augusta Hospital lease commenced in June 1997 and is for 25 years with an option to renew for 10 years. The base rental for the 25-year term increases according to CPI each quarter. For the 10-year renewal the rental is determined according to a different method related to a valuation of the property and its replacement cost.
- Motor vehicles – leased from the South Australian Government Financing Authority (SAFA) through their agent LeasePlan Australia. Effective 1 April 2025, SAFA issued new lease agreements for all its existing leases. Each of these new lease agreements includes a standard clause that gives SAFA substantive substitution rights, as a result motor vehicle leases are no longer captured by AASB 16. Accordingly, the carrying values of existing right-of-use assets and corresponding lease liabilities were derecognised.
- Plant and equipment – leases for material handling equipment are cancellable and renewable every 2 years.

The Consolidated entity has entered into three sub-lease arrangements outside of SA Health.

The lease liabilities related to the right-of-use assets and the maturity analysis are disclosed in note 24. Expenses related to right-of-use assets include depreciation and interest expense are disclosed at note 20 and 11. Cash flows related to right-of-use assets are disclosed at note 28.

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**20. Reconciliation of property, plant and equipment and investment property**

The following tables show the movement:

**Consolidated**

**2024-25**

**Land and buildings:**

**Plant and equipment:**

	Land	Buildings	Right-of-use buildings	Capital works in progress land and buildings	Accommodation and Leasehold improvements	Medical/surgical/dental/biomedical	Other plant and equipment	Right-of-use plant and equipment	Capital works in progress plant and equipment	Investment property	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Carrying amount at the beginning of the period</b>	496,578	2,924,802	2,481,980	632,273	67,065	139,775	39,542	208,958	31,908	29,932	7,052,813
Additions	2,203	281	43,342	592,471	-	28,453	983	8,686	41,836	-	718,255
Assets received free of charge	25,500	-	-	-	-	240	-	-	-	-	25,740
Disposals	-	(5,775)	(3,496)	(649)	(54)	(1,083)	(480)	(14,067)	(171)	-	(25,775)
Transfers between asset classes	(17,693)	415,615	458	(421,936)	2,476	38,370	9,001	-	(30,801)	-	(4,510)
Remeasurement	-	-	2,922	-	-	-	-	-	-	-	2,922
<b>Subtotal:</b>	<b>506,588</b>	<b>3,334,923</b>	<b>2,525,206</b>	<b>802,159</b>	<b>69,487</b>	<b>205,755</b>	<b>49,046</b>	<b>203,577</b>	<b>42,772</b>	<b>29,932</b>	<b>7,769,445</b>

**Gains/(losses) for the period recognised in net result:**

Depreciation and amortisation	-	(176,630)	(78,171)	-	(5,431)	(52,864)	(13,767)	(15,002)	-	-	(341,865)
Revaluation increment / (decrement)	-	-	-	-	-	-	-	-	-	1,168	1,168
<b>Subtotal:</b>	<b>-</b>	<b>(176,630)</b>	<b>(78,171)</b>	<b>-</b>	<b>(5,431)</b>	<b>(52,864)</b>	<b>(13,767)</b>	<b>(15,002)</b>	<b>-</b>	<b>1,168</b>	<b>(340,697)</b>

**Gains/(losses) for the period recognised in other comprehensive income:**

Revaluation increment / (decrement)	20,022	74,216	-	-	-	-	-	-	-	-	94,238
<b>Subtotal:</b>	<b>20,022</b>	<b>74,216</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>94,238</b>
<b>Carrying amount at the end of the period</b>	<b>526,610</b>	<b>3,232,509</b>	<b>2,447,035</b>	<b>802,159</b>	<b>64,056</b>	<b>152,891</b>	<b>35,279</b>	<b>188,575</b>	<b>42,772</b>	<b>31,100</b>	<b>7,522,986</b>

**Gross carrying amount**

Gross carrying amount	526,610	3,429,103	2,943,181	802,159	114,730	517,191	132,867	258,194	42,772	31,100	8,797,907
Accumulated depreciation / amortisation	-	(196,594)	(496,146)	-	(50,674)	(364,300)	(97,588)	(69,619)	-	-	(1,274,921)
<b>Carrying amount at the end of the period</b>	<b>526,610</b>	<b>3,232,509</b>	<b>2,447,035</b>	<b>802,159</b>	<b>64,056</b>	<b>152,891</b>	<b>35,279</b>	<b>188,575</b>	<b>42,772</b>	<b>31,100</b>	<b>7,522,986</b>

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Consolidated 2023-24	Land and buildings:			Plant and equipment:					Investment property \$'000	Total \$'000	
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	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
<b>Carrying amount at the beginning of the period</b>	<b>346,194</b>	<b>2,265,786</b>	<b>2,536,804</b>	<b>272,682</b>	<b>55,262</b>	<b>123,799</b>	<b>36,698</b>	<b>215,842</b>	<b>31,051</b>	<b>29,975</b>	<b>5,914,093</b>
Additions	5,560	4	11,264	454,164	-	24,682	2,401	8,492	31,378	-	537,945
Assets received free of charge	215	6,231	-	-	15,767	193	63	-	-	-	22,469
Disposals	(5,997)	(6,433)	(110)	(220)	(73)	(329)	(242)	-	(25)	-	(13,429)
Donated assets disposal	-	-	-	-	-	-	-	-	-	-	-
Transfers between asset classes	-	84,616	-	(94,353)	1,307	29,554	9,504	-	(30,496)	-	132
Remeasurement	-	-	4,494	-	-	-	-	-	-	-	4,494
<b>Subtotal:</b>	<b>345,972</b>	<b>2,350,204</b>	<b>2,552,452</b>	<b>632,273</b>	<b>72,263</b>	<b>177,899</b>	<b>48,424</b>	<b>224,334</b>	<b>31,908</b>	<b>29,975</b>	<b>6,465,704</b>
<b>Gains/(losses) for the period recognised in net result:</b>											
Depreciation and amortisation	-	(154,994)	(70,472)	-	(5,198)	(40,043)	(11,962)	(15,376)	-	-	(298,045)
Revaluation increment / (decrement)	-	-	-	-	-	-	-	-	-	(43)	(43)
<b>Subtotal:</b>	<b>-</b>	<b>(154,994)</b>	<b>(70,472)</b>	<b>-</b>	<b>(5,198)</b>	<b>(40,043)</b>	<b>(11,962)</b>	<b>(15,376)</b>	<b>-</b>	<b>(43)</b>	<b>(298,088)</b>
<b>Gains/(losses) for the period recognised in other comprehensive income:</b>											
Revaluation increment / (decrement)	150,606	729,678	-	-	-	1,919	3,080	-	-	-	885,283
Impairment (losses) / reversals	-	(86)	-	-	-	-	-	-	-	-	(86)
<b>Subtotal:</b>	<b>150,606</b>	<b>729,592</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,919</b>	<b>3,080</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>885,197</b>
<b>Carrying amount at the end of the period</b>	<b>496,578</b>	<b>2,924,802</b>	<b>2,481,980</b>	<b>632,273</b>	<b>67,065</b>	<b>139,775</b>	<b>39,542</b>	<b>208,958</b>	<b>31,908</b>	<b>29,932</b>	<b>7,052,813</b>
<b>Gross carrying amount</b>											
Gross carrying amount	496,578	2,945,701	2,906,951	632,273	115,866	479,182	131,842	280,359	31,908	29,932	8,050,592
Accumulated depreciation / amortisation	-	(20,899)	(424,971)	-	(48,801)	(339,407)	(92,300)	(71,401)	-	-	(997,779)
<b>Carrying amount at the end of the period</b>	<b>496,578</b>	<b>2,924,802</b>	<b>2,481,980</b>	<b>632,273</b>	<b>67,065</b>	<b>139,775</b>	<b>39,542</b>	<b>208,958</b>	<b>31,908</b>	<b>29,932</b>	<b>7,052,813</b>

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Parent 2024-25	Land and buildings:		Plant and equipment:							Total \$'000	
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	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
<b>Carrying amount at the beginning of the period</b>	36,430	2,993	21,416	873	20,585	47	2,473	229	1,180	-	86,226
Additions	-	-	2,091	-	-	-	-	244	85	-	2,420
Disposals	-	-	-	-	-	(4)	(12)	(346)	-	-	(362)
Transfers between asset classes	-	-	-	(857)	857	-	-	-	-	-	-
Remeasurement	-	-	43	-	-	-	-	-	-	-	43
<b>Subtotal:</b>	<b>36,430</b>	<b>2,993</b>	<b>23,550</b>	<b>16</b>	<b>21,442</b>	<b>43</b>	<b>2,461</b>	<b>127</b>	<b>1,265</b>	<b>-</b>	<b>88,327</b>
<b>Gains/(losses) for the period recognised in net result:</b>											
Depreciation and amortisation	-	(216)	(2,572)	-	(2,053)	(29)	(859)	(127)	-	-	(5,856)
<b>Subtotal:</b>	<b>-</b>	<b>(216)</b>	<b>(2,572)</b>	<b>-</b>	<b>(2,053)</b>	<b>(29)</b>	<b>(859)</b>	<b>(127)</b>	<b>-</b>	<b>-</b>	<b>(5,856)</b>
<b>Carrying amount at the end of the period</b>	<b>36,430</b>	<b>2,777</b>	<b>20,978</b>	<b>16</b>	<b>19,389</b>	<b>14</b>	<b>1,602</b>	<b>-</b>	<b>1,265</b>	<b>-</b>	<b>82,471</b>
<b>Gross carrying amount</b>											
Gross carrying amount	36,430	4,315	28,540	16	24,967	87	22,129	-	1,265	-	117,749
Accumulated depreciation / amortisation	-	(1,538)	(7,562)	-	(5,578)	(73)	(20,527)	-	-	-	(35,278)
<b>Carrying amount at the end of the period</b>	<b>36,430</b>	<b>2,777</b>	<b>20,978</b>	<b>16</b>	<b>19,389</b>	<b>14</b>	<b>1,602</b>	<b>-</b>	<b>1,265</b>	<b>-</b>	<b>82,471</b>

