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To the Governing Board Chair Yorke and Northern Local Health Network Incorporated

Qualified opinion

I have audited the financial report of the Yorke and Northern Local Health Network Incorporated and the consolidated entity comprising the Yorke and Northern 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 the qualified opinion' section of my report, the accompanying financial report gives a true and fair view of the financial position of the Yorke and Northern 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 Governing Board Chair, the Chief Executive Officer and the Executive Director, Finance and Corporate Services.

Basis for qualified opinion

Procurement reporting disclosure

The Yorke and Northern Local Health Network Incorporated were 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 businesses 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 Yorke and Northern Local Health Network Incorporated included that disclosure in note 9.1 to the financial report.

My review of the processes used by the Yorke and Northern 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 appropriate audit evidence for the amounts disclosed in note 9.1.

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 Yorke and Northern 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 issues 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 Yorke and Northern 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 Yorke and Northern 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
- obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the group to express an opinion on the group financial report. I am responsible for the direction, supervision and performance of the group audit. I remain solely responsible for my audit opinion.

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

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



Andrew Blaskett
Auditor-General

23 September 2024

YORKE AND NORTHERN LOCAL HEALTH NETWORK
STATEMENT OF COMPREHENSIVE INCOME
For the year ended 30 June 2024

	Note	Consolidated		Parent	
		2024 \$'000	2023 \$'000	2024 \$'000	2023 \$'000
Income					
Revenues from SA Government	2	187,568	171,319	187,568	171,319
Fees and charges	3	15,756	14,676	15,756	14,676
Grants and contributions	4	40,817	31,585	40,986	31,708
Interest		1,112	578	949	496
Resources received free of charge	5	2,537	2,244	2,537	2,244
Other revenues/income	6	1,066	1,578	776	1,259
Total income		248,856	221,980	248,572	221,702
Expenses					
Staff related expenses	8	138,071	124,017	138,071	124,017
Supplies and services	9	104,248	90,772	104,246	90,761
Depreciation and amortisation	15,16	11,033	12,069	6,357	6,777
Grants and subsidies		-	10	-	5
Borrowing costs	19	55	19	55	19
Net loss from disposal of non-current and other assets	7	72	147	71	35
Impairment loss on receivables	12.1	(43)	(125)	(43)	(125)
Other expenses	10	318	385	1,275	1,240
Total expenses		253,754	227,294	250,032	222,729
Net result		(4,898)	(5,314)	(1,460)	(1,027)
Other Comprehensive Income					
Items that will not be reclassified to net result					
Changes in property, plant and equipment asset revaluation surplus		62,360	-	32,613	-
Total other comprehensive income		62,360	-	32,613	-
Total comprehensive result		57,462	(5,314)	31,153	(1,027)

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

YORKE AND NORTHERN LOCAL HEALTH NETWORK
STATEMENT OF FINANCIAL POSITION
As at 30 June 2024

	Note	Consolidated		Parent	
		2024 \$'000	2023 \$'000	2024 \$'000	2023 \$'000
Current assets					
Cash and cash equivalents	11	19,364	13,468	17,398	12,488
Receivables	12	5,803	5,065	5,707	5,012
Other financial assets	13	20,634	19,045	17,492	15,153
Inventories	14	1,109	1,085	1,109	1,085
Total current assets		46,910	38,663	41,706	33,738
Non-current assets					
Receivables	12	946	739	946	739
Property, plant and equipment	15,16	203,889	145,233	112,870	80,241
Total non-current assets		204,835	145,972	113,816	80,980
Total assets		251,745	184,635	155,522	114,718
Current liabilities					
Payables	18	6,483	5,451	6,482	5,447
Financial liabilities	19	634	567	634	567
Staff related liabilities	20	22,877	20,004	22,877	20,004
Provisions	21	1,060	959	1,060	959
Contract liabilities and other liabilities	22	16,481	14,136	16,481	14,136
Total current liabilities		47,535	41,117	47,534	41,113
Non-current liabilities					
Financial liabilities	19	768	434	768	434
Staff related liabilities	20	18,897	16,850	18,897	16,850
Provisions	21	3,136	2,287	3,136	2,287
Total non-current liabilities		22,801	19,571	22,801	19,571
Total liabilities		70,336	60,688	70,335	60,684
Net assets		181,409	123,947	85,187	54,034
Equity					
Retained earnings		90,757	95,655	52,574	54,034
Asset revaluation surplus		90,652	28,292	32,613	-
Total equity		181,409	123,947	85,187	54,034

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

YORKE AND NORTHERN 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
Balance at 30 June 2022	28,495	100,766	129,261
Net result for 2022-23	-	(5,314)	(5,314)
Total comprehensive result for 2022-23	-	(5,314)	(5,314)
Transfer between equity components	(203)	203	-
Balance at 30 June 2023	28,292	95,655	123,947
Net result for 2023-24	-	(4,898)	(4,898)
Gain/(loss) on revaluation of land and buildings	16 62,360	-	62,360
Total comprehensive result for 2023-24	62,360	(4,898)	57,462
Balance at 30 June 2024	90,652	90,757	181,409

