



**Government  
of South Australia**

**CENTRAL ADELAIDE LOCAL HEALTH  
NETWORK  
2023-24 Annual Report**

**CENTRAL ADELAIDE LOCAL HEALTH NETWORK**

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## Acknowledgement of Country

Ngadlu tampintheta yaintya yartarlun gadlu inparintheta, warpulayintheta, tikantheta kuma ngunyawayintheta Kurna Miyurnaku yarta. Ngadlu tampintheta parnaku tuwilarna yaintya yartangka yuwantheta.

Ngadlurlu parnaku yarltarripurkarna pukinangku, yalaka kuma tarrkarri-ana.

Ngadlu tampintheta parnaku warra kuma tapa-purruna puru purruna Kurna Miyurnaitya kumartarna Yaitya Miyurna-itya yalaka.

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

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

To:

Hon Chris Picton MP

Minister for Health and Wellbeing

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

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

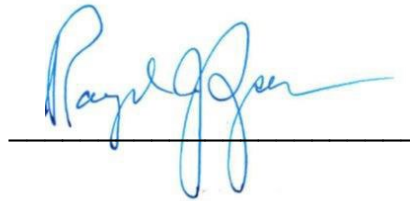
Submitted on behalf of the Central Adelaide Local Health Network (CALHN) by:

Mr Raymond Spencer

Chair, CALHN Governing Board

Date 26/09/2024

Signature



Dr Emma McCahon

Chief Executive Officer, CALHN

Date 26/09/2024

Signature



## **From the Chair, CALHN Governing Board and the Chief Executive Officer**

Consolidating a cohesive and consumer-focused health service while strengthening our ability to respond to the needs of our community was at the centre of the Central Adelaide Local Health Network (CALHN) Governing Board and Executive efforts during 2023-24.

To ensure consumers receive the best possible care, our clinical and non-clinical staff continued to partner with key stakeholders to enhance and expand existing services, establish new programs and projects while also strengthening the network's safety and quality systems.

The opening of the Kangkanthi clinical services building at The Queen Elizabeth Hospital (TQEH) is a place to care for our community in a state-of-the-art facility, and is among CALHN's key achievements delivered in 2023-24. This successful completion is the culmination of a \$314 million seven-year program of work that marks a new chapter for the western suburb's hospital during its 70th year.

CALHN's active engagement with Aboriginal consumers was a feature of the TQEH redevelopment, resulting in meaningful input into design and landscaping features and a Kaurana name (Kangkanthi means 'to care'). The collaboration is further demonstration of our commitment to providing a culturally safe, inclusive and welcoming environment for the community and workforce.

An upgrade of the Royal Adelaide Hospital (RAH) ED was also finalised. The project delivered improvements to ED operations through the creation of a rapid assessment and intervention zone enabling faster treatment of patients.

CALHN's out of hospital care programs supported our efforts to meet the evolving health needs of our community and ease pressure on our inpatient services. Sefton Park Hospital Avoidance Program continued its delivery of high-quality care through its multi-faceted service offerings, ensuring responsive care within the community and avoiding unnecessary ED presentations or inpatient treatment. The planned opening of a new site in Adelaide's west in July 2024 underlines the successful performance of this CALHN innovation.

The high calibre of the multi-disciplinary medical and nursing team of the RAH Trauma Service, which acts as SA's highest acuity trauma centre while serving several interstate regions, also achieved Level 1 Trauma Service verification against a national benchmarking process during 2023-24.

Fifty years of internationally recognised innovative burn care by the RAH-based SA Adult Burns Centre was also recognised in the past 12 months with the centre now treating more than 400 patients and 2,000 outpatients each year, compared to 100 patients annually 25 years ago.

CALHN implemented various strategies in 2023-24 to improve operational efficiency. We made significant advances towards improving our culture of patient safety and continue to embed improved processes into our day-to-day activities to support our people to maintain world-class patient-centred care. Our diverse and multidisciplinary teams across our sites and services maintained their commitment to upgrading systems, clarifying and simplifying processes, and reducing decision-making timeframes.

Important frameworks that will shape our organisation in the future were released in 2023-24. Our Consumer Strategy will guide how CALHN engages with the community, our Clinical Strategy will lead our strategic priorities and actions over the next five years to support improved, sustainable and inclusive patient care, and our Research Strategy will build on the existing foundation of CALHN's ground-breaking research to benefit the health of all South Australians.

Our Clinical Rapid Implementation Project Scheme (CRIPS) grants recipients continue to deliver innovative hospital-based projects to improve our health service delivery and help us achieve our world-class care ambitions. CALHN is proud to support research that builds better healthcare and enables projects to begin with shorter lead-in times than traditional research funding frameworks.

Hundreds of leaders from across our hospitals and health service sites attended Leadership Space, a series of professional development forums aimed at refining leadership skills and enhancing trust and connection among colleagues.

The CALHN Governing Board and Executive are proud of the achievements of our organisation, as presented in this 2023-24 Annual Report, and recognise these successes would not be possible without the substantial contribution and ongoing dedication of our talented workforce.

We look forward to building on the work achieved during 2023-24 by continuing to deliver the best possible health and wellbeing services to meet the changing needs of our community.



A handwritten signature in blue ink, appearing to read 'Raymond Spencer'.

Mr Raymond Spencer  
**Chair, CALHN Governing Board**



A handwritten signature in black ink, appearing to read 'Emma McCahon'.

Dr Emma McCahon  
**Chief Executive Officer**  
Central Adelaide Local Health Network

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## Overview: about the agency

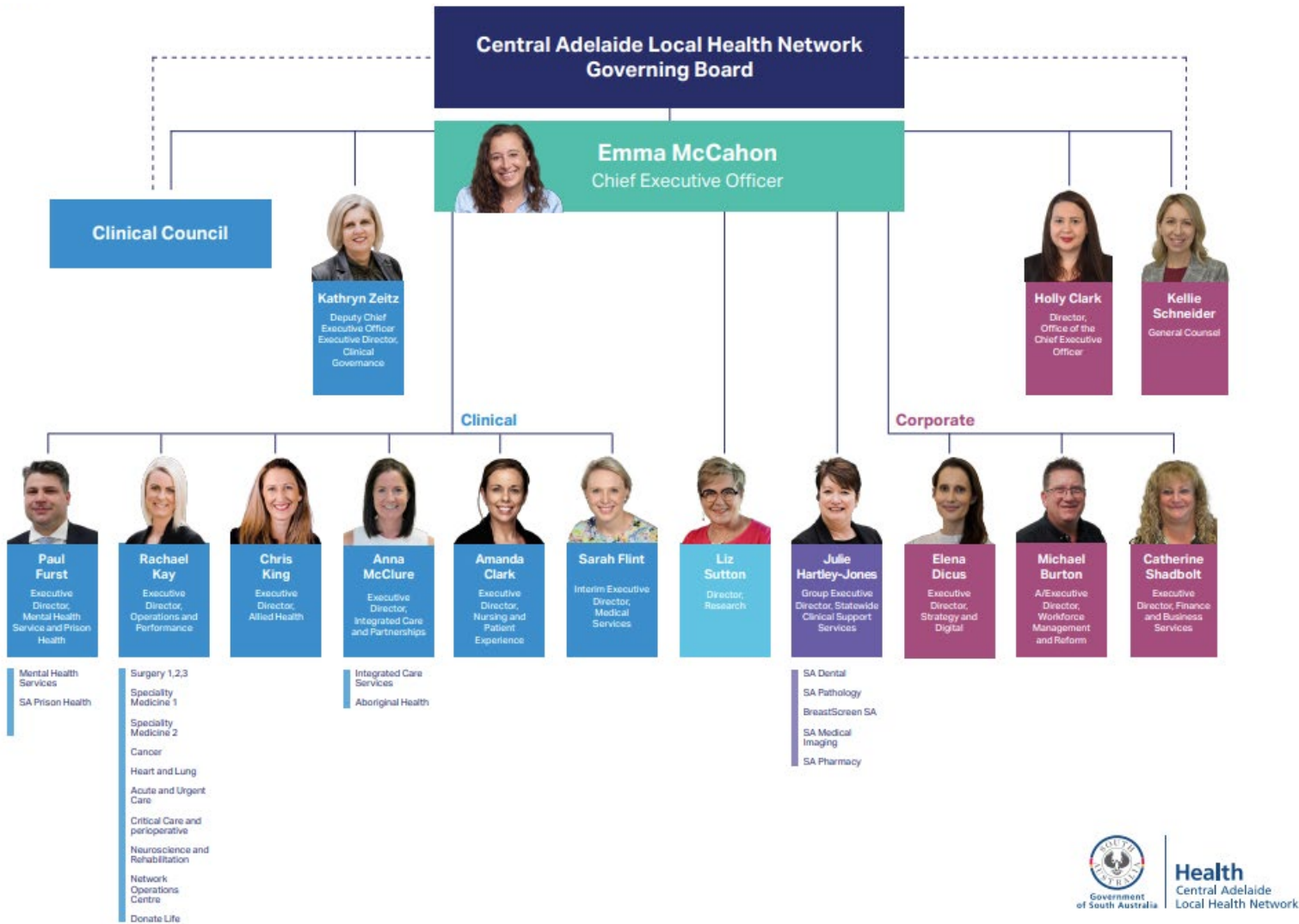
### Our strategic focus

<p><b>Our Purpose</b></p>	<p>The Central Adelaide Local Health Network (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.</p> <p>CALHN brings together the following primary sites:</p> <ul style="list-style-type: none"> <li>• The Royal Adelaide Hospital (RAH)</li> <li>• The Queen Elizabeth Hospital (TQEH)</li> <li>• Glenside Health Services</li> <li>• Hampstead Rehabilitation Centre (HRC), and</li> <li>• Statewide Rehabilitation Services at the Repat Health Precinct, supported by a large community footprint.</li> </ul> <p>CALHN also governs several statewide services including SA Prison Health Service (SAPHS), SA Cancer Service (SACS), DonateLife SA (DLSA), and Statewide Clinical Support Services (SCSS) incorporating SA Pathology, SA Medical Imaging (SAMI), BreastScreen SA (BSSA), SA Pharmacy and SA Dental.</p> <p>While the primary catchment for CALHN is the central Adelaide metropolitan region, a substantial number of people who access services in CALHN come from outside these geographic boundaries. These include people from rural, remote, interstate, and overseas locations. This is due to the need to access our highly specialised, statewide services.</p>
<p><b>Our Vision</b></p>	<p>We are shaping the future of health with world-class care and world-class research. We aim to be one of the top five performing health services in Australia and one of the top 50 performing health services in the world by 2025.</p>
<p><b>Our Values</b></p>	<p>Our values outline who we are, what we stand for and what people can expect from us. We are:</p> <ul style="list-style-type: none"> <li>• people first</li> <li>• future focused</li> <li>• ideas driven, and</li> <li>• community minded.</li> </ul>



<b>Our functions, objectives, and deliverables</b>	<p>CALHN has an important role in improving the health and wellbeing of South Australians by delivering world-class integrated healthcare and hospital services.</p> <p>Our strategic ambitions recognise our commitment to care, community, investment, research, technology, and importantly, recognise the influence of our world-class workforce on our ability to achieve our vision.</p> <p>Our strategic ambitions are that:</p> <ul style="list-style-type: none"><li>• our care is connected and revolves around the patient in their (and our) community</li><li>• our curiosity compels us to always do better – research and innovation drives everything</li><li>• we invest in what matters</li><li>• our technology enables excellence, and</li><li>• we attract and foster world-class talent.</li></ul>
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### Our organisational structure



## Changes to CALHN

During 2023-24, there were no changes to the CALHN's structure and 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 2025)***

Raymond Spencer returned to Australia in 2009, following more than 35 years of living and working in the USA, India, and Europe.

Raymond is currently Chair of several boards, including the South Australian Venture Capital Fund. He is a Founding Partner of RSVP Ventures and holds the position of Chair or Director in several of its portfolio companies.

Raymond brings more than 40 years of leadership experience in international business, management planning, technology, finance, organisational culture, and mergers and acquisitions.



### **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 2025)**

Justin Beilby is a practising General Practitioner, board member and leader in primary care/general practice reform in Australia.

In 2015, Justin was appointed Vice-Chancellor of Torrens University, concluding this role at the end of 2020. He moved to a part-time Deputy Vice Chancellor Research role and, in March 2022, was appointed Emeritus Professor.

Justin has demonstrated experience and skills in clinical and policy research, workforce planning, financial and people management, philanthropic funding, leading major capital programs, leading change programs and governance.

Justin is currently Deputy Chair of the South Australian Health and Medical Institute Board.



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

Peter Hanlon is a filmmaker and business and government adviser. A successful business and people leader, Peter has a strong track record of business growth, re-engineering, and culture and change management. Peter is a partner in LIGHT ADL, the founder of Living Not Beige Films and a partner in film company Mess Productions, and the owner of Notus Advisory, a business consulting firm. Peter is currently a Strategic Adviser to the South Australian Government. He is a former Chair of the BankSA Advisory Board and South Australian Film Corporation, and member of the SA Museum Board.

Peter is currently the co-Chair of Mercury CX. Peter was previously Chief Executive, Westpac Australian Financial Services. Prior to his banking career, Peter served in the RAAF.



**Ms Ingrid Haythorpe (Member)**  
**(20 February 2023 – 30 June 2025)**

Ingrid Haythorpe is a Manager Partner of Peg Consulting that has led significant projects for the Victorian, Australian Capital Territory, Northern Territory and South Australian governments. This has included reviews of whistle-blower legislation, lands title legislative, regulatory reviews, justice system projects, women in leadership policy, and governance reforms. In 2020-21, Ingrid supported Victorian and SA senior executive health teams in their response to COVID-19.

Ingrid's past roles in the South Australian Government include Chief Executive of the Attorney-General's Department and senior executive positions in SA Health, the Department of the Premier and Cabinet and the Department of Human Services.



**Dr Janine Mohammed**  
**(1 July 2023 – 30 June 2026)**

Janine Mohamed is a proud Narrunga Kurna woman from South Australia. Over the past 20 years, Janine has worked in nursing, management, project management, research, workforce, and health policy in the Aboriginal and Torres Strait Islander health sector. Many of these years have been spent in the Aboriginal Community Controlled Health sector at state, national and international levels. This includes the Aboriginal Health Council of South Australia, the National Aboriginal Community Controlled Health Organisation and the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, where she was the Chief Executive Officer from 2013-2018.

Janine has been based on Wurundjeri Country, in Melbourne, since 2019 as the Chief Executive Officer of the Lowitja Institute – Australia's National Institute for Aboriginal and Torres Strait Islander Health Research. She was awarded an Atlantic Fellows for Social Equity Fellowship in 2019 and a Doctorate of Nursing honoris causa by Edith Cowan University in January 2020.

In 2021, Janine was awarded a Distinguished Fellowship by The George Institute for Global Health Australia. She is a regular spokesperson on key topics in Aboriginal and Torres Strait Islander Health, such as cultural safety, the social and cultural determinants of health, workforce, and Indigenous data sovereignty.



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

Christine Kilpatrick has a 20-year career as a senior executive, including 15 years as a chief executive, most recently Chief Executive, Royal Melbourne Hospital. Prior to these appointments she was a neurologist, specialising in epilepsy, working in both public and private practice.

Christine is a Board Director of Healthdirect Australia, the Florey Institute and Australian Commission on Safety and Quality in Health Care, and in April 2024 formally appointed as Chair of the Australian Commission on Safety and Quality in Health Care.

Christine was previously a Director of HealthShare Victoria and Victorian Comprehensive Cancer Centre Alliance and Chair of the Doherty Institute. Christine is an Enterprise Professor Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne.

She was awarded a Centenary Medal in 2001, in 2014 was included in the Victorian Honour Roll of Women, in 2017 was a recipient of the Distinguished Fellow's Award, Royal Australasian College of Medical Administrators and in 2019 appointed an Officer of the Order of Australia (AO).



**Mr Kevin Cantley PSM**

***(15 April 2024 – 31 March 2027)***

Kevin Cantley worked for the SA Department of Treasury and Finance for 29 years as a senior executive and in 2018 was awarded a Public Service Medal (PSM) for outstanding public service to financial management and infrastructure development in South Australia.

Kevin retired in 2019 as General Manager, SA Government Financing Authority (SAFA), which is the SA Government’s central financing authority, captive insurer and fleet manager with assets totalling of over \$40 billion. During this period, he assumed the dual responsibility of Executive Director, Public Finance Branch from 2016 to 2018.

Kevin has significant governance and board experience and is currently a member of the Board of the Lifetime Support Authority. He was previously a member of Barossa Hills Fleurieu Local Health Network Governing Board, an external member of the CALHN Finance and Investment Committee, Chair, SA Government Captive Insurance Corporation (SAICORP), Chair, Playford Capital Pty Ltd, member of the SA Superannuation Board and Director, Generation Lessor Corporation, Transmission Lessor Corporation and Distribution Lessor Corporation.

Kevin is a qualified accountant and is a Fellow of CPA Australia (FCPA) and a member of the Australian Institute of Company Directors (AICD).

The CALHN Governing Board held 6 meetings from 1 July 2023 to 30 June 2024, with the following attendances recorded.

Member Name	Governing Board Meetings Attended
Raymond Spencer (Chair)	5/6
Professor Judith Dwyer AM (Deputy Chair)	5/6
Professor Justin Beilby MD	5/6
Peter Hanlon	6/6
Ingrid Haythorpe	5/6
Dr Janine Mohamed	5/6
Professor Christine Kilpatrick AO	4/4*
Kevin Cantley PSM	1/1*

\* commenced with the CALHN Governing Board during 2023-24



During 2023-24 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)
- Statewide Clinical Support Services Committee (bi-monthly).

*In January 2024, the Clinical Governance Committee merged with Consumer and Community Engagement Committee to establish the Clinical Governance and Consumer Engagement Committee.*

## Our Executive team

### **Dr Emma McCahon**



Emma McCahon commenced on 29 January 2024 as the Chief Executive Officer of CALHN. Emma is responsible for leading the operational management of CALHN services and building the capability of our workforce to focus on the people, connection, trust, and collaboration needed to shape the future of health care.

*Professor Lesley Dwyer resigned 25 November 2023.*

### **Dr Kathryn Zeitz**



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

*Dr Zeitz was the Interim Chief Executive Officer from September 2023 to January 2024.*

### **Mr Michael Burton**



Michael Burton is the A/Executive Director, Workforce Management and Reform. Michael 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.

*Ms Gabby Ramsay, the former Executive Director, Workforce Management and Reform resigned on 2 February 2024.*



**Ms Elena Dicus**

Elena Dicus commenced on 3 October 2023 as the Executive Director, Strategy and Digital. Elena is responsible for driving digital technology, strategy, and leadership to improve outcomes and to put consumers at the centre of service design.

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

*Mr Daniel Casement, the former Executive Director, Strategy, Planning and Projects resigned on 31 August 2023.*



**Ms Amanda Clark MBA MN BN**

Amanda Clark is the Executive Director, Nursing and Patient Experience.

Amanda is responsible for the provision of care and treatment of the patient within CALHN and ensuring the patient is undergoing appropriate, safe, and efficient care and treatment.

The role oversees and provides nursing leadership for the organisation.