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Parent 2023-24	Land and buildings:		Plant and equipment:						Total \$'000		
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	Accommo- dation and Leasehold improve- ments \$'000	Medical/ surgical/ dental/ biomedical \$'000	Other plant and equipment \$'000	Right-of- use plant and equipment \$'000		Capital works in progress plant and equipment \$'000	Investment property \$'000
<b>Carrying amount at the beginning of the period</b>	<b>25,198</b>	<b>1,460</b>	<b>16,889</b>	-	<b>6,341</b>	<b>101</b>	<b>4,216</b>	<b>138</b>	<b>1,202</b>	-	<b>55,545</b>
Additions	-	-	6,536	873	-	-	-	239	328	-	7,976
Assets received free of charge	-	-	-	-	15,767	-	-	-	-	-	15,767
Disposals	(5,997)	-	-	-	(8)	(7)	(25)	-	-	-	(6,037)
Donated assets disposal	-	-	-	-	-	(16)	-	-	-	-	(16)
Transfers between asset classes	-	-	-	-	-	-	350	-	(350)	-	-
<b>Subtotal:</b>	<b>19,201</b>	<b>1,460</b>	<b>23,425</b>	<b>873</b>	<b>22,100</b>	<b>78</b>	<b>4,541</b>	<b>377</b>	<b>1,180</b>	-	<b>73,235</b>
<b>Gains/(losses) for the period recognised in net result:</b>											
Depreciation and amortisation	-	(1,383)	(2,009)	-	(1,515)	(31)	(1,023)	(148)	-	-	(6,109)
<b>Subtotal:</b>	-	<b>(1,383)</b>	<b>(2,009)</b>	-	<b>(1,515)</b>	<b>(31)</b>	<b>(1,023)</b>	<b>(148)</b>	-	-	<b>(6,109)</b>
<b>Gains/(losses) for the period recognised in other comprehensive income:</b>											
Revaluation increment / (decrement)	17,229	2,916	-	-	-	-	(1,045)	-	-	-	19,100
<b>Subtotal:</b>	<b>17,229</b>	<b>2,916</b>	-	-	-	-	<b>(1,045)</b>	-	-	-	<b>19,100</b>
<b>Carrying amount at the end of the period</b>	<b>36,430</b>	<b>2,993</b>	<b>21,416</b>	<b>873</b>	<b>20,585</b>	<b>47</b>	<b>2,473</b>	<b>229</b>	<b>1,180</b>	-	<b>86,226</b>
<b>Gross carrying amount</b>											
Gross carrying amount	36,430	4,315	26,406	873	27,632	155	24,249	444	1,180	-	121,684
Accumulated depreciation / amortisation	-	(1,322)	(4,990)	-	(7,047)	(108)	(21,776)	(215)	-	-	(35,458)
<b>Carrying amount at the end of the period</b>	<b>36,430</b>	<b>2,993</b>	<b>21,416</b>	<b>873</b>	<b>20,585</b>	<b>47</b>	<b>2,473</b>	<b>229</b>	<b>1,180</b>	-	<b>86,226</b>



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**22. Fair value measurement**

The Consolidated Entity 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 Consolidated Entity's assets are valued on the basis that the entity intends to retain the assets for a continuous use for the purposes of the entity and for the foreseeable future. The current use is the highest and best use of the asset unless market or other factors suggest an alternative use. As the Consolidated Entity did not identify any factors to suggest an alternative use, fair value measurement was based on current use.

The carrying amount of owned non-financial assets with a fair value at the time of acquisition that was less than \$1.500 million or an estimated useful life that was less than three years is deemed to approximate fair value.

Refer to notes 19 and 22.2 for disclosure regarding fair value measurement techniques and inputs used to develop fair value measurements for non-financial assets.

**22.1 Fair value hierarchy**

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

**Fair value measurements at 30 June 2025**

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
<b>Recurring fair value measurements</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Land	476,927	49,683	526,610	36,430	-	36,430
Buildings and improvements	253,197	2,979,312	3,232,509	2,388	389	2,777
Leasehold improvements	-	64,056	64,056	-	19,389	19,389
Plant and equipment	-	188,170	188,170	-	1,616	1,616
Investment property	31,100	-	31,100	-	-	-
<b>Total</b>	<b>761,224</b>	<b>3,281,221</b>	<b>4,042,445</b>	<b>38,818</b>	<b>21,394</b>	<b>60,212</b>

**Fair value measurements at 30 June 2024**

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
<b>Recurring fair value measurements</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Land	329,189	167,389	496,578	36,430	-	36,430
Buildings and improvements	235,987	2,688,815	2,924,802	2,617	376	2,993
Leasehold improvements	-	67,065	67,065	-	20,585	20,585
Plant and equipment	-	179,317	179,317	-	2,520	2,520
Investment property	29,932	-	29,932	-	-	-
<b>Total</b>	<b>595,108</b>	<b>3,102,586</b>	<b>3,697,694</b>	<b>39,047</b>	<b>23,481</b>	<b>62,528</b>

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

**22.2 Valuation techniques and inputs**

The Consolidated Entity had no valuations categorised into level 1. Certain land and buildings assets of the Parent entity, SAAS and each LHN have been classified as level 2.

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. To the extent that land has had any restrictions on use and been adjusted with a discount factor these assets are classified as level 3. All other land has been classified as level 2.

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

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

Investment property has been valued using the market approach, and using the income approach based on capitalized net income at an appropriate yield. All investment property is classified as level 2.

### 23. Payables

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Creditors and accrued expenses	418,092	366,342	174,058	126,672
Paid Parental Leave Scheme	1,024	906	31	37
Health Service workers compensation	-	-	9,656	8,659
Interstate patient transfers	130,626	142,413	130,626	142,413
Other payables	15,378	7,604	251	112
<b>Total current payables</b>	<b>565,120</b>	<b>517,265</b>	<b>314,622</b>	<b>277,893</b>
<b>Non-current</b>				
Health Service workers compensation	-	-	34,279	31,211
Other payables	57	57	-	-
<b>Total non-current payables</b>	<b>57</b>	<b>57</b>	<b>34,279</b>	<b>31,211</b>
<b>Total payables</b>	<b>565,177</b>	<b>517,322</b>	<b>348,901</b>	<b>309,104</b>

Payables are measured at nominal amounts. Creditors and accruals are recognised for all amounts owed and unpaid. Contractual payables are normally settled within 15 days from the date the invoice is first received. All payables are non-interest bearing. The carrying amount of payables approximates net fair value due to their short term nature.

Inter-entity transactions for the Health Services workers compensation (redemption and lump sum) payables amount to \$43.935 million (\$39.870 million) and have been eliminated on consolidation. Refer to note 1.1.2 for further information.

Refer to note 15 for information on interstate patient transfers.

Refer to note 33 for information on risk management.

### 24. Financial liabilities

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Lease liabilities	92,659	91,549	2,368	2,132
<b>Total current financial liabilities</b>	<b>92,659</b>	<b>91,549</b>	<b>2,368</b>	<b>2,132</b>
<b>Non-current</b>				
Lease liabilities	2,486,455	2,544,984	21,394	21,880
<b>Total non-current financial liabilities</b>	<b>2,486,455</b>	<b>2,544,984</b>	<b>21,394</b>	<b>21,880</b>
<b>Total financial liabilities</b>	<b>2,579,114</b>	<b>2,636,533</b>	<b>23,762</b>	<b>24,012</b>

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

Refer to note 11 for information on borrowing costs, notes 19 and 20 for information on right-of-use assets (including depreciation) and note 33 for information on risk management.

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**24.1 Concessional lease arrangements for right-of-use assets**

The Consolidated Entity has concessional lease arrangements for right-of-use assets, as lessee, 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 94 years Payment is nominal	Concessional building arrangements include the use of premises for dental services, pathology collection, breast screen services, community health services, GP Plus arrangements, Drug and Alcohol Services clinics, Child/Family/Women's/Mental Health services and vacant land.

**24.2 Maturity analysis**

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

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
<b>Lease Liabilities</b>				
Within one year	325,034	326,932	3,017	2,761
Later than one year but not longer than five years	1,228,557	1,241,165	12,257	13,814
Later than five years	3,999,196	4,266,462	11,560	10,756
<b>Total lease liabilities (undiscounted)</b>	<b>5,552,787</b>	<b>5,834,559</b>	<b>26,834</b>	<b>27,331</b>

**25. Employee related liabilities**

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Accrued salaries and wages	157,890	136,713	1,662	1,053
Annual leave	576,247	538,423	17,735	18,363
Long service leave	77,275	73,504	3,254	3,293
Skills and experience retention leave	36,953	35,146	1,321	1,347
Employment on-costs	98,968	98,911	5,339	6,370
Other	117	456	7	11
<b>Total current employee related liabilities</b>	<b>947,450</b>	<b>883,153</b>	<b>29,318</b>	<b>30,437</b>
<b>Non-current</b>				
Long service leave	836,928	796,856	35,351	35,820
Employment on-costs	49,425	37,358	3,292	3,233
<b>Total non-current employee related liabilities</b>	<b>886,353</b>	<b>834,214</b>	<b>38,643</b>	<b>39,053</b>
<b>Total employee related liabilities</b>	<b>1,833,803</b>	<b>1,717,367</b>	<b>67,961</b>	<b>69,490</b>

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

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

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

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

As a result of the actuarial assessment performed by DTF, the salary inflation rate has increased from the 2024 rate (2.4%) to 3.2% for annual leave and skills and experience retention leave liability. As a result, there is an increase in the employee related liabilities and employee related expenses of \$4.700 million (Parent increase of \$0.148 million) for the current financial year. The impact on future periods is impractical to estimate.

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

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**25.2 Long service leave**

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

The discount rate used in measuring the liability is reflective of the yield on long-term Commonwealth Government bonds. The yield on long-term Commonwealth bonds has remained unchanged for the Department and the Consolidated Entity. The actuarial assessment performed by DTF leaves the salary inflation rate unchanged from 2024 at 3.5% for long service leave liability.

The net financial effect of the changes to actuarial assumptions in the current financial year is immaterial. The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of demographical and financial assumptions – including the long-term discount rate.

**25.3 Employment on-costs**

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

As a result of an actuarial assessment performed by DTF, the portion of long service leave taken as leave has remained unchanged from 2024, at 44% for the Department and increased from 2024 (38%) to 47% for the LHNs and SAAS, the average factor for the calculation of employer superannuation on-costs has increased from the 2024 rate (11.5%) to 12% to reflect the increase in super guarantee. These rates are used in the employment on-cost calculation. The net financial effect of the changes in the current financial year is an increase in the employment on-cost liability and employee related expenses of \$14.275 million (Parent increase of \$0.193 million). The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

**25.4 Superannuation funds**

A number of SAAS employees are members of the SA Ambulance Service Superannuation Scheme (the "Scheme"). These employees are eligible to receive a benefit from the Scheme. A benefit is payable on retirement, death, disablement or leaving SAAS, in accordance with the Scheme's trust deed and rules. The Scheme provides lump sum benefits based on a combination of defined benefits which depend on years of service and final salary and accumulation benefits which depend on the accumulation of member and employer contributions adjusted for appropriate earnings and expenses. The liability for this Scheme has been determined via an actuarial valuation by Mercer Investment Nominees Limited using the projected unit credit method.

The expected payment to settle the obligation has been determined using national government bond market yields with terms and conditions that match, as closely as possible, to estimated cash outflows.

Actuarial gains and losses are recognised in other comprehensive income in the Statement of Comprehensive Income, in the period in which they occur. The superannuation expense comprising interest cost and other costs of the defined benefit plan is measured in accordance with AASB 119 *Employee Benefits* and is recognised as and when contributions fall due.

The South Australian Superannuation Board was appointed Trustee of the Scheme effective 1 July 2006. The Scheme was closed to new members as at 30 June 2008. For those employees who are not members of the Scheme, SAAS pays contributions in accordance with the relevant award or contract of employment to other nominated Superannuation funds in compliance with the superannuation guarantee legislation. Contributions are charged as expenditure as they are made. Members are not required to make contributions to these funds.

The defined benefit liability has been recognised in the Statement of Financial Position in accordance with AASB 119 and is held in SAAS.