PARENT

	Asset revaluation surplus \$ '000	Retained earnings \$ '000	Total equity \$ '000
Balance at 30 June 2022	-	55,061	55,061
Net result for 2022-23	-	(1,027)	(1,027)
Total comprehensive result for 2022-23	-	(1,027)	(1,027)
Balance at 30 June 2023	-	54,034	54,034
Net result for 2023-24	-	(1,460)	(1,460)
Gain/(loss) on revaluation of land and buildings	16 32,613	-	32,613
Total comprehensive result for 2023-24	32,613	(1,460)	31,153
Balance at 30 June 2024	32,613	52,574	85,187

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

YORKE AND NORTHERN 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
Cash flows from operating activities					
Cash inflows					
Receipts from SA Government		158,526	145,778	158,526	145,778
Fees and charges		14,963	13,877	15,035	12,738
Grants and contributions		41,063	31,814	41,232	31,937
Interest received		636	220	613	217
Residential aged care bonds received		7,141	4,675	7,141	4,675
GST recovered from ATO		6,476	5,572	6,476	5,572
Other receipts		539	454	249	135
Cash generated from operations		229,344	202,390	229,272	201,052
Cash outflows					
Staff benefits payments		(132,177)	(121,769)	(132,177)	(121,769)
Payments for supplies and services		(80,154)	(69,547)	(80,149)	(69,540)
Payments of grants and subsidies		-	(10)	-	(5)
Interest paid		(55)	(19)	(55)	(19)
Residential aged care bonds refunded		(4,700)	(4,607)	(4,700)	(4,607)
Other payments		(336)	(432)	(336)	(432)
Cash used in operations		(217,422)	(196,384)	(217,417)	(196,372)
Net cash provided by/(used in) operating activities		11,922	6,006	11,855	4,680
Cash flows from investing activities					
Cash inflows					
Proceeds from sale of property, plant and equipment		-	113	-	(5)
Proceeds from sale/maturities of investments		1,801	1,070	630	1,013
Cash generated from investing activities		1,801	1,183	630	1,008
Cash outflows					
Purchase of property, plant and equipment		(4,036)	(3,283)	(4,036)	(3,283)
Purchase of investments		(3,047)	(875)	(2,795)	-
Cash used in investing activities		(7,083)	(4,158)	(6,831)	(3,283)
Net cash provided by/(used in) investing activities		(5,282)	(2,975)	(6,201)	(2,275)
Cash outflows					
Repayment of lease liabilities		(744)	(768)	(744)	(768)
Cash used in financing activities		(744)	(768)	(744)	(768)
Net cash provided by/(used in) financing activities		(744)	(768)	(744)	(768)
Net increase/(decrease) in cash and cash equivalents		5,896	2,263	4,910	1,637
Cash and cash equivalents at the beginning of the period		13,468	11,205	12,488	10,851
Cash and cash equivalents at the end of the period	11	19,364	13,468	17,398	12,488

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

1. About Yorke and Northern Local Health Network

Yorke and Northern Local Health Network Incorporated (the Hospital) is a not-for-profit incorporated hospital established under the *Health Care (Local Health Networks) Proclamation 2019* which was an amendment to the *Health Care Act 2008* (the Act). The Hospital commenced service delivery on 1 July 2019 following the dissolution of Country Health SA Local Health Network Incorporated (CHSALHN). Relevant assets, rights and liabilities were transferred from CHSALHN to the Hospital. The financial statements and accompanying notes include all controlled activities of the Hospital.

Parent Entity

The Parent entity consists of the following:

- Balaklava Soldiers' Memorial District Hospital
- Ira Parker Nursing Home
- Booleroo Centre District Hospital and Health Services
- Burra Hospital
- Holder Homes
- Central Yorke Peninsula Hospital (Maitland)
- Clare Hospital
- Kara House
- Crystal Brook and District Hospital
- Gladstone Health Centre
- Jamestown Hospital and Health Service
- Laura and District Hospital
- Minlaton Health Service
- Melaleuca Court
- Orroroo and District Health Service
- Orroroo Community Home
- Peterborough Soldiers' Memorial Hospital and Health Service
- Nalya Lodge Hostel
- Port Broughton District Hospital and Health Service
- Port Pirie Regional Health Service
- Hammill House
- Riverton District Soldiers' Memorial Hospital
- Snowtown Hospital
- Lumeah Homes
- Wallaroo Hospital and Health Service
- Southern Yorke Peninsula Health Service (Yorketown)
- Yorke and Northern Region Community Health Services

Consolidated Entity

The consolidated entity includes the parent entity, the Incorporated Health Advisory Councils (HACs) and the Incorporated HAC Gift Fund Trusts (GFTs) as listed in note 31.