*Ms Annette Cieslak acted in the position from 9 October 2023 to 28 June 2024.*



**Dr Sarah Flint**

Commencing in June 2023, Dr Sarah Flint is the Interim Executive Director, Medical Services.

Sarah is responsible for the clinical vision and direction of CALHN, ensuring that the culture, clinical systems, and practices are aligned with and facilitate the delivery of excellent, evidenced-based care.

The role oversees Medical Services which includes Medical Administration/Trainee Medical Officer Unit, Medical Education, and Medical and Dental Credentialing.



**Ms Christine King**

Christine King commenced as the Executive Director, Allied Health in February 2023.

Christine provides strategic, professional, and operational leadership of the allied health directorate, consumer partnering and spiritual care services for the organisation, and is the Executive Sponsor for Disability.

The role also provides professional leadership for the broader Allied Health and Scientific Health workforce across CALHN.



**Dr Paul Furst**



Paul Furst is the Executive Director, Mental Health and SA Prison Health Service.

Paul is responsible for the operations of the Mental Health Service and SA Prison Health program.

Paul provides strategic and operational directions relating to planning, leadership and management including specialised strategies which focus on the promotion and improved outcomes for defined population groups.

**Adjunct Associate Professor Julie Hartley-Jones**



Julie Hartley-Jones is the Group Executive Director, Statewide Clinical Support Services.

Julie is responsible for the effective management and leadership of service and facilities to support the delivery of high quality, population needs-based services, including BreastScreen SA, SA Dental, SA Pathology, SA Medical Imaging and SA Pharmacy services to the people of South Australia.

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

**Ms Rachael Kay**



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

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

**Ms Anna McClure**



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

The role oversees Integrated Care Services and Aboriginal Health.



**Ms Catherine Shadbolt**

Catherine Shadbolt commenced for a 12-month appointment as the Executive Director, Finance and Business Services on 10 June 2024.

Catherine is responsible for financial management, performance reporting, procurement, contract management, business development, operational services, business continuity and improvement of effective and efficient delivery of services to support the Local Health Network's strategic intent.

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

*Mr Chris Preston, the former Executive Director, Finance and Business Services resigned on 3 May 2024.*



**Ms Holly Clark**

Holly Clark is the Director, Office of the Chief Executive Officer/Chief of Staff.

Holly is responsible for the effective coordination, leadership, and strategic advice to ensure the delivery of key projects and policy initiatives to support the Chief Executive Officer and the Governing Board on contemporary issues.

The role oversees the Office of the Chief Executive Officer, Board and Government Relations, Communications, Internal Audit and Risk, Corporate Records and Freedom of Information.

*Ms Krista St John acted in the position from 6 May 2023 to 20 October 2023.*



**Ms Kellie Schneider**

Kellie Schneider commenced in the role of General Counsel and Corporate Secretary on 18 September 2023.

Kellie is responsible for providing high quality legal advice to the Board, Board Committees, Chief Executive Officer CALHN and CALHN's Executive Team on corporate governance and legal matters.

*Ms Julia Knight, the former General Counsel and Corporate Secretary resigned on 25 August 2023.*



**Dr Liz Sutton**

Liz Sutton is the Director, Research.

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

The role oversees Research Services.

**Legislation administered by the agency**

None.

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

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

CALHN is South Australia's largest health network, and is proud to deliver exceptional, timely and appropriate healthcare for all South Australians. Despite significant demand across emergency departments and services, CALHN continues to make meaningful advances towards improving our culture of patient safety while embedding improved processes into our day-to-day activities.

CALHN implemented an Accreditation Ready Plan and developed a Communications Plan as part of its preparations for the move to short notice assessment against the National Safety and Quality Health Service Standards (NSQHSS). The organisation is well-placed to respond to accreditation process assessors attending on site at any time with 24 hours' notice.

The Sefton Park Hospital Avoidance Program has continued to drive innovation and deliver excellence through its service delivery, enabling patients to receive care in the community and avoid unnecessary presentations to the emergency department (ED) and/or hospitalisation. From 1 July 2023 to 31 May 2024, the service ensured 9,116 patients to avoid presentation to a CALHN ED. This represents a 31 per cent increase from the equivalent period in 2022-23 of 6,585 patient presentations. Of these 9,116 patients, 2,839 were referred by the SA Ambulance Service (SAAS), including the Virtual Care Service (VCS). There has been a month on month increase in SAAS diversions with 276 recorded in April 2024. A new site opens in Adelaide's western suburbs in mid-July 2024.

Hospital avoidance programs have seen improvements across Geriatrics in the Home (GITH) with the realignment of like services under the one governance stream of Integrated Care and increases in activity in Hospital in the Home (HITH), where there has been a 32 per cent increase in activity over the past three years.

CALHN's *Reconciliation Action Plan* and our *Listening, Caring, Healing Aboriginal Health Framework and Action Plan* aim to support the network's reconciliation efforts, including through positive partnerships with the Aboriginal community, the provision of culturally responsive care, and activities to promote reconciliation, respect and understanding.

Elevating the voices of consumers has continued in 2023-24, with further recruitment of consumers with lived experience of our services and patient input into the design, measurement, and evaluation of our services through participation in committees, workforce education and improvement projects. Active engagement with Aboriginal consumers was a key part of TQEH redevelopment project, demonstrating CALHN's commitment to providing a culturally safe, inclusive and welcoming environment for our community and staff. Local Kurna Elders and consumers assisted in the naming of the new Kangkanthi building (means 'to care' in Kurna) and Kurna place names and Aboriginal art and photography were used through the building. This highlights our commitment to close collaboration with our key stakeholders.

**Agency specific objectives and performance**

Indicators	Performance
<p><b>Agency objective 1</b></p>	<p><b>Connected care</b></p> <p><i>Our Care is connected and revolves around the patient in their (and our) community.</i></p> <p><i>CALHN is determined to create a shift within the community so that people know where and how they get the care they need.</i></p>
<p>Accreditation</p>	<p>CALHN has undertaken several clinical accreditations to demonstrate our compliance with national standards set by external agencies. This includes:</p> <ul style="list-style-type: none"> <li>• On 23 February 2024 SA Dental was accredited through the Australian Council on Healthcare Standards; and</li> <li>• In November 2023 the Adelaide Prevocational Psychiatry Program, overseen by the CALHN Medical Education Unit successfully underwent SA MET accreditation against the Australian Medical Council's national standards and requirements.</li> <li>• In March 2023, the RAH undertook Trauma verification process and successfully achieved Level 1 Trauma Service verification. The Trauma Verification Project is a national benchmarking process aimed at ensuring trauma services align with national standards for designated trauma centres.</li> </ul>
<p>Hospital Avoidance Program (Sefton Park)</p>	<p>The program continues to drive innovation and excellence to enable patients to receive care in the community and avoid unnecessary presentation to EDs and/or hospitalisation.</p> <p>The service operates extended hours seven days per week (including public holidays) and has introduced onsite imaging, including x-ray, ultrasound and computed tomography (CT) scans.</p> <p>In 2023-24, further optimisation of the Hospital Avoidance Supported Discharge Service (HASDS) to support a falls with head strike pathway was introduced. This patient group arrives by SAAS, is often ramped, and has an average ED length of stay of 7.4 hours. More than 780 patients have now been treated in HASDS, bypassing an ED since the implementation of the CT scanner.</p>

Indicators	Performance
	<p>Clinical incidents remain extremely low within the service and up transfer rates also remain low at under six per cent (against the 13 per cent benchmark). Patients continue to report high satisfaction with service (more than 98 per cent satisfaction reported in feedback surveys).</p> <p>Recognising this outstanding performance, impact and contribution of the service on the broader health system, an additional Hospital Avoidance Service was commissioned in June 2023. The new HASDS west site will see its first patient in July 2024.</p>
<p>Integrated Care Hospital Avoidance Geriatric Services</p>	<p>CALHN undertook a realignment of 'like' Geriatric services under the one governance stream of Integrated Care. This led to efficiencies and improved navigation for clinicians and patients in accessing these important services.</p> <p>The three streams of Geriatric Hospital Avoidance services focus on providing alternate care locations for older consumers to receive their care in non-acute beds while reducing the need to present to our EDs.</p> <p>In 2023-24, a single Point of Contact for CALHN and the community (including SAAS/VCS/GP/non-Government Organisations) was implemented to provide a single entry into CALHN Geriatric services and/or provides expert system navigation and redirection to alternate care for patients over the age of 65.</p> <p>Clinical incidents remain extremely low and patient overall satisfaction rates continue to be above 98 per cent. Length of stay of those residing in CALHN Geriatric substitution beds remains well below benchmark of 10 to 12 days, averaging eight days in 2023-24.</p> <p>The three services include:</p> <ul style="list-style-type: none"> <li>• Geriatrics in the Home (GITH)                     <p>First established in August 2021 as a hospital substitution for patients over the age of 65 (45 for Aboriginal or Torres Strait Islander people) who can safely have their hospital level care delivered in their home or temporary place of residence.</p> <p>Initially funded for a five-bed virtual ward, the demand for this service enabled an immediate expansion of the service to 20 beds in November 2021, and is now commissioned at 23 beds and currently averaging 22.3 occupied beds.</p> <p>For a 12-month period (May 2023 - May 2024) GITH has admitted 923 patients.</p> </li> </ul>



Indicators	Performance
	<ul style="list-style-type: none"> <li>• Multi-disciplinary Community Geriatric Service (MCGS)                      Realigned in January 2023, MCGS provides in-home comprehensive geriatric assessment and short-term case management for older people to prevent unnecessary presentations and admissions to hospital. On average, the service works with 35 to 40 patients in the community at any given time.</li> <li>• 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 ED presentation and/or admission (for example, delirium secondary to infection).                       Our geriatric hospital avoidance Nurse Consultant collaborates with RACF nursing staff, GPs and CALHN geriatricians to implement alternative care pathways, working alongside approximately 30 patients at any one time.                       From January 2024 to April 2024, 195 patients received urgent care with 96 per cent remaining safely in place within the RACF, avoiding an ambulance transfer and unnecessary hospital presentation or admission. This service type is to be expanded across the state in early 2025.</li> </ul>
<p>Hospital in the Home (HITH)</p>	<p>HITH is a hospital substitution strategy where patients can have their hospital level care delivered in the patient’s own home or temporary place of residence.</p> <p>CALHN has the largest Local Health Network HITH in South Australia and the only service with a dedicated HITH Medical workforce. HITH has seen a 32 per cent increase in activity over three years, seeing 3,951 patients in 2023. HITH is commissioned at 39 beds and currently averages 41 bed occupancy.</p> <p>A new Medical Consultant roster, dedicated Medical On-call triage line and revised direct admission pathway were implemented in April 2024 to increase medical governance, build trust between HITH, CALHN and external Medical Officers and enhance timely access to decision-making.</p> <p>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 under the benchmark of seven days (sitting at 6.9 days for 2023-24).</p>

Indicators	Performance
<p>Reconciliation Action Plan (RAP)</p>	<p>CALHN’s second <i>Innovate RAP</i> was released in May 2023. The two-year plan, ending in May 2025, builds on the successes of previous RAPs through developing and implementing innovative strategies to further advance reconciliation.</p> <p>Our RAP supports the six actions in the NSQHS Standards that focus on meeting the needs of Aboriginal and Torres Strait Islander people.</p> <p>Consumers are involved in CALHN through the Aboriginal and Torres Strait Islander Wellbeing Hub, Yaitya Marnintyarla Kangka Committee (Aboriginal Priority Care Committee) and the Aboriginal Consumer Reference Group.</p> <p>The RAP focuses on creating partnerships to advance reconciliation, leading to the development of a formal partnership with Celsus to resource CALHN’s first dedicated RAP Coordinator. Through our partnership approach we continue to grow and develop relationships that are crucial to providing opportunities and increasing cultural understanding.</p> <p>The RAP has 15 actions and included in those actions are 106 deliverables across the four pillars of Relationships, Respect, Opportunity, and Governance.</p> <p>The implementation of the actions is tracked and monitored by CALHN’s RAP Coordinator and the RAP Implementation Working Group.</p> <p>The RAP Implementation Working Group is co-chaired by the Executive Director, Operations and Performance and consumer representative and Aboriginal Elder Uncle Frank Wanganeen.</p>
<p>Aboriginal Community Engagement</p>	<p>CALHN continues to strive for strong relationships and engagement with Aboriginal Communities, consumers and stakeholders to help CALHN to provide culturally safe care and better services.</p> <p>This engagement allows us to have ongoing conversations with the Aboriginal Community about the planning, designing, monitoring and delivery of quality care to Aboriginal patients and families.</p> <p>CALHN’s <i>Consumer Partnering and Community Engagement Framework</i> includes the commitment to ‘Valuing Cultural Safety’ and is one of the six guiding principles on which the framework is based.</p>



Indicators	Performance
	<p>Aboriginal consumers and stakeholders at CALHN are a part of a broad group who are engaged, supported, listened to, and involved through multiple systems, including committees, programs, and service working groups.</p> <p>Partnering with Aboriginal communities has provided CALHN with opportunities to strengthen relationships and enabled increased Aboriginal representation in our network through involvement in CALHN’s Yaitya Marnintyarla Kangka Committee, Aboriginal ‘Consumer and Stakeholders’ Reference Groups, and CALHN’s committees and working groups.</p> <p>CALHN’s Aboriginal Consumer Reference Group is supported to come together as a direct pathway to voice ideas, concerns and contribute to improving the experience and outcomes for Aboriginal and Torres Strait Islander people. They met four times in 2023-24. The group is also a forum for Aboriginal consumers and representatives to maintain cultural safety, to keep each other strong while yarning up about things that matter and contributes to making our services better for everyone.</p> <p>CALHN’s Aboriginal Stakeholder Group shares information among stakeholders to build understanding about CALHN sites, initiatives and services, meeting four times in 2023-24. The group provides advice and guidance on CALHN’s Aboriginal Health strategies and initiatives and delivers valuable feedback on CALHN services. The group is also a forum to identify opportunities for collaboration and partnerships to progress shared priorities towards improving Aboriginal health outcomes.</p>
<p>Consumer Partnering</p>	<p>CALHN is committed to meaningful engagement with consumers and the community, as reflected in our first <i>Consumer Strategy</i>.</p> <p>During 2023-24 clinical programs have been actively recruiting consumers with lived experience of our services to join CALHN’s dedicated team of consumer representatives.</p> <p>CALHN aims to improve consumers understanding of their health journey. To support this work consumer representatives review consumer information sheets and communication campaigns to ensure that information is easy to understand and meets consumer’s needs.</p>

Indicators	Performance
	<p>Furthermore, there has been a focus on including consumer representatives on CALHN recruitment panels. Consumer representatives bring a unique and patient-focused point of view to workforce recruitment and selection. This important perspective is helping to ensure that we are attracting and selecting individuals aligned to our values.</p>
<p>Improving Surgical Outcomes</p>	<p>In July 2022, CALHN launched the My PreHab Program, a research-funded (via The Hospital Research Fund), digitally delivered, patient-centred prehabilitation program for consumers referred for, or awaiting, elective surgery. Co-created by consumers and a multi-professional clinical group, it aims to reduce post-operative complications and empowers consumers to co-manage their health to improve surgical outcomes.</p> <p>Early results show high consumer engagement, zero consumer complaints and reductions in length of stay following joint replacement surgery, along with reduced Hospital Acquired Complications (HACs) and readmissions.</p> <p>CALHN anticipates further gains as we find capacity to enable more planned care admissions. The program is anticipated to roll out to up to five more surgical pathways before the research grant expires in May 2025. After this time, the maintenance of the program will sit with Surgery to roll into business as usual activities.</p>
<p>Essential Nursing Care</p>	<p>In 2024, the CALHN Surgical team was awarded the Excellence in Practice Team Award at the SA Health Nursing and Midwifery Awards.</p> <p>The Let's BRUNCH initiative was implemented to improve essential nursing care in CALHN's ED and Surgical Program.</p> <p>Each letter focuses on a quality improvement care theme and has led to increased education and awareness, resulting in a significant improvement in consumer satisfaction, positive HAC data trends, and staff engagement.</p>

Indicators	Performance
Regency Green Facility	<p>Non-acute patients delayed from discharge while awaiting disability supports through NDIS present a significant challenge for SA hospitals.</p> <p>Regency Green supports consumers with psychosocial disability to be cared for in a setting where they also regain their independence and re-connect with the community.</p> <p>Since August 2022, the community-based facility has helped reduce long length of stay patients, saving 8,920 hospital days, ensuring more appropriate use of acute beds and improvements in inpatient acute length of stay.</p>
BreastScreen SA	<p>BreastScreen SA performed 98,994 mammograms during 2023-24. This represented a record high for the program, with an increase of 11,881 mammograms relative to what was achieved in the 2022-23 period.</p> <p>A new pop-up clinic opened in May 2024 to increase access to clients living in the greater Aldinga, McLaren Vale and Willunga region. More than 4,500 women in the target age range of 50 to 74 years currently reside within the area.</p>
SA Dental <i>Enhancing Cultural Safety</i>	<p>Collaboration with local Aboriginal artists has resulted in Aboriginal themed murals installed at the Salisbury and Whyalla dental clinics, with further artwork being commissioned for the Adelaide Dental Hospital. SA Dental fleet cars in Murray Bridge and Whyalla have also been decorated with the SA Dental Aboriginal Oral Health Program artwork.</p>
SA Dental <i>Improving access to oral health care for vulnerable communities</i>	<p>Homelessness Oral Health Program provides a priority pathway for agencies to refer clients experiencing homelessness for dental care. 747 clients experiencing homelessness were referred for dental care, with 1,754 clients experiencing homelessness treated.</p>
SA Dental <i>Aboriginal patients accessing dental services</i>	<p>5,347 Aboriginal adults were treated, including 82 adults in remote areas and 307 adults in SA Prison Health Services.</p> <p>4,138 Aboriginal children received treatment, including 14 children in remote areas.</p>
SA Dental <i>Improve oral health knowledge and oral health integration into general health</i>	<p>The Healthy Teeth for Healthy Lungs Project in the RAH surgical wards was implemented to decrease the rate of hospital acquired pneumonia by increasing staff and consumer awareness of the importance of regular oral hygiene. This was achieved through education, providing appropriate oral hygiene tools and evaluating current oral health practice standards.</p>

Indicators	Performance
SA Medical Imaging (SAMI)	<p>SAMI is a statewide service responsible for the provision of all medical imaging services to public and private inpatients, outpatients and ED patients within six metropolitan and four SA country hospitals across SA Health.</p> <p>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.</p> <p>During 2023-24, the Mobile Imaging Service scanned 1,639 patients, supporting reduced demand for ambulance transfer to hospital from residential aged care facilities. The Mobile Bone Density Imaging Unit also visited 21 regional sites and scanned 1,681 country patients.</p>
Outpatient Waiting Lists	<p>The maximum waiting time was maintained under five years for all specialties except Neurology, Endocrine (Obesity Clinic) and Plastics (Body Contouring). Neurology has 192 patients waiting over five years, Endocrine has three patients and Plastics has 21. The total number of patients on the waiting list has increased by 2,365. Work continues on waiting list audits to remove patients who no longer require a service. Further focus has been on reviewing existing models of care to improve use of clinical resources and improve waiting times and patient experience.</p> <p>One of these initiatives includes a nursing review of patients' pre-operative assessment checklists via telehealth a few days prior to the clinic attendance. This process has resulted in a dramatic reduction in patients failing to attend their appointments from 40 to four per week. Patients are also bringing all the required documentation to their appointment and spend less time on site when they attend.</p> <p>CALHN successfully implemented the Statewide Referral Management System (e-referrals) in April 2024. Through this system, GPs can send referrals electronically that are prepopulated with patient demographics, test results and other important clinical information. The CALHN Referral Management team has now transitioned to paper-free management of referrals and all internal and external referrals not received via e-referrals are uploaded into the system. This enables clinical staff to triage all referrals electronically and provides real-time data on the progress of referrals.</p>