**Defined benefit superannuation scheme**

**Reconciliation of the present value of the defined benefit obligation:**

	<b>2025</b>	<b>2024</b>
	<b>\$'000</b>	<b>\$'000</b>
Carrying amount at the beginning of the period	261,179	263,935
Current service cost	6,609	7,560
Interest cost	9,974	9,520
Contributions by scheme participants	2,587	3,075
Actuarial (gains)/losses	2,507	2,014
Benefits paid	(23,692)	(23,049)
Taxes, premiums and expenses paid	(2,191)	(2,146)
Transfers in	218	270
<b>Carrying amount at the end of the period</b>	<b>257,191</b>	<b>261,179</b>

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**Reconciliation of fair value of scheme assets:**

	<b>2025</b>	<b>2024</b>
	<b>\$'000</b>	<b>\$'000</b>
Carrying amount at the beginning of the period	290,572	283,988
Interest Income	11,160	10,322
Actual return on scheme assets less Interest Income	12,824	12,733
Contributions from the employer	5,007	5,379
Contributions by scheme participants	2,587	3,075
Benefits paid	(23,692)	(23,049)
Taxes, premiums and expenses paid	(2,191)	(2,146)
Transfers in	218	270
<b>Carrying amount at the end of the period</b>	<b>296,485</b>	<b>290,572</b>

**The amount included in the Statement of Financial Position arising from Consolidated Entity's obligations in respect of its defined benefit scheme is as follows:**

Present value of defined benefit obligations	257,191	261,179
Fair value of scheme assets	(296,485)	(290,572)
<b>Net liability arising from defined benefit obligations</b>	<b>(39,294)</b>	<b>(29,393)</b>

**Included in the Statement of Financial Position:**

Non-current receivable - superannuation - defined benefit scheme	39,294	29,393
<b>Closing balance of defined benefit assets</b>	<b>39,294</b>	<b>29,393</b>

	% invested by asset class	
	<b>2025</b>	<b>2024</b>
	%	%
Australian equity	26	26
International equity	32	27
Fixed income	10	13
Property	7	8
Alternatives/other	1	2
Cash	6	8
Private Market	5	5
Infrastructure	7	5
Credit	6	6
<b>Total</b>	<b>100</b>	<b>100</b>

In accordance with the revised AASB 119 the percentage invested in each asset class as at 30 June 2025 is adjusted to be comparable to 30 June 2024. This adjustment is made to align with the new approach where Diversified Strategies Growth and Diversified Strategies Income are identified as separate asset classes.

The actual return on scheme assets was \$23.984 million (\$23.055 million), a gain of \$10.317 million resulting from investment returns being significantly higher than previously assumed. Employer contributions of \$4.206 million are expected to be paid to the scheme for the year ending 30 June 2026. Expected employer contributions reflect the current 12% of salary contributions.

	<b>2025</b>	<b>2024</b>
	<b>% pa</b>	<b>% pa</b>
<b>Principal actuarial assumptions used (and expressed as weighted averages):</b>		
Discount rate (defined benefit cost)	4.25	4.00
Expected rate of salary increase (defined benefit cost)	3.50	3.50
Discount rate (defined benefit obligation)	4.25	4.25
Expected rate of salary increase (defined benefit obligation)	3.50	3.50
	<b>2025</b>	<b>2024</b>
	<b>\$'000</b>	<b>\$'000</b>
<b>Movement in net defined benefit liability</b>		
Carrying amount at the beginning of the period	(29,393)	(20,053)
Defined benefit cost	5,423	6,758
Remeasurements	(10,317)	(10,719)
Employer contributions	(5,007)	(5,379)
<b>Carrying amount at the end of the period</b>	<b>(39,294)</b>	<b>(29,393)</b>

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The net financial effect of the changes in the discount rate in the current year is an increase in the superannuation – defined benefits scheme liability and other comprehensive income expense gain of \$10.317 million. The impact on future periods is impracticable to estimate as the superannuation – defined benefits scheme liability is calculated using a number of assumptions – a key assumption being the long-term discount rate.

**Sensitivity analysis**

The defined benefit obligation as at 30 June 2025 under several scenarios is presented below.

Scenarios A and B relate to discount rate sensitivity. Scenarios C and D relate to salary increase rate sensitivity.

Scenario A: 0.5% p.a. lower discount rate assumption

Scenario B: 0.5% p.a. higher discount rate assumption

Scenario C: 0.5% p.a. lower salary increase rate assumption

Scenario D: 0.5% p.a. higher salary increase rate assumption

	Base Case	Scenario A	Scenario B	Scenario C	Scenario D
		-0.5% pa discount rate	+0.5% pa discount rate	-0.5% pa salary increase rate	+0.5% pa salary increase rate
Discount rate	4.25%	3.75%	4.75%	4.25%	4.25%
Salary increase rate	3.5%	3.5%	3.5%	3.0%	4.0%
Defined benefit obligation (\$'000)	<b>257,191</b>	<b>261,123</b>	<b>254,309</b>	<b>254,705</b>	<b>260,540</b>

Description of the regulatory framework

The scheme operates in accordance with its Trust Deed. The scheme is considered to be an exempt public sector scheme.

Description of other entities' responsibilities for the governance of the Scheme

The scheme's trustee is responsible for the governance of the scheme. The trustee has a legal obligation to act solely in the best interests of scheme beneficiaries. The trustee has the following roles:

- administration of the scheme and payment to the beneficiaries from scheme assets when required in accordance with the scheme rules;
- management and investment of the scheme assets; and
- compliance with superannuation law and other applicable regulations.

Description of risks

There are a number of risks to which the scheme exposes the employer. The more significant risks relating to the defined benefits are:

*Investment risk*

The risk that investment returns will be lower than assumed and the employer will need to increase contributions to offset this shortfall.

*Salary growth risk*

The risk that wages or salaries (on which future benefit amounts will be based) will rise more rapidly than assumed, increasing defined benefit amounts and thereby requiring additional employer contributions.

*Legislative risk*

The risk that legislative changes could be made which increase the cost of providing the defined benefits.

The scheme assets are invested in the Funds SA Balanced Investment option. The assets are diversified within this investment option and therefore the Scheme has no significant concentration of investment risk.

Funding arrangements

The financing objective adopted at the 30 June 2023 actuarial investigation of the scheme in a report dated 23 May 2024, is to maintain the value of the scheme's assets at least equal to:

- 100% of accumulation account balances, plus
- 110% of defined benefit vested benefit.

In that valuation, it was recommended that the employer contribute to the scheme as follows:

- Defined Benefit members:
  - 9.50% of salary for all defined benefit members, plus
  - Any additional employer contributions agreed between the employer and a member.
- Accumulation members:
  - 11% of ordinary time earnings from 1 July 2023 to 30 June 2024, plus
  - Any additional employer contributions agreed between the employer and a member.

Maturity profile of defined benefit obligation

The weighted average duration of the defined benefit obligation as at 30 June 2025 is 6 years.

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## 26. Provisions

	Note	Consolidated		Parent	
		2025	2024	2025	2024
Current		\$'000	\$'000	\$'000	\$'000
Insurance	26.2	28,718	26,873	28,718	26,873
Workers compensation	26.1	47,392	41,942	828	685
<b>Total current provisions</b>		<b>76,110</b>	<b>68,815</b>	<b>29,546</b>	<b>27,558</b>
<b>Non-current</b>					
Insurance	26.2	179,421	156,895	179,421	156,895
Workers compensation	26.1	186,286	173,305	2,524	2,293
<b>Total non-current provisions</b>		<b>365,707</b>	<b>330,200</b>	<b>181,945</b>	<b>159,188</b>
<b>Total provisions</b>		<b>441,817</b>	<b>399,015</b>	<b>211,491</b>	<b>186,746</b>

### 26.1 Workers Compensation

*Reconciliation of workers compensation (statutory and additional compensation):*

	Consolidated		Parent	
	2025	2024	2025	2024
	\$'000	\$'000	\$'000	\$'000
<b>Carrying amount at the beginning of the period</b>	<b>215,247</b>	<b>181,525</b>	<b>2,978</b>	<b>4,463</b>
Payments	(36,659)	(36,519)	(858)	(869)
Remeasurement	4,806	24,481	255	(1,427)
Additions	50,284	45,760	977	811
<b>Carrying amount at the end of the period</b>	<b>233,678</b>	<b>215,247</b>	<b>3,352</b>	<b>2,978</b>

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

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

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

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

### 26.2 Insurance

The Department is responsible for the management of the Consolidated Entity's insurance program. The Department is a participant in the State Government's insurance program. The Department pays a premium to SA Government Financing Authority (SAFA) for professional indemnity insurance (including medical malpractice), public liability and property insurance, and is responsible for the management claim for amounts up to an agreed amount (the deductible). SAFA provides the balance of funding for claims in excess of the deductible. For professional indemnity (including medical malpractice) claims after 1 July 1994 and general public liability and property claims after 1 July 1999 the deductible per claim is \$1 million. For claims incurred prior to these dates the deductible per claim is \$50,000.

Professional indemnity and general public liability claims arising from the LHNs and SAAS's operations are managed as part of the State Government Insurance Program. The LHNs and SAAS pay an annual premium to the Department. These transactions are eliminated on consolidation in accordance with the requirements of AASB 10.

The determination of the medical malpractice professional indemnity insurance provision was carried out through an actuarial assessment in accordance with AASB 1023 *General Insurance Contracts*, conducted by Brett & Watson Pty Ltd. Current and non-current liabilities of the Department are determined by taking into account prudential margins, inflation, taxes, claims incurred but not reported and current claim values. The discount rate, which is used to discount expected future payments to the valuation date, decreased to 4.3% (4.5%).

The provision for claims for professional indemnity (other), general public liability and property insurance is a management assessment.

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*Reconciliation of insurance:*

	<b>Medical malpractice</b>	<b>Professional indemnity (Other)</b>	<b>Public liability</b>	<b>Property</b>	<b>Total</b>
<b>2024-25</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Carrying amount at the beginning of the period	177,219	94	2,592	3,863	183,768
Increase to provision due to new claims	24,175	-	782	2,112	27,069
Reduction due to payments	(21,852)	(2)	(7)	(583)	(22,444)
Net revision of estimates	21,410	(84)	49	(1,630)	19,745
<b>Carrying amount at the end of the period</b>	<b>200,952</b>	<b>8</b>	<b>3,416</b>	<b>3,762</b>	<b>208,138</b>

**27. Contract liabilities and other liabilities**

	<b>Consolidated</b>		<b>Parent</b>	
	<b>2025</b>	<b>2024</b>	<b>2025</b>	<b>2024</b>
<b>Current</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Unclaimed monies	15	11	-	-
Unearned revenue	3,750	2,763	-	-
Contract liabilities	34,832	32,960	6,267	4,362
Residential aged care bonds	129,143	113,790	-	-
Accommodation and lease incentive*	1,793	1,797	1,793	1,797
Other	4,777	2,189	-	-
<b>Total current contract liabilities and other liabilities</b>	<b>174,310</b>	<b>153,510</b>	<b>8,060</b>	<b>6,159</b>
<b>Non-current</b>				
Accommodation and lease incentive*	16,230	13,007	16,230	13,007
<b>Total non-current contract liabilities and other liabilities</b>	<b>16,230</b>	<b>13,007</b>	<b>16,230</b>	<b>13,007</b>
<b>Total contract liabilities and other liabilities</b>	<b>190,540</b>	<b>166,517</b>	<b>24,290</b>	<b>19,166</b>

\*Accommodation incentives relate to arrangements with DIT for office accommodation. These arrangements are not leases and accordingly the accommodation incentives are not financial liabilities. The benefit of incentives is spread over the accommodation term so that each year reported accommodation expenses reflect the economic substance of the arrangement and related benefits provided.