The HACs were established under the Act to provide a more coordinated, strategic and integrated health care system to meet the health needs of South Australians. HACs are consultative bodies that advise and make recommendations to the Chief Executive of the Department for Health and Wellbeing (the Department) and the Chief Executive of the Hospital on issues related to specific groups or regions. HACs hold assets, manage bequests and provide advice on local health service needs and priorities.

The consolidated financial statements have been prepared in accordance with AASB 10 *Consolidated Financial Statements*. Consistent accounting policies have been applied and all inter-entity balances and transactions arising within the consolidated entity have been eliminated in full. Information on the consolidated entity's interests in other entities is at note 31.

Administered items

The Hospital has administered activities and resources. Transactions and balances relating to administered resources are presented separately and disclosed in note 32. Except as otherwise disclosed, administered items are accounted for on the same basis and using the same accounting principles as for the Hospital's transactions.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

1.1 Objectives and activities

The Hospital is committed to a health system that produces positive health outcomes by focusing on health promotion, illness prevention, early intervention and achieving equitable health outcomes for the Yorke and Northern region.

The Hospital is part of the SA Health portfolio providing health services for the Yorke and Northern region. The Hospital is structured to contribute to the outcomes for which the portfolio is responsible by providing health and related services across the Yorke and Northern region.

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 (the Minister) or Chief Executive of the Department.

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

1.2 Basis of preparation

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

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

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

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

Material accounting policies are set out below 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 working capital deficiency of \$0.625 million (\$2.454 million). The SA Government is committed and has consistently demonstrated a commitment to ongoing funding of the Hospital to enable it to perform its functions. This ongoing commitment is ultimately outlined in the annually produced and published *State Budget Papers* which presents the SA Government's current and estimated future economic performance, including forward estimates of revenue, expenses and performance by Agency.

1.5 Equity

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

1.6 Change to reporting entity

2023-24

There were no changes to the reporting entity in 2023-24.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

2022-23

On 27 May 2021 the Minister declared the incorporation of Port Pirie Health Service Advisory Council and Southern Flinders Health Advisory Council. These were previously unincorporated HACs with their net assets vested in Country Health Gift Fund Health Advisory Council Inc and reported as part of Barossa Hills Fleurieu Local Health Network Inc.

The transfer of net assets from Country Health Gift Fund Health Advisory Council Inc and its associated Gift Fund Trust occurred during 2021-22. Net assets transferred in for the consolidated entity consisted of land and buildings (\$7.928 million) and the right to receive cash (\$1.129 million) for GFT bank accounts at 30 June 2022, the control of which passed to the newly incorporated entities in 2021-22 however the physical transfer of cash occurred in 2022-23.

2. Revenues from SA Government

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Capital projects funding	4,227	3,943	4,227	3,943
Operational funding	183,341	167,376	183,341	167,376
Total revenues from SA Government	187,568	171,319	187,568	171,319

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

3. Fees and charges

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Patient and client fees	7,119	6,356	7,119	6,356
Fees for health services	2,004	2,052	2,004	2,052
Residential and other aged care charges	4,951	4,711	4,951	4,711
Sale of goods - medical supplies	95	88	95	88
Training revenue	-	7	-	7
Other user charges and fees	1,587	1,462	1,587	1,462
Total fees and charges	15,756	14,676	15,756	14,676

The Hospital measures revenue based on the consideration specified in major contracts with customers and excludes amounts collected on behalf of third parties. All contracts with customers recognised goods and services transferred at a point in time, when the Hospital satisfies performance obligations by transferring the promised goods or services to its customers.

The Hospital recognises contract liabilities for consideration received in respect of unsatisfied performance obligations and reports these amounts as other liabilities (refer to note 22).

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

Patient and Client Fees

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

Residential and other aged care charges

Long stay nursing home fees include daily care fees and daily accommodation fees. Residents pay fortnightly in arrears for services rendered and accommodation supplied. Revenue from these services and accommodation is recognised on a time basis as provided. Residents are invoiced fortnightly in arrears as services and accommodation are provided. Any amounts remaining unpaid or unbilled at the end of the reporting period are treated as an accounts receivable.

Fees for health services

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

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

4. Grants and contributions

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Commonwealth grants and donations	21,198	18,497	21,198	18,497
Commonwealth aged care subsidies	18,755	11,722	18,755	11,722
SA Government capital contributions	-	12	-	12
Other SA Government grants and contributions	-	494	169	624
Private sector capital contributions	-	59	-	59
Private sector grants and contributions	864	801	864	794
Total grants and contributions	40,817	31,585	40,986	31,708

The grants provided to the Hospital are usually subject to terms and conditions set out in the contract, correspondence, or by legislation. All grants and contributions were provided for specific purposes such as aged care, community health services and other related health services and were recognised in accordance with AASB 1058 *Income of Not-for-Profit Entities*.