Indicators	Performance
<p>Access to Care</p>	<p>CALHN's Access to Care Taskforce has transitioned to a Project Board Governance to support a focused effort on key initiatives related to avoiding and redirecting care, improving throughput and increasing output to support demand and create capacity.</p> <p>These focus areas span the continuum of the patient's journey and include initiatives to improve efficiencies at each stage.</p> <p>Science improvement rigour is supporting the implementation of these initiatives and involves strong engagement with the clinical teams to ensure the focus is on clinical and patient outcomes.</p>
<p>Mental Health and SAPOL Co-Responder Service</p>	<p>From December 2023 the Mental Health Clinical Program partnered with SAPOL to launch a pilot of the Mental Health SAPOL Co-Responder Service.</p> <p>It aims 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 in an out-of-hospital setting.</p> <p>The pilot has already shown promising results, including reduced conveyances to a CALHN ED by SAPOL, avoided ED presentations, and resulted in cost savings.</p>
<p>Aboriginal Healthcare Framework</p>	<p>The <i>Listening, Caring, Healing Aboriginal Health Framework and Action Plan 2022-2027</i> was developed in partnership with CALHN's Aboriginal Consumer Reference Group and released in December 2022.</p> <p>The implementation of the recommended system improvements to meet the diverse needs of Aboriginal and Torres Strait Islander patients is in progress. Key achievements in 2023-24 include the release of CALHN's second Innovate RAP, improvements of our systems to monitor welcoming environments through the introduction of an online audit, and Yarn Up Aboriginal Patient Experience Survey, a focus on improving Aboriginal data and information, and the expansion of the services available in the Aboriginal and Torres Strait Islander Health and Wellbeing Hub (Hub).</p> <p>The Hub has introduced a new Ngangkari Clinic, Patient Pathways Coordinator and Aboriginal Health Services Coordinator. It has also strengthened the clinical team with the addition of a Senior Aboriginal Health Practitioner (AHP), and additional AHPs to extend the reach of cultural support provided across CALHN sites.</p>

Indicators	Performance
<p>Aboriginal Health Beyond the Gap Project</p>	<p>SA Pharmacy commenced the Beyond the Gap project, a joint initiative with the Aboriginal Health team at the Department for Health and Wellbeing in July 2022.</p> <p>The project will continue through until June 2027.</p> <p>Beyond the Gap aims to provide Continuity of Medicines Management for all Aboriginal people. Preliminary and Discovery Phases have been completed. The next phase includes Co-Design and Testing of a Continuity of Medicines Management Strategy.</p>
<p>Respiratory Rapid Access Service (RRAS)</p>	<p>RRAS was designed as a safe alternative to ED presentation and hospital admission for patients with acute respiratory care needs.</p> <p>The RRAS team consists of a Respiratory and Sleep Consultant, Respiratory Nurse, and administration officer.</p> <p>Approved pathways to RRAS include direct patient contact via the RRAS triage phone monitored Monday-Friday 8am-5pm; referral from ED to avoid hospital admission, referral from inpatient teams to facilitate early discharge and expedited urgent Category 1 referral to Thoracic Medicine.</p> <p>Patients are assessed in 2-72 hours in the outpatient setting by a respiratory specialist, with access to streamlined specialist investigations, and a care plan is instigated to be overseen in the community.</p> <p>In a 12-month period RRAS has conducted 803 reviews, prevented 429 ED presentations (saving 2,585 ED hours), avoided 214 hospital admissions, and facilitated 103 early hospital discharges, saving 1,120 occupied bed days.</p> <p>Patient feedback has been extremely positive, with 99 per cent of RRAS patients stating the pathway was an appropriate alternative to ED and 99 per cent willing to use RRAS again.</p>
<p>Rheumatology Advanced Practice Allied Health Services</p>	<p>Implementation of Advanced Practice Physiotherapist (APP) led clinics at RAH and TQEH have provided an alternative pathway for assessment and management of new patients referred to Rheumatology.</p> <p>This 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.</p>

Indicators	Performance
	<p>Approximately 25 per cent of all new patients referred to rheumatology are now triaged to the APP-led clinics, with nearly 300 assessed by the APPs in 2023-24. 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 expedited for rheumatologist review and timely initiation of medication.</p> <p>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, with 21 rheumatology patients completing the program during the period.</p>
<p>Aboriginal and Torres Strait Islander Health in Cardiology and Cardiothoracic</p>	<p>CALHN has 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.</p> <p>This response aims to support flexible pathways for health care access for incarcerated Aboriginal and Torres Strait Islander women to improve consumer cardiovascular outcomes and overall wellbeing.</p> <p>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 41 per cent of those residing in remote areas. This cohort is observed to have complex care needs which can be reflected in length of stay and discharges against medical advice (DAMA) rates.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• comprehensive, trauma-informed cultural care planning and education</li> <li>• holistic family-based care</li> <li>• Aboriginal and Torres Strait Islander Health network engagement – internal and external.</li> </ul>



Indicators	Performance
	<p>By embedding an Aboriginal Health workflow in Cardiology and Cardiothoracic Units to address this consumer cohort's needs, there has been a significant reduction in DAMA rates to help us move closer to the CALHN target of less than three per cent.</p>
<p>Heart Transplant Service</p>	<p>The Heart Failure Service has expanded to include a heart-lung disease Nurse Consultant who has begun working clinically with Heart Transplant recipients and Advanced Heart Failure (AHF) patients being considered for AHF therapies, such as mechanical circulatory support.</p> <p>During 2023-24 we have delivered:</p> <ul style="list-style-type: none"> <li>• improved identification of patient cohort</li> <li>• visibility and ratification of mechanical circulatory support and heart transplant on EMR</li> <li>• establishment of an AHF/heart transplant multi-disciplinary team 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</li> <li>• streamlined protocols and guidelines</li> <li>• clinical education for patients/families and developed patient education resources</li> <li>• hospital avoidance through a direct telephone support service providing remote management of symptoms, nurse-led interventions and script provision</li> <li>• complex discharge support to reduce hospital length of stay.</li> </ul>
<p>Specialist Lung Cancer Nurse Consultant (SLCNC)</p>	<p>The introduction of the Respiratory Unit-based SLCNC, in partnership with the Lung Foundation Australia, was a vital addition to support people from rural and remote areas to CALHN for Lung Cancer investigations, diagnosis and treatment. This investment has allowed for early and ongoing support for those who receive Lung Cancer surgery with the Cardiothoracic Surgical team at the RAH.</p> <p>The SLCNC can provide care that is connected by being a consistent emotional support, trusted source of information and adaptable to provide family-based care for patients who are Aboriginal or Torres Strait islander, with support from Aboriginal Health staff.</p>



Indicators	Performance
	<p>The SLCNC has met over 200 patients that would not have previously been supported by a Lung Cancer Nurse Consultant from diagnosis of Stage 1 or Stage 2 Lung Cancer to their treatment.</p> <p>Further, the SLCNC is 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.</p>
Volunteering	<p>CALHN has a dedicated group of 259 volunteers across our sites and everyone makes an important difference in some way. In 2023-24:</p> <ul style="list-style-type: none"> <li>• CALHN volunteer guides assisted in directional support, escorting, and wheelchair assists totalling 52,943 individual supports to patients, visitors, and staff</li> <li>• Inpatient team volunteers visited patients throughout hospitals offering companionship and emotional support</li> <li>• ICU volunteers delivered a profound impact, supporting more than 6,000 families during some of the most challenging moments of their lives</li> <li>• Spiritual Care Service volunteers have collectively seen close to 3,800 patients</li> <li>• HRC volunteers served more than 11,000 patients, staff, and visitors with all revenue going back to Health Services Charitable Gifts Board and purchasing patient amenities.</li> </ul> <p>Volunteers at the Repat Health Precinct supported nearly 1,407 patients with a vast range of needs, offering information packs, wheelchair bags and handmade therapy tools from the HRC Sewing Hub.</p>

Indicators	Performance
<p><b>Agency objective 2</b></p>	<p><b>Curiosity compels</b>  <i>Our curiosity drives us to always do better – research and innovation drives everything.</i></p> <p><i>As a research-informed leading health care provider, CALHN is committed to fostering partnerships and scholarships and the spirit of discovery and interrogation.</i></p>
<p>Clinical Strategy</p>	<p>In collaboration with staff, consumers, and stakeholders, CALHN developed a <i>Clinical Strategy</i> that outlines our aspirations, strategic priorities, and actions for the next five years. Launched in November 2023, this strategy provides a framework for planning, designing, and developing our services to address current and future challenges. Alongside our <i>Research Strategy</i>, it guides us towards our vision of delivering world-class care and research.</p>
<p>Research Strategy</p>	<p>The <i>CALHN Research Strategy 2023-2028</i> was launched in October 2023. The strategy outlines CALHN research vision and aspirations for the next five years, including where it will focus its efforts and how to improve systems and responsiveness to researchers.</p> <p>A research-focused monthly newsletter has been launched to inform internal and external audiences about CALHN research achievements, networking and funding opportunities. The Clinician PhD Pathway, outlined in the strategy, has commenced with four candidates selected.</p> <p>New research governance structures (i.e. Committee of Research Governance) and Strategy Implementation Team are in place to help realise the actions in the strategy.</p> <p>The EpiCentre has been established with staff in place and projects underway providing CALHN with data-informed insights.</p> <p>The Research Services Office has begun a regenerative process of increased focus on providing a customer service to researchers, and also digitisation of forms for smoother processing.</p>

Indicators	Performance
<p>Clinical Rapid Implementation Project Scheme Grant (CRIPS)</p>	<p>The CRIPS Grant program is an initiative to promote health services research within CALHN, in keeping with our vision of delivering world-class care and world-class research.</p> <p>The annual grant scheme is for hospital-based staff to develop projects that will improve health service delivery within CALHN, with successful projects implemented as a CALHN policy within 12 months of completion of the two-year grant.</p> <p>The winners for 2023 were:</p> <ul style="list-style-type: none"> <li>• Associate Professor Lee-anne Chapple: Enhancing recovery for intensive care survivors through an allied health-led follow-up clinic</li> <li>• Dr Alice Day: Multidisciplinary functional gastrointestinal disorder (FGiD) clinic improves patient care, whilst delivering cost savings through ED and scope avoidance</li> <li>• Associate Professor Arthas Flabouris: Wearable continuous physiological monitoring and early intervention to detect and prevent acute clinical deterioration.</li> </ul>
<p>Mental Health Research Conference</p>	<p>In June 2024, the Mental Health Clinical Program held a Research Conference which focused on exploring innovative research and practice in Mental Health, with a specific focus on Suicide Prevention and Rehabilitation. The Conference featured esteemed keynote speakers from around Australia and showcased various groundbreaking research projects, offering opportunities for networking, collaboration, and insights into cutting-edge mental health practices.</p>
<p>SA Pathology Research as a strategic pillar</p>	<p>The recently released <i>SA Pathology Strategic Plan</i> features research as a strategic pillar for the first time. From 2024-2028, SA Pathology will endeavour to improve health through research that is patient-centred, future-focused and with the potential to be translated into practice. By including research as a priority, SA Pathology will strengthen its research culture and be able to measure the impact of the research on the business and on health care in SA.</p> <p>A meeting was held in mid-April 2024, with SA Pathology research-active staff and Directorate Managers/Clinical Directors in attendance, as well as representatives from Executive and the CALHN Research Services Office.</p>

Indicators	Performance
	<p>The meeting laid the foundation for the SA Pathology Research Strategy by identifying strategic research focus areas that build on the organisation's strengths and align with the actions of the Strategic Plan.</p>
<p>SA Pathology Research registers</p>	<p>SA Pathology has established registers which capture the breadth and depth of the organisation's research activity. The reach of SA Pathology's research extends from understanding miscarriage through genomics, investigating novel ways to analyse newborn health, expanding our knowledge of cancer and rare diseases, infectious disease monitoring, autoimmunity and continuing to strengthen our alliance with UniSA through the Centre of Cancer Biology, with research programs in neuroblastoma, asthma, familial cancers and lymphatic system development.</p> <p>Information on SA Pathology's research is captured in research articles in the monthly SA Pathology Newsletter.</p>

Indicators	Performance
<p><b>Agency objective 3</b></p>	<p><b>Investing in what matters</b>  <i>In order for CALHN to deliver clinical quality and modern health care we will need to be in a position to invest in what matters.</i></p>
<p>TQEH Redevelopment</p>	<p>The \$314 million multi-stage capital redevelopment project to deliver a new clinical services building at TQEH was completed in 2023-24.</p> <p>Construction began in early 2022 with practical completion achieved on 15 May 2024. The official opening of the new Kangkanthi building took place on 30 June ahead of the clinical move. The relocation was a staged process commencing on 1 July and completed by 9 July 2024.</p> <p>Kangkanthi is home to General Rehabilitation Services (relocating from HRC) as well as a larger ED, ICU, operating theatres, procedural suites, imaging, pathology and sterilising department.</p> <p>Consumer and Aboriginal engagement were a key focus of the project with genuine co-design and partnership since the project's inception. This was recognised at two events in June to celebrate the consumer and Aboriginal engagement process.</p>
<p>TQEH Mental Health Rehabilitation Unit</p>	<p>In 2022, the South Australian 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.</p> <p>TQEH will receive a new 24-bed Mental Health Rehabilitation Unit located on Woodville Road adjacent to the hospital. Engagement with the Mental Health Clinical Program and other key stakeholders began in 2023, with facility planning and design in progress with the project design team.</p> <p>A Steering Committee led through the Office of the Chief Psychiatrist has developed the model of care for these new services and workforce planning principles. Construction has commenced with the project due for completion in late 2025.</p>

Indicators	Performance
<p>Emergency Access</p>	<p>A \$2.2 million upgrade to the RAH ED waiting room and triage area was completed and has been well received by staff and patients with increased seating and improved visibility across the waiting room. The build of the new ED at the TQEH progressed throughout the year with new models of care and patient flow streams being designed and tested ready for opening in July 2024.</p> <p>Both EDs have committed to process improvement work with a 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 ED length of stay. CALHN responded to ministerial announcements and implemented several new roles at triage to support flow and safety. This included waiting room nurses, triage assist nurses and Hospital Ambulance Liaison Officers.</p>
<p>Network Operations Centre (NOC)</p>	<p>Launched in November 2021, 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. These initiatives include:</p> <p><i>Interfacility Patient Transfers (IHT)</i></p> <p>NOC has led key projects to support the management of interfacility transfers (IFT). The implementation of the IFT Nursing role and the NOC Interfacility Management Framework has seen an average of 65 per cent of CALHN interfacility transfers reaching the right location on arrival.</p> <p>The NOC IFT Management Framework outlines clear roles and responsibilities and the NOC continues to review and evolve its use. A template has been developed for general use by all staff.</p> <p><i>24/7 Direct to bed model</i></p> <p>NOC led a coordinated review of CALHN direct to bed process, where previously all interfacility transfers arriving after 8pm required going via ED. Through consultation and a patient-centred approach, the NOC led the trial of 24/7 direct to bed model, which demonstrated an improved patient journey, no recorded incidents and improved workforce satisfaction. The trial was converted to process at both CALHN EDs following its success. In July 2024, the NOC published the new CALHN Interfacility Patient Transfer procedure.</p>

Indicators	Performance
	<p><i>RAH Discharge Lounge model</i></p> <p>In May 2024, the NOC stood up the new RAH Discharge Lounge. The new location at the main entrance of the RAH improves access for patients’ families to support their loved ones at the end of their admission.</p> <p>The consistent workforce who championed the model has demonstrated great success. The RAH discharge lounge averages six patients per day, with a total average length of stay of 8.7 hours per day, yielding earlier access for the acute admission improving ED egress.</p> <p>Over the past three months, the RAH Discharge Lounge has contributed to over 500 hours of acute bed availability.</p> <p><i>Complex Discharge Hub (CDH)</i></p> <p>CDH in collaboration with CALHN Programs has saved an average of 35 bed occupancy days per month. CDH partnered with University of Adelaide to lead a review of the program which led to key recommendations of service continuation and enhancement.</p> <p><i>Central Staffing Hub (CSH)</i></p> <p>CSH has overseen 80,000 nurse movements throughout 2023-24. Using this dedicated resource and centralised coordination, CALHN can respond to unplanned nursing leave without impacting bed capacity, and flex surge beds when capacity is required to maintain flow through our system.</p> <p>The Resource Bank has increased and maintained a recruitment target of 100 FTE during 2023-24. Nursing workforce modelling has provided valuable insights into how the Resource Bank supports CALHN’s nursing workforce KPIs, leading to the reviewed FY 2024-25 FTE target of 132.</p> <p>The CSH maintained 600 causals and 135 head count led to a decrease in agency use during the current financial year.</p> <p><i>Patient Transport Improvement Project</i></p> <p>SAAS Patient Transport Service compliance for patient collection across CALHN averaged an estimated 30 per cent compliance of patient pick up within 30 minutes of booking time. This compliance rate was compounded by CALHN’s ability to provide enough lead time for patient collection. CALHN’s patient booking time greater than two hours averaged seven per cent of all patient bookings.</p>

Indicators	Performance
	<p>Through collaboration with NOC, and investment by SAAS, in the past six months CALHN's two hour lead time for patient bookings has increased to 30 per cent, resulting in an improved average SAAS patient pick up time compliance to 65 per cent within 30 minutes of booking time.</p>



Indicators	Performance
<p><b>Agency objective 4</b></p>	<p><b>Technology enables us</b>  <i>CALHN maximises our use of technology to drive better health outcomes for our community, and release time for our staff.</i></p>
<p>Electronic Medical Record (EMR) Optimisation</p>	<p>CALHN designed and implemented an LHN-led EMR optimisation prioritisation and selection process in line with the state-wide transition of optimisation functions. CALHN's process features a group of volunteer clinicians to consider the impact and priority of each EMR improvement request. They use a tool designed to reflect the operational and strategic priorities of the organisation. These scores, along with technical considerations and dependencies, guide the selection of requests within CALHN's allocation of centralised build resources. Formal internal governance of this process continues to evolve.</p>
<p>Workstations on Wheels (WoW)</p>	<p>As part of strengthening Digital team's engagement with clinical groups, the team has undertaken an assessment of needs related to WoW devices used across CALHN sites. These devices are a critical piece of technology where an aging fleet and outdated policies were common. Through this initiative, Digital has worked to revise policies, develop new processes, and modernise the fleet to better support clinical teams.</p>
<p>Personalise Acute Myocardial Infarction Care Outcomes (PAMICO) Project</p>	<p>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.</p>
<p>Health Information Services</p>	<p>Medical Records continues to streamline clinical documentation and reduce paper usage with their focus on identifying opportunities to enter information directly into the EMR. Clinical Coding continued to provide coded data for the approximately 146,000 inpatient hospitalisations within CALHN, and to support improvements to coding workflows to optimise the quality and accuracy of clinical data and reporting. This included enhanced retrospective coding audits and incorporated work from the Documentation Improvement Unit to boost clinical documentation for quality and safety purposes. Additionally, clinical staff received education training, and information to support these improvements.</p>

