Government of South Australia

CENTRAL ADELAIDE LOCAL HEALTH NETWORK

2024-25 Annual Report

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
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Acknowledgement of Country

Ngadlu tampinthi yaintya yartarlu ngadlu inparrinthi, warpulayinthi, tikanthi kuma ngunyawayinthi Kaurna Miyurnaku yarta. Ngadlu tampinthi parnaku tuwilarna yaintya yartangka yuwanthi.

Ngadlurlu parnaku yarltarripurkarna pukinangku, yalaka kuma tarrrkarri-ana.

Ngadlu tampinthi parnaku warra kuma tapa-purruna puru purruna Kaurna Miyurnaitya kumartarna Yaitya Miyurna-itya yalaka.

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

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

White Ribbon Accreditation

SA Health has a position of zero tolerance towards men's violence against women in the workplace and the broader community.

In accordance with this, CALHN staff must at all times act in a manner that is non-threatening, courteous, and respectful and will comply with any instructions, policies, procedures, or guidelines issued by SA Health regarding acceptable workplace behaviour.

In 2024-25, CALHN successfully achieved White Ribbon reaccreditation, which is valid until July 2029.

To:

Hon Chris Picton MP

Minister for Health and Wellbeing

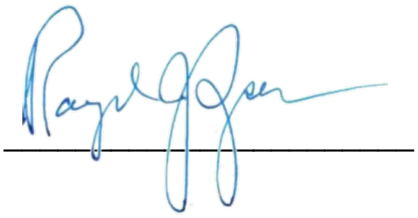
This annual report will be presented to Parliament to meet the statutory reporting requirements of Section 37 of the *Health Care Act 2008* (the Act) and the requirements of Premier and Cabinet Circular *PC013 Annual Reporting*.

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

Submitted on behalf of the Central Adelaide Local Health Network (CALHN) by:

Mr Raymond Spencer

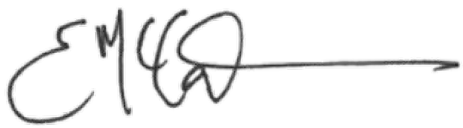
Chair, CALHN Governing Board

Date 26 September 2025 Signature 

Dr Emma McCahon

Chief Executive Officer

Central Adelaide Local Health Network

Date 26 September 2025 Signature 

From the Chair of the CALHN Governing Board and the Chief Executive Officer

Strengthened collaboration across disciplines, sites and services in conjunction with improved financial performance define the efforts of the Central Adelaide Local Health Network (CALHN) in 2024-25. At the core of this progress is our ongoing commitment to safe and timely healthcare delivery and the advancement of integrated multi-disciplinary teamwork, amid continued growth in demand for our hospital and community health services.

This year, the network has adopted a new operating model to guide everything we do. The *Safe and Connected Operating Model* is focussed on the core requirement for our care to be safe for everyone, and well-connected internally among our teams, with patients and family, and with our partners.

The model continues to be embedded across more than 315 teams. Daily huddles have increased communication, accelerated problem solving, and empowered teams to take greater ownership of outcomes, further promoting the safety and wellbeing of staff and consumers. Leadership development initiatives, including LeadershipSpace, continue to align our workforce with CALHN's strategic direction and build enduring capability.

Demand across emergency departments, inpatient services, and community-based care remained high, particularly during winter. During these pressures, CALHN consistently delivered timely, clinically appropriate care to our community.

Progress was achieved in *Access to Care,* especially within emergency and mental health services. In July 2024, the new emergency department at The Queen Elizabeth Hospital (TQEH) opened. Thanks to the expanded space and redesigned model of care, the emergency department team managed a 13 per cent increase in presentations while improving the 'Seen on Time Rate' by 5.3 per cent in its first year

Both the Royal Adelaide Hospital (RAH) and TQEH continue to embed process improvements, including the rapid assessment model, which enables earlier treatment and reduces emergency department length of stay. At the RAH, this model now includes early medical intervention with consultants and medical officers at the front door for quicker diagnosis and treatment. The introduction of overnight senior nurse roles has strengthened nursing leadership, improving around the clock decision-making and patient safety.

CALHN has continued to prioritise safety and quality through service innovation and infrastructure investment.

The short notice accreditation against the National Safety and Quality Health Service Standards was conducted in August with a follow up assessment in November 2024. The Australian Council on Healthcare Standards awarded accreditation to all CALHN sites until 2 June 2028.

In September 2025, construction of the new 24 bed Mental Health Rehabilitation Service was completed and doors opened to consumers, well ahead of schedule. Co-designed with consumers and carers, the new facility delivers a recovery-oriented model of care that supports patients, families, and the broader community.

Our out-of-hospital care programs continue to expand, providing alternatives to hospital-based treatment. Following the success of the Sefton Park site, a second urgent care hub opened at TQEH in July 2024. Over 14,000 consumers received care in these hubs from June 2024 to July 2025, with more than 5,000 ambulances diverted away from emergency departments. The Urgent Care Hubs continue to innovate with new clinical pathways to provide more acute care options outside of emergency departments.

Statewide Clinical Support Services (SCSS) also supported exceptional multi-disciplinary care to metropolitan and regional consumers. Some of these included:

- BreastScreen SA performed a record 100,769 mammograms in 2024-25, the highest screening volume achieved to date.
- SA Dental provided care to 5,347 Aboriginal adults and 4,138 Aboriginal children, including in remote areas and correctional facilities.
- SA Pathology advanced its digital transformation by trialling a modern platform to improve test ordering, results, and overall customer experience, with a focus on data-driven, person-centred care.
- SA Medical Imaging launched a research registry cataloguing 312 entries since 2012, including publications, conference presentations, and guest lectures, reinforcing its leadership in medical imaging research.
- SA Pharmacy's Virtual Clinical Pharmacy model extended to an additional 25 state regional sties, enhancing medication safety and providing flexible adaptable care.

In 2024-25, CALHN celebrated 100 years of volunteer services, recognising their invaluable support for our consumers and staff. In 2024, 338 volunteers contributed more than 45,000 hours across our sites. Their roles ranged from patient companionship, wayfinding assistance, and spiritual care, to specialised initiatives such as the Dementia Care Companions program, South Australia's first volunteer-led dementia support service. Volunteers also provided vital support for administrative functions, therapeutic services, and patient amenities, enhancing the overall patient experience and strengthening our operational capacity.

Financially, CALHN achieved a stronger position in 2024-25, underpinned by disciplined strategies and the dedication and commitment of our workforce. One of CALHN's Safe and Connected aligned goals is a focus on our budget, in particular, ensuring our staffing resources are managed safely and efficiently. This outcome highlights our continued focus on delivering safe, efficient, and high-quality care within an increasingly complex operating environment.

The achievements of 2024-25 are a testament to the skill, commitment, and collaboration of our staff, volunteers, partners, and stakeholders. On behalf of the Governing Board and Executive, we extend our sincere thanks and appreciation to all who have contributed to this year's strong performance.

Looking ahead, CALHN remains committed to delivering safe, effective, and sustainable care for the communities we serve. A focus on embedding a resilient workforce and flexible healthcare system, capable of responding to the needs of all South Australians.

Mr Raymond Spencer
Chair, CALHN Governing Board

Dr Emma McCahon
Chief Executive Office
Central Adelaide Local Health Network

Contents

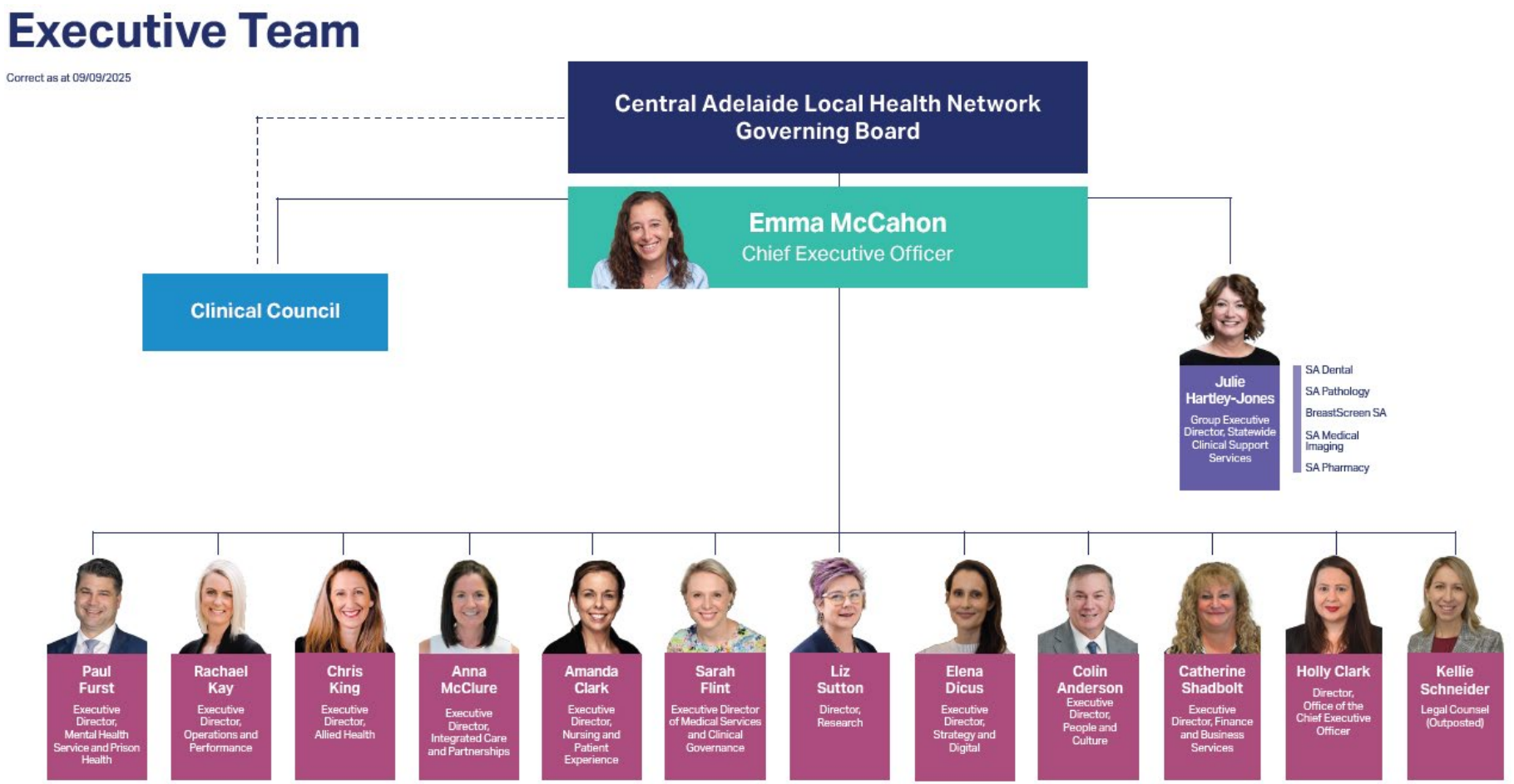
Overview: about the agency

Our strategic focus

Our Purpose	CALHN is responsible for promoting and improving the health of the central metropolitan Adelaide community, providing specialised care for South Australians through integrated health care and hospital services. CALHN brings together the following primary sites: • The Royal Adelaide Hospital (RAH) • The Queen Elizabeth Hospital (TQEH) • Glenside Health Services • Hampstead Rehabilitation Centre, and • Statewide Rehabilitation Services at the Repat Health Precinct, supported by a large community footprint. CALHN also governs several statewide services including SA Prison Health Service (SAPHS), SA Cancer Service, DonateLife SA, and Statewide Clinical Support Services (SCSS) incorporating SA Pathology, SA Medical Imaging (SAMI), BreastScreen SA (BSSA), SA Pharmacy and SA Dental. While the primary catchment for CALHN is the central Adelaide metropolitan region, a substantial number of people who access services in CALHN come from outside these geographic boundaries. These include people from rural, remote, interstate, and overseas locations. This is due to the need to access our highly specialised, statewide services.
Our Vision	We are shaping the future of health with world-class care and world-class research.
Our Values	Our values outline who we are, what we stand for and what people can expect from us. We are: • people first • future focused • ideas driven, and • community minded.

Our functions, objectives, and deliverables	CALHN has an important role in improving the health and wellbeing of South Australians by delivering world-class integrated healthcare and hospital services. Our strategic ambitions recognise our commitment to care, community, investment, research, technology, and importantly, recognise the influence of our world-class workforce on our ability to achieve our vision. Our strategic ambitions are that: • our care is connected and revolves around the patient in their (and our) community • our curiosity compels us to always do better – research and innovation drives everything • we invest in what matters • our technology enables excellence, and • we attract and foster world-class talent.

Our organisational structure



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Changes to the agency

During 2024-25, the Clinical Governance (Safety and Quality) portfolio was realigned from the Deputy Chief Executive Officer to the Executive Director, Medical Services and Clinical Governance. There were no changes to CALHN's objectives as a result of internal reviews or machinery of government changes.

Our Minister

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

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

Our Governing Board

Mr Raymond Spencer (Chair)
(1 July 2019 – 30 June 2026)

Raymond Spencer returned to Australia in 2009 after more than 35 years living and working in the USA, India, and Europe. He brings over four decades of leadership in international business, management planning, finance, organisational culture, and mergers and acquisitions.

Raymond is Chair of ZEN Energy, a Founding Partner of RSVP Ventures, and serves as Chair or Director of several portfolio companies.

Professor Judith Dwyer AM (Deputy Chair)
(27 November 2023 – 30 June 2026)
(Member from 1 July 2019 – 26 November 2023)

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

Judith has had a distinguished career in health management, including Chief Executive roles of Southern Health Care Network (Melbourne) and Flinders Medical Centre, and Deputy Chief Executive, Women's and Children's Hospital.

Between 2006 to 2018, Judith was Professor of Health Care Management in the Flinders University College of Medicine and Public Health, where she has a continuing adjunct role.

Professor Justin Beilby MD (Member)
(1 July 2019 – 30 June 2026)

Professor Justin Beilby is a practising general practitioner and academic with significant leadership experience across health services, research and education. He is currently an Emeritus Professor at Torrens University Australia and serves on the Boards of CALHN, SAHMRI, and the SA Ambulance Service, where he chairs the Clinical Governance Sub-Committee.

Justin was Vice-Chancellor of Torrens University (2015-2020) and Executive Dean of Health Sciences at the University of Adelaide (2005–2015) and served as a Commissioner on the National Health and Hospitals Reform Commission.

His areas of expertise include primary care, aged care, clinical governance, health workforce development and the translation of research into policy and practice. He is a Fellow of the Royal Australian College of General Practitioners and the Australian Institute of Company Directors.

Mr Peter Hanlon (Member)
(20 February 2023 – 30 June 2025)

Peter Hanlon is a business leader, filmmaker, and strategic adviser with extensive experience across the corporate, creative and public sectors. He is currently Strategic Adviser to the South Australian Government and co-Chair of Mercury CX, supporting screen and creative industries.

Peter is the founder of Living Not Beige Films, a partner in Mess Productions and LIGHT ADL, and the principal of Notus Advisory, a business consulting firm. He brings deep expertise in business growth, transformation, culture and change leadership, developed through a successful executive career including as Chief Executive of Westpac Australian Financial Services.

Peter’s previous board roles include Chair of the BankSA Advisory Board and the South Australian Film Corporation, and membership of the SA Museum Board. Earlier in his career, Peter served in the Royal Australian Air Force.

Ms Ingrid Haythorpe (Member)
(20 February 2023 – 30 June 2028)

Ingrid Haythorpe is a Managing Partner at PEG Consulting, where she leads major legislative, governance and organisational reform projects across multiple jurisdictions. She has worked extensively with governments in South Australia, Victoria, ACT, and the Northern Territory.