5. Resources received free of charge

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Services	2,537	2,244	2,537	2,244
Total resources received free of charge	2,537	2,244	2,537	2,244

Contribution 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 \$1.769 million (\$1.714 million), and ICT services from Department of the Premier and Cabinet (DPC) valued at \$0.768 million (\$0.530 million).

Although not recognised, the Hospital receives volunteer services from around 130 volunteers who provide consumer and staff support services to individuals using the Hospital's services. The volunteer programs include, but are not limited to: administration (in patient surveys, preparing packs), church services, community activities, community advocacy, consumer liaison, entertainment, gardening, kiosk support, leisure & lifestyle assistance, life stories, meal deliveries, patient support, social support, transport, volunteer and driving.

6. Other revenues/income

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Donations	511	409	220	91
Health recoveries	536	1,149	536	1,149
Insurance recoveries	3	-	3	-
Other	16	20	17	19
Total other revenues/income	1,066	1,578	776	1,259

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
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
Land and buildings:				
Proceeds from disposal	-	130	-	-
Less carrying amount of assets disposed	(1)	(230)	-	-
Less other costs of disposal	-	(22)	-	(10)
Net gain/(loss) from disposal of land and buildings	(1)	(122)	-	(10)
Plant and equipment:				
Proceeds from disposal	-	5	-	5
Less carrying amount of assets disposed	(71)	(30)	(71)	(30)
Net gain/(loss) from disposal of plant and equipment	(71)	(25)	(71)	(25)
Total assets:				
Total proceeds from disposal	-	135	-	5
Less total carrying amount of assets disposed	(72)	(260)	(71)	(30)
Less other costs of disposal	-	(22)	-	(10)
Total net gain/(loss) from disposal of assets	(72)	(147)	(71)	(35)

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.

8. Staff related expenses

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Salaries and wages	106,671	99,221	106,671	99,221
Long service leave	4,136	2,488	4,136	2,488
Annual leave	10,385	9,473	10,385	9,473
Skills and experience retention leave	558	494	558	494
Staff on-costs - superannuation*	13,122	11,606	13,122	11,606
Workers compensation	2,784	596	2,784	596
Board and committee fees	294	228	294	228
Other staff related expenses	121	(89)	121	(89)
Total staff related expenses	138,071	124,017	138,071	124,017

* The superannuation employment on-cost charge 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.

8.1 Key Management Personnel

Key management personnel (KMP) of the consolidated and parent entity includes the Minister, the eight (six) members of the Governing Board, the Chief Executive of the Department, the Chief Executive Officer of the Hospital and the eleven (seven) members of the Executive Management Group who have responsibility for the strategic direction and management of the Hospital. The compensation detailed below excludes salaries and other benefits received by:

- The Minister. 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 the 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.

	2024	2023
	\$'000	\$'000
Salaries and other short term employee benefits	2,803	2,494
Post-employment benefits	311	280
Other long-term employment benefits	74	168
Total	3,188	2,942

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

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.

8.2 Remuneration of Boards and Committees

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

	2024	2023
	No. of	No. of
	Members	Members
\$1 - \$20,000	1	1
\$20,001 - \$40,000	5	5
\$40,001 - \$60,000	2	-
\$60,001 - \$80,000	-	1
Total	8	7

The total remuneration received or receivable by members was \$0.301 million (\$0.239 million). Remuneration of members reflects all costs of performing board/committee member duties including sitting fees, mileage, 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 33 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.

8.3 Staff remuneration

	Consolidated		Parent	
	2024	2023	2024	2023
The number of staff whose remuneration received or receivable falls within the following bands:	Number	Number	Number	Number
\$160,001 - \$166,000*	n/a	8	n/a	8
\$166,001 - \$186,000	24	11	24	11
\$186,001 - \$206,000	3	2	3	2
\$206,001 - \$226,000	2	-	2	-
\$246,001 - \$266,000	1	1	1	1
\$286,001 - \$306,000	1	-	1	-
\$606,001 - \$626,000	1	-	1	-
\$706,001 - \$726,000**	-	1	-	1
Total number of staff	32	23	32	23

* The \$160,001 to \$166,000 band has been included for the purposes of reporting comparative figures based on the executive base level remuneration rate for 2022-23. ** The \$706,001 to \$726,000 band included termination payments to an employee who resigned during 2022-23.

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, termination payments, salary sacrifice benefits and fringe benefits and any related fringe benefits tax.