Indicators	Performance
<p>BSSA <i>MapIT Project – online bookings</i></p>	<p>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 making it 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.</p>
<p>SA Dental <i>Improve oral health knowledge and oral health integration into general health</i></p>	<p>SA Dental has developed six online oral health training modules for non-dental professionals to integrate oral health assessment, care planning and referral into general practice, with 1,722 course completions over the past 12 months.</p>
<p>SA Pathology <i>CellaVision</i></p>	<p>SA Pathology’s statewide CellaVision network is a connected digital microscopy solution, delivering increased efficiency and accuracy in the detection of anomalies and changes in real time, regardless of physical location.</p>
<p>TQEH Meal Management Software</p>	<p>TQEH Meal Management software, Delegate, was successfully implemented ahead of the opening of the new clinical services building.</p> <p>From mid-July 2024, patients will now have the convenience of ordering their meals through bedside television screens, rather than traditional paper menus. This innovative approach modernises the meal ordering process and significantly reduces clinical risks associated with manual entries, enhancing overall patient safety.</p> <p>The digital system is expected to streamline meal service operations, improve accuracy in meal deliveries, and contribute to a better patient experience.</p>

Indicators	Performance
<p><b>Agency objective 5</b></p>	<p><b>Growing world-class talent</b></p> <p><i>CALHN is a place that attracts and grows world-class talent. It is CALHN’s objective to be globally recognised for the exceptional care our workforce provides and for our strong culture where people want to perform at their best, not only because it’s expected of them but because it’s what they want to do.</i></p>
<p>World-class Care Showcase</p>	<p>The fourth CALHN World-class Care Quality and Improvement Showcase was held at SAHMRI on 21 May 2024. The event’s focus was on health system sustainability with presentations from interstate guest speakers referencing ‘Keys to creating a sustainable health care system’ and ‘Climate resilient health systems – around the world’. The staff event also highlighted many of the quality improvement projects currently underway across CALHN.</p> <p>The four winning improvements projects were:</p> <p><b>Category 1: Innovation in Healthcare – Future Focused</b> Falls Prevention Video Monitoring (PVM) Trial.</p> <p><b>Category 2: Integrated Health Care</b> Partnering with consumers and primary care: how My PreHab bridges the hospital community gap to improve surgical outcomes.</p> <p><b>Category 3: Patients as Partners</b> Engaging with allogeneic haematopoietic stem cell transplant survivors to explore implementation of patient reported outcome measures (PROMs) into routine survivorship care .</p> <p><b>Category 4: Improving Safety and Quality</b> Reducing peripherally inserted central venous catheters (PICC) associated blood stream infection (BSI) in patients with haematological malignancies.</p>
<p>International recruitment campaigns</p>	<p>CALHN has undertaken several international recruitment campaigns during 2023-24, including attracting medical professionals in EDs, Haematology and Medical Oncology.</p> <p>During 2023-24, offers of employment were made to 92 international candidates.</p>

Indicators	Performance
<p>Aboriginal Health Practitioners (AHPs)</p>	<p>AHPs are placed within the Aboriginal and Torres Strait Islander Health and Wellbeing Hub, the SA Prison Health Service, Renal, Podiatry and RAH ED services. CALHN continues to embed the nationally recognised and registered role of AHPs in the acute services sector.</p> <p>In 2024, three trainee AHPs successfully completed the Certificate IV in Aboriginal Primary Health Care and transitioned to the role of AHP in the Aboriginal and Torres Strait Islander Health and Wellbeing Hub, RAH ED and Podiatry program.</p> <p>The Aboriginal and Torres Strait Islander Health Practitioner Credentialing/Re-credentialing and Scope of Practice Procedure and supporting documentation was introduced in May 2022 to provide guidance for CALHN staff, management, and decision makers to effectively deploy and support an AHP workforce in our hospitals and acute services settings.</p> <p>During 2023-24, two AHPs were credentialled, representing a milestone in the implementation of this role, providing culturally safe care for Aboriginal consumers, families, and carers.</p> <p>In June 2024, CALHN introduced the role of Aboriginal Peer Navigators in the Renal program to further provide support to Aboriginal consumers on their journey to kidney transplantation.</p>
<p>Yaitya Marnintyarla Kangka Committee</p>	<p>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.</p> <p>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.</p>
<p>Staff Wellbeing</p>	<p>The CALHN Director of Staff Wellbeing developed a model of care (MoC) to better manage high risk/high opportunity teams. The MoC is a collaborative model, utilising the skills and knowledge of multiple workforce teams. The MoC has been implemented with initial success and continues to evolve to better serve the needs of the organisation.</p>

Indicators	Performance
	<p>In October 2023, CALHN hosted Dr Chris Turner from the UK Civility Saves Lives movement, facilitating five successful events over three days for a variety of participants, including a combined Grand Round and ED Workshop.</p> <p>The Peer Support Program continues to grow, with the number of Peer Supporters currently at 159, an increase of 250 per cent since the Staff Wellbeing team took ownership of the program early in 2023.</p> <p>‘Crazy Socks for Docs Foundation’ is to pilot two Intern Wellbeing and Professional Skills workshops.</p>
<p>Leadership Development</p>	<p>CALHN continued to offer leadership development opportunities in line with its leadership framework.</p> <p>In 2023-24, CALHN targeted its high potential leaders, frontline leaders and senior leaders providing several leadership development programs.</p> <p>The Leaders Within Program ran three development sessions for more than 200 emerging leaders, focusing on Driving Digital Innovation in Healthcare Delivery, Interprofessional Practice and building key leadership skills led by CEO Dr Emma McCahon.</p> <p>The two-day Managers Fundamentals Program provided 237 new and existing frontline managers with knowledge of CALHN’s processes and systems to effectively manage teams. The program continues to achieve high attendance rates and overwhelmingly positive feedback about content, presenters and the overall course.</p> <p>In the week of 6 May 2024, a series of forums under the banner ‘Leadership Space’ took place to further develop the leadership principles of connection and trust and offer practical strategies for leaders to connect with their teams and other leaders across the organisation. More than 400 CALHN leaders attended, and the sessions received an overwhelming positive response.</p> <p>As part of the Leadership Development Framework, CALHN also supports and facilitates attendance at programs run through the South Australian Leadership Academy and through SA Health.</p>

Indicators	Performance
<p>SA Dental</p> <p><i>Being an employer of choice to support connected clinical care</i></p>	<p>Assisted by Rural Support Service funding, SA Dental developed the Clinicians Early Development Program (CEDP) in 2021 to support new graduates and early career transition into the public dental service.</p> <p>The CEDP was trialled in 2022 with six participants. Feedback on the usefulness of the program has been overwhelmingly positive and the program has been endorsed to continue for all new graduates and early career clinicians, funded internally by SA Dental since 2022. Twenty-eight staff have now participated in the program.</p>
<p>SAMI</p> <p><i>Centralised Graduate Recruitment</i></p>	<p>In January 2024, 21 Radiography and Nuclear Medicine Technologist graduates from the University of South Australia (UniSA) commenced across SAMI. This follows a centralised recruitment process undertaken by SAMI for the first time in late 2023.</p> <p>The 2024 intake represents 30 per cent of the UniSA graduate cohort, and reflects SAMI as an ‘employer of choice’ for graduates. This new centralised process will continue as an annual intake.</p>
<p>SAMI</p> <p><i>Strategic Plan</i></p>	<p>SAMI finalised the <i>SA Medical Imaging Strategic Plan 2024 – 2029</i>, highlighting its core values and outlining its vision over the next five years. The plan reflects SAMI’s collaborative approach across our organisation, showcasing our commitment to innovation, quality patient care, and operational excellence.</p>
<p>SAMI</p> <p><i>Aboriginal Artwork</i></p>	<p>SAMI partnered with Ngarrindjeri artist Jordan Lovegrove to create a SAMI Aboriginal Artwork. It portrays the essential role of SAMI as the primary provider of public medical imaging services in SA. The artwork illustrates the patient’s journey, emphasising SAMI’s dedication to the community’s diverse needs and its necessary role in providing essential healthcare services.</p>
<p>SAMI</p> <p><i>Mobile Imaging Service</i></p>	<p>The SAMI Mobile Imaging team were recipients of the 2023 SA Health Award ‘Excellence and Innovation in Aboriginal Health’ category for its collaborative response to Tuberculosis in remote Aboriginal communities, alongside SA Tuberculosis Services, the Aboriginal Public Health Team, Communicable Disease Control Branch, Nganampa Health Council and SA Pathology.</p>

## Corporate performance summary

Over the 2023-24 financial year CALHN continued to focus on improving its performance against key access and safety and quality metrics as outlined below.

Access performance:

- CALHN continued to be challenged in meeting the National Emergency Access Target (NEAT) performance of >90 per cent (for patients with an ED length of stay less than four hours) with CALHN reaching up to 37 per cent but unable to improve this metric further.
- The number of CALHN ED presentations decreased by 1 per cent this financial year.
- The Hospital Avoidance Program, which helps patients with complex needs avoid unnecessary visits to the ED, treated 9,554 patients this year (32 per cent increase from the previous financial year of 7,255).
- Mental Health has continued to work to reduce length of stay, with a general average acute non-linked length of stay across acute and short stay units of 12 days for 2023-24. This is an improvement from the previous year where the average length of stay was 12.6 days, and this is also below the national average of 12.5 days.
- The unplanned re-attendances at CALHN EDs within 48 hours has averaged 4.2 per cent for 2023-24 (target <4.5 per cent). This is an improvement from the previous year where the average was 4.5 per cent.

Safety and Quality performance:

- Reported incidents with harm (Incident Severity Rating 1 and 2) remained below target for most of the year. One sentinel event has occurred within CALHN during 2023-24.
- Hospital Acquired Complication (HAC) rates have remained above the target of 4 per cent during 2023-24.
- 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 9 this year (Performance Level 1 against a target rate of 10), with seclusion rates not meeting the target of <5 this financial year.
- Staphylococcus aureus bacteraemia (SAB) rates have remained above the target of 0.7 for this financial year. The rate per 10000 OBDs for 2023-24 was 1.36.
- Mental Health 7-day post discharge follow-up rate for consumers who have been discharged from an acute mental health inpatient unit is at 81.8 per cent of all presentations (Performance Level 1 against a target of 80 per cent).



**Employment opportunity programs**

Program name	Performance
<p>South Australian Public Sector Aboriginal Employment initiatives</p>	<p>CALHN recognises the employment of skilled Aboriginal staff makes a difference to CALHN’s Aboriginal patients and their families, and that cultural safety and clinical safety are essential for the delivery of high-quality care.</p> <p>Since the launch of the <i>Aboriginal Employment and Retention Strategy (2022-26 and beyond)</i> in April 2022, there has been a steady increase and retention of Aboriginal workforce. The headcount currently sits at 137 staff equating 0.77 per cent of the workforce inclusive of SCSS.</p> <p>Key initiatives within the strategy include a student ambassador program to attract more cadets and graduates and the development of a cultural learning framework for the Local Health Network.</p>
<p>Graduate recruitment</p>	<p>CALHN provides employment opportunities for graduate nurses through a supported Transition to Professional Practice Program (TPPP). In 2023-24, 311 graduate nurses were employed in this program.</p> <p>CALHN also provides employment opportunities for graduate doctors with 109 interns employed in January 2024.</p>

**Agency performance management and development systems**

Performance management and development system	Performance
<p>Action 1.22 of the NSQHSS requires the clinical workforce to participate in regular performance reviews to support individual development and improvement.</p>	<p>As of 30 June 2024, compliance was 59 per cent across CALHN. This is an increase from 55 per cent as of 30 June 2023.</p> <p>The Performance Review and Development process has been relaunched as ‘Development Discussions’ in the organisation.</p> <p>This has been followed by an ongoing campaign to increase understanding of both the Development Discussion process and its value to employees and the organisation.</p> <p>In 2024 CALHN has also implemented several initiatives intended to increase participation by providing more streamlined pathways for managers and their staff to engage in and record Development Discussions.</p>

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

Program name	Performance
Manual Tasks	<p>Ergonomic and Work Health Safety provided advice for infrastructure redevelopments (including TQEH), purchase of equipment, redesign of work areas and tasks, and to mitigate manual tasks risks.</p> <p>More than 400 Manual Tasks Local Facilitators (MTLFs) are in place throughout CALHN/SCSS to provide practical training, induction, support and problem solving for manual tasks issues. During 2023-24 80 new MTLFs completed the two-day training course.</p> <p>Bariatric Working Party commenced in 2024 to improve support and planning for safe care of larger patients, including equipment and patient pathways. A one-day bariatric workshop was attended by 21 participants.</p>
Psychological Health	<p>CALHN and SCSS provided eight Mental Health First Aid training programs spanning two days for staff during 2023-24. Since 2019, CALHN and SCSS have seen more than 700 workers complete the Mental Health First Aid course.</p> <p>Peer Support Program training is available to all CALHN and SCSS work areas.</p> <p>Psychosocial safety questions were included in the 2024 People Matters Employee Survey. The results will be available in a dashboard format with job demands and job resources to enable psychosocial risk assessment and action planning at an organisational and team level.</p> <p>The Fitness Passport wellbeing offering is now in place for CALHN employees, offering subsidised membership to a large array of fitness centres.</p>
Fatigue Risk Management	<p>Fatigue resources have been updated to simplify and increase accessibility.</p> <p>Fatigue metrics are monitored to identify trends and opportunities to improve rostering practices and shift patterns.</p> <p>A webinar on fatigue strategies for shift workers was provided by Professor Jill Dorrian from UniSA.</p>

<b>Program name</b>	<b>Performance</b>
Challenging behaviour	<p>CALHN Complex Behaviour Working Group meets bi-monthly.</p> <p>The Behavioural Assessment and Response Team (BART) provides support to clinicians to facilitate the implementation of early preventative strategies that minimise the likelihood of escalating patient behaviours.</p> <p>Preventing and Responding to Complex Behaviours training continues for staff.</p> <p>CALHN has a local 10-Point Action Plan to end violence and aggression which complements the SA Health Action Plan.</p>
Chemical Safety	<p>CALHN Chemical Management Committee meets monthly.</p> <p>The Committee is focused on five areas: Chemical Manifests; Licences/Permits; Education/Training; Health Monitoring; and Emergency Management.</p>
Injury Management	<p>During 2023-24, 70 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.</p> <p>Daily lost time reporting was actioned by return to work staff to enable the safe and timely return following injury.</p> <p>Engagement with all key stakeholders occurred within five days to promote an early and sustainable return to work.</p>

<b>Workplace injury claims</b>	<b>2023-24</b>	<b>2022-23</b>	<b>% Change (+ / -)</b>
Total new workplace injury claims	264	233	+13.3
Fatalities	0	0	-
Seriously injured workers*	2	2	0
Significant injuries – CALHN (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	9.98	11.44	-12.8
Significant injuries – SCSS (where lost time exceeds a working week, expressed as frequency rate per 1000 FTE)	7.06	6.82	+3.5

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

<b>Work health and safety regulations</b>	<b>2023-24</b>	<b>2022-23</b>	<b>% Change (+ / -)</b>
Number of notifiable incidents ( <i>Work Health and Safety Act 2012, Part 3</i> )	7	6	+16.7
Number of provisional improvement, improvement and prohibition notices ( <i>Work Health and Safety Act 2012 Sections 90, 191 and 195</i> )	8	0	-

<b>Return to work costs**</b>	<b>2023-24</b>	<b>2022-23</b>	<b>% Change (+ / -)</b>
Total gross workers compensation expenditure (\$)	\$ 12,350,771	\$12,883,527	-4.1
Income support payments – gross (\$)	\$ 4,103,387	\$6,143,532	-33.2

\*\*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

<b>Classification</b>	<b>Number of employees</b>
Administrative	28
Allied health professionals	23
Board member	1
Dental and visiting dental officers	2
Health ancillary	5
Medical professionals	7
Nurses/midwives	43
Operational services	24
Professional officer	1
Scientific (Technical)	1
Trainee	2
<b>Total</b>	<b>137</b>

Salary Band	Female	Male	X	Total
\$127,875 or more	2	0	0	2
\$101,307 to \$127,875	15	4	0	19
\$79,166 to \$101,306	12	6	0	18
\$62,210 to \$79,165	29	5	1	35
Up to \$62,209	54	9	0	63

\* '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>

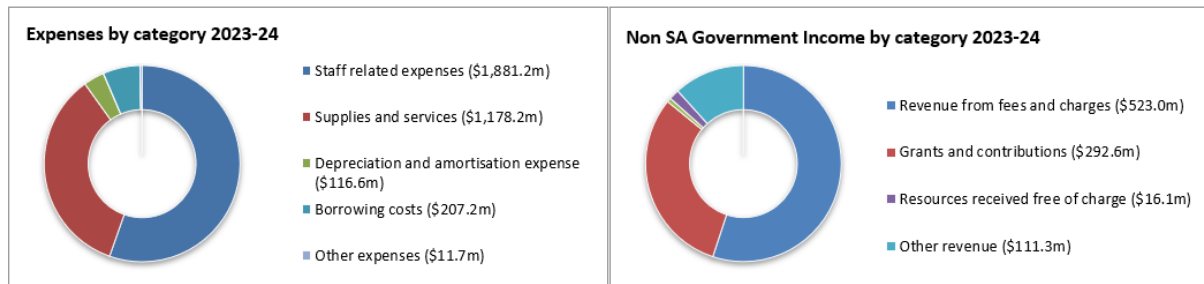
The [Office of the Commissioner for Public Sector Employment](#) has a [workforce information](#) page that provides further information on the breakdown of executive gender, salary and tenure by agency.

## Financial performance

### Financial performance at a glance

The following is a 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 2023-2024 are attached to this report. The information in the table and charts below has not been audited.