Contract liabilities are recognised for revenue relating to home care packages, training programs, drug and alcohol abuse support, SA Dental services co-payment, grant funded projects/programs and other health programs received in advance and are realised as agreed milestones/service obligations have been achieved. A contract liability is recognised for revenue relating to ambulance cover at the time of the initial sales transaction and is released over the service period. Revenue relating to maintenance services for call direct and ambulance cover is recognised over time although the customer pays up front in full for these services. 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.

Residential Aged Care Bonds are accommodation bonds, refundable accommodation contributions and refundable accommodation deposits. These are non-interest bearing deposits made by aged care facility residents to the Consolidated Entity upon their admission to residential accommodation. The liability for accommodation is carried at the amount that would be payable on exit of the resident. This is the amount received on entry of the resident less applicable deductions for fees and retentions pursuant to the *Aged Care Act 1997*. Residential Aged Care Bonds are classified as current liabilities as the Consolidated Entity does not have an unconditional right to defer settlement of the liability for at least twelve months after the reporting date. The obligation to settle could occur at any time. Once a refunding event occurs the other liability becomes interest bearing. The interest rate applied is the prevailing interest rate at the time as prescribed by the Commonwealth Department of Health, Disability and Ageing.

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**28. Cash flow reconciliation**

Reconciliation of net cash provided by operating activities to net result:	Consolidated		Parent	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
Net cash provided from operating activities	1,060,709	716,408	163,145	38,207
<b>Add/less non-cash items</b>				
Asset donated free of charge	-	-	-	(16)
Capitalised interest expense on finance lease	(7,229)	(2,817)	-	-
Depreciation and amortisation expense of non-current assets	(355,556)	(312,918)	(15,058)	(15,842)
Gain/(loss) on sale or disposal of non-current assets	(9,026)	(12,373)	(16)	(6,037)
(Gain)/loss on valuation of defined benefits	(10,317)	(10,719)	-	-
Increments/(decrements) on revaluation of non-current assets	1,168	43	-	-
Interest credited directly to investments	1,372	1,087	-	-
Resources received free of charge	25,740	22,469	-	15,767
Revaluation of investments	6,582	(562)	-	-
Administrative restructure	(1,556)	(312)	(1,556)	-
<b>Movement in assets and liabilities</b>				
Increase/(decrease) in contract assets	11,273	3,400	-	-
Increase/(decrease) in receivables	71,156	53,647	35,696	36,248
Increase/(decrease) in inventories	352	(14,663)	(1,774)	(16,593)
Increase/(decrease) in other current assets	(6)	(21)	-	-
(Increase)/decrease in employee related liabilities	(126,753)	(178,814)	1,529	(4,040)
(Increase)/decrease in payables and provisions	(97,849)	(158,449)	(64,599)	(93,804)
(Increase)/decrease in other liabilities	(24,023)	(29,284)	(5,124)	(16,128)
<b>Net result</b>	<b>546,037</b>	<b>76,112</b>	<b>112,243</b>	<b>(62,238)</b>

Total cash outflows for leases was \$326.341 million (\$323.297 million) for the consolidated entity, and \$23.679 million (\$19.560 million) for the Department.

**29. Unrecognised contractual commitments**

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

**29.1 Contractual commitments to acquire property, plant and equipment**

	Consolidated		Parent	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
Within one year	38,447	34,217	1,861	3,881
Later than one year but not longer than five years	5,710	10,797	5	207
<b>Total contractual commitments</b>	<b>44,157</b>	<b>45,014</b>	<b>1,866</b>	<b>4,088</b>

The Consolidated Entity's contractual commitments to acquire property, plant and equipment are for plant and equipment ordered but not received and capital works. Contractual commitments to acquire property, plant and equipment for major infrastructure works are recognised in the DIT financial statements.

**29.2 Other contractual commitments**

	Consolidated		Parent	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
Within one year	616,966	452,883	252,851	115,587
Later than one year but not longer than five years	718,763	766,398	58,845	87,090
Later than five years	2,188,351	2,327,586	51,787	37,078
<b>Total other contractual commitments</b>	<b>3,524,080</b>	<b>3,546,867</b>	<b>363,483</b>	<b>239,755</b>
Less contingent rentals	(1,066,251)	(1,090,093)	-	-
<b>Net other contractual commitments</b>	<b>2,457,829</b>	<b>2,456,774</b>	<b>363,483</b>	<b>239,755</b>

The Consolidated Entity's other contractual commitments are for agreements for goods and services ordered but not received and memorandum of administrative arrangements with DIT for accommodation.

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

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The Consolidated Entity also has commitments to provide funding to various non-government organisations in accordance with negotiated service agreements. The value of these commitments as at 30 June 2025 has not been quantified.

**29.3 Expected rental income from lessor arrangements**

	Consolidated		Parent	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
Within one year	539	509	-	-
Later than one year but not longer than five years	629	1,103	-	-
<b>Total expected rental income from lessor arrangements</b>	<b>1,168</b>	<b>1,612</b>	<b>-</b>	<b>-</b>

Refer note 19.8 for information about property the Consolidated Entity leases out 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.

**30. Trust funds**

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

	Consolidated		Parent	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
<b>Carry amount at the beginning of period</b>	<b>995</b>	<b>854</b>	<b>-</b>	<b>-</b>
Client trust receipts	1,375	1,499	-	-
Client trust payments	1,140	1,358	-	-
<b>Carrying amount at the end of the period</b>	<b>1,230</b>	<b>995</b>	<b>-</b>	<b>-</b>

**31. Contingent assets and liabilities**

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

**31.1 Contingent assets**

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

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

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

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

**31.2 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 RAH. 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.

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The terms of offer for a proposed new *South Australian Allied Health Professionals, Assistants and Psychologists Enterprise Agreement 2025* were presented on 13 June 2025, contingent on an agreement being reached and approval by the South Australian Employment Tribunal (SAET). In accordance with the terms of the new Enterprise Agreement eligible staff are entitled to, among other things, salary increases of 4.0% per annum back dated to the first full pay period after 1 May 2025. The financial impact of backpay and remeasurement of employee related liabilities up to 30 June 2025 is estimated to be \$9.777 million (Parent \$0.200 million).

Negotiations have commenced for several other enterprise agreements which have nominally expired. Arrears payments may become due for employment up to 30 June 2025, if salary increases or other changes to entitlements are backdated, contingent on acceptance by members and approval by SAET. It is impossible to estimate the financial impact, timing, or likelihood.

The six regional LHNs have commenced an internal review of Nurses Rural and Remote Incentive Payment (Nurses zone allowance) and the Consolidated Entity has identified instances of potential underpayments. The financial impact of these underpayments is estimated to be \$4.076 million. As the detailed review is ongoing, the timing and amount of any required payments remain uncertain.

Both the Central Adelaide Local Health Network (CALHN) and the Women's and Children's Health Network (WCHN) are respondents to unfair dismissal claims brought against the Consolidated Entity by a number of former employees who were terminated in 2023 due to non-compliance with COVID-19 vaccination requirements. Individual settlements have been reached with a number of claimants, however, proceedings are ongoing before the SAET in respect to a number of remaining claimants. Quantum of potential liability is not able to be reasonably estimated, however, based on settlements achieved to date and the number of remaining claimants, if found in favour of the applicants the Consolidated Entity's liability will potentially be at minimum around \$0.351 million.

Following a previously settled claim involving fifteen consultants, a further five consultants have sought back pay from CALHN for non-payment of the ICCNET/ICARNET allowance over the last six years for participation in an on call roster. If these claims are settled, the potential liability resulting from this has been estimated at \$0.400 million.

During 2024-25, NALHN identified that a potential underpayment issue exists with employees paid under the *South Australian Public Sector Enterprise Agreement: Salaried 2021*. The potential underpayment specifically relates to the entitlement of employees not paid for a public holiday when they were not rostered to work on that day. NALHN is seeking Crown Law advice on the matter, and at this stage, it is not possible to quantify the value of the liability, if any.

The South Australian Salaried Medical Officers Association (SASMOA) recently lodged a monetary claim in the SAET against WCHN and at the conciliation conference held on 25 June 2025, SASMOA made it clear that their interpretation/expectation is that there need not be a full time consultant on the roster to 'trigger' payment of the allowance at 1.0 FTE. Rather, the entitlement should be based on the frequency that a full-time consultant would be required to be on-call, should there be a full-time consultant on the roster. It is not possible to estimate the financial impact.

## **32. Events after balance date**

On 6 July 2025, allied health workers supported the terms for a new *South Australian Allied Health Professionals, Assistants and Psychologists Enterprise Agreement 2025*. The Enterprise Agreement was approved by the SAET on 11 August 2025. Also refer to note 31.2.

On 1 September 2025, Salaried Medical Officers endorsed the terms for a new *SA Health Salaried Medical Officers Enterprise Agreement 2025*, including 3.5% salary increase backdated to 14 April 2025 among the changes to conditions and entitlements. The proposed Enterprise Agreement is yet to be approved by SAET.

## **33. Financial instruments/financial risk management**

### **33.1 Financial risk management**

Risk management is managed by the Department'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 Consolidated Entity's exposure to financial risk (liquidity risk, credit risk and market risk) is low due to the nature of the financial instruments held.

#### Liquidity risk

The Consolidated Entity is funded principally from appropriation by the SA Government. The Consolidated Entity 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, 23 and 24 for further information.

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Credit risk

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

Refer to notes 15, 16 and 33.2 for further information.

Market risk

The Consolidated Entity does not engage in hedging for its financial assets. Exposure to interest rate risk may arise through interest bearing liabilities, including borrowings. The Consolidated Entity'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, maturity analysis and the basis on which income and expenses are recognised with respect to each class of financial asset, financial liability and equity instrument are disclosed in the respective financial asset/financial liability note.

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.

	Notes	Consolidated		Parent	
		2025 Carrying amount/ Fair value \$'000	2024 Carrying amount/ Fair value \$'000	2025 Carrying amount/ Fair value \$'000	2024 Carrying amount/ Fair value \$'000
<b>Category of financial asset and financial liability</b>					
<b>Financial assets</b>					
Cash and equivalent					
Cash and cash equivalents	14	1,279,407	1,000,684	752,360	593,305
Amortised Cost					
Receivables	15	467,832	417,144	221,717	204,534
Other financial assets	16	143,432	129,034	-	-
Fair value through statement of comprehensive income					
Other financial assets	16	6,938	1,404	-	-
Fair value through profit and loss					
Other financial assets	16	6,686	6,630	-	-
<b>Total financial assets</b>		<b>1,904,295</b>	<b>1,554,896</b>	<b>974,077</b>	<b>797,839</b>
<b>Financial liabilities</b>					
Financial liabilities at amortised cost					
Payables	23	563,918	513,316	348,870	308,239
Borrowings	24	-	-	-	-
Lease liabilities	24, 29	2,579,114	2,636,533	23,762	24,012
Other financial liabilities	27	133,935	115,990	-	-
<b>Total financial liabilities</b>		<b>3,276,967</b>	<b>3,265,839</b>	<b>372,632</b>	<b>332,251</b>

Statutory receivables and payables are excluded from these tables because they are not financial assets and financial liabilities. In government, certain rights to receive or obligations to pay cash may not be contractual but have their source in legislation. The disclosure requirements of AASB7 *Financial Instruments* do not apply to statutory receivables and payables.