Ingrid's executive career includes serving as Chief Executive of the SA Attorney-General's Department, and senior roles in SA Health, the Department of the Premier and Cabinet, and the Department of Human Services.

Ingrid is Chair of the CALHN Audit and Risk Committee, Chair of the TAFE SA Board, and a former Deputy Chair of the SA Health Commission. A qualified legal practitioner and GAICD, Ingrid holds multiple qualifications in law, governance and leadership from the University of Adelaide, the University of South Australia, and Harvard Business School.

Professor Christine Kilpatrick AO
(27 November 2023 – 30 June 2026)

Christine Kilpatrick is a highly experienced health executive and neurologist, with more than 20 years in senior leadership roles, including 15 years as a chief executive.

Christine is currently Chair of the Australian Commission on Safety and Quality in Health Care, Chair of HealthDirect Australia and Chair of the Royal Children's Hospital. She is also an Enterprise Professor in the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne.

Mr Kevin Cantley PSM
(15 April 2024 – 31 March 2027)

Kevin Cantley is a senior finance and infrastructure specialist with over 29 years of executive service in the South Australian public sector. He was awarded the Public Service Medal in 2018 for outstanding leadership in financial management and infrastructure development.

Kevin retired in 2019 as General Manager of the SA Government Financing Authority, overseeing the government's central financing, insurance, and fleet services with over $40 billion in assets. He also held the role of Executive Director, Public Finance Branch within Treasury and Finance from 2016 to 2018.

He brings extensive board and governance experience, currently serving on the Board of the Lifetime Support Authority. His previous appointments include Chair of SAICORP and Playford Capital, Director roles across the SA Government Lessor Corporations, and external member of CALHN's Financial Performance and Investment Committee. Kevin is a Fellow of CPA Australia and a member of the Australian Institute of Company Directors.

Dr Janine Mohammed
(1 July 2023 – 30 June 2026, resigned 2 October 2024)

Dr Janine Mohamed is a proud Narrunga Kaurna woman from South Australia and a national leader in Aboriginal and Torres Strait Islander health, cultural safety, and policy reform. For over two decades, Janine has worked across nursing, workforce development, research, and executive leadership, including extensive experience in the Aboriginal Community Controlled Health sector at state, national and international levels.

Janine stepped down as Chief Executive Officer of the Lowitja Institute, after a five-year tenure in February 2024. Shortly after she was appointed as Deputy CEO and First Nations Champion at the National Disability Insurance Agency (NDIA). Janine previously served as CEO of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (2013-2018) and has held senior roles with the Aboriginal Health Council of South Australia and NACCHO.

Janine was awarded a Doctor of Nursing honoris causa by Edith Cowan University in 2020 and a Distinguished Fellowship from The George Institute for Global Health in 2021. She is a regular spokesperson on cultural safety, Indigenous data sovereignty, and the social and cultural determinants of health.

The CALHN Governing Board held 6 meetings from 1 July 2024 to 30 June 2025, with the following attendances recorded.

Member Name	Governing Board Meetings Attended
Raymond Spencer AM (Chair)	6/6
Professor Judith Dwyer AM (Deputy Chair)	6/6
Professor Justin Beilby MD	5/6
Peter Hanlon	6/6
Ingrid Haythorpe	5/6
Dr Janine Mohamed*	2/3
Professor Christine Kilpatrick AO	6/6
Kevin Cantley PSM	6/6

** resigned from the CALHN Governing Board on 2 October 2024.*

During 2024-25 CALHN Governing Board members all served on at least two committees to the Board, which comprised:

- Financial Performance and Investment Committee (monthly)
- Audit and Risk Committee (bi-monthly)
- Clinical Governance and Consumer Engagement Committee (bi-monthly)
- People and Culture Committee (quarterly)
- SCSS Committee (bi-monthly).

Our Executive team

Dr Emma McCahon
Chief Executive Officer, CALHN
(Appointed 29 January 2024)

Dr Emma McCahon is responsible for the operational leadership of CALHN's health services, driving workforce capability to deliver care that is safe, connected, and centred on the patient.

Emma champions a culture of trust, collaboration, and accountability, positioning CALHN to lead innovation and excellence in healthcare delivery.

Dr Kathryn Zeitz
Deputy Chief Executive Officer
(Appointed 11 June 2019, resigned 13 September 2024)

Dr Kathryn Zeitz resigned from the role of Deputy Chief Executive Officer and Executive Director, Clinical Governance at CALHN on 13 September 2024.

Kathryn was responsible for the clinical performance of CALHN, leadership and influence over the day-to-day running of CALHN clinical services and driving continuous improvement across all clinical programs.

Mr Colin Anderson
Executive Director, People and Culture
(Appointed 28 April 2025)

Mr Colin Anderson is responsible for the strategic direction and management of our people and culture functions across CALHN to enable an environment that attracts and fosters world-class talent.

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

Mr Michael Burton acted in the position from 29 June 2024 to 27 October 2024.

Mr Kieren Wenske acted in the position from 12 February 2025 to 2 May 2025.

Ms Elena Dicus
Executive Director, Strategy and Digital
(Appointed 3 October 2023)

Ms Elena Dicus is responsible for leading CALHN's digital transformation agenda. She oversees Health Information Services, Digital Design Innovation and Change, Data and Analytics, the EMR Optimisation Team, and the Improvement and Project Management Office.

Elena's focus is on leveraging digital technology and strategic leadership to improve consumer outcomes and place patients at the centre of service design.

Ms Amanda Clark MBA MN BN
Executive Director, Nursing and Patient Experience
(Appointed 19 April 2022)

Ms Amanda Clark is responsible for ensuring the delivery of safe, appropriate, and efficient patient care within CALHN.

Amanda provides nursing leadership across the organisation and oversees the provision of care and treatment to patients.

Dr Sarah Flint
Executive Director, Medical Services and Clinical Governance
(Appointed 5 June 2023)

Dr Sarah Flint was appointed Executive Director, Medical Services and Clinical Governance in April 2025, following her appointment as Interim Executive Director, Medical Services in June 2023. She also assumed responsibility for the Clinical Governance portfolio in September 2024.

Sarah provides strategic and professional leadership to the medical workforce across CALHN and oversees the Medical Services directorate, including the Trainee Medical Officer Unit, Medical Education, and Medical and Dental Credentialing.

Sarah also leads the Safety and Quality Unit and is responsible for ensuring CALHN's clinical governance systems support safe, high-quality, and evidence-based care delivery across the network.

Ms Christine King
Executive Director, Allied Health
(Appointed 27 February 2023)

Ms Christine King provides strategic, professional, and operational leadership for CALHN's Allied Health directorate, as well as oversight of consumer partnering and spiritual care services. Christine also serves as Executive Sponsor for Disability.

In addition to her operational responsibilities, Christine provides professional leadership for the broader Allied Health and Scientific Health workforce across the network.

Dr Paul Furst
Executive Director, Mental Health Clinical Program and SA Prison Health Service
(Appointed 13 September 2021)

Dr Paul Furst is the Executive Director, Mental Health and SA Prison Health Service. He is responsible for the leadership and operational management of mental health services and the statewide prison health program.

Paul provides strategic direction to enhance access, equity, and health outcomes for priority population groups through integrated service delivery and specialised models of care.

Adjunct Associate Professor Julie Hartley-Jones
Group Executive Director, Statewide Clinical Support Services
(Appointed 14 June 2016)

Adjunct Associate Professor Julie Hartley-Jones is responsible for the leadership, governance, and performance of five statewide services: BSSA, SA Dental, SA Pathology, SAMI and SA Pharmacy.

Julie's role ensures the delivery of high-quality, population-based clinical support services aligned to system needs across South Australia.

Ms Rachael Kay
Executive Director, Operations and Performance
(Appointed 18 September 2023)

Ms Rachael Kay provides executive leadership and day-today operational oversight across CALHN's health services and clinical programs.

The role is responsible for efficient and effective provision of a range of health services encompassing the Clinical Programs (Surgery, Cancer, Heart and Lung/Specialty Medicine 1, Acute and Urgent Care, Critical Care and Perioperative, Neuroscience and Rehabilitation/Specialty Medicine 2 and Outpatients and Network Operations Centre) as well as the oversight of Capital Redevelopment.

Ms Anna McClure
Executive Director, Integrated Care and Partnerships
(Appointed 30 March 2024)

Ms Anna McClure leads CALHN's integrated care strategy and oversees system-level partnerships to improve outcomes for communities across the network. Anna is responsible for Aboriginal Health and Integrated Care Services, driving collaborative models that better connect care across settings, sectors and population groups.

Ms Catherine Shadbolt
Executive Director, Finance and Business Services
(Appointed 10 June 2024, 12-month term)

Ms Catherine Shadbolt is responsible for CALHN's financial management, business development, procurement, contract management, and operational services. The role oversees Finance and Business Advisory Services, Procurement, Business Support and Improvement, and Operational Services.

Ms Holly Clark
Director, Office of the CEO/Chief of Staff
(Appointed 17 July 2023)

Ms Holly Clark provides strategic leadership and coordination to support the Chief Executive Officer and Governing Board on system priorities and reform initiatives.

Holly oversees Board and Government Relations, Communications and Engagement, Enterprise Risk and Compliance, Information and Records Management, Correspondence Internal Audit and Risk, Freedom of Information and the Office of the CEO.

Mr Andrej Knez acted in the position from 30 December 2024 to 2 May 2025.

Ms Kellie Schneider
Legal Counsel
(The role transitioned from General Counsel to an outposted Crown Solicitor's role from 1 July 2024)

Ms Kellie Schneider provides legal and governance advice to the CALHN Governing Board, Chief Executive Officer and Executive Team.

Kellie leads CALHN's legal function and supports the organisation in meeting its corporate and statutory obligations.

Dr Liz Sutton
Director, Research
(Appointed 23 January 2023)

Dr Liz Sutton is responsible for leading CALHN's research strategy and strengthening research governance, capability and performance across the network.

Liz oversees Research Services, with a focus on building partnerships and embedding research into clinical practice to improve outcomes and system sustainability.

Legislation administered by the agency

None.

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

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

The agency's performance

Performance at a glance

In 2024-25, CALHN, South Australia's largest health and most diverse local health network, continued improving its service delivery to meet the needs of its consumers across the central Adelaide metropolitan region.

CALHN managed record demand across emergency, inpatient, and community services while maintaining timely, safe, and high-quality care. It remained focused on providing equitable access and consistently strong outcomes for all South Australians despite significant system pressures.

In May 2025, CALHN introduced the Safe and Connected Operating Model (Figure 1), providing a clear framework for how we work and ensuring daily operations are aligned with the network's strategic priorities. The model is centred on three commitments:

- Protecting the safety and wellbeing of staff and consumers.
- Strengthening collaboration and connectivity across teams, programs, and sites.
- Delivering seamless, reliable, and consistent care for every consumer.

The operating mode is made up of six elements that help teams work in a safe and connected way.

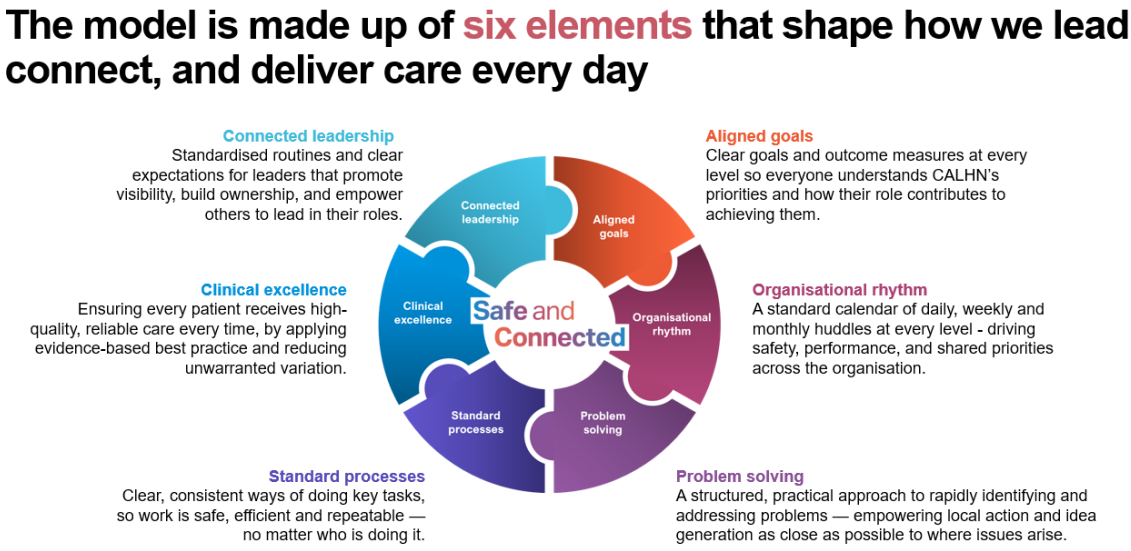


Figure 1 – Safe and Connected Operating Model

In the first month since launch, each day across the organisation 315 huddles have occurred every day across the organisation, with more than 3,400 staff involved. Over 2,000 leaders have engaged in Safe and Connected workshops or have been directly involved in the implementation of the operating model. There have been 350 key outcome measures defined and tracked through an outcome's dashboard, and progress will continue in 2025-26 to further rollout the operating model across the organisation.

The Network Operations Centre continues to coordinate patient flow, reinforced by a Senior Flow Lead at the RAH providing 24/7 oversight. Transit Units at the RAH and TQEH created dedicated spaces for patients nearing discharge, facilitating more than 1,000 transfers in the first two months, freeing acute beds, and improving system flow. These operational improvements set the stage for broader, coordinated care across the network.

Geriatric and community services expanded with a single Point of Contact model, providing seven-day access for patients over 65 and integrating care across Ambulance, Virtual Care, general practice, and community services. Outcomes remained strong, with patient satisfaction above 98 per cent, minimal clinical incidents, and substitution bed stays averaging 8.6 days.

Hospital in the Home (HITH) and specialist geriatric services delivered hospital-level care in the community, supporting 2,038 HITH patients, 988 through Geriatrics in the Home, and 657 in Residential Aged Care Facilities. These services consistently achieved high satisfaction, minimal incidents, and lengths of stay below benchmark, and will expand statewide in 2025–26 through the Geriatrics Outreach Service.

CALHN strengthened Aboriginal and Torres Strait Islander health by expanding access to culturally safe, specialised care. Initiatives included multidisciplinary cardiology telehealth clinics for incarcerated women, partnerships with regional hospitals, and improved care coordination, advocacy, and discharge planning. With 70 per cent of this patient cohort living in remote areas, CALHN continues to prioritise addressing significant access gaps.

Community engagement through the Wellbeing Hub, yarning workshops, Aboriginal Health Community Gatherings, and governance participation ensures services are responding to community priorities. This progress has been supported by SA Pharmacy's Beyond the Gap Project and the network's *Listening, Caring, Healing Framework*.

Preventive health programs are extending reach and delivering care to many first-time consumers. BSSA delivered its first mobile service at Adelaide Women's Prison, screening 44 women, with 93 per cent of those new recipients and provided broader outreach screening to 12,034 women from diverse backgrounds. Meaningful consumers partnerships are informing governance, program planning, quality initiatives, recruitment, and incident reviews, while insights from Aboriginal and Torres Strait Islander communities, people with disability, and culturally diverse groups are guiding the forthcoming *Disability Access and Inclusion Plan*, scheduled for early 2026.

SAMI delivered over 700,000 examinations, including 3,442 utilising Mobile and Bone Density Units, reducing hospital transfers. The award-winning Fast Access and Advice for Intravenous Routes with Imaging (FAAIRI) service also improved paediatric intravenous access, demonstrating CALHN's commitment to safety, innovation, and clinical excellence.

Research and innovation progressed under the *CALHN Research Strategy (2023-2028)*, focusing on collaborative governance services to accelerate translation and heighten clinical impact.