CALHN three-year financial summary - Consolidated (\$'000)					
	2023-24	%	2022-23	%	2021-22
		↑↓		↑↓	
Total income	3 485 733	↑7.3%	3 249 169	↑9.0%	2 982 195
Total expenses	3 397 649	↑6.4%	3 192 904	↑5.9%	3 014 823
Net result for the period	88 084	↑56.6%	56 265	↑272.4%	( 32 628)
Net cash provided by operating activities	142 104	↑25.7%	113 071	↑70.4%	66 365
Total assets	3 757 928	↑7.1%	3 507 401	↑0.6%	3 487 638
Total liabilities	3 234 405	↑0.7%	3 213 146	↓-1.1%	3 249 648
Net assets	523 523	↑77.9%	294 255	↑23.6%	237 990



### 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	\$17,462

**Consultancies with a contract value above \$10,000 each – Consolidated Entity**

<b>Consultancies</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Scyne Advisory Pty Ltd	<i>Ways of Working</i> project Stage 1	\$633,334
Zed Management Consulting	Supporting the development of CALHN's FY24 annual plan and improvement initiatives	\$538,262
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	\$125,177
Destravis Australia Pty Ltd	Engagement purpose is to assess future options for HRC and St Margaret's external work	\$82,281
Providence Consulting Group Pty Ltd	Focus on identification of the existing security and risk management processes and systems of CALHN and key CIRMP stakeholders across five hazard vectors: governance, cyber and information, personnel, supply chain and physical and natural hazards	\$68,182
Destravis Australia Pty Ltd	CALHN to align future medical oncology cancer services with the health needs of the local, regional, state-wide and interstate	\$51,540
Destravis Australia Pty Ltd	RAH car park study to understand demand and supply for staff car parking	\$40,967



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Consultancies	Purpose	\$ Actual payment
Deloitte Touche Tohmatsu	To review the current Costing and Performance Management Unit and provide a solution	\$39,701
Altfive	Analysis and synthesis of historical inpatient data, NOC's dashboards, forecast modelling, and review of the existing outsourced patient services provider panel agreement	\$39,590
Zed Management Consulting	To determine setup costs associated with the potential establishment of an Advanced Heart and Lung Transplant Centre	\$33,400
ISC Consulting Group Pty Ltd	To create an inaugural NOC as a functioning command model for CALHN	\$22,950
Nayda Associate Consulting	Design a strategic plan for Statewide Clinical Support Services	\$22,630
BDO Services Pty Ltd	Taxation advice on charitable status of The Aushealth Hospital Research Fund Ltd, including Fringe Benefits Tax, Workers Compensation, Payroll Tax and GST	\$21,762
Battleground	To develop a Business Continuity Plan (BCP) Program for SA Pharmacy	\$18,400
Governance Plus	Onsite mock survey of National Safety and Quality Health Service standards	\$17,953

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Consultancies	Purpose	\$ Actual payment
Peter New	To make recommendations to enable operational practices, staffing and governance structures to deliver contemporary clinical practice and take advantage of any opportunities for greater collaboration, support and effective use of resources in and between the units	\$16,200
Swanbury Penglase	To develop a feasibility study for a new clinical trials facility within the Australian Bragg Centre	\$12,558
Think Human Pty Ltd	Following the engagement sessions, we would work with the project sponsor to develop an options paper with a strong focus on system improvement and demonstrating value for money	\$12,520
Ccentric International Pty Ltd	To support the recruitment of the AHP6 CALHN Director of Pharmacy role sourcing candidates nationally and internationally	\$10,266
AMH Facilitating & Consulting	Pregnancy Advisory Services for CALHN	\$10,000
	Total	\$1,817,673
	<b>Grand Total</b>	<b>\$1,835,135</b>

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**

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
All contractors below \$10,000 each - combined	Various	\$164,660

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

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Epic Pharmacy	Provision of pharmacy services at Whyalla Hospital	\$1,121,599
RGH Pharmacy Consulting Services Pty Ltd	Provision of pharmacy services at Port Augusta Hospital	\$573,932
Matthews Health Coding Solutions Pty Ltd	Remote coding services	\$546,264
Uplift Group Australia Pty Ltd	Contract Clinical Coding and Auditing	\$497,429
Scyne Advisory Pty Ltd	To support CALHN's existing corporate functions model	\$274,972
Flinders University	Collaboration agreement between Flinders and CALHN for the joint appointment of Professor of Cancer Nursing Flinders Representative: Professor Ray Chan	\$266,406
Dialog Information Technology	Project Management Services	\$216,196

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<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Imedx Australia Pty Ltd	Clinical coding and auditing	\$215,205
Tek-V	Strategy and Digital functions as outlined in the newly classified Executive Director Role Description	\$171,002
Powerhealth Solutions	Provision of patient costing and casemix reporting to RAH and QEH	\$156,484
MAV3RIK Pty Ltd	State-wide Referral Management System Program - Digital referrals from GPs to Outpatient Departments at CALHN	\$144,117
Pricewaterhousecoopers Legal	Internal Audit function for CALHN FY 22/23 and 23/24 Service	\$137,732
Workdynamic Australia	Professional legal fees relating to a misconduct investigation	\$128,133
The University of Adelaide	Senior Research	\$120,925
The University of Adelaide	Clinical Academics	\$118,127
Wolfgang Stehr	Leadership workshops for healthcare professionals	\$114,490
Escient Pty Ltd	SystemView Project Management Extension	\$103,421
Carmichael Digital Pty Ltd	State-wide Referral Management System Program - Digital referrals from GPs to Outpatient Departments at CALHN	\$97,500

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<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Hannan & Partners Pty Ltd	Work undertaken to provide Cyber Security support services	\$81,680
ISS Health Services Pty Limited	Cleaning Services	\$80,715
Marianne Hercus	Project Manager for Stereotactic Radiosurgery Upgrades	\$77,000
Simple Integrated	TQEH user Interface Design and Development	\$74,898
Talent International (SA) Pty Ltd	Network Management and Support Staff	\$67,093
Andrew Paul	Lawn and Garden Services	\$54,535
Human Psychology	Project management, Survey Design and Implementation	\$54,485
Aurion Payroll	Employee portal and fortnightly payroll processing	\$53,640
Exiis Group Pty Ltd	Clinical Cleaning of theatres	\$42,305
Henderson Horrocks Risk Services Pty Ltd	Risk and Recruitment advice services	\$41,473
Strategic Momentum Pty Ltd	Workshop run by Strategic Momentum Group for SA Health System Leaders	\$40,319
Philips Healthcare Australia	RIS Mirror and Project support	\$39,856
Xmplify Pty Ltd	State-wide Referral Management System Program - Digital referrals from GPs to Outpatient Departments at CALHN	\$38,369

OFFICIAL

<b>Contractors</b>	<b>Purpose</b>	<b>\$ Actual payment</b>
Annette Fidge Consulting	To provide Project Management support for CALHN	\$37,332
Resolutions (Int) Pty Ltd	Clinical coding	\$35,943
The University of Adelaide	Research Associate	\$35,887
MD Biomedical Enterprise Pty Ltd	Perform preventative maintenance to medical devices	\$31,900
Worklogic Pty Ltd	To resolve inappropriate conduct in the workplace	\$29,832
Healthcare Logic Pty Ltd	SystemView domain licence	\$27,472
The University of Adelaide	Orthotics and Trauma specialist	\$26,764
Riskcom Pty Ltd	Risk Management Service	\$26,510
Insync Solutions	IT sync solutions	\$24,320
Megan Hender Consulting	Mediating SAMI workplace forums	\$21,495
Aktis Performance Management	Assess information provided - review and develop RD	\$20,763
Nijan Consulting	Recruitment advice services	\$20,390
BH Medical Equipment Services	Preventative maintenance	\$19,000
Ochre Dawn	Specialist graphic design services	\$16,165
Canceraid Pty Ltd	Cancer patient services	\$16,000
National Mobile Dental Services Pty Ltd	Rural dental services	\$15,551

OFFICIAL

Contractors	Purpose	\$ Actual payment
Battleground	Business Continuity Management Uplift Project	\$13,400
Qiagen Pty Ltd	Technologies for molecular diagnostics, academic and pharmaceutical research	\$12,096
Catherine Hockley	Communication Services - Clinician Engagement Strategy	\$12,000
C K Health and Aged Care Consulting	Preparation and interviews	\$11,127
Centacare Catholic Family Services	Employee Assistance Counselling	\$10,475
Cheeseman Architects Pty Ltd	Professional Services for VENTIA group - SA Dental	\$10,220
Agile Group (Global) Pty Ltd	Traffic control at COVID-19 drive through testing sites (Adjustment to 2022-23 FY total of \$897,066)	(\$43,374)
	Total	\$6,181,570
	<b>Grand Total</b>	<b>\$6,346,230</b>

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

ARC is chaired by a member of the Governing Board and met four times during 2023-24.

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 2023-24.

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

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

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

The CALHN *Risk Appetite Statement* and *Enterprise Risk Management Framework* are reviewed on an annual basis which was conducted in November 2023. The Governing Board held a Risk Workshop to review and endorse the CALHN Strategic Risks in April 2024. The Risk Workshop was also attended by all members of ARC. Risks arising outside of the *Risk Appetite Statement* continued to be reported regularly to ARC.

Scyne Advisory were appointed as the new CALHN Co-Source audit partners in April 2024, replacing Price Waterhouse Coopers (PwC). Nine internal audits have been completed spanning across clinical and corporate areas. All audit recommendations and management follow-up action plans have been agreed upon and recorded in the *Risk Recommendation Register* to track implementation progress. Implementation progress continued to be reported to ARC each meeting. The FY2024 Annual Audit Plan has been agreed in collaboration with ARC and approved by the Governing Board.

**Fraud detected in the agency**

Category/nature of fraud	Number of instances
Unauthorised use of medication	1
Timesheet Falsification	1
Falsification of a Medical Certificate	1
Theft of Information technology equipment, medication and consumables.	1
Non-attendance at work under false pretences	2

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

**Strategies implemented to control and prevent fraud**

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

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

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

All senior consultants and clinical academics, medical leads, heads of unit and other employees with senior financial, human resource, procurement or research delegations are required to provide an annual statement of interest, including the declaration of any conflict of interest utilising the CALHN online declaration system and register.

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*:

Nil

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

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

CALHN recognises and supports the valuable role of carers and acknowledges the impact they make to the lives for whom they care.

We ensure involvement in care decisions and actively work to create supportive environments for both consumers and carers. We involve carers in shared decision-making and incorporate carers feedback into service improvements.

CALHN has a dedicated team of consumer representatives, many of whom are carers with lived experience of our services. Aboriginal and Torres Strait Islander carers are members of CALHN's Aboriginal Consumer Reference Group. Their caring role is recognised, and they plan and inform services provided to other carers. Aboriginal and Torres Strait Islander carers and patient travel escorts are provided with culturally appropriate support through CALHN's Aboriginal and Torres Strait Islander Health and Wellbeing Hub.

Consumer representatives are involved in the design of a range of resources specific to hospital sites. These resources have led to an increase in carers accessing services and supports through Carers SA, SA's lead agency for supporting and delivering services to unpaid carers.

Collaboration between CALHN's workforce, consumer representatives and Carers SA is key to successfully fulfilling the objectives of the *Carers Recognition Act 2005*. This important partnership promotes awareness of the enormous contribution of carers and aims to ensure they are connected and supported in the community.

CALHN's *Disability Access and Inclusion Plan* outlines actions to foster our workforce's understanding of the rights and needs of carers. The plan also outlines CALHN's commitment to providing flexible employment conditions to ensure staff are supported to balance their caring role.

Increased education and awareness for workforce has occurred through amplifying the voices and stories of carers. Carers testimonials have been captured on film and viewed at training sessions and meetings.

CALHN is leading the way in South Australia through the development of training for staff and a proactive approach to engagement, recognition, and support for carers.

## Public complaints

### Number of public complaints reported

Complaint categories	Sub-categories	Example	Number of Complaints 2023-24
Professional behaviour	Staff attitude	Failure to demonstrate values such as empathy, respect, fairness, courtesy, extra mile; cultural competency	387
Professional behaviour	Staff competency	Failure to action service request; poorly informed decisions; incorrect or incomplete service provided	6
Professional behaviour	Staff knowledge	Lack of service specific knowledge; incomplete or out-of-date knowledge	123
Communication	Communication quality	Inadequate, delayed or absent communication with consumer	576
Communication	Confidentiality	Customer's confidentiality or privacy not respected; information shared incorrectly	20
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	115
Service delivery	Process	Processing error; incorrect process used; delay in processing application; process not customer responsive	N/A
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

<b>Complaint categories</b>	<b>Sub-categories</b>	<b>Example</b>	<b>Number of Complaints 2023-24</b>
Service quality	Information	Incorrect, incomplete, out-dated or inadequate information; not fit for purpose	123
Service quality	Access to information	Information difficult to understand, hard to find or difficult to use; not plain English	8
Service quality	Timeliness	Lack of staff punctuality; excessive waiting times (outside of service standard); timelines not met	292
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
		<b>Total</b>	1,650

<b>Additional Metrics</b>	<b>Total</b>
Number of positive feedback comments	2,822
Number of negative feedback comments	3,882
Total number of feedback comments	6,704
% complaints resolved within policy timeframes	94.58

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.

In response to consumer feedback, CALHN has implemented the following service improvements:

- Implemented a Consumer Experience Survey which enables us to capture consumer experience and sentiment data on a range of issues relating to their care and treatment. This will drive further quality improvements.
- As a result of feedback relating to discharge, we have implemented a specific discharge experience survey to better understand the pain points and improvement opportunities throughout the discharge process. This will drive further quality improvements.

**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 2023-24**

## 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 2024.

In my opinion, except for the possible effects of the matter described in the 'Basis for qualified opinion' section of my report, the accompanying financial report gives a true and fair view of the financial position of the Central Adelaide Local Health Network Incorporated and its controlled entities as at 30 June 2024, 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 2024
- a Statement of Financial Position as at 30 June 2024
- a Statement of Changes in Equity for the year ended 30 June 2024
- a Statement of Cash Flows for the year ended 30 June 2024
- notes, comprising material accounting policy information and other explanatory information
- a Certificate from the Chair, Governing Board, the Acting 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 and non-South Australian business for 2023-24.

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

The Central Adelaide Local Health Network Incorporated included that disclosure in note 10.1 to the financial report.

My review of the processes used by the Central Adelaide Local Health Network Incorporated identified that it did not have an effective process to meet the requirements of the framework which has been established for procurement reporting under the Treasurer's Instructions.

As such, I am not able to obtain sufficient audit evidence for the amounts disclosed in note 10.1.

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 2024.

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.

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**

23 September 2024

**CENTRAL ADELAIDE LOCAL HEALTH NETWORK**  
**STATEMENT OF COMPREHENSIVE INCOME**  
**For the year ended 30 June 2024**

	Note	Consolidated		Parent	
		2024	2023	2024	2023
		\$'000	\$'000	\$'000	\$'000
<b>Income</b>					
Revenues from SA Government	2	2,536,149	2,367,770	2,536,149	2,367,770
Fees and charges	3	522,985	480,794	503,731	466,347
Grants and contributions	4	292,633	281,769	293,272	282,255
Interest	5	6,589	3,675	6,576	3,625
Resources received free of charge	6	16,121	14,335	16,121	14,335
Other revenues/income	8	111,256	100,826	110,057	96,283
<b>Total income</b>		<b>3,485,733</b>	<b>3,249,169</b>	<b>3,465,906</b>	<b>3,230,615</b>
<b>Expenses</b>					
Staff related expenses	9	1,881,168	1,735,220	1,868,253	1,724,064
Supplies and services	10	1,178,228	1,135,255	1,175,595	1,131,034
Depreciation and amortisation	19,20	116,644	116,760	115,795	116,117
Grants and subsidies	11	1,307	1,417	687	615
Borrowing costs	23	207,151	187,370	207,102	187,327
Net loss from disposal of non-current and other assets	7	28	318	28	304
Impairment loss on receivables	14.1	1,378	(560)	1,344	(560)
Other expenses	12	11,745	17,124	11,399	16,760
<b>Total expenses</b>		<b>3,397,649</b>	<b>3,192,904</b>	<b>3,380,203</b>	<b>3,175,661</b>
<b>Net result</b>		<b>88,084</b>	<b>56,265</b>	<b>85,703</b>	<b>54,954</b>
<b>Other Comprehensive Income</b>					
<b>Items that will not be reclassified to net result</b>					
Changes in property, plant and equipment asset revaluation surplus		141,184	-	141,184	-
<b>Total other comprehensive income</b>		<b>141,184</b>	<b>-</b>	<b>141,184</b>	<b>-</b>
<b>Total comprehensive result</b>		<b>229,268</b>	<b>56,265</b>	<b>226,887</b>	<b>54,954</b>

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

**CENTRAL ADELAIDE LOCAL HEALTH NETWORK**  
**STATEMENT OF FINANCIAL POSITION**  
**As at 30 June 2024**

	Note	Consolidated		Parent	
		2024	2023	2024	2023
		\$'000	\$'000	\$'000	\$'000
<b>Current assets</b>					
Cash and cash equivalents	13	207,652	180,068	203,042	175,121
Receivables	14	94,836	85,488	90,807	82,656
Other financial assets	15	6,630	5,534	-	-
Inventories	16	25,581	24,348	25,381	24,120
Contract assets	17	226	417	226	417
<b>Total current assets</b>		<b>334,925</b>	<b>295,855</b>	<b>319,456</b>	<b>282,314</b>
<b>Non-current assets</b>					
Receivables	14	10,318	8,773	10,318	8,773
Other financial assets	15	-	-	1,150	1,150
Property, plant and equipment	18,19	3,394,651	3,179,991	3,391,732	3,177,092
Investment property	18,19	8,600	8,600	-	-
Intangible assets	18,20	9,434	14,182	9,434	14,182
<b>Total non-current assets</b>		<b>3,423,003</b>	<b>3,211,546</b>	<b>3,412,634</b>	<b>3,201,197</b>
<b>Total assets</b>		<b>3,757,928</b>	<b>3,507,401</b>	<b>3,732,090</b>	<b>3,483,511</b>
<b>Current liabilities</b>					
Payables	22	103,218	88,587	101,043	86,218
Financial liabilities	23	71,339	71,254	71,026	70,785
Staff related liabilities	24	299,455	267,997	298,185	266,670
Provisions	25	11,882	11,523	11,882	11,523
Contract liabilities and other liabilities	26	616	1,117	604	1,104
<b>Total current liabilities</b>		<b>486,510</b>	<b>440,478</b>	<b>482,740</b>	<b>436,300</b>
<b>Non-current liabilities</b>					
Financial liabilities	23	2,399,698	2,467,841	2,399,032	2,467,051
Staff related liabilities	24	300,777	267,740	300,649	267,711
Provisions	25	47,420	37,087	47,420	37,087
<b>Total non-current liabilities</b>		<b>2,747,895</b>	<b>2,772,668</b>	<b>2,747,101</b>	<b>2,771,849</b>
<b>Total liabilities</b>		<b>3,234,405</b>	<b>3,213,146</b>	<b>3,229,841</b>	<b>3,208,149</b>
<b>Net assets</b>		<b>523,523</b>	<b>294,255</b>	<b>502,249</b>	<b>275,362</b>
<b>Equity</b>					
Retained earnings		342,470	252,800	321,196	233,907
Asset revaluation surplus		181,053	41,455	181,053	41,455
<b>Total equity</b>		<b>523,523</b>	<b>294,255</b>	<b>502,249</b>	<b>275,362</b>

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 2024**

**CONSOLIDATED**

	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
<b>Balance at 30 June 2022</b>	<b>42,743</b>	<b>195,247</b>	<b>237,990</b>
<b>Net result for 2022-23</b>	-	<b>56,265</b>	<b>56,265</b>
<b>Total comprehensive result for 2022-23</b>	-	<b>56,265</b>	<b>56,265</b>
Transfer between equity components	(1,288)	1,288	-
<b>Balance at 30 June 2023</b>	<b>41,455</b>	<b>252,800</b>	<b>294,255</b>
Error correction	-	-	-
<b>Restated balance at 30 June 2023</b>	-	<b>252,800</b>	<b>294,255</b>
<b>Net result for 2023-24</b>	-	<b>88,084</b>	<b>88,084</b>
Gain/(loss) on revaluation of land and buildings	135,140	-	135,140
Gain/(loss) on revaluation of plant and equipment	6,044	-	6,044
<b>Total comprehensive result for 2023-24</b>	<b>141,184</b>	<b>88,084</b>	<b>229,268</b>
Transfer between equity components	(1,586)	1,586	-
<b>Balance at 30 June 2024</b>	<b>181,053</b>	<b>342,470</b>	<b>523,523</b>