**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. For the Department, no impairment losses were recognised in relation to contract assets during the year. For the Consolidated Entity, impairment losses were recognised in relation to contract assets during the year (refer to note 18).

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The Consolidated Entity 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 Consolidated Entity.

To measure the expected credit loss, receivables are grouped based on shared risk characteristics and the days past due. When estimating expected credit loss, the Consolidated Entity 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 Consolidated Entity'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 loss is a significant estimate. The Consolidated Entity'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:

CONSOLIDATED	30 June 2025			30 June 2024		
	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000
<b>Days past due</b>						
Current	0.1 - 23.6%	57,188	3,400	0.1 - 25.4%	52,250	3,479
<30 days	0.2 - 27.0%	32,869	3,479	0.2 - 28.3%	29,660	3,036
31-60 days	0.4 - 43.1%	18,361	3,407	0.4 - 47.3%	17,014	2,983
61-90 days	0.7 - 54.0%	12,019	4,164	0.7 - 60.5%	12,386	2,394
91-120 days	1.0 - 59.5%	8,536	3,090	1.0 - 66.5%	10,809	3,363
121-180 days	2.1 - 67.2%	11,420	4,817	2.0 - 74.2%	8,400	3,566
181-360 days	4.5 - 90.9%	25,686	16,938	4.0 - 89.5%	25,696	17,845
361-540 days	7.0 - 100.0%	16,340	12,607	7.9 - 100.0%	13,387	10,849
>540 days	8.0 - 100.0%	32,389	23,076	9.1 - 100.0%	22,609	13,314
<b>Total</b>		<b>214,808</b>	<b>74,978</b>		<b>192,211</b>	<b>60,829</b>

PARENT	30 June 2025			30 June 2024		
	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000
<b>Days past due</b>						
Current	0.2%	2,980	7	0.2%	2,680	6
<30 days	0.4%	284	1	0.4%	460	2
31-60 days	0.9%	134	1	1.0%	9	-
61-90 days	1.8%	7	-	1.8%	2,703	49
91-120 days	2.9%	-	-	3.0%	12	-
121-180 days	3.9%	3	-	4.3%	46	2
181-360 days	12.8%	1,616	207	12.1%	75	9
361-540 days	33.3%	2,720	905	32.5%	35	12
>540 days	38.4%	8,958	3,440	37.6%	9,392	3,535
<b>Total</b>		<b>16,702</b>	<b>4,561</b>		<b>15,412</b>	<b>3,615</b>

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**34. Budget performance**

The budget performance table compares the Consolidated Entity's outcomes against budget information presented to Parliament in the original budget financial statements (Budget Paper 4). The original budget for the Department and the Minister includes budgets for PHSA and CEIH, which are excluded from original budget amounts for the Consolidated Entity reported below. The budget amounts have not been adjusted to reflect revised budgets or administrative restructures. Explanations are provided for variances that exceed 10% of the original budgeted amount and 5% of original budgeted total expenses. The budget process is not subject to audit.

<b>Consolidated</b>	<b>Original Budget 2025 \$'000</b>	<b>Actual 2025 \$'000</b>	<b>Variance \$'000</b>
<b>Statement of Comprehensive Income</b>			
<b>Income</b>			
Revenues from SA Government	6,033,526	6,461,124	427,598
Fees and charges	802,885	928,110	125,225
Grants and contributions	2,664,691	2,717,383	52,692
Interest	8,110	18,464	10,354
Resources received free of charge	107,451	135,889	28,438
Other revenues/income	26,268	43,561	17,293
<b>Total Income</b>	<b>9,642,931</b>	<b>10,304,531</b>	<b>661,600</b>
<b>Expenses</b>			
Employee related expenses	5,470,079	5,757,193	(287,114)
Supplies and services (a)	2,862,594	3,281,671	(419,077)
Depreciation and amortisation	321,777	355,556	(33,779)
Grants and subsidies	52,429	44,165	8,264
Borrowing costs	205,689	204,737	952
Impairment loss on receivables	5,324	10,631	(5,307)
Net loss from disposal of non-current assets and other assets	(612)	9,026	(9,638)
Other expenses	86,741	95,515	(8,774)
<b>Total Expenses</b>	<b>9,004,021</b>	<b>9,758,494</b>	<b>(754,473)</b>
<b>Net result</b>	<b>638,910</b>	<b>546,037</b>	<b>(92,873)</b>
<b>Other Comprehensive Income</b>			
<b>Items that will not be reclassified to net result</b>			
Changes in property, plant and equipment asset revaluation surplus	-	94,241	94,241
<b>Items that will be reclassified subsequently to net result when specific conditions are met</b>			
Gains/(losses) recognised directly in equity	-	10,450	10,450
<b>Total Other Comprehensive Income</b>	<b>-</b>	<b>104,691</b>	<b>104,691</b>
<b>Total Comprehensive Result</b>	<b>638,910</b>	<b>650,728</b>	<b>11,818</b>

- (a) Unfavourable variance for supplies and services is attributed to:
- increased hospital activity; and
  - increased costs associated with the provision of services across the health system.

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	<b>Original Budget 2025 \$'000</b>	<b>Actual 2025 \$'000</b>	<b>Variance \$'000</b>
<b>Investing expenditure summary</b>			
Total new projects	52,706	24,309	28,397
Total existing projects (b)	740,677	562,402	178,275
Total annual programs	58,458	85,652	(27,194)
Total Leases	12,350	52,028	(39,678)
<b>Total investing expenditure</b>	<b>864,191</b>	<b>724,391</b>	<b>139,800</b>

(b) The favourable variance between original budget and existing projects actuals mainly relates to reprofiling of projects into future years and underspends, partially offset by unfavourable variance from reprofiling and overspends.

<b>Specific projects that have contributed to the favourable variance include:</b>	<b>Favourable variance \$ million</b>
New Women's and Children's Hospital	73.1
Flinders Medical Centre Upgrade and Expansion	40.6
New Mount Barker Hospital	23.9
Women's and Children's Hospital Upgrade – Additional Sustainment	7.5
Mount Gambier Hospital emergency department	7.0
<b>Specific projects with an unfavourable variance include:</b>	
New ambulance headquarters	(11.2)
Metropolitan mental health beds (TQEH)	(8.8)

### 35. Significant transactions with government related entities

The Consolidated Entity is controlled by the SA Government.

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

Significant transactions with the SA Government are identifiable throughout this financial report. The Consolidated Entity received funding from the SA Government (note 2), and incurred significant expenditure with the Department for Infrastructure and Transport (DIT) for capital works of \$469.057 million (\$363.748 million) and occupancy rent and rates of \$19.795 million (\$20.556 million) (note 9).

Refer to notes 3, 9, 10, 15 and 23 for information about transactions between the Department and the LHNs and SAAS.

In addition, the Consolidated Entity has lease arrangements (both as lessee and as lessor) with other SA Government controlled entities. The premises are provided/received at nil or nominal rental with outgoings such as utilities being paid by the lessee.

### 36. Interests in other entities

The Consolidated Entity through its control of the LHNs has interests in a number of other entities as detailed below.

#### Controlled Entities

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

LHNs in country areas have effective control over, and a 100% interest in, the net assets of the Health Advisory Councils (HACs). The HACs were established as a consequence of the *Health Care Act 2008* being enacted and certain assets, rights and liabilities of the former Hospitals and Incorporated Health Centres were vested in them with the remainder being vested in the respective LHN.

By proclamation dated 26 June 2008, the following assets, rights and liabilities were vested in the HACs:

- all real property, including any estate, interest or right in, over or in respect of such property except for all assets, rights and liabilities associated with any land;
- all real property, including any estate, interest or right in, over or in respect of such property except for all assets, rights and liabilities associated with any land dedicated under any legislation dealing with Crown land; and
- all funds and personal property held on trust and bank accounts and investments that are solely constituted by the proceeds of fundraising except for all gift funds, and other funds or personal property constituting gifts or deductible contributions under the *Income Tax Assessment Act 1997* (Commonwealth).

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The above assets, rights and liabilities of the former Hospitals whose HAC elected not to be incorporated were vested in the Country Health Gift Fund Health Advisory Council Inc. The Country Health Gift Fund Health Advisory Council Inc and its associated Gift Fund Trust (GFT) have now been dissolved following the finalisation of the transfer of net assets from the GFTs associated with the previously unincorporated HACs (dissolution by Government Gazette, effective 30 May 2025).

The HACs have no powers to direct or make decisions with respect to the management and administration of LHNs.

**Joint arrangements**

**The Consolidated Entity participates in the following joint operations:**

<b>Name of arrangement</b>	<b>Nature of the arrangement</b>	<b>Principal activity</b>	<b>Location</b>	<b>Interest</b>
South Australian Immunogenomics Cancer Institute	Agreement between The University of Adelaide and Central Adelaide Local Health Network (CALHN).	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	50%
Centre for Cancer Biology Alliance – ceased 31 December 2024	Agreement between the University of South Australia and CALHN.	Undertake health and medical research in South Australia as an integrated clinical, educational and research activity, with a focus on cancer research.	Adelaide	50%

**The Consolidated Entity participates in the following joint venture:**

<b>Name of arrangement</b>	<b>Nature of the arrangement</b>	<b>Principal activity</b>	<b>Location</b>	<b>Interest</b>
Flinders Fertility	Agreement between Flinders Reproductive Medicine Pty Ltd and Southern Adelaide Local Health Network Incorporated.	Provision of equitable and accessible fertility treatment.	Adelaide	50%

Flinders Reproductive Medicine Pty Ltd (as Trustee for Flinders Charitable Trust, trading as Flinders Fertility) is structured as a private trust which is not a reporting entity and is not publicly listed. The Consolidated Entity and Flinders University each have a 50% beneficial entitlement to the net assets of the trust. Accordingly, the interest is classified as a joint venture with the investment measured using the equity accounting method.