The Adelaide EpiCentre is supporting CALHN's research community while an expanded RAH Research Fund achieved a six-to-one return on investment. The Clinician PhD Pathway program, a partnership between CALHN and the University of Adelaide and funded by Health Services Charitable Gifts Board, will feature 12 candidates by 2026. It enables medical, nursing, and allied health clinicians to complete a PhD while working or undertaking specialist training and helps to build the network's future leaders of clinical innovation and research.

Staff wellbeing was prioritised as a strategic enabler of safe, connected care. CALHN provided targeted support for 32 high-risk teams, expanded the Peer Support network to 226 staff, and engaged 230 participants in workshops fostering resilience, connection, and workplace cohesion. Complementary training in psychosocial safety, leadership, and mental health first aid strengthened workforce capability, while insights from the People Matters Employee Survey guided continuous cultural improvements.

Across all programs, CALHN delivered safe, high-quality, and connected care, while driving innovations that improved patient flow, expanded care in the community, strengthened cultural safety, and advanced workforce wellbeing. These achievements position CALHN to respond to growing demand with a more accessible, equitable, and resilient health system for South Australians.

Agency specific objectives and performance

Indicators	**Performance**
Agency objective 1	**Connected care** *Our Care is connected and revolves around the patient in their (and our) community.* *CALHN is determined to create a shift within the community so that people know where and how they get the care they need.*
Aboriginal and Torres Strait Islander Health in Cardiology and Cardiothoracic	CALHN successfully implemented a recommendation from the Model of Care for Aboriginal Prisoner Health and Wellbeing for SA by embedding a weekly, flexible, multi-disciplinary cardiology telehealth outpatient clinic, in partnership with the Adelaide Women's Prison. This response supports flexible pathways for health care access for incarcerated Aboriginal and Torres Strait Islander women to improve consumer cardiovascular outcomes and overall wellbeing. CALHN's partnership with Alice Springs Hospital, NT Health and SA regional hospitals result in a high volume of Aboriginal and Torres Strait Islander Cardiology and Cardiothoracic consumer referrals and acute transfers, With 70 per cent of those residing in remote areas, this cohort have complex care needs which can be reflected in length of stay and discharges against medical advice (DAMA) rates.

Indicators	Performance
	To address these needs, the Cardiac Nurse Consultant for Aboriginal and Torres Strait Islander Health is responsible for acute care coordination and discharge planning inclusive of: • Delivery of culturally appropriate care, including patient/family education, holistic assessment, discharge planning, and risk management. • Supporting clinicians with cultural insights, advocate for patient centred care, and participate in multi-disciplinary planning and ward huddles. • Collaboration and engagement with Aboriginal and Torres Strait Islander Health networks (internal and external) to maintain continuity of care across programs and ensuring ongoing support for high-risk patients. The Aboriginal and Torres Strait Islander Health team, in partnership with Aboriginal consumers, and alongside workflows embedded within the Cardiology and Cardiothoracic Units have achieved a significant reduction in DAMA rates, moving closer to the target goal of 3 per cent and contributing to better health outcomes.
Aboriginal Community Engagement	CALHN partners with Aboriginal consumers through our flexible and inclusive Consumer Partnering and Engagement Model, ensuring representation in governance, committees, and quality improvement initiatives. Consumer engagement is facilitated through involvement in the Aboriginal and Torres Strait Islander Wellbeing Hub, Yaitya Marnintyarla Kangka Committee, program participation and the Aboriginal ‘Consumer’ and ‘Stakeholder’ Groups. The Aboriginal and Torres Strait Islander Health and Wellbeing Hub (The Hub) located at the RAH offer cultural support to Elders, consumers, families, carers, and advocacy representatives. The Hub team supports consumer concerns and encourages engagement with CALHN’s Consumer Experience Team.

Indicators	Performance
Aboriginal Health Beyond the Gap Project	SA Pharmacy commenced the Beyond the Gap Project in collaboration with Aboriginal Health team at the Department for Health and Wellbeing in July 2022. The joint initiative provides inclusive continuity of medicines management for all Aboriginal peoples and is scheduled to continue through to June 2027. The Preliminary, Discovery, and Co-Design Part One phases have been successfully completed, with next steps continuing the co-design and testing phases of the Continuity of Medicines Management Strategy, including yarning workshops and engagement with Aboriginal community members.
Aboriginal Health Community Gathering: Listening to Learn Together	The Aboriginal Health Community Gathering: Listening to Learn Together, was a key engagement touchpoint held in June 2025 at the Lights Sports and Community Centre. The gathering demonstrated CALHN's recognition of concerns raised by the Aboriginal community and provided safe opportunities for the Aboriginal community to voice their opinions. A community report outlining the outcomes of the gathering and including recommendations for CALHN's Aboriginal Health approach will be reviewed with Aboriginal consumers and published in the forthcoming period.
Aboriginal Healthcare Framework	The *Listening, Caring, Healing – Aboriginal Health Framework and Action Plan (2022-2027)* is a key strategic foundation for CALHN's approach to providing culturally sensitive care and a welcoming environment for Aboriginal and Torres Strait Islander consumers. The implementation of the action plan, monitored by the Yaitya Marnintyarla Kangka Committee, ensures the organisation responds to the needs of Aboriginal and Torres Strait Islander consumers. The framework and action plan are a living document, with six of 29 strategies and 45 of 90 actions completed.
Access to Care	The Emergency Access Steering Committee was established in August 2024 under the authority of the CEO. The clinician-led committee provides advice and guidance on Performance Focus Areas related to emergency access across CALHN. It provides oversight of the engagement, improvements and principles pertaining to improvement in emergency access for CALHN's patient group.

Indicators	Performance
	Since inception, it has overseen the establishment of: • RAH and TQEH Transit Units. • A process for decompressing our emergency departments with a focus on safety and risk. • Improvements in patient repatriations across metropolitan Adelaide. • Identification of focus areas in our surgery program aligned with emergency theatre improvement processes.
Breast Screen SA (BSSA)	BSSA performed 100,769 mammograms in 2024-25, the highest financial year screening volume ever achieved by the program. *Screening at Adelaide Women's Prison* A partnership with the Department of Correctional Services led to BSSA's first mobile breast screening service inside Adelaide Women's Prison. The initiative increased breast cancer screening participation in the Adelaide Women's Prison from 1-2 women annually to 44 in a single visit, including 93 per cent first-time screeners. *Increasing engagement with remote Aboriginal Communities* BSSA undertook an inaugural community engagement visit into the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands to promote breast cancer screening and collaborated with a Yankunytjatjara artist to create shawls to gift to every woman who screened in Marla. BSSA screened 1,086 Aboriginal clients, including 28.2 per cent first-time consumers. *Culturally and linguistically diverse ambassadors on social media* BSSA's ambassador video series on social media shared the stories of six South Australian women from different cultural backgrounds. BSSA screened 12,034 culturally and linguistically diverse clients, including 22.9 per cent who screened for the first time.

Indicators	Performance
Consumer Partnering	Authentic consumer partnership and engagement is at the heart of how CALHN design, deliver, and govern our health services. We actively engage consumers, including patients, carers, and community as essential collaborators in shaping the future of care. Consumer input in organisational decision-making leads to better outcomes, increased accountability, and services that reflect the values and needs of the community. CALHN embeds consumer perspectives within governance frameworks by appointing consumer representatives to Governing Board Committees, clinical program meetings and quality improvement project teams. Consumer representatives with lived experience partner with CALHN to review consumer information sheets, are members of recruitment panels and adverse incident teams review quality improvement projects, site redevelopment and service relocation. Their insights enrich our governance processes with unique and vital perspectives, improve models of care and educate our staff. *CALHN Disability Access and Inclusion Plan* CALHN has actively engaged with consumers, stakeholders and staff to understand their experiences of network services and to identify opportunities to create a safe and connected health service for consumers with disabilities. The information will inform CALHN's next Disability Access and Inclusion Plan. CALHN is connecting our work to the priorities set by the Department of Human Services *Disability Access and Inclusion Plan* which has a focus on the following priority groups: • Aboriginal and Torres Strait Islander people with disability. • Culturally and Linguistically Diverse communities with disability. • Women with disability, children (and young people with disability). • Regional people with disability. • People with an intellectual disability. • LGBTQIA+ people with a disability. CALHN has engaged with consumers from each of the priority groups as well as key stakeholders. We found several common threads during consultation with both consumers and stakeholders representing consumers with disability:

Indicators	Performance
	• To be better understood through staff showing active listening to the consumer's needs and medical records having disability communication and equipment needs – 'ask, listen, and see me as a whole person.' • To provide clearer communication between staff and consumers, including their carers or support workers – 'explain what I need to do next, what my test results mean, or where to go in the service for my appointment.' • To improve accessibility within healthcare settings, including consumer-focused or co-design of spaces to be more disability friendly – 'we appreciate quiet places and comfortable waiting rooms.' CALHN's draft *Disability Access and Inclusion Plan* will open to public consultation before its release in early 2026.
Heart Transplant Service	The Heart Failure Service has expanded to include a heart-lung disease Nurse Consultant who works clinically with Heart Transplant recipients and Advanced Heart Failure (AHF) patients being considered for AHF therapies, such as mechanical circulatory support. During 2024-25, the Heart Failure Service delivered: • Improved identification of patient cohort with timely transplant assessment. • Visibility and ratification of mechanical circulatory support and heart transplant on EMR. • Establishment of an AHF/heart transplant multi-disciplinary team case conference to recognise and discuss patients who may be eligible for mechanical circulatory support, including ECMO, AHF therapies or heart transplant with Cardiology, ICU, Nursing and Allied Health attendance. • Timely transfer to interstate transplant surgical centres to minimise displacement to patients and families at the time of assessment and/or transplant. • Streamlined protocols and guidelines. • Clinical education and resources for patients/families. • Hospital avoidance through a direct telephone support service for remote management of symptoms, nurse-led interventions, improved treatment adherence and script provision. • Complex discharge support to reduce hospital length of stay.

Indicators	Performance
Hospital Avoidance Program *Urgent Care Hubs – Sefton Park and Woodville*	The Hospital Avoidance Program continues to drive innovation and excellence to enable patients to receive multidisciplinary care in an alternate location and avoid unnecessary presentation to emergency departments and/or hospitalisation. A second site based at TQEH was opened in July 2024 following the success of the Sefton Park site. The service operates extended hours seven days per week (including public holidays) and has onsite imaging telemetry and point of care testing to enable timely assessment and treatment. The two sites serviced over 14,000 consumers from June 2024 to July 2025, enabling 5,248 ambulances to bypass an emergency department, and redirecting 5,318 patients from CALHN emergency departments. The number of clinical incidents remain extremely low within the service and up transfer rates also low at between 4 per cent and 7 per cent against the 10 per cent benchmark. Patients continue to report high satisfaction with service (more than 98 per cent satisfaction reported in feedback surveys). The service continues to evolve with the introduction of new clinical pathways for lower back pain, chest pain and pulmonary embolism, further providing an alternative location for acute care outside of the emergency department.
Hospital in the Home (HITH)	HITH is a hospital substitution strategy where patients receive hospital level care delivered in their own home or temporary place of residence. CALHN delivers the largest network HITH service in SA and is the only service with a dedicated HITH medical workforce to enable patient access to an acute HITH bed direct from the community and emergency departments. In 2024-25, 2,038 patients received HITH care. HITH is commissioned at 42-beds and currently averages 42.2 bed occupancy. A new medical consultant roster, dedicated medical remote-call triage line and revised direct admission pathway were implemented in early 2025 to increase medical governance, build trust between HITH, CALHN and external medical officers and enhance timely access to decision-making. Further expansion incorporating Allied Health interventions is planned for 2025-26.

Indicators	Performance
	Clinical incidents remain extremely low, patient overall satisfaction rates continue to be above 97 per cent and length of stay of the service has remained at the benchmark of seven days (sitting at 7.4 days for 2024-25).
Improving Nursing Care and Patient Outcomes	In 2024-25, the CALHN Office of Nursing launched the inaugural *CALHN Nursing Research Strategic Plan*, designed by CALHN nurses for CALHN nurses. The plan aims to develop nurses' research capability and capacity, and support nurse-led research across CALHN to influence patient care and outcomes. It reflects and demonstrates the International Council of Nurses revised definition for Nursing. The CALHN Office of Nursing also designed and launched a digital continuous observation dashboard to support the delivery of safe and effective evidence-based practice. , The dashboard supports the understanding, visibility and compliance to procedure and enables nursing leadership teams to proactively manage staffing and skill mix to consumer need and is s significant step forward in harnessing real time data to support clinical decision-making.
Improving Surgical Outcomes	CALHN has implemented 'My PreHab Program,' a digitally delivered, patient-centred prehabilitation program for consumers referred for, or awaiting, elective surgery. Co-created by consumers and a multi-professional clinical group, the program aims to reduce post-operative complications and empowers consumers to co-manage their health to improve surgical outcomes. Results show high consumer engagement (over 3,200 patients to date), nil consumer complaints, reductions in length of stay following joint replacement surgery (average reduced length of stay 24 hours) and average reduction in hospital acquired complications (37.8 per cent for knee and hip joint replacements). Increasing beds at TQEH for planned care is also part of CALHN's access to care strategy for those awaiting planned surgical care. An additional 16 surgical inpatient beds, and additional theatre sessions will provide a significant increase in timely access for planned elective surgical care. The first six beds will be available late July 2025, followed by a further 10 beds in late 2025.

Indicators	Performance
Integrated Care: Hospital Avoidance Geriatric Services	CALHN undertook a realignment of 'like' geriatric services under one Integrated Care governance stream. The services were physically co-located in late 2024 leading to efficiencies and improved navigation for clinicians and patients in accessing these important services. The three streams of Geriatric Hospital Avoidance services focus on providing alternate care locations for older consumers to receive their care in non-acute beds while reducing the need present to our emergency departments. In 2024-25, a single point of contact for CALHN and the community, including SA Ambulance Service, Virtual Care Service, GPs and non-Government organisations, was expanded to provide a seven-day single entry into CALHN geriatric services and to provide expert system navigation and redirection to alternate care for patients over 65. Clinical incidents remain extremely low and patient overall satisfaction rates continue to be above 98 per cent. The length of stay of those residing in CALHN geriatric substitution beds remains well below benchmark of 10 to 12 days, averaging 8.6 days in 2024-25. The three services include: • Geriatrics in the Home (GITH) GITH was first established in August 2021 as a hospital substitution for patients over 65 years of age (45 for Aboriginal or Torres Strait Islander people) who can safely have their hospital level care delivered in their home or temporary place of residence. Demand has seen an expansion from five beds in 2020 and is now commissioned at 27 beds, currently averaging 23.3 occupied beds (averaging 26 beds over the winter period). In 2024-25, GITH serviced 988 patients. • Multidisciplinary Community Geriatric Service (MCGS) MCGS provides timely in-home comprehensive geriatric assessment and short-term case management for older people to prevent unnecessary presentations and admissions to hospital. A majority of referrals are generated from GPs who require additional support to keep their patients at home, with the complexity of this patient group increasing over time. At any given time, the service works with an average of 35 to 40 community patients.