**PARENT**

	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
<b>Balance at 30 June 2022</b>	<b>42,743</b>	<b>177,665</b>	<b>220,408</b>
<b>Net result for 2022-23</b>	-	<b>54,954</b>	<b>54,954</b>
<b>Total comprehensive result for 2022-23</b>	-	<b>54,954</b>	<b>54,954</b>
Transfer between equity components	(1,288)	1,288	-
<b>Balance at 30 June 2023</b>	<b>41,455</b>	<b>233,907</b>	<b>275,362</b>
<b>Net result for 2023-24</b>	-	<b>85,703</b>	<b>85,703</b>
Gain/(loss) on revaluation of land and buildings	135,140	-	135,140
Gain/(loss) on revaluation of plant and equipment	6,044	-	6,044
<b>Total comprehensive result for 2023-24</b>	<b>141,184</b>	<b>85,703</b>	<b>226,887</b>
Transfer between equity components	(1,586)	1,586	-
<b>Balance at 30 June 2024</b>	<b>181,053</b>	<b>321,196</b>	<b>502,249</b>

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 2024**

	Note	Consolidated		Parent	
		2024	2023	2024	2023
		\$'000	\$'000	\$'000	\$'000
<b>Cash flows from operating activities</b>					
<b>Cash inflows</b>					
Receipts from SA Government		2,528,359	2,419,413	2,528,359	2,419,413
Fees and charges		330,652	332,229	312,586	318,650
Grants and contributions		301,803	291,051	302,442	291,537
Interest received		6,592	3,672	6,576	3,625
GST recovered from ATO		89,758	81,288	89,758	81,288
Other receipts		15,822	10,327	15,296	9,613
<b>Cash generated from operations</b>		<b>3,272,986</b>	<b>3,137,980</b>	<b>3,255,017</b>	<b>3,124,126</b>
<b>Cash outflows</b>					
Staff benefits payments		(1,803,393)	(1,709,316)	(1,790,520)	(1,698,561)
Payments for supplies and services		(1,096,151)	(1,109,638)	(1,093,305)	(1,106,976)
Payments of grants and subsidies		(1,410)	(1,488)	(790)	(686)
Interest paid		(204,334)	(179,063)	(204,285)	(179,020)
Other payments		(25,594)	(25,404)	(25,248)	(25,040)
<b>Cash used in operations</b>		<b>(3,130,882)</b>	<b>(3,024,909)</b>	<b>(3,114,148)</b>	<b>(3,010,283)</b>
<b>Net cash provided by operating activities</b>		<b>142,104</b>	<b>113,071</b>	<b>140,869</b>	<b>113,843</b>
<b>Cash flows from investing activities</b>					
<b>Cash inflows</b>					
Proceeds from sale of property, plant and equipment		112	57	112	71
Proceeds from sale/maturities of investments		2,590	414	-	-
<b>Cash generated from investing activities</b>		<b>2,702</b>	<b>471</b>	<b>112</b>	<b>71</b>
<b>Cash outflows</b>					
Purchase of property, plant and equipment		(42,579)	(27,995)	(41,724)	(26,796)
Purchase of intangible assets		(329)	(160)	(329)	(160)
Purchase of investments		(3,013)	(232)	-	-
<b>Cash used in investing activities</b>		<b>(45,921)</b>	<b>(28,387)</b>	<b>(42,053)</b>	<b>(26,956)</b>
<b>Net cash provided by/(used in) investing activities</b>		<b>(43,219)</b>	<b>(27,916)</b>	<b>(41,941)</b>	<b>(26,885)</b>
<b>Cash flows from financing activities</b>					
<b>Cash outflows</b>					
Repayment of lease liabilities		(71,301)	(71,500)	(71,007)	(71,294)
<b>Cash used in financing activities</b>		<b>(71,301)</b>	<b>(71,500)</b>	<b>(71,007)</b>	<b>(71,294)</b>
<b>Net cash provided by/(used in) financing activities</b>		<b>(71,301)</b>	<b>(71,500)</b>	<b>(71,007)</b>	<b>(71,294)</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>		<b>27,584</b>	<b>13,655</b>	<b>27,921</b>	<b>15,664</b>
Cash and cash equivalents at the beginning of the period		180,068	166,413	175,121	159,457
<b>Cash and cash equivalents at the end of the period</b>	13	<b>207,652</b>	<b>180,068</b>	<b>203,042</b>	<b>175,121</b>
Non-cash transactions	27				

The accompanying notes form part of these financial statements.

**CENTRAL ADELAIDE LOCAL HEALTH NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2024**

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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 35.

### *Administered Items*

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

### 1.1 Objectives and activities

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

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

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

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

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

The Hospital is comprised of:

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

### 1.2 Basis of preparation

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

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

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

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

**CENTRAL ADELAIDE LOCAL HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**For the year ended 30 June 2024**

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 2024, the Hospital had a working capital deficiency of \$151.585 million (\$144.623 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 Change in accounting policy**

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

**2. Revenues from SA Government**

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Capital projects funding	162,559	121,468	162,559	121,468
Operational funding	2,373,590	2,246,302	2,373,590	2,246,302
<b>Total revenues from SA Government</b>	<b>2,536,149</b>	<b>2,367,770</b>	<b>2,536,149</b>	<b>2,367,770</b>

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

**CENTRAL ADELAIDE LOCAL HEALTH NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2024**

**3. Fees and charges**

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Ambulance transport	106	78	106	78
Car parking revenue	9,506	6,116	9,506	6,116
Commissions revenue	36	44	36	44
Fines, fees and penalties	102	78	102	78
Patient and client fees	442,684	406,945	423,373	392,330
Private practice fees	41,328	38,449	41,328	38,449
Fees for health services	10,714	11,225	10,714	11,225
Royalty income	669	855	669	855
Sale of goods - medical supplies	1,208	1,474	1,208	1,474
Training revenue	82	81	82	81
Other user charges and fees	16,550	15,449	16,607	15,617
<b>Total fees and charges</b>	<b>522,985</b>	<b>480,794</b>	<b>503,731</b>	<b>466,347</b>

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	2024	2024	2023	2023
	Goods/Services transferred at a point in time	Goods/Services transferred over a period of time	Goods/Services transferred at a point in time	Goods/Services transferred over a period of time
Ambulance transport	34	-	27	-
Car parking revenue	5,754	3,752	5,050	1,066
Commissions revenue	36	-	44	-
Patient and client fees	226,661	-	203,463	-
Private practice fees	41,328	-	38,449	-
Fees for health services	9,822	-	9,096	-
Royalty income	669	-	855	-
Sale of goods - medical supplies	43	-	24	-
Training revenue	78	-	81	-
Other user charges and fees	15,895	-	14,797	-
<b>Total contracts with external customers</b>	<b>300,320</b>	<b>3,752</b>	<b>271,886</b>	<b>1,066</b>
Ambulance transport	72	-	51	-
Patient and client fees	216,023	-	203,482	-
Fees for health services	892	-	2,129	-
Sale of goods - medical supplies	1,165	-	1,450	-
Training revenue	4	-	-	-
Other user charges and fees	655	-	652	-
<b>Total contracts with SA Government customers</b>	<b>218,811</b>	<b>-</b>	<b>207,764</b>	<b>-</b>
<b>Total contracts with customers</b>	<b>519,131</b>	<b>3,752</b>	<b>479,650</b>	<b>1,066</b>

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

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

*Patient and Client Fees*

Public health care is free for medicare eligible customers with the exception of co-payments for Pharmaceutical Benefits Scheme drugs. Non-medicare eligible customers pay in arrears to stay overnight in a public hospital and to receive medical assessment, advice, treatment and care from a health professional. These charges may include medical, surgical, anaesthetic, theatre, pathology, radiology services etc. Revenue from these services is recognised on a time-and-material basis as services are provided. Any amounts remaining unpaid at the end of the reporting period are treated as an accounts receivable.

**CENTRAL ADELAIDE LOCAL HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
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*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	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Commonwealth grants and donations	1,701	1,784	1,701	1,784
Pharmaceutical Benefits Scheme Commonwealth subsidy	259,236	246,394	259,236	246,394
SA Government capital contributions	(162)	162	(162)	162
Other SA Government grants and contributions	221	78	860	385
Private sector capital contributions	-	499	-	499
Private sector grants and contributions	31,637	32,852	31,637	33,031
<b>Total grants and contributions</b>	<b>292,633</b>	<b>281,769</b>	<b>293,272</b>	<b>282,255</b>

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

Of the \$292.633 million (\$281.769 million) received in 2023-24, \$23.664 million (\$24.304 million) was provided for specific purposes, including State and Commonwealth Health initiatives - Health reforms, research and other associated activities.

**5. Interest**

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Interest on operating accounts	13	50	-	-
Interest on Special Purpose Funds	6,576	3,625	6,576	3,625
<b>Total interest</b>	<b>6,589</b>	<b>3,675</b>	<b>6,576</b>	<b>3,625</b>

**6. Resources received free of charge**

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Land and buildings	-	1	-	1
Plant and equipment	178	-	178	-
Services	15,943	14,334	15,943	14,334
<b>Total resources received free of charge</b>	<b>16,121</b>	<b>14,335</b>	<b>16,121</b>	<b>14,335</b>

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

Contributions of services are recognised only when a fair value can be determined reliably, and the services would be purchased if they had not been donated. The Hospital receives Financial Accounting, Taxation, Payroll, Accounts Payable and Accounts Receivable services from Shared Services SA free of charge valued at \$11.708 million (\$11.413 million), ICT services and media monitoring services valued at \$4.235 million (\$2.921 million) from the Department of the Premier and Cabinet following Cabinet's approval to cease intra-government charging.

In addition, although not recognised the Hospital received volunteer services from the Royal Adelaide Hospital Lavender Lads and Ladies, Royal Adelaide Hospital Auxiliary, Friends of the Queen Elizabeth Hospital, Hampstead Rehabilitation Centre Volunteers and country based SA Pathology couriers. There are 354 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.

**CENTRAL ADELAIDE LOCAL HEALTH NETWORK**  
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**For the year ended 30 June 2024**

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

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
<b>Plant and equipment:</b>				
Proceeds from disposal	116	58	116	72
Less carrying amount of assets disposed	(124)	(375)	(124)	(375)
Less other costs of disposal	(4)	(1)	(4)	(1)
<b>Net gain/(loss) from disposal of plant and equipment</b>	<b>(12)</b>	<b>(318)</b>	<b>(12)</b>	<b>(304)</b>
<b>Intangibles:</b>	\$'000	\$'000	\$'000	\$'000
Proceeds from disposal	-	-	-	-
Less carrying amount of assets disposed	(16)	-	(16)	-
Less other costs of disposal	-	-	-	-
<b>Net gain/(loss) from disposal of plant and equipment</b>	<b>(16)</b>	<b>-</b>	<b>(16)</b>	<b>-</b>
<b>Total assets:</b>				
Total proceeds from disposal	116	58	116	72
Less total carrying amount of assets disposed	(140)	(375)	(140)	(375)
Less other costs of disposal	(4)	(1)	(4)	(1)
<b>Total net gain/(loss) from disposal of assets</b>	<b>(28)</b>	<b>(318)</b>	<b>(28)</b>	<b>(304)</b>

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	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Dividend revenue	207	150	-	-
Donations	10,589	6,491	10,489	6,491
Health recoveries	93,425	85,690	93,425	85,690
Insurance recoveries	1,304	969	1,304	969
Other	5,731	7,526	4,839	3,133
<b>Total other revenues/income</b>	<b>111,256</b>	<b>100,826</b>	<b>110,057</b>	<b>96,283</b>

**9. Staff related expenses**

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Salaries and wages	1,464,581	1,396,877	1,453,726	1,387,887
Targeted voluntary separation packages	93	261	93	261
Long service leave	61,688	25,067	61,628	25,002
Annual leave	147,545	138,397	146,895	137,908
Skills and experience retention leave	7,231	6,735	7,231	6,735
Staff on-costs - superannuation*	173,419	156,639	172,331	155,766
Staff on-costs - other	47	442	(1)	7
Workers compensation	23,480	7,477	23,397	7,388
Board and committee fees	454	451	345	353
Other staff related expenses	2,630	2,874	2,608	2,757
<b>Total staff related expenses</b>	<b>1,881,168</b>	<b>1,735,220</b>	<b>1,868,253</b>	<b>1,724,064</b>

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

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



**CENTRAL ADELAIDE LOCAL HEALTH NETWORK  
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For the year ended 30 June 2024**

**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	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Salaries and other short term employee benefits	5,065	4,356	5,065	4,356
Post-employment benefits	849	718	849	718
<b>Total</b>	<b>5,914</b>	<b>5,074</b>	<b>5,914</b>	<b>5,074</b>

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**

	2024	2023
	No. of	No. of
	Members	Members
\$0	632	550
\$1 - \$20,000	94	82
\$20,001 - \$40,000	5	6
\$40,001 - \$60,000	3	2
\$60,001 - \$80,000	1	1
<b>Total</b>	<b>735</b>	<b>641</b>

The total remuneration received or receivable by members was \$0.487 million (\$0.498 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, superannuation contributions, salary sacrifice benefits and any related fringe benefits and related fringe benefits tax. In accordance with the Premier and Cabinet Circular No. 016, government employees did not receive any remuneration for board/committee duties during the financial year.

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

Refer to note 36 for members of boards/committees that served for all or part of the financial year and were entitled to receive income from membership in accordance with APS 124.B.

**CENTRAL ADELAIDE LOCAL HEALTH NETWORK**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
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**9.3 Staff remuneration**

Remuneration of employees	Consolidated		Parent	
	2024 Total Number	2023 Total Number	2024 Total Number	2023 Total Number
The number of staff whose remuneration received or receivable falls within the following bands:				
\$160,001 - \$166,000*	n/a	110	n/a	110
\$166,001 - \$186,000	336	282	336	281
\$186,001 - \$206,000	217	191	216	191
\$206,001 - \$226,000	118	122	117	119
\$226,001 - \$246,000	88	71	88	71
\$246,001 - \$266,000	81	69	81	69
\$266,001 - \$286,000	66	71	66	71
\$286,001 - \$306,000	55	44	55	44
\$306,001 - \$326,000	47	47	47	47
\$326,001 - \$346,000	40	29	40	29
\$346,001 - \$366,000	35	35	35	35
\$366,001 - \$386,000	32	28	32	28
\$386,001 - \$406,000	18	31	18	31
\$406,001 - \$426,000	26	21	26	20
\$426,001 - \$446,000	31	40	31	40
\$446,001 - \$466,000	43	31	43	31
\$466,001 - \$486,000	28	37	28	37
\$486,001 - \$506,000	38	19	37	19
\$506,001 - \$526,000	18	18	18	18
\$526,001 - \$546,000	15	23	15	23
\$546,001 - \$566,000	19	22	19	22
\$566,001 - \$586,000	23	6	23	6
\$586,001 - \$606,000	10	19	10	19
\$606,001 - \$626,000	22	22	22	22
\$626,001 - \$646,000	8	15	8	15
\$646,001 - \$666,000	10	14	10	14
\$666,001 - \$686,000	17	10	17	10
\$686,001 - \$706,000	11	10	11	10
\$706,001 - \$726,000	8	8	8	8
\$726,001 - \$746,000	4	1	4	1
\$746,001 - \$766,000	3	2	3	2
\$766,001 - \$786,000	5	1	5	1
\$786,001 - \$806,000	-	1	-	1
\$806,001 - \$826,000	-	1	-	1
\$826,001 - \$846,000	1	-	1	-
\$846,001 - \$866,000	1	-	1	-
\$866,001 - \$886,000	2	-	2	-
\$906,001 - \$926,000	-	3	-	3
\$946,001 - \$966,000	1	-	1	-
\$966,001 - \$986,000	1	-	1	-
\$986,001 - \$1,006,000	-	1	-	1
\$1,006,001 - \$1,026,000	2	-	2	-
\$1,046,001 - \$1,066,000	-	1	-	1
\$1,406,001 - \$1,426,000	-	1	-	1
\$1,746,001 - \$1,766,000	1	-	1	-
<b>Total number of staff</b>	<b>1,481</b>	<b>1,457</b>	<b>1,478</b>	<b>1,452</b>

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

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.



**CENTRAL ADELAIDE LOCAL HEALTH NETWORK**  
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**9.4 Staff remuneration by classification**

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

	Consolidated				Parent			
	2024		2023		2024		2023	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Executive	36	9,625	31	7,812	33	8,731	26	6,583
Medical (excluding Nursing)	1,204	399,965	1,204	388,789	1,204	399,965	1,204	388,789
Non-medical (i.e. administration)	94	17,822	77	14,521	94	17,822	77	14,521
Nursing	147	26,825	145	25,389	147	26,825	145	25,389
<b>Total</b>	<b>1,481</b>	<b>454,237</b>	<b>1,457</b>	<b>436,511</b>	<b>1,478</b>	<b>453,343</b>	<b>1,452</b>	<b>435,282</b>

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

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Amount paid/payable to separated staff:				
Targeted voluntary separation packages	93	261	93	261
Leave paid/payable to separated employees	27	120	27	120
<b>Net cost to the Hospital</b>	<b>120</b>	<b>381</b>	<b>120</b>	<b>381</b>

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

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Administration	2,090	2,361	5,490	4,902
Advertising	1,251	1,123	958	868
Communication	7,067	5,888	6,923	5,740
Computing	44,670	35,044	43,595	33,942
Consultants	1,835	1,272	1,807	1,264
Contract of services	26,208	24,285	26,208	24,285
Contractors	6,346	10,538	6,274	10,448
Contractors - agency staff	47,262	47,322	47,238	47,156
Cost of goods sold	2,096	2,795	-	(1)
Drug supplies	324,236	310,694	324,236	310,694
Electricity, gas and fuel	15,812	16,166	15,748	16,110
Fee for service	77,201	82,580	77,201	82,740
Food supplies	7,202	6,535	7,202	6,535
Housekeeping	29,103	33,994	28,885	33,843
Insurance	16,321	15,063	16,197	14,945
Internal SA Health SLA payments	25,999	25,075	25,999	25,075
Interstate patient transfers	14	69	14	69
Legal	907	2,506	700	2,195
Medical, surgical and laboratory supplies	211,364	199,127	211,364	199,127
Minor equipment	11,004	8,338	10,974	8,312
Motor vehicle expenses	2,224	2,023	2,224	2,023
Occupancy rent and rates	16,190	14,554	16,113	14,471
Patient transport	10,850	9,322	10,850	9,322
Postage	9,498	9,137	9,452	9,111
Printing and stationery	4,926	4,937	4,869	4,887
Public Private Partnership operating expenses	128,531	125,960	128,531	125,960
Repairs and maintenance	45,831	43,157	45,646	43,028
Security	28,016	27,026	28,016	27,026
Services from Shared Services SA	11,852	11,550	11,852	11,550
Short term lease expense	-	2	-	2
Training and development	18,641	17,923	18,555	17,813
Travel expenses	13,801	12,078	13,226	11,438
Other supplies and services	29,880	26,811	29,248	26,154
<b>Total supplies and services</b>	<b>1,178,228</b>	<b>1,135,255</b>	<b>1,175,595</b>	<b>1,131,034</b>

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

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

**10.1 Expenditure – SA business and non-SA business**

The following table includes all expenditure in relation to arrangements above \$55,000 (GST inclusive) resulting from a procurement as defined in *Treasurer's Instructions 18 – Procurement (TI18)*. Arrangements between public authorities and other governments are not included.