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

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

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

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**37. 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:

<b>Board/committee name</b>	<b>Government employee members</b>	<b>Other members</b>
Department for Health and Wellbeing - Audit and Risk Committee	-	Evans J (Chair), Deegan V, Aitken P Dr, Dreckow J
Department for Health and Wellbeing - Clinical Expert Committee	21	Dabars E, Sawyer B Dr, Otto K (appointed 30/08/2024), Watkins L
Department for Health and Wellbeing - Controlled Substances Advisory Council	4	Macintyre P Prof, Somogyi A Prof, Reeve M Dr, Reynolds C Dr (resigned 01/09/2024), Johns R (resigned 12/09/2024), Smith J, Rogers R
Department for Health and Wellbeing - Equally Well Working Group	-	English L, Nyamande K (appointed 17/07/2024), Haydon J, O'Loughlin E (appointed 17/07/2024)
Department for Health and Wellbeing - Human Research Ethics Committee	1	Elliott J A/Prof, Gibson T A/Prof (resigned 30/06/2025), Strickland A (resigned 31/12/2024), Haynes C (resigned 31/12/2024), Milazzo A Dr, Parrella A (resigned 28/02/2025) Dr, Bradley C Dr (resigned 31/10/2024), Carter D Dr (resigned 30/04/2025), Buckley E Dr (resigned 30/09/2025), Sharplin G Dr, Stephens J Dr (resigned 30/04/2025), Scheibner J (resigned 31/12/2024), Teh K Dr, Butler M Dr, Jones M Dr (resigned 30/04/2025), Bell G (resigned 30/12/2024), Grant J, Needs K (resigned 31/10/2024), Bte Mohamed Rahim N (resigned 31/12/2024), Braunaeker-Mayer A Prof (Chair), Roder D Prof (resigned 31/12/2024), Palmer L Prof, Najjar R, Hewitt A Rev (resigned 31/10/2024), Rundle N Rev (resigned 30/04/2025), Thompson S Rev (resigned 30/04/2025), Ross-Taylor S
Department for Health and Wellbeing - Human Rights and Coercion Reduction Committee	5	Harris G, English L, Simpson T, Williams J Dr, Jureidini J, James I, Singh L, Robinson M (appointed 01/07/2024), Hodges E (appointed 01/07/2024), Lawn S (appointed 01/07/2024), Allan T (appointed 01/07/2024), Hyland C (appointed 01/07/2024)
Department for Health and Wellbeing - Lived Experience Advisory Group	1	Haydon J, English L(Chair), Braund S, O'Loughlin E, Singh L, Bartsch A, Crees R, Lucas G, Nyamande K, Singh J, Stellason F, Bickley B, Marsh M
Department for Health and Wellbeing - Mental Health Leadership Group	16	Haydon J, English L
Department for Health and Wellbeing - Mental Health Strategy and Planning Advisory Group	12	Oudth E, Nowak H, English L, Haydon J
Department for Health and Wellbeing - Paediatric Cochlear Implant Program Review - Independent Oversight Committee	4	Phillips A, Carroll L, Salter N, Baggoley C Prof (Chair)
Department for Health and Wellbeing - Prescribed Psychiatric Treatment Panel	1	Elliott J A/Prof, Camilleri C Dr, Smith J, Simpson T, Edwards B Dr, Coyne T Dr, Paterson T Dr
Department for Health and Wellbeing - Psychological Support Program Working Group	-	Tong L (appointed 24/03/2025), Esposito C (appointed 24/03/2025), Russell-Arnot (appointed 24/03/2025)

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<b>Board/committee name</b>	<b>Government employee members</b>	<b>Other members</b>
Department for Health and Wellbeing - SA Teletrials Advisory Committee	17	Gonzalez-Chica D A/Prof (resigned 09/11/2024), Jones M A/Prof (resigned 09/11/2024), McKay C (resigned 09/11/2024), Williams J Dr (resigned 09/11/2024), Roberts I (resigned 09/11/2024), Bowden B Prof (resigned 09/11/2024), Hughes J Prof (resigned 09/11/2024), Stocks N Prof (resigned 09/11/2024), Goode S (resigned 09/11/2024), Keech W (resigned 09/11/2024), Parker H (resigned 09/11/2024), Delaney S (resigned 09/11/2024), Shams L (resigned 09/11/2024), Geyer B Dr (resigned 09/11/2024), Carne L (resigned 09/11/2024)
Department for Health and Wellbeing - SA Voluntary Assisted Dying Review Board	1	Hunt R Dr (resigned 30/06/2025), May G (resigned 30/06/2025), Stone H (resigned 30/06/2025), Walker H (resigned 30/06/2025), Dawkins J (resigned 30/06/2025), Smith M (resigned 30/06/2025), Jozepts R (resigned 30/06/2025), Zadow R
Department for Health and Wellbeing - Safety Learning System (SLS) Communities of Practice	37	Cole B, Bickley B
Department for Health and Wellbeing - South Australian Formulary Committee	16	Bruce-Gordon S, Artis T, Mittal R Dr, Edney L Dr
Department for Health and Wellbeing - South Australian Medical Education and Training Health Advisory Council	18	Llewellyn A Dr, Craig J Prof (resigned 07/12/2024), Forsyth K Prof (resigned 28/08/2024)
Department for Health and Wellbeing - South Australian Medical Education and Training Health Advisory Council Accreditation Committee	8	Need P Dr, Omond K Dr, Lbeljic M Dr, Llewellyn A Dr, Tate S Dr (resigned 14/03/2025)
Department for Health and Wellbeing - South Australian Medicines Advisory Committee	21	Kardachi G, Wiley J, Clancy A, Stocks N Prof
Department for Health and Wellbeing - South Australian Palliative Care Navigation Pilot Steering Committee	11	Paardekooper C (resigned 30/06/2025), Joshi S Dr (resigned 30/06/2025), Hourigan K (resigned 30/06/2025), Mills S (resigned 30/06/2025)
Department for Health and Wellbeing - South Australian Public Health Council	-	Darzanos J, Ryder C, Moore N, Jenkins M
Department for Health and Wellbeing - STI and HIV Subcommittee	10	Rutland A, Tsephe A, Carroll C, Shrubsole C, Williams E, Morrison K, Rafique M, Betts S, Bartlett S (Chair), Skene H, Morgan J, Leane K, Dugan P, Brandon N, March L, Elliot S Dr, Grant J, Mark B, Riessen J, Brass
Department for Health and Wellbeing - Strategic Mental Health Quality Improvement	32	Lucas G, Singh L (appointed 01/10/2024)
Department for Health and Wellbeing - Trauma Informed Practice Working Group	1	Hofhuis C, English L, Braund S, Gayler M
Department for Health and Wellbeing - TZS OCP Development Committee	6	Kuys J, Murray S
Department for Health and Wellbeing - Veteran's Advisory Health Council	5	Rungie A, Langford W, Lampard F, Hill R (resigned 09/03/2025), William D, Klinge N (resigned 27/05/2025), Ciplys M (resigned 22/06/2025), Mcfarlane A Prof, Prier K (resigned 22/06/2025), De Salvi A Dr, Wadham B Prof (resigned 22/06/2025), May K Dr (resigned 22/06/2025)
Department for Health and Wellbeing - Viral Hepatitis Model of Care (VHMOC) Reference Group	26	Riessen J, Mark B, Leonard J Dr, Safi S (appointed 04/07/2024), Oliver-Landry E Dr, Paterson K, Warneke-Arnold D, Oudth E, Rafique M, Williams E
Department for Health and Wellbeing - Viral Hepatitis Subcommittee (HAPI Group)	6	Safi A, Holly C, Thorpe C, Harris D, Landers D, Williams E, Grant J (Chair), Riessen J, Paterson K, Morrison K, Bellifemini L, Rafique M, Safi S, Wright S, Bartlett S, Shipley T

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<b>Board/committee name</b>	<b>Government employee members</b>	<b>Other members</b>
Department for Health and Wellbeing - Youth Mental Health Model of Care Implementation Working Group	10	Tong L
Barossa Hills Fleurieu Local Health Network Audit and Risk Committee	-	Russell G (Chair), Batt R, Zimmermann A, Tedesco H
Barossa Hills Fleurieu Local Health Network Clinical Governance Committee	8	Williams H (Chair), Tedesco H
Barossa Hills Fleurieu Local Health Network Consumer and Community Engagement Committee	6	Blackwell P (Chair), Zimmermann A, Brooks J, Hourigan K, Richardson H
Barossa Hills Fleurieu Local Health Network - Country Health Gift Fund Health Advisory Council Inc	2	Fuller J (Chair)
Barossa Hills Fleurieu Local Health Network Governing Board	-	Hazel J (Chair), Batt R, Blackwell P, Gaston C (resigned 30/6/2024), Russell G, Williams H, Zimmermann A, Tedesco H (appointed 01/07/2024), Watson I (appointed 01/07/2024, resigned 31/01/2025)
Barossa Hills Fleurieu Local Health Network - Rural Support Service Governance Committee	3	Batt R (Chair), Blackwell P, Cook L, Ottaway M, Dunchue L, Badenoch J, Irving J
Central Adelaide Local Health Network - Allied Health Directorate Clinical Governance Committee	15	Faik C (appointed 18/02/2025), Jong J (appointed 17/06/2025), Joyce M (appointed 17/06/2025), Heydrich S (resigned 18/02/2025), Kelly P (appointed 20/08/2024)
Central Adelaide Local Health Network - AusHealth Corporate Pty Ltd	2	Cole D (appointed 18/11/2024), Johansen G (resigned 06/06/2025), Hayden S (resigned 15/05/2025), Healey R (appointed 20/01/2025), Livesey S Dr, Paradiso J (appointed 02/06/2025)
Central Adelaide Local Health Network - AusHealth Hospital Research Fund Ltd	2	Cole D (appointed 18/11/2024), Johansen G (resigned 06/06/2025), Hayden S (resigned 15/05/2025), Healey R (appointed 20/01/2025), Livesey S Dr, Paradiso J (appointed 02/06/2025)
Central Adelaide Local Health Network - BreastScreen SA State Quality Committee	6	Beckmann K Dr, Eaton M Dr, Kerrins E, Roder D Prof, Smith K
Central Adelaide Local Health Network Clinical Ethics Committee	9	Cardinali R, Thorpe A
Central Adelaide Local Health Network - Clinical Governance and Quality Committee	13	Touli S
Central Adelaide Local Health Network - Consumer Carer Advisory Group	8	Bickley B, Blake S, Burns T, Cruz J, Earle-Bandaralage L, Edwards L (appointed 14/11/2024, resigned 04/02/2025), Joyce M, Law D (resigned 09/12/2024), Lucas G, Podmore N (appointed 14/11/2024), Rowley E (appointed 14/11/2024), Strzelecki R (appointed 14/11/2024)
Central Adelaide Local Health Network Critical Care & Perioperative Program Intensive Care Services Quality and Governance Committee	44	Bampton J, Bickley B, Bruce K, How C, Johns P, Kelly P, Venhoek J, Workman D, Yeend K
Central Adelaide Local Health Network Critical Care & Perioperative Program Perioperative Services Quality and Governance Committee	35	-
Central Adelaide Local Health Network - Critical Care and Periop Consumer Representative Committee	17	Bruce K, How C, Kelly P, Yeend K
Central Adelaide Local Health Network Drug and Therapeutics Committee	34	Cullen M