8.4 Staff remuneration by classification

The total remuneration received by staff included above:

	Consolidated				Parent			
	2024		2023		2024		2023	
	No.	\$'000	No.	\$'000	No.	\$'000	No.	\$'000
Executive	3	678	1	263	3	678	1	263
Medical (excluding Nursing)	1	615	1	706	1	615	1	706
Non-medical (i.e. administration)	2	440	1	180	2	440	1	180
Nursing	26	4,605	20	3,454	26	4,605	20	3,454
Total	32	6,338	23	4,603	32	6,338	23	4,603

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

9. Supplies and services

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Administration	462	441	461	441
Advertising	109	72	109	72
Communication	1,277	1,179	1,277	1,179
Computing	3,374	3,311	3,374	3,311
Consultants	163	-	163	-
Contract of services	3,890	232	3,890	232
Contractors	675	1,290	675	1,290
Contractors - agency staff	20,278	14,501	20,278	14,501
Drug supplies	2,099	2,190	2,099	2,190
Electricity, gas and fuel	2,141	2,035	2,141	2,035
Fee for service*	24,028	19,934	24,028	19,934
Food supplies	2,663	2,501	2,663	2,501
Housekeeping	1,688	1,690	1,688	1,690
Insurance	2,584	2,260	2,584	2,260
Internal SA Health SLA payments	6,489	7,928	6,489	7,928
Legal	38	62	38	62
Medical, surgical and laboratory supplies	14,186	13,267	14,186	13,267
Minor equipment	907	2,221	907	2,221
Motor vehicle expenses	885	908	885	908
Occupancy rent and rates	534	436	534	436
Patient transport	2,764	2,640	2,764	2,640
Postage	323	292	323	292
Printing and stationery	683	718	683	718
Repairs and maintenance	4,748	5,292	4,748	5,290
Security	1,299	78	1,299	78
Services from Shared Services SA	1,784	1,735	1,784	1,735
Short term lease expense	626	400	626	400
Training and development	540	542	540	542
Travel expenses	741	554	741	554
Other supplies and services	2,270	2,063	2,269	2,054
Total supplies and services	104,248	90,772	104,246	90,761

* Fee for service primarily relates to medical services provided by doctors not employed by the Hospital.

The Hospital recognises lease payments associated with short term leases (12 months or less) as an expense on a straight line basis over the lease term. Lease commitments for short term leases is similar to short term lease expenses disclosed.

9.1 Expenditure – SA business and non-SA business

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

Expenditure is inclusive of non-recoverable GST.

	Consolidated		Parent	
	2024	Proportion SA and non-SA businesses	2024	Proportion SA and non-SA businesses
	\$'000		\$'000	
Total expenditure with South Australian businesses	48,020	61%	48,020	61%
Total expenditure with non-South Australian businesses	31,220	39%	31,220	39%
Total expenditure in relation to contracts above \$55,000	79,240	100%	79,240	100%

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 before 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.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

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.

10. Other expenses

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Debts written off	80	128	80	128
Bank fees and charges	6	5	6	5
Donated assets expense	-	-	957	855
Other*	232	252	232	252
Total other expenses	318	385	1,275	1,240

The parent entity donated building improvements of \$0.957 million (\$0.855 million) to HACs under its control, which is eliminated on consolidation.

* 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 \$0.111 million (\$0.111 million). No other services were provided by the Audit Office of South Australia. Also includes fees paid or payable to Galpins Accountants Auditors and Business Consultants of \$0.048 million (\$0.046 million) for HACs and aged care audit services.

11. Cash and cash equivalents

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Cash at bank or on hand	6,758	3,930	4,792	2,950
Deposits with Treasurer: general operating	11,502	8,368	11,502	8,368
Deposits with Treasurer: special purpose funds	1,104	1,170	1,104	1,170
Total cash and cash equivalents in the Statement of Financial Position	19,364	13,468	17,398	12,488
Total cash and cash equivalents in the Statement of Cash Flows	19,364	13,468	17,398	12,488

Cash is measured at nominal amounts. The Hospital operates through the Department's general operating account held with the Treasurer and does not earn interest on this account. Interest is earned on HAC and GFT bank accounts and accounts holding aged care funds, including refundable deposits. Of the \$19.364 million (\$13.468 million) held, \$2.918 million (\$2.706 million) relates to aged care refundable deposits.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

12. Receivables

	Note	Consolidated		Parent	
		2024 \$'000	2023 \$'000	2024 \$'000	2023 \$'000
Current					
Patient/client fees: compensable		147	148	147	148
Patient/client fees: aged care		1,163	1,050	1,163	1,050
Patient/client fees: other		546	520	546	520
Debtors		1,111	1,062	1,036	1,064
Less: allowance for impairment loss on receivables	12.1	(346)	(389)	(346)	(389)
Prepayments		448	286	448	286
Interest		473	340	439	277
Workers compensation provision recoverable		241	329	241	329
Sundry receivables and accrued revenue		1,837	1,621	1,850	1,629
GST input tax recoverable		183	98	183	98
Total current receivables		5,803	5,065	5,707	5,012
Non-current					
Debtors		77	41	77	41
Workers compensation provision recoverable		869	698	869	698
Total non-current receivables		946	739	946	739
Total receivables		6,749	5,804	6,653	5,751

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 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.