Expenditure is inclusive of non-recoverable GST.

	Consolidated 2024 \$'000	Proportion SA and non SA businesses	Parent 2024 \$'000	Proportion SA and non SA businesses
Total expenditure with South Australian businesses	911,346	68%	911,346	68%
Total expenditure with non-South Australian businesses	422,169	32%	422,169	32%
<b>Total expenditure in relation to contracts above \$55,000</b>	<b>1,333,515</b>	<b>100%</b>	<b>1,333,515</b>	<b>100%</b>

Classification as SA business or non-SA business is generally based on circumstances as at the time of entering into a contract. For contracts entered into prior to 20 February 2023, where sufficient evidence of an assessment made under previous procurement requirements is known to the Hospital, this was used to determine classification. For contracts where such evidence of prior assessment is not available and for all other contracts, classification is based on the definition of an SA business provided in TI 18.

TI 18 defines a business as being South Australian where it operates in South Australia and more than 50% of the workforce delivering the contract resulting from the procurement on behalf of the business are South Australian residents.

The disclosure for expenditure with SA businesses reflects the total spent on contracts within the TI 18 definition and in some instances includes the cost of goods sourced from outside South Australia.

In many cases, the determination has been made on the basis of representations made by suppliers at a point in time which has not been subject to independent verification.

**11. Grants and subsidies**

	Consolidated		Parent	
	2024 \$'000	2023 \$'000	2024 \$'000	2023 \$'000
Subsidies	683	802	63	-
Funding to non-government organisations	624	615	624	615
<b>Total grants and subsidies</b>	<b>1,307</b>	<b>1,417</b>	<b>687</b>	<b>615</b>

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

**12. Other expenses**

	Consolidated		Parent	
	2024 \$'000	2023 \$'000	2024 \$'000	2023 \$'000
Assets transferred to the Department	-	5,000	-	5,000
Debts written off	1,375	1,616	1,375	1,616
Bank fees and charges	221	142	96	84
Donated assets expense	175	1,560	175	1,560
Net loss on sale of investments	(16)	115	-	-
Write-down of inventory	694	2,659	694	2,659
Rights of Private Practice Payover amounts paid to the Department	5,350	4,502	5,350	4,502
Other*	3,946	1,530	3,709	1,339
<b>Total other expenses</b>	<b>11,745</b>	<b>17,124</b>	<b>11,399</b>	<b>16,760</b>

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

\* Includes audit fees paid/payable to the Audit Office of South Australia relating to work performed under the Public Finance and Audit Act 1987 of \$0.409 million (\$0.398 million). No other services were provided by the Audit Office of South Australia. Also includes fees paid or payable to BDO for audit services for AusHealth of \$0.082 million (\$0.039 million.).

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**13. Cash and cash equivalents**

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Cash at bank or on hand	6,974	7,366	2,364	2,419
Deposits with Treasurer: general operating	23,723	18,101	23,723	18,101
Deposits with Treasurer: special purpose funds	176,955	154,601	176,955	154,601
<b>Total cash and cash equivalents</b>	<b>207,652</b>	<b>180,068</b>	<b>203,042</b>	<b>175,121</b>
<b>Total cash and cash equivalents in the Statement of Cash Flows</b>	<b>207,652</b>	<b>180,068</b>	<b>203,042</b>	<b>175,121</b>

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	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Patient/client fees: compensable	8,286	5,558	8,286	5,558
Patient/client fees: other	44,937	32,455	44,937	32,455
Debtors	20,288	21,383	16,315	18,641
Less: allowance for impairment loss on receivables	(6,621)	(5,243)	(6,443)	(5,099)
Prepayments	2,882	2,901	2,595	2,659
Interest	-	3	-	-
Grants	75	220	75	220
Workers compensation provision recoverable	2,547	4,115	2,547	4,115
Sundry receivables and accrued revenue	21,707	23,753	21,707	23,709
GST input tax recoverable	735	343	788	398
<b>Total current receivables</b>	<b>94,836</b>	<b>85,488</b>	<b>90,807</b>	<b>82,656</b>
<b>Non-current</b>				
Debtors	1,138	825	1,138	825
Workers compensation provision recoverable	9,180	7,948	9,180	7,948
<b>Total non-current receivables</b>	<b>10,318</b>	<b>8,773</b>	<b>10,318</b>	<b>8,773</b>
<b>Total receivables</b>	<b>105,154</b>	<b>94,261</b>	<b>101,125</b>	<b>91,429</b>

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 loss on 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.

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Movement in the allowance for impairment loss on receivables:

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
<b>Carrying amount at the beginning of the period</b>	<b>5,243</b>	<b>5,803</b>	<b>5,099</b>	<b>5,659</b>
<b>Increase/(Decrease) in allowance recognised in profit or loss</b>	<b>1,378</b>	<b>(560)</b>	<b>1,344</b>	<b>(560)</b>
<b>Carrying amount at the end of the period</b>	<b>6,621</b>	<b>5,243</b>	<b>6,443</b>	<b>5,099</b>

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

### 15. Other financial assets

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Term deposits	-	1	-	-
Other investments FVPL	6,630	5,533	-	-
<b>Total current investments</b>	<b>6,630</b>	<b>5,534</b>	<b>-</b>	<b>-</b>
<b>Non-current</b>				
Interest in wholly owned subsidiary	-	-	1,150	1,150
<b>Total non-current investments</b>	<b>-</b>	<b>-</b>	<b>1,150</b>	<b>1,150</b>
<b>Total investments</b>	<b>6,630</b>	<b>5,534</b>	<b>1,150</b>	<b>1,150</b>

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

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

### 16. Inventories

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Drug supplies	15,308	16,282	15,308	16,282
Inventory imprest stock	9,950	7,733	9,950	7,733
Other	323	333	123	105
<b>Total current inventories - held for distribution</b>	<b>25,581</b>	<b>24,348</b>	<b>25,381</b>	<b>24,120</b>

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

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

### 17. Contract assets

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Contract assets	226	417	226	417
<b>Total contract assets</b>	<b>226</b>	<b>417</b>	<b>226</b>	<b>417</b>

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

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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 million for other assets.

### 18.2 Depreciation and amortisation

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

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

<u>Class of asset</u>	<u>Useful life (years)</u>
Buildings and improvements	11 - 100
Right-of-use buildings	1- 16
Accommodation and Leasehold improvements	Lease term
Plant and equipment:	
• Medical, surgical, dental and biomedical equipment and furniture	5 - 10
• Computing equipment	3 - 10
• Vehicles	3 - 15
• Other plant and equipment	10
Right-of-use plant and equipment	Lease term
Intangible assets	3 - 10

### 18.3 Revaluation

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

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

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

### 18.4 Impairment

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

There were no indications of impairment for property, plant and equipment, intangibles, or investment properties as at 30 June 2024.



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**18.5 Intangible assets**

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

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

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

**18.6 Land and building**

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

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 \$1.500 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 independent valuations performed by a Certified Practising Valuers from Marsh Pty Ltd. The value of all other plant and equipment has not been revalued, this is in accordance with APS 116D, the carrying value of these items is deemed to approximate fair value.

**18.8 Investment property**

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

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

Where there are recent market transactions for similar properties, the valuations are based on the amounts for which the properties could be exchanged between willing parties in an arm's length transaction, based on current prices in the active market for similar properties. 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 \$0.506 million (\$0.471 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 2023-24 were \$3.766 million (\$14.621 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.

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- Health Facilities – lease include the Royal Adelaide Hospital.  
The Royal Adelaide Hospital (RAH) lease commenced in June 2011, achieved commercial acceptance in June 2017, and is for 35 years. The SA Health Partnership Consortium trading as Celsus entered into an arrangement to finance, design, build, operate and maintain the new RAH. Under the arrangement, Celsus will maintain and provide non-medical support services including facilities management by Spotless and information and communication technology (ICT) support and maintenance by DXC Technology for the duration of the contract. The arrangement is referred to as a Public Private Partnership (PPP). At the conclusion of the contract in 2046, the Hospital will take full ownership of the RAH. Celsus have an obligation to deliver the RAH in a condition fit for its intended purpose and fully maintained in accordance with the agreed asset management plan.
- Motor vehicles – leased from the South Australian Government Financing Authority (SAFA) through their agent LeasePlan Australia. The leases are non-cancellable and the vehicles are leased for a specific time period (usually 3 years) or a specific number of kilometres, whichever occurs first.

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

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

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

The following table shows the movement:

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

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



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

\*All property, plant and equipment were 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 2023-24	Land and buildings:			Plant and equipment:					Investment property \$'000	Total \$'000	
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in land and buildings \$'000	Accommo- dation and 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
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
<b>Subtotal:</b>	<b>108,935</b>	<b>222,444</b>	<b>2,381,465</b>	<b>290,500</b>	<b>18,736</b>	<b>109,315</b>	<b>3,552</b>	<b>208,527</b>	<b>17,982</b>	<b>-</b>	<b>3,361,456</b>
<b>Gains/(losses) for the period recognised in net result:</b>											
Depreciation and amortisation	-	(22,951)	(54,205)	-	(1,521)	(20,969)	(1,514)	(9,748)	-	-	(110,908)
<b>Subtotal:</b>	<b>-</b>	<b>(22,951)</b>	<b>(54,205)</b>	<b>-</b>	<b>(1,521)</b>	<b>(20,969)</b>	<b>(1,514)</b>	<b>(9,748)</b>	<b>-</b>	<b>-</b>	<b>(110,908)</b>
<b>Gains/(losses) for the period recognised in other comprehensive income:</b>											
Revaluation increment / (decrement)	29,765	105,375	-	-	-	1,919	4,125	-	-	-	141,184
<b>Subtotal:</b>	<b>29,765</b>	<b>105,375</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,919</b>	<b>4,125</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>141,184</b>
<b>Carrying amount at the end of the period*</b>	<b>138,700</b>	<b>304,868</b>	<b>2,327,260</b>	<b>290,500</b>	<b>17,215</b>	<b>90,265</b>	<b>6,163</b>	<b>198,779</b>	<b>17,982</b>	<b>-</b>	<b>3,391,732</b>
<b>Gross carrying amount</b>											
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)
<b>Carrying amount at the end of the period</b>	<b>138,700</b>	<b>304,868</b>	<b>2,327,260</b>	<b>290,500</b>	<b>17,215</b>	<b>90,265</b>	<b>6,163</b>	<b>198,779</b>	<b>17,982</b>	<b>-</b>	<b>3,391,732</b>

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

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

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

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20. Reconciliation of intangible assets

The following table shows the movement:  
 Consolidated

	2023-24	2022-23		
	Computer software \$'000	Capital works in progress intangibles \$'000	Computer software \$'000	Capital works in progress intangibles \$'000
Carrying amount at the beginning of the period	13,719	463	19,628	303
Additions	-	329	-	160
Disposals	(16)	(16)	-	-
Amortisation	(4,887)	(4,887)	(5,909)	-
Transfers between asset classes	233	(407)	-	-
<b>Carrying amount at the end of the period</b>	<b>9,049</b>	<b>385</b>	<b>13,719</b>	<b>463</b>
Gross carrying amount				
Gross carrying amount	77,717	385	77,553	463
Accumulated amortisation	(68,668)	-	(63,834)	-
<b>Carrying amount at the end of the period</b>	<b>9,049</b>	<b>385</b>	<b>13,719</b>	<b>463</b>
Parent				
Carrying amount at the beginning of the period	13,719	463	19,628	303
Additions	-	329	-	160
Disposals	(16)	(16)	-	-
Amortisation	(4,887)	(4,887)	(5,909)	-
Transfers between asset classes	233	(407)	-	-
<b>Carrying amount at the end of the period</b>	<b>9,049</b>	<b>385</b>	<b>13,719</b>	<b>463</b>
Gross carrying amount				
Gross carrying amount	77,717	385	77,553	463
Accumulated amortisation	(68,668)	-	(63,834)	-
<b>Carrying amount at the end of the period</b>	<b>9,049</b>	<b>385</b>	<b>13,719</b>	<b>463</b>

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**21. Fair value measurement**

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

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

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

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

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

**21.1 Fair value hierarchy**

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

**Fair value measurements at 30 June 2024**

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Recurring fair value measurements</b>						
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	-	-	-
<b>Total recurring fair value measurements</b>	<b>68,504</b>	<b>498,657</b>	<b>567,161</b>	<b>59,904</b>	<b>497,307</b>	<b>557,211</b>

**Fair value measurements at 30 June 2023**

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

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 2024 and 2023, 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 2023-24. Through the valuation process undertaken in June 2024, some land and building assets were transferred between Level 2 and 3.

**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.

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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. As a result of the revaluation, some buildings have been reclassified to Level 2 from Level 3. For plant and equipment, 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, current construction costs, industry construction guides, specialised knowledge and estimated acquisition/transfer costs;
- Characteristics of the asset, including condition, location, any restrictions on sale or use and the need for ongoing provision of Government services;
- Effective life, being the expected life of the asset assuming general maintenance is undertaken to enable functionality but no upgrades are incorporated which extend the technical life or functional capacity of the asset; and
- Depreciation methodology, noting that AASB 13 dictates that regardless of the depreciation methodology adopted, the exit price should remain unchanged.

As a result of the revaluation, some land has been reclassified to Level 2 from Level 3. Investment property has been valued using the income approach, based on capitalised net income at an appropriate yield, and is classified as Level 2.

## 22. Payables

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Creditors and accrued expenses	98,847	84,191	96,672	81,822
Paid Parental Leave Scheme	313	330	313	330
Other payables	4,058	4,066	4,058	4,066
<b>Total current payables</b>	<b>103,218</b>	<b>88,587</b>	<b>101,043</b>	<b>86,218</b>
<b>Total payables</b>	<b>103,218</b>	<b>88,587</b>	<b>101,043</b>	<b>86,218</b>

Payables are measured at nominal amounts. Creditors and accruals are recognised for all amounts owed and unpaid. Contractual payables are normally settled within 30 days from the date the invoice is first received. 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 33 for information on risk management.

## 23. Financial liabilities

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
<b>Current</b>				
Lease liabilities	71,339	71,254	71,026	70,785
<b>Total current financial liabilities</b>	<b>71,339</b>	<b>71,254</b>	<b>71,026</b>	<b>70,785</b>
<b>Non-current</b>				
Lease liabilities	2,399,698	2,467,841	2,399,032	2,467,051
<b>Total non-current financial liabilities</b>	<b>2,399,698</b>	<b>2,467,841</b>	<b>2,399,032</b>	<b>2,467,051</b>
<b>Total financial liabilities</b>	<b>2,471,037</b>	<b>2,539,095</b>	<b>2,470,058</b>	<b>2,537,836</b>



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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 \$207.151 million (\$187.363 million) relate to interest on lease liabilities. Included in these borrowing costs is a reduction in contingent rental amounts of \$183.504 million (\$146.743 million). There were no defaults or breaches on any of the above liabilities throughout the year.

Refer to note 33 for information on risk management.

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

*23.1 Concessional lease arrangements for right-of-use assets*

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

Right of use asset	Nature of arrangements	Details
Buildings and improvements	Terms are up to 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	
	2024	2023	2024	2023
<b>Lease Liabilities</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Within one year	297,904	310,806	297,553	307,324
Later than one year but not longer than five years	1,165,545	1,181,174	1,164,844	1,183,649
Later than five years	4,188,477	4,468,577	4,188,477	4,468,578
<b>Total lease liabilities (undiscounted)</b>	<b>5,651,926</b>	<b>5,960,557</b>	<b>5,650,874</b>	<b>5,959,551</b>

**24. Staff related liabilities**

	Consolidated		Parent	
	2024	2023	2024	2023
<b>Current</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
Accrued salaries and wages	45,766	36,743	45,306	36,228
Annual leave	181,082	167,594	180,562	167,129
Long service leave	26,707	23,480	26,456	23,194
Skills and experience retention leave	12,500	11,734	12,500	11,734
Staff on-costs	33,351	28,416	33,312	28,355
Other	49	30	49	30
<b>Total current staff related liabilities</b>	<b>299,455</b>	<b>267,997</b>	<b>298,185</b>	<b>266,670</b>
<b>Non-current</b>				
Long service leave	287,873	256,623	287,745	256,594
Staff on-costs	12,904	11,117	12,904	11,117
<b>Total non-current staff related liabilities</b>	<b>300,777</b>	<b>267,740</b>	<b>300,649</b>	<b>267,711</b>
<b>Total staff related liabilities</b>	<b>600,232</b>	<b>535,737</b>	<b>598,834</b>	<b>534,381</b>

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.

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The annual leave liability and the skills and experience retention leave liability is expected to be payable within 12 months and is measured at the undiscounted amount expected to be paid. In the unusual event where salary and wages, annual leave and skills and experience retention leave liability are payable later than 12 months, the liability will be measured at present value. As a result of the actuarial assessment performed by DTF, the salary inflation rate has increased from the 2023 rate (2.0%) to 2.4% 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 \$0.754 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 increased from 2023 (4.0%) to 4.25%. This increase in the bond yield, results in a decrease in the reported long service leave liability.

The net financial effect of the changes to actuarial assumptions in the current financial year is an increase in the long service leave liability of \$15.108 million, staff on-costs of \$0.661 million and staff related expense of \$15.769 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 increased the salary inflation rate from 2.5% to 3.5% for long service leave liability resulting in an increase in the reported long service leave liability.

**24.3 Staff on-costs**

Staff on-costs include payroll 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 is unchanged at 38% and the average factor for the calculation of employer superannuation on-costs has increased from the 2023 rate (11.1%) to 11.5% 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 \$1.018 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		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Carrying amount at the beginning of the period	48,610	49,161	48,610	49,161
Payments	(10,378)	(8,498)	(10,378)	(8,498)
Remeasurement	7,890	(1,808)	7,890	(1,808)
Additions	13,180	9,755	13,180	9,755
<b>Carrying amount at the end of the period</b>	<b>59,302</b>	<b>48,610</b>	<b>59,302</b>	<b>48,610</b>

The amount of the provision considered to be current is \$11.882 million (\$11.523 million). The amount of the provision considered to be non-current is \$47.420 million (\$37.087 million).