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<b>Board/committee name</b>	<b>Government employee members</b>	<b>Other members</b>
Central Adelaide Local Health Network Executive Quality Governance Committee	43	Bruce K (resigned 11/04/2025), Knight S, Otto K (appointed 05/05/2025)
Central Adelaide Local Health Network - General Medicine Safety and Quality Committee	24	Otto K (appointed 14/10/2024)
Central Adelaide Local Health Network Geriatric Safety and Quality Committee	40	Curry M, Otto K
Central Adelaide Local Health Network Governing Board	-	Beilby J Prof, Cantley K, Dwyer J Prof, Hanlon P (resigned 30/06/2025), Haythorpe I, Kilpatrick C, Mohamed J (resigned 02/10/2024), Spencer R (Chair)
Central Adelaide Local Health Network Governing Board Audit and Risk Committee	-	Batt R, Cantley K, Davis E (resigned 07/05/2025), Mohammed J (resigned 02/10/2024), Haythorpe I (Chair)
Central Adelaide Local Health Network Governing Board	-	Beilby J Prof (Chair), Bruce K (appointed 25/02/2025), Fyfe D, Kilpatrick C, Liddle L Dr (appointed 25/02/2025), McWhinnie S (resigned 03/07/2024), Touli S (resigned 06/11/2024), Haythorpe I
Clinical Governance and Consumer Engagement Committee	1	Cantley K, Hanlon P (resigned 30/06/2025), Kilpatrick C
Central Adelaide Local Health Network Governing Board Finance and Investment Committee	-	Dwyer J Prof, Hanlon P (resigned 30/06/2025), McEwen K, Mohamed J (resigned 02/10/2024)
Central Adelaide Local Health Network Governing Board People and Culture Committee	46	Carroll N
Central Adelaide Local Health Network - Heart and Lung Safety and Quality Committee	7	Air T, Bonython J, Bradshaw A, Crabb A (resigned 01/08/2024), Crockett J, Cullen J, Digance A, Dykes L, Faulbaum S, Fisher A, Greenberg Z (resigned 14/01/2025), Need A A/Prof, Newsham P, Parry C (resigned 21/10/2024), Partridge G, Phillips C, Piccolo R, Ruediger C, Slater H
Central Adelaide Local Health Network Integrated Care Clinical Governance Committee	-	Jobling D (appointed 17/07/2024), North V (resigned 12/06/2025), Soggee R (appointed 17/07/2024), Wing M
Central Adelaide Local Health Network - Learning from Dying Committee	34	Anderson R
Central Adelaide Local Health Network - Priority Care Committee: CALHN Clinical Trials	34	Black J (appointed 21/10/2024), Kerr K (resigned 11/09/2024), Tunn G (resigned 22/04/2025), Uffindell A (appointed 23/05/2025)
Central Adelaide Local Health Network - Priority Care Committee: Communicating for Safety	43	Curry M, Raschella F
Central Adelaide Local Health Network - Priority Care Committee: Comprehensive Care	45	Anderson R, Bickley B, Coates P (resigned in 2024), Curry M, Messing L (resigned in 2024)
Central Adelaide Local Health Network - Priority Care Committee: Managing Deterioration	49	Bickley B
Central Adelaide Local Health Network - Priority Care Committee: Patient Blood Management	55	Caldwell N, Johns P, Kowalski S, Venhoek J
Central Adelaide Local Health Network - Priority Care Committee: Standard 2 Consumer Partnering	-	Bampton J (resigned 01/12/2024), Curry M, Klemm G, McMahon J (resigned 24/09/2024), Sealey C (appointed 06/02/2025), Soggee R (appointed 06/02/2025)
Central Adelaide Local Health Network - Renal Community of Practice Steering Committee	22	Fitzgerald A (appointed 01/03/2025), Lester R, Robson B, Russell C (appointed 01/09/2024), resigned 01/01/2025), Weber D, Williams K

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<b>Board/committee name</b>	<b>Government employee members</b>	<b>Other members</b>
Central Adelaide Local Health Network - SA Brain Injury Rehabilitation Service Consumer Advisory Group	2	Bollella D, Crawford S, Francese L, Hoile L, Long J, Makrid D, Morgan T (Chair)
Central Adelaide Local Health Network - SA Dental Consumer Representative Group	-	Barker S, Hunt P, Janmaat P, Kendal R, Lockhart F, Milne L (resigned 22/08/2024), Musakanye S, Saunders C, Truong T, Whiteway L (Chair)
Central Adelaide Local Health Network - SA Dental Services Consumer Advisory Panel	2	Boswell E, Costa D Dr, Ireland K, Matiasz S Dr, O'Malley L, Rowberry S (appointed 20/02/2025), Saunders C, Smith S, Stephenson-Jones T, Whiteway L, Zerna J
Central Adelaide Local Health Network - SCSS Audit and Risk Committee	7	Davies T (Chair)
Central Adelaide Local Health Network - Statewide Clinical Support Services Committee	3	Beilby J Prof, Donaghy T, Luehich M, Smith M (resigned 16/05/2025)
Central Adelaide Local Health Network - Stroke Community of Practice Strategic Executive Committee (this committee is temporarily on hold)	36	Chamberlain S, Stirling M (appointed 10/04/2025), Whitlam K
Central Adelaide Local Health Network - The Queen Elizabeth Hospital Emergency Department Steering Committee (This committee terminated 19 June 2024, final payment made 2024-25 FY)	23	Myers A (resigned 19/06/2024)
Central Adelaide Local Health Network - Yaiyya Marninyarla Kangka Committee (Aboriginal Priority Care Committee)	28	Miller J, Touli S (appointed 02/05/2025)
Eyre and Far North Local Health Network - Audit and Risk Management Committee	1	Smith T (Chair appointed 01/10/2025), Sweet C
Eyre and Far North Local Health Network - Clinical Governance Committee	-	Mills P Dr (Chair), Siviour J (ended 31/07/2024), Auhl P, Blacker P
Eyre and Far North Local Health Network - Consumer, Community and Clinician Engagement Committee	-	Siviour J (Co Chair), Thyer C (Co Chair)
Eyre and Far North Local Health Network - Digital Strategy Committee	-	Auhl P (Chair), Siviour J (appointed 01/08/2024),
Eyre and Far North Local Health Network - Finance and Performance Committee	-	Dunchue L (Chair), Sweet C
Eyre and Far North Local Health Network Governing Board	1	Smith M (Chair), Dunchue L, Mills P Dr, Siviour J, Sweet C, Thyer C, Auhl P, Smith T (resigned 30/09/2024)
Flinders and Upper North Local Health Network Clinical Governance Committee	-	Malone G (Chair), Plew S (resigned 01/12/2024), Screen A (resigned 01/12/2024), Ward R, Warren C (resigned 01/12/2024), Fullerton C, Brown C
Flinders and Upper North Local Health Network Consumer and Community Engagement Committee	-	Reid K (Chair), Shute J, Screen A (resigned 01/12/2024), Plew S (resigned 01/12/2024), Reynolds P, Brown C, Whitfield M, Warren C, Fullerton C (resigned 01/12/2024)
Flinders and Upper North Local Health Network Finance and Performance	-	Cogan S, Malone G, McRae R.
Flinders and Upper North Local Health Network Governing Board	-	McRae R (Chair), Graham S, Malone G, Cogan S, Ward R, Warren C, Fullerton C, Whitfield M (resigned 01/07/2024)

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Flinders and Upper North Local Health Network Risk Management and Audit Committee	-		Prestwich P, Whitfield M (resigned 01/07/2024), Graham S, Ward R, Cogan S, McRae R
Limestone Coast Local Health Network Audit and Risk Management Committee	-		Bishop L (Chair), Irving J, Rappensberg G, McKenzie C, Pearson C
Limestone Coast Local Health Network Clinical Governance Committee	-		Saies A (Chair), Rappensberg G, James P
Limestone Coast Local Health Network Engagement Strategy Oversight Committee	-		Cook L (Chair), Davidson J, Groth K
Limestone Coast Local Health Network Finance and Performance Committee	-		Irving J (Chair), Cook L, Bishop L
Limestone Coast Local Health Network Governing Board	-		Saies A (Chair) (appointed 01/07/2024), Cook L, Irving J, Bishop L, Rappensberg G, McKenzie C, Groth K, Davidson J, King G, James P
Northern Adelaide Local Health Network Clinical Governance Committee	-		Roesler C (Chair), Culley A, Lampard F, Lynch I, Naidoo M, Searle J
Northern Adelaide Local Health Network Consumer Advisory Board	-		White A (Chair), Dahal K, Mossop J, Putsey P, Spargo J
Northern Adelaide Local Health Network Consumer Community	4		Baker K, Bonato K, Catley P, Chester M, Coleman L, Dahal K, Damgaard H, Dimitropoulos T, Foong J, Gadd R, Grinter M, Hassan R, Irvine S, MacFarlan C, Maiorana B, Mossop J, Putsey P, Radic S, Radoslovich H, Raina M, Rowa J, Simpson T, Spargo J, Streiber N, Swietek W, Wegener M, White A, Whittle S
Northern Adelaide Local Health Network Governing Board	-		Searle J (Chair), Culley A, Gregory B, Lampard F, Naidoo M, Patetos M, Roesler C, Swan D
Northern Adelaide Local Health Network Finance Audit and Risk Committee	-		Swan D (Chair), Culley A, Gregory B, Patetos M, Powell D, Searle J
Northern Adelaide Local Health Network and Department for Health and Wellbeing Aboriginal Consumer Reference Group	-		Wanganeen K (Chair), Chisholm K, Lamont J, O'Brien M, Sinclair N, Stengle A, Turner B, Varcoe E, Wanganeen E, Weetra R
Riverland Mallee Coorong Local Health Network Governing Board	-		Ashworth E (Chair), Goldsmith C, Ottaway M, Toogood F, Waters S, Hearn R, Joyner P (resigned 31/12/2024), Valentine R (appointed 01/07/2024), Rischbieth P (appointed 01/01/2025)
Riverland Mallee Coorong Local Health Network Risk and Audit Committee	-		Brass P (Chair), Goldsmith C, Ottaway M, Valentine R, Ashworth E, Joyner P (resigned 31/12/2024)
SA Ambulance Service Inc - Assurance and Risk Committee	-		Zimmerman A (Chair), Beilby J Professor, Deally Y, McLlroy A
SA Ambulance Service Inc - Clinical Governance Committee	6		Beilby J Professor (Chair), Hibbert P, Marshall J, Dr Thomson N, Farrugia S
SA Ambulance Service Inc - Consumer and Community Advisory Committee	-		Ashley I, Caldwell B, Chester M, Cook C, Earle-Bandaralage L, Kirk P (Co-Chair), Marshall J, Mercer K, Pletsch A, Pilkington J, Saunders C, Salisbury A, Whiteway L, Murray R, Braund S
SA Ambulance Service Inc - Finance Committee	8		McIlroy A (Chair), Murray R
SA Ambulance Service Inc - ICT Governance Committee	3		Deally Y (Chair)
SA Ambulance Service Inc - NSQHS Steering Committee	12		Kirk P, Chester M
SA Ambulance Service Inc - Service Delivery Committee	26		Braund S, Salisbury A