Indicators	Performance
	• Residential Aged Care Facility (RACF) RACF hospital avoidance in-reach service is an initiative implemented by Integrated Care in 2022 to support residents remaining in their RACF for exacerbations of health issues that previously led to an emergency department presentation and/or admission (for example, delirium secondary to infection). CALHN geriatric hospital avoidance nurse consultants collaborate with RACF nursing staff, GPs, and CALHN geriatricians to implement alternative care pathways working alongside approximately 50 patients at any one time. In 2024-25, 657 patients received timely care with 96 per cent remaining safely in place within the RACF, avoiding an ambulance transfer and unnecessary hospital presentation or admission. This Integrated Care Geriatrics RACF service type is to be expanded across the state in 2025-26, to be named the Geriatrics Outreach Service (GOS). As part of the Strengthening Medicare Package, the Commonwealth has allocated SA funding (over four years from 2024-25) for proposed initiatives to support long stay older patients, including GOS.
Kurlana Padipadninya Program *Homeless Pathway Transitional Support Accommodation Program*	The Salvation Army – Kurlana Padipadninya Program opened in November 2024. A partnership between CALHN and the Salvation Army, it provides 20 beds within a therapeutic environment as a discharge pathway for people who were homeless. Since opening, 38 patients from CALHN inpatient units have been discharged to the program. As vacancies occur a responsive referral and assessment process is undertaken to fill the vacancy, usually within two days. Of these patients, 20 have since exited the program, many to long term accommodation options, engaging in employment, reconnecting with family and minimising harmful drug and alcohol use.
Mental Health and SAPOL Co-Responder Service	Following the successful trial of the SAPOL Mental Health Co-Responder Service, the Mental Health Clinical Program has integrated the initiative into its suite of services and core business operations. The service continues to provide timely access to mental health assessment, treatment, advice, and support to consumers, and where appropriate, direct and refer them to relevant service pathways both in and out-of-hospital settings.

Indicators	Performance
	In 2024-25, 90 per cent of consumers experiencing a mental health crisis who were supported by the SAPOL Mental Health Co-Responder Service avoided an emergency department presentation. Instead, these consumers received care in community or out-of-hospital settings. This result surpassed the established key performance benchmark, highlighting the success of proactive, community-based interventions in reducing emergency department demand and improving consumer outcomes.
National Safety and Quality Health Service Standards (NSQHSS) accreditation	CALHN underwent short notice accreditation against the NSQSS in August 2024. Accreditation was subsequently awarded to all CALHN sites until 2 June 2028.
Outpatient Waiting List	At the end of 2024-25, there were 398 patients waiting over five years for outpatient appointments, including 319 Neurology patients and 62 patients waiting for plastics appointments. The total waiting list has decreased by 9 per cent (2,991) to 29,492 in comparison to the same time last year. The largest decreases were noted in patients waiting between three to four years for an appointment. Decreases have occurred following messaging to ask patients if they want to be removed from the waiting list and workflow changes in some clinics, such as Obesity and Bariatric surgery. The RAH Obesity and TQEH Bariatric Surgery clinics were combined and commenced as the 'CALHN Bariatric and Metabolic Clinic' in March 2025. With additional staffing, the waiting list has decreased from 7.6 years to under five years. The total number of patients waiting without an appointment has decreased from more than 1,000 to 450 through waiting list rationalisation and increased clinic bookings. Through a focused strategy to improve answering of phones in the outpatient areas, the number of patients 'failing to attend' appointments significantly improved. Since the strategy commenced in May 2025, the RAH's Failure to Attend rate has reduced from an average of 8.1 per cent (101 appointments per day) to 6.8 per cent (78 patients per day). This increases clinic efficiency and reduces time taken to contact patients who do not attend on the day.

Indicators	Performance
	The Statewide Referral Management System is now fully embedded enabling all referrals to be triaged electronically and untriaged referrals to be monitored. The project team has been focusing on integration with Sunrise EMR and the first stage has now been completed.
Reconciliation Action Plan (RAP)	CALHN's second *Innovate Reconciliation Action Plan 2023-2025* was launched in May 2023 and concluded at the end of May 2025. This two-year plan built upon the achievements of previous RAPs by introducing and implementing innovative strategies aimed at advancing reconciliation priorities and initiatives. While the next RAP is being developed, the Innovate RAP remains in effect. It has supported targeted actions aligned with the NSQHSS, specifically addressing the unique needs of Aboriginal and Torres Strait Islander peoples. The second Innovate RAP comprised 15 actions and 106 deliverables across four key pillars: Relationships, Respect, Opportunity, and Governance. In June 2025, a Traffic Light Report was submitted to Reconciliation Australia, indicating that 72 per cent of deliverables were completed, with the remaining 28 per cent in progress. RAP implementation has been overseen by the RAP Coordinator and the RAP Implementation Working Group, which is co-chaired by the Executive Director, Integrated Care and Partnerships and Consumer Representative, and Aboriginal Elder, Uncle Frank Wanganeen. A key priority of the Innovate RAP was to create partnerships that advance reconciliation, which led to a formal partnership with Celsus to co-resource CALHN's RAP Coordinator. Through CALHN's ongoing partnership approach, we continue to develop relationships crucial to providing opportunities that increase cultural understanding and competency. CALHN is conducting consultations with consumers, staff, and stakeholders to inform the development of the next RAP, a three-year Stretch RAP 2026-2029 that will continue to drive reconciliation efforts forward.
Respiratory Rapid Access Service (RRAS)	RRAS was designed as a safe alternative to emergency department presentation and hospital admission for patients with acute respiratory care needs. The RRAS team consists of a Respiratory and Sleep Consultant, Respiratory Nurse, and administration officer.

Indicators	Performance
	Approved pathways to RRAS include direct patient contact via the RRAS triage phone monitored Monday-Friday 8am-5pm; referral from emergency departments to avoid hospital admission, referral from inpatient teams to facilitate early discharge and expedited urgent Category 1 referral to Thoracic Medicine. Patients are assessed within two to 72 hours in the outpatient setting by a respiratory specialist, with access to streamlined specialist investigations, and a care plan to be overseen in the community. In a 24-month period, RRAS has conducted 1,733 reviews, prevented 893 emergency department presentations (saving 5,358 emergency department hours), avoided 364 hospital admissions, and facilitated 214 early hospital discharges, saving 2,018 occupied bed days. In addition to this, RRAS has facilitated early discharge of 214 patients.
Rheumatology Advanced Practice Allied Health Services	The implementation of Advanced Practice Physiotherapist (APP) led clinics at the RAH and TQEH have provided an alternative pathway for assessment and management of new patients referred to Rheumatology. It has reduced wait times and increased capacity for rheumatologists, allowing them to focus on the high acuity patients requiring pharmacological intervention to avoid irreversible joint damage. About 25 per cent of all new patients referred to Rheumatology are now triaged to the APP-led clinics. Up to 70 per cent of lower acuity patients can be managed by the APPs and discharged after a single consultation, with non-pharmacological management strategies only. Higher acuity patients, identified by the APPs, are expediated for rheumatologist review and timely initiation of medication. Patient, referring doctor and clinician satisfaction has been extremely high. A group self-management program, run by an APP and Health Psychologist, is now helping to bridge the gap between the hospital clinics and community care.
SA Dental	*Aboriginal patients accessing dental services* SA Dental's priority free dental pathway for Aboriginal and Torres Strait Islander people aims to reduce barriers and increase access to dental services. Public dental care was provided to 5,797 Aboriginal and Torres Strait Islander adults and 4,453 children.

Indicators	Performance
	Expedited Prosthodontic assessments A review of complex Prosthodontic cases was undertaken, and a Prosthodontic Management Group established to ensure treatment is optimised, aligns with public health principles, is appropriate and adequately understood by the client and has minimal long-term maintenance requirements. Expedited Prosthodontic assessments were implemented for edentulous and partially edentulous clients post extractions. This quality improvement aims to remove administrative barriers to timely care, be client focused and avoid treatment delays.
SA Pathology	*New website accessibility toolbar* Many consumers face obstacles when trying to read and understand online content, a barrier to SA Pathology's commitment to ensuring every South Australian has equal access to healthcare information. The SA Pathology website now features the ReciteMe assistive toolbar, offering a range of fully customisable accessibility tools, including text to speech and translation to more than 100 languages. *Student pathways and careers* A new *Career Learning Outcomes Framework* is a SA Government and Department of Education initiative which aims to create pathways for students and trainees through collaboration with industry partners. Career Expos are integral to this framework, SA Pathology Training team will attend expos across the state over the next 12 months to promote career pathways into SA Pathology. This initiative supports SA Pathology's commitment to engage with community, secondary and tertiary education providers and other industry partners.

Indicators	Performance
SA Medical Imaging (SAMI)	*Provision of medical imaging services* SAMI is a statewide service responsible for the provision of all medical imaging services to public and private inpatients, outpatients, and emergency department patients within six metropolitan and four SA country hospitals across SA Health. SAMI provides a 24/7 service and performs over 700,000 examinations per annum and is the largest public imaging provider in Australia with a 'no gap' policy charged to its patients. During 2024-25, the Mobile Imaging Service scanned 1,792 patients, supporting reduced demand for ambulance transfer to hospital from residential aged care facilities. The Mobile Bone Density Imaging Unit also visited 16 regional sites and scanned 1,650 country patients. *Innovation* The Fast Access and Advice for Intravenous Routes with Imaging (FAAIRI) Service, a collaboration between SAMI and the Women's and Children's Health Network, uses ultrasound techniques to ensure needles and cannulas are inserted correctly with the very first attempt with minimum discomfort to the paediatric patient. In 2024 the program won the SA Health 'Improving Patient Care' Award and the Clinical Excellence and Patient Safety Award at the Australian Council of Healthcare Standards Annual Awards.
Specialist Lung Cancer Nurse Consultant (SLCNC)	The introduction of the Respiratory Unit-based SLCNC, in partnership with the Lung Foundation Australia, was a vital addition to support people undergoing lung cancer investigations, diagnosis and treatment, including those from rural and remote areas. This investment has allowed for early and ongoing support for those who receive lung cancer surgery with the Cardiothoracic Surgical team at the RAH. The Nurse Consultant provides expert clinical information and advice, emotional support and family-based care for patients who are Aboriginal or Torres Strait islander, with support from Aboriginal Health staff. Further, the role has coordinated care for patients that would not have previously be supported by a Nurse Consultant role and supports patients and families from diagnosis of Stage 1 or Stage 2 lung cancer to treatment.

Indicators	Performance
	The role has also been actively preparing for the increased workload expected when the National Lung Cancer Screening Program commences mid-2025 and is developing nurse-led clinics to plan for this need.
Statewide Aged Care Assessment Service (ACAS)	From July 2024, the SA Health agreed to transition away from the Local Health Network-based Aged Care Assessment Teams (ACAT) to create a Statewide Aged Care Assessment Service (ACAS) hosted by CALHN. The staged approach saw the regional networks transitioning from February to April 2025, and the two metropolitan networks transitioning from May to June 2025. This enabled the operational go-live on 1 July 2025. The Statewide ACAS will ensure older South Australians receive equal access to timely aged care assessments, whether in hospital or in the community, regardless of location. The service's primary role is to conduct aged care needs to determine eligibility for Commonwealth-funded aged care services. The Statewide ACAS is the sole provider of hospital-based assessments in South Australia, while also completing a market share of both clinical and non-clinical assessments in the community.
Support for Aboriginal and Torres Strait Islander consumers	The Aboriginal and Torres Strait Islander Health and Wellbeing Hub (The Hub) located at the RAH offers cultural support to hospital inpatients, their families, carers and support people and serves as CALHN's cultural centre, delivering wraparound, culturally safe care. The Hub team also provides outreach to TQEH, the Repat Health Precinct and HRC sites.
Volunteer services	CALHN has a dedicated group of 338 volunteers across our sites (an increase from the 259 volunteers in 2023-24). In 2024-25: • CALHN volunteers collectively donated 45,203 hours across sites. • RAH guides provided 63,871 directional supports, escorting, or wheelchair assists to patients, visitors, and staff. • RAH Inpatient team volunteers delivered 14,813 inpatients visits offering companionship and emotional support. • RAH ICU volunteers supported 58,638 visitors.

Indicators	Performance
	• Spiritual Care Service volunteers have collectively seen 4,049 patients. • A new partnership with Acute and Urgent Care and CALHN Volunteer Services entails specifically trained volunteers to work one-on-one with patients living with dementia. The project spans both the RAH and HRC and has provided over 550 hours of patient support. • HRC volunteers served more than 31,495 patients, staff, and visitors with all revenue going back to HSGCB and purchasing patient amenities. • Volunteers at the HRC Sewing Hub and Repat Health Precinct supported patients with a range of handmade sewn items such as comfort items, palliative care blankets, wheelchair bags, palliative care bears and handmade therapy tools, with over 1,500 items created and donated. • Volunteers at the Repat Health Precinct provided 213 pet therapy visits to patient undertaking long rehabilitation for spinal and brain injury. • Repat and RAH volunteers provided administrative support across multiple CALHN departments, completing over 39,337 individual tasks.

Indicators	Performance
Agency objective 2	**Curiosity compels** *Our curiosity drives us to always do better – research and innovation drives everything.* *As a research-informed leading health care provider, CALHN is committed to fostering partnerships and scholarships and the spirit of discovery and interrogation.*
CALHN Quality Framework	A *Quality Framework* was approved and released in May 2025 to provide a model for improvement and outlines the process for governance and ethical oversight for quality improvement projects at CALHN.
Clinical Rapid Implementation Project Scheme (CRIPS) Grant	The CRIPS Grant program is an initiative to promote health services research within CALHN. The annual grant scheme is for hospital-based staff to develop projects that will improve health service delivery within CALHN, with successful projects implemented as a CALHN policy within 12 months of completion of the two-year grant.

Indicators	Performance
	The winners for 2024 were: • Associate Professor Peter Psaltis: Systematic lipid profiling and therapy optimisation in vascular surgical patients with Very High-Risk atherosclerotic disease. • Associate Professor Morgyn Warner: Improve clinical outcomes in persons living with cystic fibrosis by supporting personalised bacteriophage therapy. • Dr Sonja Rogasch: Keep Your Feet – a proactive, preventive care model to reduce active foot disease in pre-dialysis patients.
Mental Health Research Conference	The Mental Health Research Conference brings together leading experts in psychiatry, nursing, research, and clinical practice to showcase innovative projects and evidence-based strategies aimed at improving mental health outcomes. The diverse range of topics and research presentations reflect a comprehensive approach to addressing current challenges and future opportunities in mental health care. There were over 100 attendees at the event.
Research Strategy 2023-2028	The *CALHN Research Strategy 2023-2028* was launched in October 2023. The strategy outlines CALHN research vision and aspirations for the next five years, including focus areas improving systems and responsiveness for researchers. *New research governance structures* Two new research governance committees — the CALHN Research Governance Committee (CRGC) and the CALHN Research Innovation and Implementation Committee (CRIIC) — are in operation, centralising and strengthening research governance with clear decision-making authority and strategic oversight. *CALHN Research Services Office* A reform program is modernising the Research Services Office to deliver faster, tech-enabled, and more responsive research support aligned with CALHN's Safe and Connected operating model. *Clinician PhD Pathway (CPP)* The CPP continues to grow, supporting a diverse group of clinicians with financial and mentoring support, with 12 candidates supported by 2026.

Indicators	Performance
	CALHN Clinical Research Priority Care Committee The renamed and refocused committee now supports embedding research across all clinical programs and maintains strong communication with Program Directors. *Adelaide EpiCentre* The Adelaide EpiCentre, in partnership with The University of Adelaide, supports research growth and translation through expert advice, training, and data-driven insights. *RAH Research Fund (RAHRF)* The RAHRF has expanded its fundraising efforts under new leadership, achieving a 6:1 return on investment and re-engaging donors through campaigns and events.
SA Dental	*Research for improved disability services* SA Dental Special Needs Unit and the Women's and Children's Hospital paediatric dental unit has conducted 'transition clinics' to support young people with intellectual disability transition smoothly from children's dental services to adult care. National Centre of Excellence in Intellectual Disability Health (NCEIDH) 2025 Innovation Seed Funding has been granted to evaluate Dental Transition Pathways from Paediatric to Adult Disability Services in South Australia. By combining data with feedback from people with lived experience, the project aims to improve the transition process, support more coordinated care, and reduce emergency dental visits.
SA Pathology	*Research as a strategic pillar* The *2024-2028 SA Pathology Strategic Plan* includes research as a strategic pillar. The strategy sets out how SA Pathology will be patient-centred, future-focused leveraging digital technologies to enhance its research capabilities with a strong emphasis on translating findings into practice. During this period, the *SA Pathology Research Governance Framework* was refreshed, with attention given to the management of data and resources. Additionally, a small grants scheme was introduced to encourage and support promising research initiatives.