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*Workers compensation provision (statutory and additional compensation schemes)*

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

Accordingly, a liability has been reported to reflect unsettled workers compensation claims (statutory and additional compensation schemes). The workers compensation provision is based on an actuarial estimate of the outstanding liability as at 30 June 2024 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	
	2024	2023	2024	2023
Current	\$'000	\$'000	\$'000	\$'000
Unclaimed monies	10	112	10	112
Unearned revenue	113	13	101	-
Contract liabilities	429	471	429	471
Other	64	521	64	521
<b>Total current contract liabilities and other liabilities</b>	<b>616</b>	<b>1,117</b>	<b>604</b>	<b>1,104</b>
<b>Total contract liabilities and other liabilities</b>	<b>616</b>	<b>1,117</b>	<b>604</b>	<b>1,104</b>

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

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

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**27. Cash flow reconciliation**

Reconciliation of net cash provided by operating activities to net result:	Consolidated		Parent	
	2024 \$'000	2023 \$'000	2024 \$'000	2023 \$'000
Net cash provided by (used in) operating activities	142,104	113,071	140,869	113,843
<b>Add/less non-cash items</b>				
Asset donated free of charge	(175)	(6,560)	(175)	(6,560)
Capital revenues	143,737	102,842	143,737	102,842
Capitalised interest expense on finance lease	(2,817)	(8,307)	(2,817)	(8,307)
Depreciation and amortisation expense of non-current assets	(116,644)	(116,760)	(115,795)	(116,117)
Gain/(loss) on sale or disposal of non-current assets	(28)	(318)	(28)	(304)
Increments (decrements) on revaluation of non-current assets	-	3,050	-	-
Resources received free of charge	178	1	178	1
Revaluation of investments	673	779	-	-
<b>Movement in assets/liabilities</b>				
Increase/(decrease) in contract assets	(191)	(1,110)	(191)	(1,110)
Increase/(decrease) in inventories	1,233	1,081	1,261	1,309
Increase/(decrease) in receivables	9,331	(19,650)	8,134	(20,495)
(Increase)/decrease in other liabilities	501	466	500	466
(Increase)/decrease in payables and provisions	(25,323)	4,489	(25,517)	5,776
(Increase)/decrease in staff benefits	(64,495)	(16,809)	(64,453)	(16,390)
<b>Net result</b>	<b>88,084</b>	<b>56,265</b>	<b>85,703</b>	<b>54,954</b>

Total cash outflows for leases is \$275.635 million (\$250.563 million) for the consolidated entity, and \$275.292 million (\$250.314 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	
	2024 \$'000	2023 \$'000	2024 \$'000	2023 \$'000
Within one year	10,615	13,910	10,615	13,760
<b>Total capital commitments</b>	<b>10,615</b>	<b>13,910</b>	<b>10,615</b>	<b>13,760</b>

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 contracted commitments**

	Consolidated		Parent	
	2024 \$'000	2023 \$'000	2024 \$'000	2023 \$'000
Within one year	127,683	117,614	127,683	117,614
Later than one year but not longer than five years	403,923	378,785	403,923	378,785
Later than five years	1,987,429	2,082,378	1,987,429	2,082,378
<b>Total other expenditure commitments</b>	<b>2,519,035</b>	<b>2,578,777</b>	<b>2,519,035</b>	<b>2,578,777</b>
Less contingent rentals	(1,090,093)	(1,111,836)	(1,090,093)	(1,111,836)
<b>Total finance lease commitments</b>	<b>1,428,942</b>	<b>1,466,941</b>	<b>1,428,942</b>	<b>1,466,941</b>

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

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Included in other expenditure commitments above is \$2,439.547 million (\$2,523.411 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 2024 have not been quantified.

**28.2 Expected rental income from lessor arrangements**

	Consolidated		Parent	
	2024 \$'000	2023 \$'000	2024 \$'000	2023 \$'000
Within one year	509	448	-	-
Later than one year but not longer than five years	1,103	1,418	-	-
<b>Total operating lease revenue commitments</b>	<b>1,612</b>	<b>1,866</b>	<b>-</b>	<b>-</b>

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	
	2024 \$'000	2023 \$'000	2024 \$'000	2023 \$'000
Carrying amount at the beginning of period	22	35	22	35
Client trust receipts	26	22	26	22
Client trust payments	(25)	(35)	(25)	(35)
<b>Carrying amount at the end of the period</b>	<b>23</b>	<b>22</b>	<b>23</b>	<b>22</b>

**30. Contingent assets and liabilities**

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

**30.1 Contingent Assets**

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

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.

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**30.2 Contingent Liabilities**

On 1 August 2017, Hansen Yuncken Pty Ltd and CBP Contractors Pty Ltd (formerly known as Leighton Contractors Pty Ltd) filed legal proceedings in the Federal Court of Australia against Celsus Pty Ltd (formerly known as SA Health Partnership Nominees Pty Ltd), 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.

**30.3 Guarantees**

The Hospital has made no guarantees.

**31. Events after balance date**

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

**32. Impact of Standards not yet implemented**

The Hospital has assessed the impact of the new and amended Australian Accounting Standards and Interpretations not yet implemented and changes to the Accounting Policy Statements issued by the Treasurer. There are no Accounting Policy Statements that are not yet in effect.

- Amending Standard AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-For-Profit Public Sector Entities* will apply from 1 July 2024. There is complexity and significant level of judgement required in applying AASB 13 and the new amending standard. The Department on behalf of the Hospital has engaged a valuer to assist in determining the impact, which is not expected to be material.

**33. Financial instruments/financial risk management**

**33.1 Financial risk management**

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

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

*Liquidity Risk*

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

*Credit risk*

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

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

*Market risk*

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

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

**33.2 Categorisation of financial instruments**

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

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

A financial asset is measured at amortised cost if:

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

Category of financial asset and financial liability	Notes	Consolidated		Parent	
		2024 Carrying amount/ Fair value \$'000	2023 Carrying amount/ Fair value \$'000	2024 Carrying amount/ Fair value \$'000	2023 Carrying amount/ Fair value \$'000
<b>Financial assets</b>					
Cash and equivalent					
Cash and cash equivalents	13, 27	207,652	180,068	203,042	175,121
Loans and receivables					
Receivables	14	88,432	78,011	84,637	75,366
Available for sale financial assets					
Other financial assets	15	6,630	5,534	1,150	1,150
<b>Total financial assets</b>		<b>302,714</b>	<b>263,613</b>	<b>288,829</b>	<b>251,637</b>
<b>Financial liabilities</b>					
Financial liabilities at amortised cost					
Payables	22	102,496	87,859	100,321	85,490
Lease liabilities	23, 28	2,471,037	2,539,095	2,470,058	2,537,836
Other financial liabilities	26	187	646	175	633
<b>Total financial liabilities</b>		<b>2,573,720</b>	<b>2,627,600</b>	<b>2,570,554</b>	<b>2,623,959</b>

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

<sup>(2)</sup> Receivable amount disclosed excludes prepayments as they are not financial assets.

### 33.3 Credit risk exposure and impairment of financial assets

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

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

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

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

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



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

	30 June 2024			30 June 2023		
	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000	Expected credit loss rate(s) %	Gross carrying amount \$'000	Expected credit losses \$'000
<b>Days past due</b>						
Current	0.3-1.8%	19,797	154	0.3-2.0%	15,560	127
<30 days	0.9-2.1%	10,531	175	1.2-2.3%	8,874	174
31-60 days	2.3-3.9%	5,523	162	2.8-4.0%	3,539	101
61-90 days	3.9-6.6%	3,242	148	4.6-6.6%	2,479	107
91-120 days	5.8-9.4%	2,998	203	6.8-9.2%	2,161	148
121-180 days	9.2-15.4%	1,631	169	10.2-15.0%	2,643	280
181-360 days	17.0-36.2%	3,608	988	17.3-34.9%	4,463	1,235
361-540 days	38.9-60.5%	1,835	1,059	39.1-63.1%	1,272	665
>540 days	45.2-68.2%	5,180	3,563	45.5-71.4%	3,274	2,406
<b>Total</b>		<b>54,345</b>	<b>6,621</b>		<b>44,265</b>	<b>5,243</b>

### 34. Significant transactions with government related entities

The Hospital is controlled by the SA Government.

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

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

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 \$153.726 million (\$75.810 million) which largely reflects occupancy rent and rates (note 10). As at 30 June 2024 the value of unrecognised contractual expenditure commitments with DIT for accommodation was \$11.445 million (\$14.878 million).

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

### 35. Interests in other entities

#### Controlled Entities

Central Adelaide Local Health Network Incorporated has a 100% interest (1,150,000 shares) in AusHealth 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 falls under the umbrella of health charity, The AusHealth Hospital Research Fund (AHRF).

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**Joint arrangements**

**The Hospital participates in the following joint operations:**

<b>Name of arrangement</b>	<b>Nature of the arrangement</b>	<b>Principal activity</b>	<b>Location</b>	<b>Interest</b>
Adelaide Health Innovation Partnership	Company limited by guarantee comprising of three members – South Australia Health and Medical Research Institute, Central Adelaide Local Health Network, and The University of Adelaide.	Advocates for change, innovation and improvements in health service delivery, medical research, education and patient care.	Adelaide SA	33%
Centre for Cancer Biology Alliance	Agreement between the University of South Australia and Central Adelaide Local Health Network Incorporated.	Undertake health and medical research in South Australia as an integrated clinical, educational and research activity, with a focus on cancer research.	Adelaide SA	50%
South Australian Immunogenomics Cancer Institute	Agreement between the University of Adelaide and Central Local Health Network.	Established as an independently - governed Institute that operates as a discrete academic unit within the University of Adelaide's Faculty of Health and Medical Sciences, supported by an alliance with CALHN	Adelaide SA	50%



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**36. Board and committee members**

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

Board/Committee name:	Government	
	employee members	Other members
Allied Health Directorate Clinical Governance Committee	16	Heydrich S
AusHealth Corporate Pty Ltd	3	Johansen G, Hayden S, Livesey S Dr and Reid M (Resigned 22/08/2023)
AusHealth Hospital Research Fund Ltd	2	Johansen G, Hayden S, Livesey S Dr and Reid M (Resigned 22/08/2023)
BreastScreen SA State Quality Committee	7	Beckmann K Dr (Appointed 29/01/2024), Eaton M Dr, Kerrins E, Roder D Prof and Smith K (Appointed 24/01/2024)
Care and Management of Aboriginal Remains Task Force	7	Wanganen F
Central Adelaide Local Health Network 260 Currie Street Governance Committee <i>(This committee terminated on 14/12/2023)</i>	12	Bruce-Gordon S (Resigned 14/12/2023), Caldwell B (Resigned 14/12/2023), Massey A (Resigned 25/07/23) and Robinson M (Resigned 14/12/2023)
Central Adelaide Local Health Network Clinical Ethics Committee	9	Cardinali R, Carter D Dr (Resigned 01/12/2023), Digance A, and Lambert A (Resigned 15/05/2024)
Central Adelaide Local Health Network Consumer Carer Advisory Group	8	Bickley B, Blake S (Appointed 05/03/2024), Burns T, Cruz J (Appointed 05/03/2024), Earle-Bandaralage L, Joyce M (Appointed 05/03/2024), Law D, Lucas G, Mitchell J (Appointed 05/03/2024, Resigned 20/06/2024), Stefani S (Appointed 05/03/2024, Resigned 06/06/2024), Thai L (Resigned 14/11/2023) and Vega L (Resigned 14/11/2023)
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	Sheehy H (Resigned 01/03/2024)
Central Adelaide Local Health Network Drug and Therapeutics Committee	43	Cullen M
Central Adelaide Local Health Network Executive Quality Governance Committee	42	Bruce K, Fyfe D (Resigned 17/08/2023) and Knight S
Central Adelaide Local Health Network Geriatric Safety and Quality Committee	27	Curry M
Central Adelaide Local Health Network Governing Board	1	Beilby J Prof, Cantley K (Appointed 15/04/2024), Dwyer J Prof, Haythorpe I, Kilpatrick C (Appointed 27/11/2023), Mohamed J (Appointed 01/07/2023), Reid M (Resigned 01/09/2023) and Spencer R (Chair)
Central Adelaide Local Health Network Governing Board Audit and Risk Committee	15	Batt R, Davis E (Appointed 01/09/2023), Haythorpe I (Chair), Mohamed J (Appointed 01/07/2023) and Reid M (Resigned 01/09/2023)
Central Adelaide Local Health Network Governing Board Clinical Governance and Consumer Engagement Committee <i>(Formerly Central Adelaide Local Health Network Governing Board Clinical Governance Committee)</i>	2	Beilby J Prof (Chair), Dwyer J Prof, Fyfe D, McWhinnie S and Touli S

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NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2024**

Central Adelaide Local Health Network Governing Board Consumer and Community Engagement Committee <i>(This Committee disbanded 31/12/2023, merged with Clinical Governance and Consumer Engagement Committee)</i>	-	Fyfe D (Resigned 31/12/2023), McWhinnie S (Resigned 31/12/2023) and Touli S (Resigned 31/12/2023)
Central Adelaide Local Health Network Governing Board Finance and Investment Committee	1	Cantley K, McLoughlin V (Appointed 01/06/2024) and Kilpatrick C (Appointed 01/01/2024)
Central Adelaide Local Health Network Governing Board People and Culture Committee	1	Beilby J Prof (Resigned 30/12/2023), Dwyer J Prof, McEwen K and Mohamed J (Appointed 01/07/2023)
Central Adelaide Local Health Network Human Research Ethics Committee	10	Air T, Bonython J, Bradshaw A (Appointed 01/03/2024), Crabb A (Resigned 01/08/2024), Crockett J, Cullen J, Digance A, Dykes L (Appointed 18/01/2024), Faulbaum S (Appointed 07/09/2023), Fisher A, Greenberg Z, Lu L, Need A A/Prof, Newsham P, Parry C, Partridge G, Phillips C, Piccolo R, Ruediger C and Slater H Wing M
Central Adelaide Local Health Network Integrated Care Clinical Governance Committee	-	
Central Adelaide Local Health Network Pelvic Mesh Specialists Group	14	Blieschke, K (Resigned 31/08/2023), Lilley D, Short K (Resigned 31/08/2023) and Williamson W
Clinical Governance and Quality Committee	12	Touli S
CNARTS Transplant Management Committee	39	Laver H, Myers D and Palk N
Critical Care and Periop Consumer Representative Committee <i>(Formerly Critical Care and Periop Safety and Quality Leadership Consumer Representative)</i>	16	Bruce K (Appointed 21/02/2024), How C (Appointed 21/02/2024), Kelly P (Appointed 21/02/2024) and Yeend K (Appointed 21/02/2024)
General Medicine Safety and Quality Committee	40	Cardinali R (Resigned 20/12/2023) and Klemm G (Resigned 20/12/2023)
Heart and Lung Safety and Quality Committee	28	Carroll N (Appointed 09/02/2024) and Lane B (Resigned 20/12/2023)
Learning from Dying Committee	32	Anderson R
Priority Care Committee: CALHN Clinical Trials	-	Kerr K (Appointed 20/02/2024) and Tunn G (Appointed 14/03/2024)
Priority Care Committee: Communicating for Safety	42	Curry M, Raschella F
Priority Care Committee: Comprehensive Care	43	Anderson R, Bickley B, Coates P, Curry M and Messing L
Priority Care Committee: Managing Deterioration	51	Bampton J (Resigned 20/11/2023) and Bickley B
Priority Care Committee: Patient Blood Management	7	Caldwell N (Appointed 22/04/2024), Johns P, Kowalski S (Appointed 23/05/2024) and Venhoek J
Priority Care Committee: Standard 2 Consumer Partnering	-	Bampton J, Curry M, Klemm G and McMahon J
Renal Community of Practice Steering Committee	22	Lester R, Robson B, Weber D and Williams K
Royal Adelaide Hospital Joint Services Review Committee	-	Klemm G
SA Brain Injury Rehabilitation Service Consumer Advisory Group	3	Bolliella D, Crawford S, Francese L, Hoite L, Long J, Makrid D (Appointed 10/08/2023) and Morgan T (Chair)
SA Dental Consumer Representative Group	-	Barker S, Fernando R, Hunt P, Janmaat P, Kendal R, Lockhart F (Appointed 11/04/2024), Milne L (Appointed 01/08/2023), Musakanye S (Appointed 11/04/2024), Saunders C, Truong T (Appointed 11/04/2024) and Whiteway L (Chair)
SA Dental Services Consumer Advisory Panel	2	Costa D Dr, Ireland K, Matiasz S Dr, O'Malley L (Appointed 11/04/2024), Saunders C, Smith S (Appointed 11/04/2024), Stephenson-Jones T, Whiteway L and Zerna J
Statewide Clinical Support Services Committee	-	Beilby J Prof, Donaghy T (Appointed 15/03/2024), Luchich M (Appointed 01/05/2024), Smith M and Spencer R (Resigned 30/04/2024)

**CENTRAL ADELAIDE LOCAL HEALTH NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2024**

SCSS Audit and Risk Committee	1	Christley S Dr (Resigned 14/08/23) and Davies T (Chair)
Stroke Community of Practice Strategic Executive Committee <i>(This committee is temporarily on hold)</i>	27	Chamberlain S and Whittam K (Appointed 01/07/2023)
The Queen Elizabeth Hospital Emergency Department Steering Committee	23	Myers A
Youth Cancer Advisory Group	2	Binns T, Custance B (Resigned 11/05/2024), Dix M (Resigned 26/03/2024), Edwards S, Galic L (Appointed 18/06/2024), Gascoigne S, Gogel C (Resigned 07/02/2024), Jones J (Appointed 18/06/2024), Jordans I (Appointed 18/06/2024), Hassall N, Kincaid J, Mirmidas E (Appointed 18/06/2024), Roth E, Tyson H, Watson K (Appointed 18/06/2024) and Winston T

Refer to note 9.2 for remuneration of board and committee member.

**CENTRAL ADELAIDE LOCAL HEALTH NETWORK  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
For the year ended 30 June 2024**

**37. Administered items**

The Hospital administers the following:

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


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

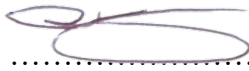
	Private Practice		Other		Total	
	2024	2023	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Revenue from fees and charges	61,949	55,931	-	-	61,949	55,931
Interest revenue	-	-	-	-	-	-
Staff benefit expenses	-	-	-	-	-	-
Supplies and services	(608)	(245)	-	-	(608)	(245)
Other expenses	(61,005)	(56,671)	-	(50)	(61,005)	(56,721)
<b>Net result</b>	<b>336</b>	<b>(985)</b>	<b>-</b>	<b>(50)</b>	<b>336</b>	<b>(1,035)</b>
Cash and cash equivalents	6,912	6,161	1	-	6,913	6,161
Receivables	4,885	5,868	-	-	4,885	5,868
Payables	(7,165)	(7,751)	-	-	(7,165)	(7,751)
Staff benefits	-	-	-	-	-	-
Other provisions/liabilities	(32)	(14)	-	-	(32)	(14)
<b>Net assets</b>	<b>4,600</b>	<b>4,264</b>	<b>1</b>	<b>-</b>	<b>4,601</b>	<b>4,264</b>
Cash at 1 July	6,161	7,529	-	7	6,161	7,536
Cash inflows	62,932	54,856	1	71	62,933	54,927
Cash outflows	(62,181)	(56,225)	-	(78)	(62,181)	(56,303)
<b>Cash at 30 June</b>	<b>6,912</b>	<b>6,161</b>	<b>1</b>	<b>-</b>	<b>6,913</b>	<b>6,161</b>


### 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

  
.....  
Rachael Kay  
A/Chief Executive  
Officer

  
.....  
Catherine Shadbolt  
Executive Director,  
Finance and Business Services

Date 12/09/2024 .....