12.1 Impairment of receivables

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

Movement in the impairment loss on receivables:

	Consolidated		Parent	
	2024 \$'000	2023 \$'000	2024 \$'000	2023 \$'000
Carrying amount at the beginning of the period	389	514	389	514
Increase/(Decrease) in allowance recognised in profit or loss	(43)	(125)	(43)	(125)
Carrying amount at the end of the period	346	389	346	389

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

13. Other financial assets

The consolidated and parent entities hold term deposits of \$20.634 million (\$19.045 million) and \$17.492 million (\$15.153 million) respectively. Of these deposits \$12.285 million (\$10.120 million) relates to aged care refundable deposits, with the remaining funds primarily relating to aged care. These deposits are measured at amortised cost. There is no impairment on term deposits.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

14. Inventories

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Drug supplies	277	355	277	355
Medical, surgical and laboratory supplies	617	525	617	525
Food and hotel supplies	167	172	167	172
Engineering supplies	15	3	15	3
Other	33	30	33	30
Total current inventories - held for distribution	1,109	1,085	1,109	1,085

All 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.

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

15.1 Acquisition and recognition

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

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

15.2 Depreciation and amortisation

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

Depreciation and amortisation are 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	15 – 60
Right-of-use buildings	2 - 13
Plant and equipment:	
• Medical, surgical, dental and biomedical equipment and furniture	2 - 25
• Computing equipment	3 - 5
• Vehicles	2 - 25
• Other plant and equipment	3 – 50
Right-of-use plant and equipment	2 – 3

15.3 Revaluation

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

The scope of the valuation of property, plant and equipment included all: land, buildings, site improvements, site infrastructure and plant and equipment with an acquisition greater than \$1.5 million and useful life greater than three years. Revaluations are undertaken within a 6 year 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.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

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.

15.4 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. Fair value is assessed each year. As at 30 June 2024 a building at Yorketown Hospital, previously used for Nurses accommodation, that has been earmarked for demolition has been identified as impaired.

15.5 Land and buildings

Consistent with Treasurer's Instructions, a public authority must at least every 6 years obtain a valuation appraisal from a qualified valuer. An independent valuation of land and buildings owned by the Hospital was performed between March and June 2024, by a certified practicing valuer from Marsh Advisory Pacific, as at 1 June 2024.

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

15.6 Plant and equipment

The value of plant and equipment has not been revalued and in accordance with APS 116D, the carrying value is deemed to approximate fair value.

15.7 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 of impairment. Short-term leases of 12 months or less and low value leases, where the underlying asset value is less than \$15,000 are not recognised as right-of-use assets. The associated lease payments are recognised as an expense and disclosed in note 9.

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

- Properties – accommodation for some community health offices and medical centres are leased from the private sector or local government and staff residential accommodation at Kadina is leased from Housing SA. 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.
- 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 specified time period (usually 3 years) or a specified 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 19. Expenses related to leases including depreciation and interest expense are disclosed at note 16 and 19. Cash outflows related to leases are disclosed at note 23.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

16. Reconciliation of property, plant and equipment

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 progress land and buildings \$'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	10,786	124,988	135	5,372	1,184	671	857	1,240	145,233
Additions	-	-	296	5,793	212	-	849	251	7,401
Disposals	-	(1)	-	-	(16)	(30)	-	(25)	(72)
Transfers between asset classes	-	3,007	-	(3,007)	871	147	-	(1,018)	-
Subtotal:	10,786	127,994	431	8,158	2,251	788	1,706	448	152,562
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(9,395)	(150)	-	(691)	(195)	(602)	-	(11,033)
Subtotal:	-	(9,395)	(150)	-	(691)	(195)	(602)	-	(11,033)
Gains/(losses) for the period recognised in other comprehensive income:									
Revaluation increment / (decrement)	8,826	53,620	-	-	-	-	-	-	62,446
Impairment (losses) / reversals	-	(86)	-	-	-	-	-	-	(86)
Subtotal:	8,826	53,534	-	-	-	-	-	-	62,360
Carrying amount at the end of the period*	19,612	172,133	281	8,158	1,560	593	1,104	448	203,889
Gross carrying amount									
Gross carrying amount	19,612	173,155	1,036	8,158	5,244	1,463	1,909	448	211,025
Accumulated depreciation / amortisation	-	(1,022)	(755)	-	(3,684)	(870)	(805)	-	(7,136)
Carrying amount at the end of the period	19,612	172,133	281	8,158	1,560	593	1,104	448	203,889