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<b>Board/committee name</b>	<b>Government employee members</b>	<b>Other members</b>
Southern Adelaide Local Health Network - Audit and Risk Sub Committee (Sub Committee of the Governing Board)	-	Hickey V (Chair), Forman A, Noble J (resigned 28/09/2024)
Southern Adelaide Local Health Network - Board Executive Committee (Sub-Committee of the Governing Board)	-	Butcher M (Chair), Mitchell J, Hickey V, Mackean T (appointed 01/07/2024)
Southern Adelaide Local Health Network - Clinical Council	47	Duong M, Voss D
Southern Adelaide Local Health Network - Clinical Governance (Sub-Committee of the Governing Board)	-	Eckert M, Kirkpatrick E, Kennedy C, Mackean T (resigned 19/09/2024), Mitchell J, Sherbon A (Chair), Wren K (resigned 13/10/2024)
Southern Adelaide Local Health Network - Communicating for Patient Safety Committee	60	Crocker H
Southern Adelaide Local Health Network - Comprehensive Care Committee	44	Stankowski C
Southern Adelaide Local Health Network - Consumer and Community Operational Committee	30	Ball R, Burtmik E, Clarke S (appointed 01/07/2024), Creeks J (appointed 01/07/2024), Andrews K (appointed 01/07/2024), Voss D, Gray H, Pengilly J, Wharton J (resigned 31/01/2025).
Southern Adelaide Local Health Network - DASSA Clinical Executive Committee	10	Newrick K
Southern Adelaide Local Health Network - DASSA Community Advisory Council (Committee ceased 25/03/2025)	1	Brownbill S (resigned 25/03/2025), Dwyer S (Chair) (resigned 25/03/2025), Fuller D (resigned 25/03/2025), Halls A (resigned 25/03/2025), Honeyman L (resigned 25/03/2025), Lochhead S (resigned 25/03/2025), Moncrieff D (resigned 25/03/2025), Newrick K (resigned 25/03/2025), Cotter B (resigned 25/03/2025), Cramp T (resigned 23/07/2024), Moss C (resigned 28/08/2024), Nimmo E (resigned 25/03/2025), O'Brien J (resigned 25/03/2025)
Southern Adelaide Local Health Network - DASSA Leadership Committee	7	O'Brien J, Moncrieff D (appointed 25/07/2024)
Southern Adelaide Local Health Network - Drugs and Therapeutics Committee	27	Pascoe P
Southern Adelaide Local Health Network - End of Life Steering Committee	15	Barrington D, Phelan C, Gray H
Southern Adelaide Local Health Network - Finance and Performance Committee (Sub-Committee of the Governing Board)	1	Sherbon T, Noble J (resigned 28/09/2024), Belej M, Kirkpatrick E (appointed 28/10/2024), Rowlands K (appointed 18/07/2024)
Southern Adelaide Local Health Network - Governing Board	-	Butcher M (Chair), Hickey V, Kirkpatrick E, Mitchell J, Noble J (resigned 28/09/2024), Sherbon A, Agius A (appointed 01/07/2024), Rowlands K (appointed 01/07/2024)
Southern Adelaide Local Health Network - Marion Lived Experience Group Mental Health Services	4	Bickley B (Chair), English L, Police D
Southern Adelaide Local Health Network - Mental Health Consumer and Carer Advisory Group	11	Bickley B (appointed 11/07/2024), Braund S (resigned 11/07/2024), Clark W, Corena M, Marsh D (resigned 01/04/2025), Bannister E (resigned 01/04/2025), Harrison J (resigned 11/07/2024), Hopkins R (resigned 11/07/2024), Gallagher K (appointed 11/07/2024), Smith K (appointed 11/07/2024), Martin L (resigned 01/04/2025), Heredia M (appointed 11/07/2024), Buer S (resigned 01/04/2025), Thorsen K (appointed 01/04/2025)
Southern Adelaide Local Health Network - Mental Health Services Noarlunga Lived Experience Group	4	Buer S (Chair), Hopkins R, Marshall H, Oakley T

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<b>Board/committee name</b>	<b>Government employee members</b>	<b>Other members</b>
Southern Adelaide Local Health Network - New Technology and Clinical Practice Innovation Committee	13	Kaambwa B, Burtnik E
Southern Adelaide Local Health Network - Older Persons Lived Experience Group Mental Health Services	11	Brown L, Clark W (Chair), Eckert N, Lillecrapp D, Masters R, Schettlers J, Werner J, Whitmore A
Southern Adelaide Local Health Network - Ramping Committee (Sub-Committee of the Governing Board) (Committee ceased July 2024)	-	Butcher M, Richter J, Sherbon T
Southern Adelaide Local Health Network - SEDS	1	Corena M (Chair), McGregor A, James S, Rouvray L, Woolford L, Braund S, Witt K, Higgins K, Wilkins H
Southern Adelaide Local Health Network - Southern Adelaide Clinical Human Research Ethics Committee	30	Adey-Wakeling T, Cahalan P, Coles S, Dykes L, Guaqueta C, Lange B (Deputy Chair), Lower K, McEvoy M, Mudd A, Phillips C, Putsey T, Sharma S, Shephard S, Souzeau E, Spencer M, Thomas J, Trethewey C, Trethewey Y, Van Lueven J, Velayudham P, Watt B, Were L, Yip L, Zhou Y, Toews M, Stacey A, Telfer R (appointed 16/04/2025)
Southern Adelaide Local Health Network - Veterans Lived Experience Group Mental Health Services	8	Frampton R (Chair), Damare M, Hall R (Consumer Representative), O'Malley J, Schofield M (Consumer Representative), Warren S
Women's and Children's Local Health Network - Audit and Risk Committee	-	Daw S (Chair), Dennis C, Tsogas A
Women's and Children's Local Health Network - Clinical Governance Group	-	Daw S (Chair), Cadzow M, Griffin L, Healey T, Dennis C, Morris S, Everett D
Women's and Children's Local Health Network - Governing Board	-	Dennis C (Chair), Daw S (Deputy Chair), Miller S, Wilson B, Donaghy T, Everett D, Morris S, Davis E
Women's and Children's Local Health Network - Finance and Performance	-	Wilson B (Chair), Morris S, Dennis C
Yorke and Northern Local Health Network - Audit and Risk Committee	-	Banham D (Chair), Badenoch J, Traeger E, O'Connor J
Yorke and Northern Local Health Network - Governing Board	1	Youmard J (Chair), Badenoch J, Banham D (resigned 30/06/2025), Coulthard G, Malcolm E (resigned 30/06/2025), O'Connor J, Thomas K

Refer to note 8.2 for remuneration of board and committee members

**THE DEPARTMENT FOR HEALTH AND WELLBEING**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2025**

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**38. Schedules of administered items**

**38.1 Basis of preparation**

The basis of preparation for the schedule of administered items is the same as the basis outlined in note 1.

**38.2 Categories of administered items**

*Special Acts* (Parent) administered items include the following:

- Minister for Health and Wellbeing's salary and allowances and revenues from SA Government received/receivable for these expenses; and
- Health and Community Services Complaints Commissioner's remuneration and revenues from SA Government received/receivable for these expenses.

*Health and Medical Research Fund (HMRF)* (Parent) represents royalty income received from commercialisation of intellectual property and contribution of funds for the purposes of health and medical research in South Australia.

*Private Practice* represents funds billed on behalf of salaried medical officers and subsequently distributed to the LHNs and salaried medical officers according to individual Rights of Private Practice Deeds of Agreement.

*Other* administered items include the following:

- SA Medical Boards;
- Medical Centres - represents fees and charges collected on behalf of doctors that work in Regional LHN owned Medical Centres;
- Research;
- Nurses education;
- Fund raising; and
- Strata Corp.

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

**38.3 Administered items - budgetary reporting**

Budget information for Special Acts and HMRF is presented to Parliament; Budget Paper 4 includes a statement of comprehensive income for administered items for the Department. The budget process is not subject to audit.

**THE DEPARTMENT FOR HEALTH AND WELLBEING  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
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**38.4 Schedules of administered items**

Consolidated	Special Acts		HMRF		Private Practice		Other		Total	
	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000	2025 \$'000	2024 \$'000
<b>Schedule of Administered Expenses and Income</b>										
<b>Administered income</b>										
Revenues from SA Government	670	643	-	-	-	-	-	-	670	643
Fees and charges	-	-	-	-	105,275	97,519	2,916	3,176	108,191	100,695
Other revenues	-	-	-	-	-	-	38	39	38	39
<b>Total Administered income</b>	<b>670</b>	<b>643</b>	<b>-</b>	<b>-</b>	<b>105,275</b>	<b>97,519</b>	<b>2,954</b>	<b>3,215</b>	<b>108,899</b>	<b>101,377</b>
<b>Administered expenses</b>										
Employee benefits expenses	670	643	-	-	-	-	60	60	730	703
Supplies and services	-	-	-	-	597	608	306	327	903	935
Depreciation expense	-	-	-	-	-	-	3	3	3	3
Other expenses	-	-	-	-	104,651	96,410	2,508	2,792	107,159	99,202
<b>Total Administered expenses</b>	<b>670</b>	<b>643</b>	<b>-</b>	<b>-</b>	<b>105,248</b>	<b>97,018</b>	<b>2,877</b>	<b>3,182</b>	<b>108,795</b>	<b>100,843</b>
<b>Net result</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>27</b>	<b>501</b>	<b>77</b>	<b>33</b>	<b>104</b>	<b>534</b>

**Schedule of Administered Assets and Liabilities**

<b>Administered current assets</b>										
Cash and cash equivalents	(79)	(152)	10,278	10,278	10,990	11,022	233	583	21,422	21,731
Receivables	79	152	-	-	6,117	6,878	59	21	6,255	7,051
<b>Total Administered current assets</b>	<b>-</b>	<b>-</b>	<b>10,278</b>	<b>10,278</b>	<b>17,107</b>	<b>17,900</b>	<b>292</b>	<b>604</b>	<b>27,677</b>	<b>28,782</b>
<b>Administered non-current assets</b>										
Property, plant and equipment	-	-	-	-	-	-	19	21	19	21
<b>Total Administered non-current assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>19</b>	<b>21</b>	<b>19</b>	<b>21</b>
<b>Total Administered assets</b>	<b>-</b>	<b>-</b>	<b>10,278</b>	<b>10,278</b>	<b>17,107</b>	<b>17,900</b>	<b>311</b>	<b>625</b>	<b>27,696</b>	<b>28,803</b>
<b>Administered current liabilities</b>										
Payables	-	-	-	-	5,257	7,168	276	535	5,533	7,703
Other current provisions/liabilities	-	-	-	-	23	47	-	-	23	47
<b>Total Administered current liabilities</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5,280</b>	<b>7,215</b>	<b>276</b>	<b>535</b>	<b>5,556</b>	<b>7,750</b>
<b>Total Administered liabilities</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5,280</b>	<b>7,215</b>	<b>276</b>	<b>535</b>	<b>5,556</b>	<b>7,750</b>
<b>Net Administered assets/equity</b>	<b>-</b>	<b>-</b>	<b>10,278</b>	<b>10,278</b>	<b>11,827</b>	<b>10,685</b>	<b>35</b>	<b>90</b>	<b>22,140</b>	<b>21,053</b>

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**Schedule of Administered Cash Flows**

	2025	2024
	\$'000	\$'000
<b><u>Cash flows from operating activities</u></b>		
<b><u>Cash inflows</u></b>		
Receipts from SA Government	743	591
Fees and charges	108,914	101,815
Other revenues	38	39
<b>Total Cash inflows</b>	<b>109,695</b>	<b>102,445</b>
<b><u>Cash outflows</u></b>		
Employee benefits payments	730	703
Supplies and services	903	915
Other payments	108,371	102,078
<b>Total Cash outflows</b>	<b>110,004</b>	<b>103,696</b>
<b>Net cash used in operating activities</b>	<b>(309)</b>	<b>(1,251)</b>
<b>Net increase/(decrease) in cash held</b>	<b>(309)</b>	<b>(1,251)</b>
Cash at the beginning of the reporting period	21,731	22,982
<b>Cash at the end of the reporting period</b>	<b>21,422</b>	<b>21,731</b>