Indicators	Performance
	The year also saw the successful establishment of organisational wide research initiatives. • Research Fellowship in Cancer Molecular Genetics – a collaborative initiative with SAiGENCI. • Industry Fellowship in Artificial Intelligence and Machine Learning. • Research Data Scientist appointed.
SA Pharmacy	*PhD Program* The SA Pharmacy PhD Program has built strong partnerships with local, interstate and international universities to develop high-quality research skills. It currently supports 11 pharmacists pursuing PhDs, while maintaining clinical roles. The program was co-designed by SA Pharmacy staff and academics, with a focus on enabling research which directly enhances clinical practice. The program has expanded research capacity, driven safer prescribing and secured multi-million-dollar grants, delivering sustainable benefits to SA Health, advancing pharmacy care and improving patient outcomes.
SA Medical Imaging (SAMI)	*Research Register* SAMI is committed to leading medical imaging teaching, training and research. In 2024-25, a SAMI research registry was developed, with entries dating back to 2012, since SAMI's inception. The registry has 312 entries representing publications, conference presentations and invited guest speaker presentations. *Innovation* The SA Preterm Birth Prevention Project led by SAMI Sonographer, Dr Kate Russo, was a finalist in the Allied and Scientific Health Awards 2025 in the category of Excellence in Collaboration and Building Partnerships. The project team developed specific training for sonographers, incorporating consumer resources, standardised guidelines (risk assessment, referral, reporting, interventions, documentation, processes), and care pathways.

Indicators	Performance
Agency objective 3	**Investing in what matters** *In order for CALHN to deliver clinical quality and modern health care we will need to be in a position to invest in what matters.*
Emergency Access	TQEH's new emergency department launched in July 2024 with updated models of care and patient flow streams. The first year of operation saw an increase in presentations of approximately 11 per cent compared to the year prior. TQEH has experienced improvements year on year in various areas including a 5.3 per cent improvement in the average Seen on Time rate. Both emergency departments have committed to process improvement work with a continued focus on ambulatory streams and triage. A rapid assessment model was introduced at both sites to enable treatments to start sooner and ultimately decrease the overall emergency department length of stay. Recently, approval was granted to expand this rapid assessment model at the RAH to include medical intervention, increasing consultant and RMO presence at the front door for early diagnosis and treatment. Increased seniority of nursing staff at night has recently commenced at the RAH with the implementation of an RN3 (Duty Level 3), providing senior leadership during the night shift period.
Network Operations Centre (NOC)	CALHN's NOC continues to support the delivery of safe and timely care for patients and assist staff and programs to better manage patient flows across our service. *Dedicated Senior Flow Lead at the RAH* A dedicated Senior Flow Lead was introduced at the RAH for afterhours patient flow, a critical role to support a 24/7 patient flow model across the RAH. This role is situated within the emergency department and provides direct oversight on patient movement out from the emergency department and into our inpatient spaces. *Transit units at the RAH and TQEH* Transit units at both sites opened in June 2025 and provide a dedicated location for patients nearing the end of their hospital stay but needing further observations or assessment before discharge.

Indicators	Performance
	The units provide greater accessibility for emergency patients needing an acute inpatient bed, supporting emergency bed flow and incoming Interfacility Patient Transfers. Over a two-month period, CALHN has seen over 1,000 patients transfer through transit units.
SA Pathology	*Digital transformation* SA Pathology is significantly investing in digital transformation, focusing on improvements to orders (test requests), tests, results and customer experience. It has undertaken a proof of concept using a modern platform and recognises the importance of data in the delivery of improved diagnostic services for person-centred care.
SA Pharmacy	*Improved access to Clinical Pharmacy Services for high-risk patients across Yorke and Northern Local Health Network* SA Pharmacy, in partnership with Yorke and Northern Local Health Network, has expanded services to ensure equitable access to clinical pharmacy services for all patients admitted to hospital across the network. This approach is improving health outcomes, by ensuring patients are optimally prioritised for medication review and clinical care, thereby reducing the risk of medication misadventure. This approach strengthens acute care delivery across the network and removes geographical barriers.
TQEH Mental Health Rehabilitation Unit	In 2022, the SA Government committed to deliver 72 new non-acute Mental Health Rehabilitation beds across Northern Adelaide Local Health Network, Southern Adelaide Local Health Network and CALHN. TQEH is on track to deliver a 24-bed Mental Health Rehabilitation Unit located on Woodville Road opposite the hospital. Engagement with the Mental Health Clinical Program and other key stakeholders began in 2023, with consumers and carers engaged with the facility planning and design and the project design team. Building construction has progressed ahead of schedule was completed in August, with patients able to access the new service in September 2025.

Indicators	Performance
Agency objective 4	**Technology enables us** *CALHN maximises our use of technology to drive better health outcomes for our community, and release time for our staff.*
Breast Screen SA (BSSA)	*MapIT Project – online bookings* BSSA's online booking platform went live in September 2023. The program has since experienced a 32 per cent increase in bookings, with the new system quicker and easier for clients to secure an appointment. The Map IT project to increase digital client engagement is now working on an online Consent for Screening form.
Central Northern Adelaide Renal and Transplantation Service (CNARTS) Kidney Watch Dashboard	CALHN Strategy and Digital worked with CNARTS to develop an internal database to track a patients journey from advanced kidney failure to dialysis. CNARTS staff can now start their patients on dialysis better prepared by using real-time data including information on critical lab values, as well as their local health network and their chosen therapy. In the upcoming year, these teams will continue working together to advance the dashboard and deploy continuous quality improvement methods to monitor and improve outcomes.
Digital Enablement Engagement	Three new governance groups were initiated to expand opportunities for feedback and engagement with front-line staff and clinicians related to critical digital enablers. These include Electronic Medical Record (EMR) and Clinical Systems, Data and Analytics, and Artificial Intelligence. The groups are currently developing priority plans for key initiatives, including clinical quality registries, enhanced training and user skills, and supporting innovation and best practices.
Electronic Medical Record (EMR) Optimisation	Using the established prioritisation and selection process, CALHN utilised EMR build tokens to progress two major clinical build items (Allied Health note redesign and opioid stewardship tool) and 22 smaller clinical improvement requests. The newly developed EMR and Clinical Systems advisory group provided feedback to guide the CALHN user experience priority votes, ensuring CALHN clinicians' voices are represented in statewide decision making.

Indicators	Performance
Personalise Acute Myocardial Infarction Care Outcomes (PAMICO) Project	The PAMICO Project uses clinical algorithms for patients with acute heart attacks to inform them and their clinicians of their individualised expected length of hospital stay and risk of procedural complications. Patients are better informed, and clinicians can tailor therapy to the individual patient. The PAMICO team is working with CALHN Strategy and Digital to seek integration with EMR to increase efficiency and reduce likelihood of human data-entry error.
RAH Digital Infrastructure Refresh	As part of critical efforts to engage front-line users and provide reliable, highly functioning core infrastructure, CALHN is undertaking several key initiatives. These include redesign of the RAH Wi-Fi network, remediation of the digital antenna system, and upgrading cellular phones. These initiatives will improve reliability for staff and visitors and enable CALHN to deliver modern care pathways and technologies.
SA Pathology	*Online bookings expansion* SA Pathology now offers bookings for non-fasting tests at select collection centres across metro and regional South Australia. This aims to reduce early-morning service demand, contributing to lengthy wait times, by encouraging patients having eligible tests to attend later in the day. Bookings can still be made via the call centre. *eRequesting – delivering person centred diagnostic care* SA Pathology is developing a new GP electronic request solution that eliminates paper request forms and the need to manually enter diagnostic information into the specimen testing system, saving time and reducing errors. In time e-requests aim to reduce the patient's need to repeat information, although confirmation of both the patient and specimens collected is still required. eRequesting is built on national standards to simplify use across multiple systems and will be trialled in late 2025 before wider deployment.

Indicators	Performance
SA Pharmacy	*Prioritisation in the Pocket* In August 2024, SA Pharmacy launched the Prioritisation in the Pocket (PiP) tool. PiP is designed to support pharmacy staff in identifying complex patients under their care. By streamlining access to information from Sunrise, PiP aims to enhance workflows for pharmacy staff. PiP pulls information regarding complex medicines and changes in therapy during an admission, without the need to search through individual electronic patient records. It complements existing practices and is a tool to support the delivery of clinical care. *Virtual Clinical Pharmacy* The Virtual Clinical Pharmacy model delivers high-quality clinical pharmacy services to inpatients of regional and remote hospitals, improving equity of access to pharmacy services. The model uses technology to provide flexible and adaptable care, which increases access to care and improves medication safety. This service plays a key role in supporting continuity of care and seamless transition for patients accessing acute regional hospital services. In 2024-25, this model expanded to Riverland Mallee Coorong Local Health Network and Yorke and Northern Local Health Network, which includes a reach of 25 additional hospital sites across the state.
SAMI	In November 2024, SAMI introduced advanced medical grade AI technology, Annalise.ai. The tool supports Radiologists, Radiology Registrars and Fellows by identifying areas of interest in chest images and suggesting potential diagnoses, serving as a powerful tool to enhance their expertise and efficiency. Radiologists and Radiology Registrars and Fellows will continue to dictate radiology reports as per current practice and retain full control over the content of the reports. With chest X-rays forming such a large part of SAMI's imaging, Annalise.ai is a decision-support tool that aids diagnostic precision and patient care.

Indicators	Performance
Agency objective 5	**Growing world-class talent** *CALHN is a place that attracts and grows world-class talent.* *It is CALHN's objective to be globally recognised for the exceptional care our workforce provides and for our strong culture where people want to perform at their best, not only because it's expected of them but because it's what they want to do.*
Aboriginal Health Practitioners (AHP)	AHP roles are located within the Hub, SAPHS, Renal, Podiatry and RAH and TQEH emergency department services. During 2024-25, four trainee AHP roles successfully completed the Certificate IV in Aboriginal Primary Health Care, three registered with AHPRA and transitioned to the role of AHP in the Hub, RAH emergency department and Podiatry program. The Aboriginal and Torres Strait Islander Heath Practitioner Credentialing/Re-credentialing and Scope of Practice Procedure and supporting documentation was introduced in May 2022. It continues to provide guidance for CALHN staff, management, and decision makers to effectively deploy and support an AHP workforce in our hospitals and acute services settings. A review of the procedure commenced in 2025 in line with SA Health's review of the Aboriginal Health Practitioner workforce. During 2024-25, one AHP role was credentialled, representing a milestone in the implementation of this role, providing culturally safe care for Aboriginal consumers, families, and carers. In 2024-25, a continuation of the Aboriginal Peer Navigator in the Renal program provided support to Aboriginal consumers on their journey to kidney transplantation.
Allied Health Workforce Planning	The Allied Health Workforce Planning Project commenced in the second quarter of 2024 and is nearing completion. Internal and external stakeholder engagement has occurred with over 200 workforce, 40 consumers, and 40 other stakeholders, including universities. Key themes emerging from this engagement highlight the importance of embedding data-informed planning, building a sustainable talent pipeline, optimising skill mix, enhancing education and training to develop workforce capability and career pathways, and integrating research, innovation, and technology into service delivery.

Indicators	Performance
	The report including recommendations is expected in late 2025. In parallel, an Allied Health Assistant (AHA) Workforce Project is underway, to deliver recommendations to strengthen the AHA workforce pipeline, governance, training pathways, and professional development.
International recruitment campaigns	CALHN has undertaken several international recruitment campaigns during 2024-25, to attract medical, nursing, and allied health professionals in emergency departments, Renal Transplant, General Medicine, Mental Health and the Care of the Older Person and Community Transition (CO-ACT) program. Offers of employment were made to 79 international candidates.
Leadership Development	In 2024-25, CALHN continued to provide leadership development opportunities tailored to the competencies and needs of leaders across various levels. The Managers Fundamentals Program was expanded to incorporate a broader range of leadership topics, informed by feedback from previous years. The updated program saw 198 new and existing frontline managers complete the program. CALHN continued the bi-annual LeadershipSpace forums during the financial year, with 340 leaders gathering at the launch of the 2025 program focusing on the Safe and Connected Operating Model. Over the remainder of the week, 450 leaders participated in 21 expert-led sessions across three key CALHN sites, focusing on critical competencies such as data-driven decision-making, coaching, psychological safety, and connected leadership. CALHN also continues to support and facilitate attendance at programs run through the South Australian Leadership Academy and through SA Health.
SA Dental	*New approaches for recruitment* SA Dental developed a week-long intensive training program, and a suite of resources for new dental assistant trainees and new employees taking on dental assistant roles with no prior experience. The training program was launched in June 2025 with 26 participants.

Indicators	Performance
	Being an employer of choice to support connected clinical care Strategies to address workforce shortages in regional locations are being considered including further promotion of short-term opportunities for experienced metropolitan clinicians to work in a regional location for 'blocks' of time. Accommodation and financial support are provided and both local and 'temporary visiting' staff provided positive feedback. *Partnerships for clinical excellence* SA Dental has entered into an agreement with the Department of Defence and State/Territory Ministers of Health to host clinical placements for three Australian Defence Force (ADF) dentists. The agreement supports ADF dentistry personnel to maintain their clinical skills while providing clinical services within the public dental service.
SAMI	*Industry-leading Sonographers* Matthew Le, SAMI Head Sonographer at the RAH was awarded the prestigious Sonographer of the Year Award at the Australasian Sonographers Association Annual International Conference in 2025. *Centralised Graduate Recruitment* In January 2025, 26 Radiography and Nuclear Medicine Technologist graduates from the University of South Australia commenced across SAMI. This follows a centralised recruitment process implemented in 2023. The 2025 cohort represents a 23 per cent increase of graduate intakes year on year and reflects SAMI as an 'employer of choice' for graduates.
Staff Wellbeing	The *Staff Wellbeing Strategic Directions 2025-2027* document developed by the outgoing Director of Staff Wellbeing, highlights the team's focus on the High-Risk/High-Opportunity (Hi-Opps) Model of Care (MoC), Professional Psychological Skills Training and Peer Support Program. The Hi-Opps MoC continues to evolve, with 32 teams supported during the 2024-25 period. Three teams are on the urgent list, six on the active list and nine continue to be monitored. Staff Wellbeing, Organisational Development, Human Resources, and Work Health Safety and Injury Management continue to collaborate to support these teams.

Indicators	Performance
	'Mini-Wellbeing Workshops' designed to foster connection and provide an opportunity for a wellbeing temperature check via pulse survey were attended by around 230 CALHN staff since October 2024. Of the 96 per cent of attendees who completed the survey, 85 per cent rated the workshop helpful, and 93 per cent reported a sense of belonging and contributing to their immediate team. Training for the Peer Support Program expanded to TQEH this period, aiming to increase accessibility to staff unable to attend sessions at the RAH. There are currently 226 trained Peer Supporters, with registrations tracking positively for the remainder of 2025.
Yaitya Marnintyarla Kangka Committee	The CALHN Yaitya Marnintyarla Kangka Committee was established in November 2020 as a mechanism to help the organisation better address the needs of Aboriginal and Torres Strait Islander people. The committee has a strong multi-disciplinary and consumer membership and includes representation from external stakeholders including the Aboriginal Health Council of South Australia, SAHMRI's Wardliparingga Aboriginal Health Equity Theme and remote Aboriginal Health Service. CALHN's approach to Aboriginal health is guided by key strategic documents and the Yaitya Marnintyarla Kangka Committee, which ensures the organisation responds to the needs of Aboriginal and Torres Strait Islander consumers.

Corporate performance summary

Over the 2024-25 financial year CALHN continued to focus on improving its performance against key access and safety and quality metrics.