*All property, plant and equipment are classified in the level 2 and level 3 fair value hierarchy except for capital works in progress (not classified). Refer to note 19 for details about the lease liability for right-of-use assets.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

Consolidated

2022-23

	Land and buildings:			Plant and equipment:					Total \$'000
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	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	10,818	134,553	304	3,412	1,365	874	881	665	152,872
Additions	-	-	-	3,093	313	30	572	682	4,690
Disposals	(32)	(198)	-	-	-	(30)	-	-	(260)
Transfers between asset classes	-	1,098	-	(1,133)	142	-	-	(107)	-
Subtotal:	10,786	135,453	304	5,372	1,820	874	1,453	1,240	157,302
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(10,465)	(169)	-	(636)	(203)	(596)	-	(12,069)
Subtotal:	-	(10,465)	(169)	-	(636)	(203)	(596)	-	(12,069)
Carrying amount at the end of the period*	10,786	124,988	135	5,372	1,184	671	857	1,240	145,233
Gross carrying amount									
Gross carrying amount	10,786	166,115	740	5,372	4,320	1,422	1,840	1,240	191,835
Accumulated depreciation / amortisation	-	(41,127)	(605)	-	(3,136)	(751)	(983)	-	(46,602)
Carrying amount at the end of the period	10,786	124,988	135	5,372	1,184	671	857	1,240	145,233

*All property, plant and equipment are classified in the level 3 fair value hierarchy except for capital works in progress (not classified). Refer to note 19 for details about the lease liability for right-of-use assets.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

Parent 2023-24	Land and buildings:			Plant and equipment:					Total \$'000
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	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	5,675	65,107	135	5,372	1,184	671	857	1,240	80,241
Additions	-	-	296	5,793	212	-	849	251	7,401
Disposals	-	-	-	-	(16)	(30)	-	(25)	(71)
Donated assets disposal	-	-	-	(957)	-	-	-	-	(957)
Transfers between asset classes	-	1,622	-	(1,622)	871	147	-	(1,018)	-
Subtotal:	5,675	66,729	431	8,586	2,251	788	1,706	448	86,614
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(4,719)	(150)	-	(691)	(195)	(602)	-	(6,357)
Subtotal:	-	(4,719)	(150)	-	(691)	(195)	(602)	-	(6,357)
Gains/(losses) for the period recognised in other comprehensive income:									
Revaluation increment / (decrement)	3,747	28,866	-	-	-	-	-	-	32,613
Subtotal:	3,747	28,866	-	-	-	-	-	-	32,613
Carrying amount at the end of the period*	9,422	90,876	281	8,586	1,560	593	1,104	448	112,870
Gross carrying amount									
Gross carrying amount	9,422	91,415	1,036	8,586	5,244	1,463	1,909	448	119,523
Accumulated depreciation / amortisation	-	(539)	(755)	-	(3,684)	(870)	(805)	-	(6,653)
Carrying amount at the end of the period	9,422	90,876	281	8,586	1,560	593	1,104	448	112,870

*All property, plant and equipment are classified in the level 2 and level 3 fair value hierarchy except for capital works in progress (not classified). Refer to note 19 for details about the lease liability for right-of-use assets.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

Parent 2022-23	Land and buildings:			Plant and equipment:					Total \$'000
	Land \$'000	Buildings \$'000	Right-of- use buildings \$'000	Capital works in progress land and buildings \$'000	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	5,675	70,037	304	3,412	1,365	874	881	665	83,213
Additions	-	-	-	3,093	313	30	572	682	4,690
Disposals	-	-	-	-	-	(30)	-	-	(30)
Donated assets disposal	-	-	-	(855)	-	-	-	-	(855)
Transfers between asset classes	-	243	-	(278)	142	-	-	(107)	-
Subtotal:	5,675	70,280	304	5,372	1,820	874	1,453	1,240	87,018
Gains/(losses) for the period recognised in net result:									
Depreciation and amortisation	-	(5,173)	(169)	-	(636)	(203)	(596)	-	(6,777)
Subtotal:	-	(5,173)	(169)	-	(636)	(203)	(596)	-	(6,777)
Carrying amount at the end of the period*	5,675	65,107	135	5,372	1,184	671	857	1,240	80,241
Gross carrying amount									
Gross carrying amount	5,675	85,307	740	5,372	4,320	1,422	1,840	1,240	105,916
Accumulated depreciation / amortisation	-	(20,200)	(605)	-	(3,136)	(751)	(983)	-	(25,675)
Carrying amount at the end of the period	5,675	65,107	135	5,372	1,184	671	857	1,240	80,241

*All property, plant and equipment are classified in the level 3 fair value hierarchy except for capital works in progress (not classified). Refer to note 19 for details about the lease liability for right-of-use assets.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

17. 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 scope of the valuation of property, plant and equipment included all: land, buildings, site improvements, site infrastructure and plant and equipment with an acquisition greater than \$1.5 million and useful life greater than three years.