Access performance:

- CALHN continued to be challenged in meeting the National Emergency Access Target (NEAT) performance of >90 per cent (for patients with an emergency department length of stay less than four hours). The best monthly performance was 38.1 per cent, which was slightly above last year's best month (37 per cent).
- CALHN emergency department presentations rose by 5 per cent this year, driven by a 13 per cent increase in presentations to the expanded new emergency department at TQEH. Presentations at the RAH emergency department declined by 1 per cent.
- Demand for CALHN's Hospital Avoidance Program continues to grow with a second service delivery location opening in Woodville effective July 2024. In 2024-25, a total of 13,816 patient visits occurred across both Sefton Park and Woodville (representing a 44.6 per cent increase from the previous financial year of 9,554 visits).
- Mental Health has continued to work to reduce length of stay, with a general average acute overnight length of stay of 11.1, an improvement in 2024-25 of 11.26 days, and below the national average of 12.5 days.
- The unplanned re-attendances at CALHN emergency departments within 48 hours worsened slightly, averaging 5.4 per cent during 2024-25 (target <4.5 per cent).

Safety and Quality performance:

- Incidents with harm (Incident Severity Rating 1 and 2) remained below the target of 12 for most of the year. There have been no sentinel events within CALHN during 2024-25.
- Hospital Acquired Complication (HAC) rates remained above the target threshold of 4 per cent during 2024–25, at 5.5 per cent. CALHN has a number of working groups delivering ongoing quality improvements, with the focus on falls prevention, catheter acquired urinary tract infections, and hospital acquired pneumonia.
- CALHN has sustained the hospital diagnosis standardised mortality ratio in line with our Health Round Table peer benchmarks.
- Mental Health restraint events per 1,000 bed days have mostly remained below the target of nine this year (Performance Level 1 against a target rate of 10), 2024-25 being 6.4 while seclusion rates not meeting the target of <5 this financial year, being 7.7.
- Staphylococcus aureus bacteraemia (SAB) rates have remained above the target of 0.7 for this financial year. The rate per 10000 Occupied Bed Days for 2024-25 was 1.04, a decrease from 2023-24.
- Mental Health 7-day post discharge follow-up rate for consumers who have been discharged from an acute mental health inpatient unit is at 87.3 per cent of all presentations (Performance Level 1 against a target of 80 per cent).

Employment opportunity programs

Program name	Performance
South Australian Public Sector Aboriginal Employment initiatives	CALHN recognises the employment of skilled Aboriginal staff makes a difference to CALHN's Aboriginal patients and their families, and that cultural safety and clinical safety are essential for the delivery of high-quality care. The launch of the *Aboriginal Employment and Retention Strategy (2022–26 and beyond)* in April 2022, has driven a steady increase in both the recruitment and retention of Aboriginal staff. As of the current reporting period, the Aboriginal workforce headcount is 147, representing 0.80 per cent of the total workforce inclusive of SCSS. Key initiatives within the strategy include a student ambassador program to attract more cadets and graduates, CALHN SEED (Success = education + employment + development) to build graduate, cadetship and trainee talent pipelines and the development of a cultural learning framework.
Graduate recruitment	CALHN provides employment opportunities for newly graduated healthcare professionals, supporting career development and progression with individual professional programs. In 2024-25, 267 graduate nurses were supported through the Transition to Professional Practice Program (TPPP). CALHN also provides employment opportunities for graduate doctors with 127 interns employed in January 2025. CALHN has recruited larger cohorts of Allied Health graduate clinicians from 2023 to 2025. In 2025, CALHN employed 35 Allied Health graduates in hospital settings, and delivered 12 Allied Health graduate opportunities in mental health settings.

Agency performance management and development systems

Performance management and development system	Performance
Action 1.22 of the NSQHS Standards requires the clinical workforce to participate in regular performance reviews to support individual development and improvement.	CALHN continues to focus on embedding a culture of continuous development and performance growth across the organisation. As of 30 June 2025, compliance with Development Discussions across CALHN was 55 per cent. This reflects a slight decrease from 59 per cent as at 30 June 2024, but remains consistent with prior years.

Work health, safety and return to work programs

Program name	Performance
Manual tasks	Ergonomic and Work Health and Safety (WHS) advice was provided for infrastructure redevelopments (particularly TQEH), purchase of equipment, redesign of work areas and tasks, and to mitigate manual tasks risks. 286 Manual Tasks Local Facilitators (MTLFs) are in place throughout CALHN/SCSS to provide practical training, induction, support, and problem solving for manual tasks issues. This year 59 new MTLFs completed the two-day training course. A Bariatric Working Party is delivering support and planning for safe care of larger patients including suitable equipment and patient pathways.
Psychological health	CALHN and SCSS provided six face-to-face training sessions for a total of 98 WHS Defined Officers and Senior Leaders on due diligence and new legislation, including psychosocial risks and relevant case law examples. Psychosocial Safety training sessions were delivered to 240 managers and leaders, and 121 staff and Health and Safety representatives. CALHN and SCSS provided six two-day Mental Health First Aid training programs for staff during 2024-25. Since 2019, over 800 CALHN and SCSS staff have completed the Mental Health First Aid course. Peer Support Program training is available to all CALHN and SCSS work areas, with 85 new staff peer supporters trained during the period. The Psychosocial Safety answers from the 2024 People Matters Employee Survey were used for action planning at an organisational and team level.

Program name	Performance
Challenging Behaviour	CALHN Complex Behaviour sub-committee membership was expanded to include more stakeholders. The Behavioural Assessment and Response Team provides support to clinicians to facilitate early preventative strategies that minimise the likelihood of escalating patient behaviours. Preventing and Responding to Complex Behaviours training continues for staff.
Chemical Safety	CALHN Chemical Management committee meets monthly. The committee supports improvements in five key areas: Chemical Manifests, Licences/Permits, Education/Training, Health Monitoring, and Emergency Management. Safe handling assessment (for cytotoxic drugs) training, including observational audits, interviews, and swipe sampling was held for Pharmacy, Cancer inpatient and Cancer Day therapy areas of RAH in in August 2024.
Audits	CALHN underwent a risk-based review in conjunction with SA Pathology and DHW to review our WHS Risk Management processes. A WHS internal audit was conducted on Remote Working (Home and Community visits) to review the systems, process, and controls for CALHN workers conducting home and community visits. It identified 12 improvement opportunities which have all been actioned.
Injury management	During 2024-25, 71 per cent of injury notifications were made via SLS reporting or to the 1800 injury notification number on the same day the injury occurred. Ninety per cent of notifications were made within two business days of injury. Daily lost time reporting was actioned by return-to-work staff to enable safe and timely return to work following injury. Engagement with all key stakeholders occurred within five days to promote an early and sustainable return to work.

Workplace injury claims	2024-25	2023-24	% Change (+ / -)
Total new workplace injury claims	251	264	-4.9%
Fatalities	0	0	0.0%
Seriously injured workers*	0	2	-100.0%
Significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	13.59	11.21	+21.2%
SCSS significant injuries (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)**	4.84	8.37	-42.2%

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

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

Work health and safety regulations	2024-25	2023-24	% Change (+ / -)
Number of notifiable incidents (*Work Health and Safety Act 2012, Part 3)*	5	7	-28.6%
Number of provisional improvement, improvement and prohibition notices (*Work Health and Safety Act 2012 Sections 90, 191 and 195*)	7	8	-12.5%

Return to work costs**	2024-25	2023-24	% Change (+ / -)
Total gross workers compensation expenditure ($)	$10,576,248	$12,350,771	-14.4%
Income support payments – gross ($)	$4,917,921	$4,103,387	+19.9%

***before third-party recovery*

Data for previous years is available at: https://data.sa.gov.au/data/dataset/central-adelaide-local-health-network-calhn

Aboriginal employment in the agency

Classification	Number of employees
Medical Professionals	8
Nurses/Midwives	48
Allied Health	25
Professional Officer	1
Administrative Executive	28
Scientific Technical	2
Weekly Paid	10
Dental and Visiting Dental Officers	1
Operational Services	24
Grand total	**147**

Salary band in the agency

Salary Band	Female	Male	X	Total
$127,875 or more	7	3		10
$101,307 to $127,875	18	1		19
$79,166 to $101,306	14	6		20
$62,210 to $79,165	27	4	1	32
Up to $62,209	51	15		66

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

Executive employment in the agency

Executive classification	Number of executives
SAES1	25
SAES2	5
Chief Executive Officer	1

Data for previous years is available at: https://data.sa.gov.au/data/dataset/central-adelaide-local-health-network-calhn.

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

Financial performance

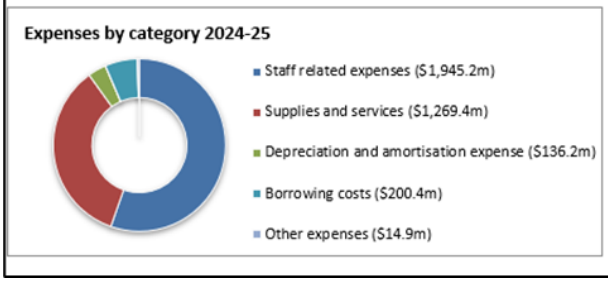
Financial performance at a glance

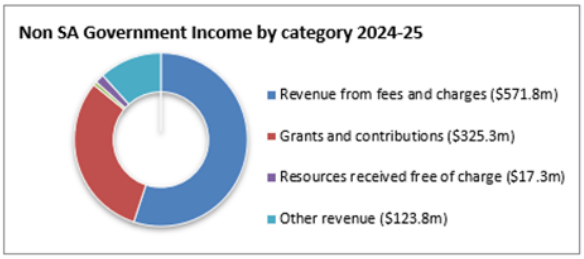
The following is a brief summary of the overall financial position of the agency. CALHN remains committed to further improving the effectiveness and efficiency of the services that it provides. Full audited financial statements for 2024-25 are attached to this report.

The information in the table and charts below has not been audited.

CALHN three-year financial summary - Consolidated ($000)

	2024-25	%	2023-24	%	2022-23	%
Total income	3 610 796	3.6%	3 485 733	7.3%	3 249 169	9.0%
Total expenses	3 570 510	5.1%	3 397 649	6.4%	3 192 904	5.9%
Net result for the period	40 286	-54.3%	88 084	56.6%	56 265	272.4%
Net cash provided by operating activities	159 885	12.5%	142 104	25.7%	113 071	70.4%
Total assets	3 780 090	0.6%	3 757 928	7.1%	3 507 401	0.6%
Total liabilities	3 218 506	-0.5%	3 234 405	0.7%	3 213 146	-1.1%
Net assets	561 584	7.3%	523 523	77.9%	294 255	23.6%





Consultants disclosure

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

Consultancies with a contract value below $10,000 each

Consultancies	Purpose	$ Actual payment
All consultancies below $10,000 each - combined	Various	$25,672

Consultancies with a contract value above $10,000 each

Consultancies	Purpose	$ Actual payment
Battleground	Development of a strategic business continuity plan	$14,499
BDO Services Pty Ltd	A legislative compliance evaluation of an SA Pathology process	$40,858
BDO Services Pty Ltd	Advice on accounting standards, franking credit refunds and fringe benefits tax return for AusHealth	$10,520
Benjamin Close	To provide a niche skillset on the methodology and structure for processes to support improved outcomes in emergency access	$18,955
Ccentric International Pty Ltd	To support the recruitment of the AHP6 CALHN Director of Pharmacy role sourcing candidates nationally and internationally	$20,266
Christine McLoughlin	Diagnostic review and intervention program of emergency department workplace culture at RAH	$65,530
David Rosengren	Process improvement projects spanning across CALHN with a focus on Emergency Access	$11,200
Deloitte Financial Advisory Pty Limited	Technical efficiency and revenue optimisation strategy services for CALHN services	$514,050
FTI Consulting (Australia) Pty Limited	CALHN Safe and Connected Operating Model	$906,820

Consultancies	Purpose	$ Actual payment
Gary Forrest	Process improvement project focused on Mental Health Access	$18,230
Iocane Pty Ltd	Consultancy services through the SA Health Professional Services Panel for Business and Advisory services and project services related to ICT infrastructure, servers, storage, backup and cloud	$27,160
KPMG	To support the Executive Director, Finance and Business Services, the finance team and relevant business units with the delivery of annual financial planning process	$65,128
Lee Green Strategic Accountants	AusHealth financial system review	$11,630
Lucid Consulting Engineers (SA) Pty Ltd	Development of an Asset Management Plan for CALHN's Asset Portfolio	$34,700
Scyne Advisory Pty Ltd	Ways of working Project Stage 1 and 2 - Organisational operating and corporate function model co-design, development and implementation services	$1,460,139
Swanbury Penglase	To develop a feasibility study for a new clinical trials facility within the Australian Bragg Centre	$12,548
Tek-V	Current state, landscape and deep dive analysis report across five services	$350,168

Consultancies	Purpose	$ Actual payment
Visione Consulting Services Pty Ltd	To assist with stakeholder engagement and development of consolidated data visualisation	$39,168
Xenon Systems Pty Ltd	To scope and design IT infrastructure related to the field of genomics	$40,625
	Total	$3,662,193
	Grand total	**$3,687,865**

Data for previous years is available at: https://data.sa.gov.au/data/dataset/central-adelaide-local-health-network-calhn.

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

Contractors disclosure

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

Contractors with a contract value below $10,000

Contractors	Purpose	$ Actual payment
All contractors below $10,000 each - combined	Various	$171,049

Contractors with a contract value above $10,000 each

Contractors	Purpose	$ Actual payment
Aktis Performance Management	Assess information provided - review and develop	$18,608
Anais Chevalier	Compliance and business system improvement	$13,500
Andrew Paul	Lawn and garden services	$66,870

Contractors	Purpose	$ Actual payment
Annette Fidge Consulting	To provide project management support for CALHN	$146,669
Axios Project Management	Project management services	$68,290
BDO Services Pty Ltd	Accounting services assistance for AusHeath	$62,052
Bedford Services and Advisory Ltd	Bedford Group contract labour 2024-25 FY	$58,332
Business Health Consulting Services	Review of Collection Centre Operating Model	$42,000
Canceraid Pty Ltd	CALHN Osara Health Cancer Coach Referral	$15,000
Celsus Trust	RAH short term orderlies supporting Radiology	$51,323
Cheesman Architects Pty Ltd	Schematic design	$97,710
Create Health Advisory	Revenue optimisation implementation contractor services	$300,000
Dialog Information Technology	Project management services	$29,558
Digivate Health Pty Ltd	Strategic workforce planning	$50,000
Ebottli Pty Ltd	Development and implementation of a major, new post-doctoral fellowship scheme	$22,078
Epic Pharmacy	Provision of pharmacy services at Whyalla and Port Augusta Hospitals	$1,668,164
Escient Pty Ltd	SystemView project management extension	$11,550
FBE Pty Ltd	Biomedical technician services	$67,098

Contractors	Purpose	$ Actual payment
Flinders University	Clinical Academics	$160,503
Garth Barnett	Expert ABF and casemix analysis	$84,000
Hender Careers	Professional services in relation to the recruitment of Manager internal audit – SCSS	$12,000
Henderson Horrocks Risk Services Pty Ltd	Risk and recruitment advice services	$129,930
Imedx Australia Pty Ltd	Clinical coding and auditing	$396,994
Inject AI Pty Ltd	AUScribe prototype software for emergency department	$24,750
ISS Health Services Pty Limited	Cleaning services	$191,036
KBJ Irrigation	Garden irrigation services	$13,348
Marianne Hercus	Project manager for stereotactic radiosurgery upgrades	$85,470
Mark Thomas Design	CALHN Research Strategy team aligning projects to CALHN Research Strategy	$15,000
Matthews Health Coding Solutions Pty Ltd	Remote coding services	$330,783
Mcgees (SA) Pty Ltd	Property assessment for market rent data	$15,600
Megan Hender Consulting	Mediating SAMI workplace forums	$10,850
Morton Philips Pty Ltd	Professional services in relation to the recruitment of an Executive Director for SA Pathology	$22,000

Contractors	Purpose	$ Actual payment
Nijan Consulting	Recruitment advice services	$30,060
Ochre Dawn	Specialist graphic design services	$13,878
Philips Healthcare Australia	RIS mirror and project support	$59,784
Phillips Ormonde Fitzpatrick	Intellectual Property management and research project management	$20,800
Powerhealth Solutions	Provide patient costing and benchmarking services	$145,566
Resolutions (Int) Pty Ltd	Clinical coding	$181,144
Rider Levett Bucknall SA Pty Ltd	Project management services	$14,400
Sasha Oelsner	CALHN website consolidation project	$18,315
Scyne Advisory Pty Ltd	Audit and financial advisory services	$209,838
Scyne Advisory Pty Ltd	Contract management support services	$115,868
Scyne Advisory Pty Ltd	FY 2024-25 internal audit	$41,630
Seerpharma Pty Ltd	QC service audit	$10,062
Simple Integrated	TQEH user interface design and development	$42,822
Talent International (SA) Pty Ltd	Network management and support staff	$131,054
The AusHealth Hospital Research Fund Ltd	Improving patient flow operations and systems within CALHN	$100,000
The Coding Company	Clinical coding	$186,563

Contractors	Purpose	$ Actual payment
The University of Adelaide	Clinical Academics	$624,073
Thomson Geer	SA Pharmacy - Australia Medical Research Fund - IP Training	$16,145
University Of South Australia	Thriving at work together project	$12,182
Uplift Group Australia Pty Ltd	Clinical coding and auditing	$431,602
Worldwide Business Data Management Pty Ltd	Discovery and design for private LLM toolkit	$45,000
Xmplify Pty Ltd	Digitisation of schemes, code reviews and DHSA support	$194,461
Zed Management Consulting	Project management support services	$22,480
	Total	$6,948,793
	Grand total	**$7,119,842**

Data for previous years is available at: https://data.sa.gov.au/data/dataset/central-adelaide-local-health-network-calhn.

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

The website also provides details of across government contracts.

Risk management

Risk and audit at a glance

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

- compliance with relevant laws, regulations, standards and codes
- Adequacy of the internal control framework
- Conduct, integrity and performance of the internal audit function
- Efficient and effective management of all aspects of enterprise risk.

ARC is chaired by a member of the Governing Board and met four times during 2024-25.

The Risk and Compliance Leadership Committee (RCLC) continued its ongoing governance of the *CALHN Enterprise Risk Management Framework* and *Integrated Compliance Management Framework*, providing executive management oversight and reporting to ARC, Clinical Governance and Consumer Engagement Committee (CGCE) and CALHN Executive Leadership Team (ELT) on risk and compliance. The RCLC supports ARC, CGCE and CALHN ELT to identify, respond and manage risks and to identify and meet compliance requirements. RCLC meets quarterly and met four times during 2024-25.

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

As part of the *CALHN Integrated Compliance Management Framework*, the 'Comply Online' legislative compliance management system continues to mature and be operationalised further via integration into operations, providing CALHN with a centralised system to monitor compliance with its legal and legislative obligations.

During 2024-25, CALHN continued to strengthen its compliance position through the operationalisation of the *Integrated Legislative Compliance Management Procedure* across all divisions. The 'Comply Online' system remained the central platform for tracking legislative obligations, capturing amendments, and allocating ownership for action. Enhancements to improve timeliness and accountability in response to regulatory changes, along with improved visibility across business units, are supporting a more integrated compliance culture.

The *CALHN Risk Appetite Statement* and *Enterprise Risk Management Framework* underwent a scheduled annual review in early 2025 to reflect evolving strategic priorities and external risk drivers. Further work has been undertaken to build on the Governing Board's most recent Strategic Risk Workshop, to review, refine, and develop both existing and emerging strategic risks in line with the *Strategic Risk Workplan*. Risks operating outside CALHN's defined risk appetite continued to be escalated through formal reporting channels and monitored through ARC to ensure appropriate oversight and mitigation.

The Internal Audit Program follows a risk-based approach, aligned with CALHN's strategic risks and the priorities of the Governing Board. The work undertaken during 2024-25 was consistent with the approved Internal Audit Plan for the year. Risks identified through audit findings are assessed, and corrective actions are actively monitored through formal reporting and escalation processes.

Fraud detected in the agency

Category/nature of fraud	Number of instances
Timesheet Falsification	3
Misuse of carparking permits	2

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

Strategies implemented to control and prevent fraud

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

Fraud risk is identified in our Strategic Risk Register, including current controls and treatments, and is reviewed annually.

The processes for identifying fraud risks include our annual Internal Audit program, the financial management compliance program, ad hoc investigations, and external work undertaken via the Audit Office of South Australia.

The RCLC is responsible for ensuring appropriate plans are in place and being implemented to mitigate any identified risks.

Data for previous years is available at: https://data.sa.gov.au/data/dataset/central-adelaide-local-health-network-calhn

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: https://data.sa.gov.au/data/dataset/central-adelaide-local-health-network-calhn

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
Carers Recognition Act 2005	Section 7: Compliance or non-compliance with Section 6 of the Carers' Recognition Act 2005 and (b) if a person or body provides relevant services under a contract with the organisation (other than a contract of employment), that person's or body's compliance or non-compliance with Section 6.

Strategies in place to meet the *Carers Recognition Act 2005*

CALHN is dedicated to fostering inclusive and supportive environments that prioritise shared decision-making and collaboration between consumers, carers, and health professionals. Key strategies and actions to achieve this include:

- We actively incorporate carer feedback into service development and improvement initiatives to ensure their voices shape the care we deliver.
- Our consumer representative team includes carers with lived experience of our services, allowing for deeply informed advocacy and representation across CALHN.
- Aboriginal and Torres Strait Islander families, carers and patient travel escorts are recognised for their contributions to ensuring culturally safe care and improving health care services. Carers, support people and family members are engaged in CALHN's consumer groups and help CALHN to shape services to meet the needs of the Aboriginal community. CALHN's Aboriginal and Torres Strait Islander Health and Wellbeing Hub provides a cultural wrap around support and a safe and welcoming environment for Aboriginal families, carers and patient escorts.
- In May 2025, CALHN partnered with Carers SA and SA Health to deliver the "Partnering with Carers" presentation to Local Health Networks statewide. The session, featuring consumer representative and carer Dean Fyfe, showcased the strength of CALHN's relationship with Carers SA and its collaborative approach to carer engagement.
- Development of the first health service training package, *Understanding Carers and the Supports Available*, in partnership with Carers SA.
- Co-design of health specific resources by CALHN consumer representatives, now displayed on 750 bedside monitors and 26 public information screens—leading to increased access to Carers SA services.
- Direct carer involvement in shaping actions for CALHN's next Disability Access and Inclusion Plan.

- Increased workforce education and awareness through storytelling and video testimonials by carers, shared during training and meetings.
- A collaborative carers' survey at TQEH, resulting in new education and support groups facilitated by CALHN's Allied Health Team in partnership with Stroke SA and Carers SA.

"I am new to being a carer and enjoy feeling like I belong in providing support, everyone needs that. I'm part of a big support system – it's been amazing." — Carer, Karra (Stroke Rehabilitation) Ward, TQEH

Public complaints

Number of public complaints reported

Complaint categories	Sub-categories	Example	Number of Complaints 2024-25
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency	244
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided	5
Professional behaviour	Staff knowledge	Lack of service specific knowledge; incomplete or out-of-date knowledge	69
Communication	Communication quality	Inadequate, delayed or absent communication with consumer	351
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly	22
Service delivery	Systems/technology	System offline; inaccessible to customer; incorrect result/information provided; poor system design	N/A
Service delivery	Access to services	Service difficult to find; location poor; facilities/ environment poor standard; not accessible to customers with disabilities	119
Service delivery	Process	Processing error: incorrect process used; delay in processing application; process not customer responsive	N/A

Complaint categories	Sub-categories	Example	Number of Complaints 2024-25
Policy	Policy application	Incorrect policy interpretation: incorrect policy applied; conflicting policy advice given	N/A
Policy	Policy content	Policy content difficult to understand; policy unreasonable or disadvantages customer	N/A
Service quality	Information	Incorrect, incomplete, out-dated or inadequate information; not fit for purpose	420
Service quality	Access to information	Information difficult to understand, hard to find or difficult to use; not plain English	3
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	168
Service quality	Safety	Maintenance; personal or family safety; duty of care not shown; poor security service/ premises; poor cleanliness	N/A
Service quality	Service responsiveness	Service design doesn't meet customer needs; poor service fit with customer expectations	N/A
No case to answer	No case to answer	Third party; customer misunderstanding; redirected to another agency; insufficient information to investigate	N/A
		Total	1,401

Additional Metrics	Total
Number of positive feedback comments	1,445
Number of negative feedback comments	1,401
Total number of feedback comments	4,785
% complaints resolved within policy timeframes	93.49%

Data for previous years is available at: https://data.sa.gov.au/data/dataset/central-adelaide-local-health-network-calhn

Service Improvements

CALHN encourages patients, consumers, families, carers and communities to provide feedback on their experiences within our network.

We want to hear about our consumers experiences and how we can improve the delivery of health care services. The feedback provided drives safety and quality improvement and supports CALHN in its ambition to be a world-class provider of care.

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

- Performance in relation to feedback from patients, carers, families and the community about their experience and outcome of care
- Aggregate and trend analysis of all complaints
- Timeliness of acknowledgement and resolution of consumer feedback
- How information from analysis of consumer feedback informs improvements in safety and quality systems
- Effectiveness and accessibility of patients, carers, families and member of the community to provide feedback.

To support service improvements in response to consumer feedback, CALHN has implemented:

- Reviewing and refining internal consumer feedback processes including the service CALHN provides directly with consumers.
- Improving feedback monitoring as well as data quality and integrity relating to consumer feedback and increasing visibility to clinical programs and committees to support ongoing improvements across the organisation.

Compliance Statement

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

Appendix: Audited financial statements 2024-25

Government of South Australia
Audit Office of South Australia

Level 9
State Administration Centre
200 Victoria Square
Adelaide SA 5000
Tel +618 8226 9640
ABN 53 327 061 410
enquiries@audit.sa.gov.au
www.audit.sa.gov.au

Our ref: A25/472

Mr R J Spencer
Chair, Governing Board
Central Adelaide Local Health Network Incorporated
email: HealthCALHNOCEOCorrespondence@sa.gov.au

Dear Mr Spencer

Audit of the Central Adelaide Local Health Network Incorporated for the year to 30 June 2025

We have completed the audit of your accounts for the year ended 30 June 2025. Two key outcomes from the audit are the:

1 Independent Auditor's Report on your agency's financial report
2 audit management letters recommending you address identified weaknesses.

1 Independent Auditor's Report

We are returning the financial report for the Central Adelaide Local Health Network Incorporated, with the Independent Auditor's Report. This report is modified.

The *Public Finance and Audit Act 1987* allows me to publish documents on the Audit Office of South Australia website. The enclosed Independent Auditor's Report and accompanying financial report will be published on that website on Tuesday 14 October 2025.

My annual report to Parliament indicates that we have issued a modified Independent Auditor's Report on your financial report. The modification relates to the Central Adelaide Local Health Network not including a disclosure in the financial report about the value of procurement with South Australian businesses and non-South Australia businesses although this was required under the Treasurer's Instructions.

2 Audit management letters

During the year, we sent you audit management letters detailing the weaknesses we noted and improvements we considered you need to make including matters we considered in forming our collective opinion on financial controls required by the *Public Finance and Audit Act 1987*.

Significant matters related to:

- payroll planning, monitoring and approval processes could be improved
- asset management controls under the across government facilities management arrangement could be improved
- contract management processes could be improved.

We have received responses to our letters and will follow these up in the 2025-26 audit.

I have also included summary comments about these matters in my annual report. These identify areas we assessed as not meeting a sufficient standard of financial management, accounting and control.

What the audit covered

Our audits meet statutory audit responsibilities under the *Public Finance and Audit Act 1987* and the Australian Auditing Standards.

Our audit covered the principal areas of the agency's financial operations and included test reviews of systems, processes, internal controls and financial transactions. Some notable areas were:

- property, plant and equipment
- payroll and workforce management
- cash and online banking
- general ledger and financial accounting
- patient billing and right of practice revenue
- accounts receivable and debtor management
- goods and services expenditure and accounts payable
- borrowings
- SA Pharmacy revenue, expenditure and inventory management
- SA Pathology revenue
- SA Medical Imaging Revenue
- Accounts receivable
- corporate governance.

Particular attention was given to the quality of disclosures about South Australian businesses and non-South Australian businesses expenditure.

In 2023-24 our audit identified gaps in the process which was followed by your agency in response to the then new procurement reporting requirements. Our audit has identified gaps still remain this year.

The Central Adelaide Local Health Network Incorporated did not include a procurement reporting disclosure in the financial report.

We concluded that the financial report was not prepared in accordance with the financial reporting framework in respect to disclosures related to procurement reporting.

I would like to thank the staff and management of your agency for their assistance during this year's audit.

Yours sincerely

Andrew Blaskett
Auditor-General

22 September 2025

enc

INDEPENDENT AUDITOR'S REPORT

Government of South Australia
Audit Office of South Australia

Level 9
State Administration Centre
200 Victoria Square
Adelaide SA 5000
Tel +618 8226 9640
ABN 53 327 061 410
enquiries@audit.sa.gov.au
www.audit.sa.gov.au

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

Qualified Opinion

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

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

The financial report comprises:

- a Statement of Comprehensive Income for the year ended 30 June 2025
- a Statement of Financial Position as at 30 June 2025
- a Statement of Changes in Equity for the year ended 30 June 2025
- a Statement of Cash Flows for the year ended 30 June 2025
- notes, comprising material accounting policy information and other explanatory information
- a Certificate from the Chair, Governing Board, the Chief Executive Officer and the Executive Director, Finance and Business Services.

Basis for qualified opinion

Procurement reporting disclosure

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

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

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

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

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

Responsibilities of the Chief Executive Officer and the Governing Board for the financial report

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

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

The Governing Board is responsible for overseeing the entity's financial reporting process.

Auditor's responsibilities for the audit of the financial report

As required by section 31(1)(b) of the *Public Finance and Audit Act 1987* and section 36(2) of the *Health Care Act 2008*, I have audited the financial report of the Central Adelaide Local Health Network Incorporated and its controlled entities for the financial year ended 30 June 2025.

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

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

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

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

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

Andrew Blaskett
Auditor-General

22 September 2025

Certification of the Financial Statements

We certify that the:

- Financial Statements of the Central Adelaide Local Health Network Inc.:
  - are in accordance with the accounts and records of the authority; and
  - comply with relevant Treasurer's instructions; and
  - comply with relevant accounting standards; and
  - present a true and fair view of the financial position of the authority at the end of the financial year and the result of its operations and cash flows for the financial year.

- Internal controls employed by the Central Adelaide Local Health Network Inc. over its financial reporting and its preparation of the financial statements have been effective throughout the financial year.

.....	.....	.....
Raymond Spencer Chair, Governing Board	Emma McCahon, Chief Executive Officer, Central Adelaide Local Health Network	Catherine Shadbolt Executive Director, Finance and Business Services Central Adelaide Local Health Network

Date 10/9/2025

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

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

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

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

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

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

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

CONSOLIDATED

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

PARENT

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

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

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

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

The accompanying notes form part of these financial statements.

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
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1. About Central Adelaide Local Health Network

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

The consolidated financial statements have been prepared in accordance with AASB 10 *Consolidated Financial Statements.* Consistent accounting policies have been applied and all inter-entity balances and transactions arising within the consolidated entity have been eliminated in full. Information on the consolidated entity's interest in other entities is at note 34.

Administered Items
The Hospital has administered activities and resources. Transactions and balances relating to administered resources are presented separately and are disclosed in the Schedules of Administered Items – refer note 36. Except as otherwise disclosed, administered items are accounted for on the same basis and using the same accounting policies as for the Hospital's transactions.

1.1 Objectives and activities

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

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

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

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

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

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

1.2 Basis of preparation

These financial statements are general purpose financial statements prepared in accordance with:
- section 23 of the *Public Finance and Audit Act 1987;*
- Treasurer's Instructions and Accounting Policy Statements issued by the Treasurer under the *Public Finance and Audit Act 1987*; and
- relevant Australian Accounting Standards.

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

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

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

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

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

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

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

1.4 Continuity of Operations
As at 30 June 2025, the Hospital had a working capital deficiency of $128.626 million ($151.585 million deficiency). The SA Government is committed and has consistently demonstrated a commitment to the ongoing funding of the Hospital to enable it to perform its functions.

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

1.6 Changes to the Hospital

2024-25

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

2023-24

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

1.7 Change in accounting policy

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

2. Revenues from SA Government

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

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

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
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3. Fees and charges

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

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

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

Consolidated

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

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

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

Patient and Client Fees
Public health care is free for medicare eligible customers with the exception of co-payments for Pharmaceutical Benefits Scheme drugs. Non-medicare eligible customers pay in arears to stay overnight in a public hospital and to receive medical assessment, advice, treatment and care from a health professional. These charges may include medical, surgical, anaesthetic, theatre, pathology, radiology services etc. Statewide Clinical Support Services also receive revenue from other SA Health Local Health Networks for pathology and imaging services performed in public hospitals. Revenue from these services is recognised on a time-and-material basis as services are provided. Any amounts remaining unpaid at the end of the reporting period are treated as an accounts receivable.

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

4. Grants and contributions

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

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

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

5. Interest

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

6. Resources received free of charge

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

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

Contributions of services are recognised only when a fair value can be determined reliably, and the services would be purchased if they had not been donated. The Hospital receives Financial Accounting, Taxation, Payroll, Accounts Payable and Accounts Receivable services from Shared Services SA free of charge valued at $12.062 million ($11.708 million), ICT services and media monitoring services valued at $4.566 million ($4.235 million) from the Department of Treasury and Finance following Cabinet's approval to cease intra-government charging.

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

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

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

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

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

8. Other revenues/income

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

9. Staff related expenses

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

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

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

9.1 Key Management Personnel

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

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

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

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

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

9.2 Remuneration of boards and committee members

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

The total remuneration received or receivable by members was $0.542 million ($0.487 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits and any related fringe benefits and related fringe benefits tax. In accordance with the Premier and Cabinet Circular No. 016, government employees did not receive any remuneration for board/committee duties during the financial year.

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

Refer to note 35 for members of boards/committees that served for all or part of the financial year and were entitled to receive income from membership in accordance with APS 124.B.

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9.3 Staff remuneration

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

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

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

9.4 Staff remuneration by classification

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

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

9.5 Targeted voluntary separation packages (TVSP)

	Consolidated		Parent	
	2025	2024	2025	2024
Amount paid/payable to separated staff:	$'000	$'000	$'000	$'000
Targeted voluntary separation packages	285	93	285	93
Leave paid/payable to separated employees	86	27	86	27
Net cost to the Hospital	**371**	**120**	**371**	**120**
The number of staff who accepted a TVSP during the reporting period	3	1	3	1

10. Supplies and services

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

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

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

11. Grants and subsidies

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

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

12. Other expenses

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

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

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

13. Cash and cash equivalents

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

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

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

14. Receivables

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

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

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

14.1 Impairment of receivables

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

Movement in the allowance for impairment loss on receivables:

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

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

15. Other financial assets

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

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

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

16. Inventories

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

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

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

17. Contract assets

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

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

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

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

18.1 Acquisition and recognition

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

The Hospital capitalises all owned property, plant and equipment valued at or greater than $10,000. Assets recorded as works in progress represent projects physically incomplete as at the reporting date. Componentisation of complex assets is generally performed when the complex asset's fair value at the time of acquisition is equal to or greater than $5 million for infrastructure assets and $1.5 million for other assets.

18.2 Depreciation and amortisation

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

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

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

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

Revaluation of non-current assets or a group of assets owned by the Hospital is only performed when the asset's fair value at the time of acquisition is greater than $1.5 million and the estimated useful life exceeds three years. Revaluations are undertaken on a regular cycle. Non-current tangible assets that are acquired between revaluations are held at cost until the next valuation, where they are revaluated to fair-value. If at any time management considers that the carrying amount of an asset greater than $1.5 million materially differs from its fair value, then the asset will be revalued regardless of when the last revaluation took place.

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

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

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

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

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

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

18.6 Land and building
An independent valuation of owned land and buildings owned by the Hospital, was performed from March to June 2024 by Certified Practicing Valuers from Marsh Pty Ltd, as at 1 June 2024, within the regular valuation cycle. Consistent with Treasurer's Instructions, a public authority must at least every 6 years obtain a valuation appraisal from a qualified valuer. Annual review of land and buildings fair values was undertaken effective 1 June 2025, including assessment using indices supplied by the Office of the Valuer-General for estimated cost and market values based on location. It was determined that the carrying amounts of land and buildings were materially correct as stated and no adjustments were made.
Fair value of unrestricted land was determined using the market approach. The valuation was based on recent market transactions for similar land and buildings (non-specialised) in the area and includes adjustment for factors specific to the land and buildings being valued such as size, location and current use. For land classified as restricted in use, fair value was determined by applying an adjustment to reflect the restriction.

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

18.7 Plant and equipment

The Hospital's plant and equipment assets with a fair value greater than $1.5 million or had an estimated useful life of greater than three years were revalued using the fair value methodology, as at 1 June 2024, based on an independent valuation performed by Certified Practicing Valuers from Marsh Pty Ltd. The value of all other plant and equipment has not been revalued, this is in accordance with APS 116D, the carrying value of these items is deemed to approximate fair value. These assets are classified in Level 3 as there have been no subsequent adjustments to their value, except for management assumptions about the asset condition and remaining useful life.

18.8 Investment property

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

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

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

Amounts recognised in profit or loss

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

18.9 Leased property, plant and equipment

Right-of-use assets (including concessional arrangements) leased by the Hospital as lessee are measured at cost, and there were no indications for impairment. Additions to right of use assets during 2024-25 were $24.944 million ($3.766 million). Short-term leases of 12 months or less and low value leases, where the underlying asset value is less than $15,000 are not recognised as right-of-use assets. The associated lease payments are recognised as an expense and disclosed in note 10.

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

- Properties – SA Pathology collection centres, primary health, dental clinics and non-DIT provided office accommodation are generally leased from the private sector. Generally property leases are non-cancellable with many having the right of renewal. Rent is payable in arrears, with increases generally linked to CPI increases. Prior to renewal, most lease arrangements undergo a formal rent review linked to market appraisals or independent valuers.
- Health Facilities – lease include the Royal Adelaide Hospital.
  The Royal Adelaide Hospital (RAH) lease commenced in June 2011, achieved commercial acceptance in June 2017, and is for 35 years. The SA Health Partnership Consortium trading as Celsus entered into an arrangement to finance, design, build, operate and maintain the new RAH. Under the arrangement, Celsus will maintain and provide non-medical support services including facilities management by Spotless and information and communication technology (ICT) support and maintenance by DXC Technology for the duration of the contract. The arrangement is referred to as a Public Private Partnership (PPP). At the conclusion of the contract in 2046, the Hospital will take full ownership of the RAH. Celsus have an obligation to deliver the RAH in a condition fit for its intended purpose and fully maintained in accordance with the agreed asset management plan.
- Motor vehicles – were leased from the South Australian Government Financing Authority (SAFA) through their agent LeasePlan Australia. Effective 1 April 2025, SAFA issued new lease agreements for all its existing leases. Each of these new lease agreements includes a standard clause that gives SAFA substantive substitution rights, as a result motor vehicle leases are no longer captured by AASB 16. Accordingly, the carrying values of existing right-of-use assets and corresponding lease liabilities were derecognised.

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

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

CENTRAL ADELAIDE LOCAL HEALTH NETWORK
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19. Reconciliation of property, plant and equipment and investment property

The following table shows the movement:

Consolidated

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

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

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Consolidated

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

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

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Parent

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

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

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

Parent

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

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

20. Reconciliation of intangible assets

The following table shows the movement:

Consolidated

	2024-25			2023-24		
	Computer software $'000	Capital works in progress intangibles $'000	Total $'000	Computer software $'000	Capital works in progress intangibles $'000	Total $'000
Carrying amount at the beginning of the period	**9,049**	**385**	**9,434**	**13,719**	**463**	**14,182**
Additions	215	52	**267**	-	329	**329**
Disposals	-	-	-	(16)	-	**(16)**
Amortisation	(3,741)	-	**(3,741)**	(4,887)	-	**(4,887)**
Transfers between asset classes	272	(313)	**(41)**	233	(407)	**(174)**
Carrying amount at the end of the period	**5,795**	**124**	**5,919**	**9,049**	**385**	**9,434**
Gross carrying amount						
Gross carrying amount	78,182	124	**78,306**	77,717	385	**78,102**
Accumulated amortisation	(72,387)	-	**(72,387)**	(68,668)	-	**(68,668)**
Carrying amount at the end of the period	**5,795**	**124**	**5,919**	**9,049**	**385**	**9,434**
Parent						
Carrying amount at the beginning of the period	**9,049**	**385**	**9,434**	**13,719**	**463**	**14,182**
Additions	215	52	**267**	-	329	**329**
Disposals	-	-	-	(16)	-	**(16)**
Amortisation	(3,741)	-	**(3,741)**	(4,887)	-	**(4,887)**
Transfers between asset classes	272	(313)	**(41)**	233	(407)	**(174)**
Carrying amount at the end of the period	**5,795**	**124**	**5,919**	**9,049**	**385**	**9,434**
Gross carrying amount						
Gross carrying amount	78,182	124	**78,306**	77,717	385	**78,102**
Accumulated amortisation	(72,387)	-	**(72,387)**	(68,668)	-	**(68,668)**
Carrying amount at the end of the period	**5,795**	**124**	**5,919**	**9,049**	**385**	**9,434**

21. Fair value measurement

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

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

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

The carrying amount of non-financial assets owned by the Hospital with a fair value at the time of acquisition that was less than $1.5 million or an estimated useful life that was less than three years are deemed to approximate fair value.

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

21.1 Fair value hierarchy

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

Fair value measurements at 30 June 2025

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

Fair value measurements at 30 June 2024

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

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

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

21.2 Valuation techniques and inputs

Land fair values were derived by using the market approach, being recent sales transactions of other similar land holdings within the region, adjusted for differences in key attributes such as property size, zoning and any restrictions on use, and then adjusted with a discount factor.

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

Unobservable inputs used to arrive at final valuation figures included:

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

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

22. Payables

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

Payables are measured at nominal amounts. Creditors and accruals are recognised for all amounts owed and unpaid. Contractual payables are normally settled within 15 days from the date the invoice is first received. Staff on-costs are settled when the respective staff benefits that they relate to are discharged. All payables are non-interest bearing. The carrying amount of payables approximates net fair value due to their short term nature.

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

Refer to note 32 for information on risk management.

23. Financial liabilities

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

Lease liabilities have been measured via discounting lease payments using either the interest rate implicit in the lease (where it is readily determined) or Treasury's incremental borrowing rate. Borrowing costs of $200.425 million ($207.151 million) relate to interest on lease liabilities. Included in these borrowing costs is a reduction in contingent rental amounts of $180.459 million ($183.504 million). There were no defaults or breaches on any of the above liabilities throughout the year.

Refer to note 32 for information on risk management.

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

23.1 Concessional lease arrangements for right-of-use assets

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

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

23.2 Maturity analysis

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

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

24. Staff related liabilities

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

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

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

The annual leave liability and the skills and experience retention leave liability are expected to be payable within 12 months and are measured at the undiscounted amounts expected to be paid. In the unusual event where salary and wages, annual leave and skills and experience retention leave liability are payable later than 12 months, the liability will be measured at present value. As a result of the actuarial assessment performed by DTF, the salary inflation rate has increased from the 2024 rate (2.4%) to 3.2% for annual leave and skills, experience and retention leave liability. As a result, there is an increase in the staff related liability and staff related expenses of $1.583 million.

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

24.2 Long service leave - measurement

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

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

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

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

24.3 Staff on-costs

Staff on-costs include payroll tax, fringe benefits tax, ReturnToWorkSA levies and superannuation contributions and are settled when the respective staff related liability that they relate to are discharged. These on-costs primarily relate to the balance of leave owing to staff. Estimates as to the proportion of long service leave estimate to be taken as leave, rather than paid on termination, affects whether certain on-costs are recognized as a consequence of long service leave liabilities.

24.4 Superannuation funds

The Hospital makes contributions to several State Government and externally managed superannuation schemes. These contributions are treated as an expense when they occur. There is no liability for payments to beneficiaries as they have been assumed by the respective superannuation schemes. The only liability outstanding at reporting date relates to any contributions due but not yet paid to the South Australian Superannuation Board and externally managed superannuation schemes.

As a result of an actuarial assessment performed by DTF, the portion of long service leave taken as leave has increased from 2024 (38%) to 47% and the average factor for the calculation of employer superannuation on-costs has increased from the 2024 rate (11.5%) to 12.0% to reflect the increase in super guarantee. These rates are used in the staff on-cost calculation. The net financial effect of the changes in the current financial year is an increase in the staff on-cost and staff related expense of $5.190 million. The estimated impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

25. Provisions

Provisions represent workers compensation

Reconciliation of workers compensation (statutory and non-statutory)

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

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

Workers compensation provision (statutory and additional compensation schemes)

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

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

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

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

26. Contract liabilities and other liabilities

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

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

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

27. Cash flow reconciliation

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

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

28. Unrecognised contractual commitments

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

28.1 *Capital and Expenditure commitments*

28.1.1 Contractual commitments to acquire property, plant and equipment

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

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

28.1.2 Other contractual commitments

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

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

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

The Hospital also has commitments to provide funding to various non-government organisations in accordance with negotiated service agreements. The value of these commitments as at 30 June 2025 have not been quantified.

28.2 Expected rental income from lessor arrangements

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

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

29. Trust funds

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

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

30. Contingent assets and liabilities

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

30.1 Contingent Assets

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

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

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

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

30.2 Contingent Liabilities

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

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

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

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

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

30.3 Guarantees
The Hospital has made no guarantees.

31. Events after balance date

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

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

32. Financial instruments/financial risk management

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

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

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

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

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

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

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

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

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.

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

Statutory receivables and payables are excluded from these tables because they are not financial assets and financial liabilities. In government, certain rights to receive or obligations to pay cash may not be contractual but have their source in legislation. The disclosure requirements of AASB 7 *Financial Instruments* do not apply to statutory receivables and payables.

32.3 Credit risk exposure and impairment of financial assets

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

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

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

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

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

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

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

33. Significant transactions with government related entities

The Hospital is controlled by the SA Government.

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

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

The Hospital received funding from the SA Government via the Department (note 2), and incurred significant expenditure via the Department for medical, surgical and laboratory supplies, inter-health staff recharging, insurance and computing (note 10). The Hospital incurred expenditure with the Department for Infrastructure and Transport (DIT) of $35.060 million ($153.726 million) which largely reflects occupancy rent and rates (note 10). As at 30 June 2025 the value of unrecognised contractual expenditure commitments with DIT for accommodation was $7.735 million ($11.445 million).

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

34. Interests in other entities

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

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Joint arrangements

The Hospital participates in the following joint operations:

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

35. Board and committee members

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

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

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

Refer to note 9.2 for remuneration of board and committee member

36. Administered items

The Hospital administers the following:

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

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

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