Refer to notes 15 and 17.2 and for disclosure regarding fair value measurement techniques and inputs used to develop fair value measurements for non-financial assets.

17.1 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
Recurring fair value measurements (Note 16)						
Land	19,612	-	19,612	9,422	-	9,422
Buildings and improvements	104,755	67,378	172,133	28,692	62,184	90,876
Total recurring fair value measurements	124,367	67,378	191,745	38,114	62,184	100,298

Fair value measurements at 30 June 2023

	Consolidated			Parent		
	Level 2	Level 3	Total	Level 2	Level 3	Total
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Recurring fair value measurements (Note 16)						
Land	-	10,786	10,786	-	5,675	5,675
Buildings and improvements	-	124,988	124,988	-	65,107	65,107
Total recurring fair value measurements	-	135,774	135,774	-	70,782	70,782

There are no non-recurring fair value measurements.

The Hospital's policy is to recognise transfers into and out of fair value hierarchy levels as at the end of the reporting period. Valuation techniques and inputs used to derive Level 2 and 3 fair values are at note 15 and 17.2

During 2024 and 2023, the Hospital had no valuations categorised into Level 1.

17.2 Valuation techniques and inputs

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

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

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

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, recent 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.

18. Payables

	Consolidated		Parent	
	2024	2023	2024	2023
Current	\$'000	\$'000	\$'000	\$'000
Creditors and accrued expenses	6,332	5,299	6,331	5,295
Paid Parental Leave Scheme	28	60	28	60
Other payables	123	92	123	92
Total current payables	6,483	5,451	6,482	5,447

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 29 for information on risk management.

19. Financial liabilities

	Consolidated		Parent	
	2024	2023	2024	2023
Current	\$'000	\$'000	\$'000	\$'000
Lease liabilities	634	567	634	567
Total current financial liabilities	634	567	634	567
Non-current	\$'000	\$'000	\$'000	\$'000
Lease liabilities	768	434	768	434
Total non-current financial liabilities	768	434	768	434
Total financial liabilities	1,402	1,001	1,402	1,001

The Hospital has lease liabilities of \$1.402 million (\$1.001 million), which have been measured via discounting lease payments using either the interest rate implicit in the lease (where it is readily determined) or DTF's incremental borrowing rate. There were no defaults or breaches on any of the above liabilities throughout the year.

The borrowing costs associated with these lease liabilities was \$0.055 million (\$0.019 million).

Refer to note 29 for information on risk management.

Refer to notes 15 and 16 for details about the right-of-use assets (including depreciation).

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

19.1 Concessional lease arrangements for right-of-use assets

The Hospital has one concessional lease arrangement for right-of-use assets as lessee with the Department for Education.

Right-of-use asset	Nature of arrangements	Details
Buildings and improvements	Term is for 13 years Payments are \$1 per annum	Concessional building arrangement is for the use of premises at Clare for community health services

19.2 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
	\$'000	\$'000	\$'000	\$'000
Lease Liabilities				
Within one year	677	585	677	585
Later than one year but not longer than five years	800	443	800	443
Total lease liabilities (undiscounted)	1,477	1,028	1,477	1,028

20. Staff related liabilities

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Current				
Accrued salaries and wages	5,823	4,294	5,823	4,294
Annual leave	12,170	10,976	12,170	10,976
Long service leave	1,663	1,460	1,663	1,460
Skills and experience retention leave	898	841	898	841
Staff on-costs	2,263	2,385	2,263	2,385
Other	60	48	60	48
Total current staff related liabilities	22,877	20,004	22,877	20,004
Non-current				
Long service leave	18,086	16,150	18,086	16,150
Staff on-costs	811	700	811	700
Total non-current staff related liabilities	18,897	16,850	18,897	16,850
Total staff related liabilities	41,774	36,854	41,774	36,854

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.

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

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

The annual leave liability and the skills and experience retention leave liability is expected to be payable within 12 months and is measured at the undiscounted amount expected to be paid. In the unusual event where salary and wages, annual leave and skills and experience retention leave liability are payable later than 12 months, the liability will be measured at present value.

As a result of the actuarial assessment performed by DTF, the salary inflation rate has increased from the 2023 rate (2.0%) to 2.4% for annual leave and skills and experience retention leave liability. As a result, there is an increase in the employee staff related liabilities and staff related expenses of \$0.051 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 employees is estimated to be less than the annual entitlement for sick leave.

20.2 Long service leave

The liability for long service leave is measured as the present value of expected future payments to be made in respect of services provided by staff up to the end of the reporting period using the projected unit credit method.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

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

The yield on long-term Commonwealth Government bonds has increased from 2023 (4.00%) to 4.25%. This increase in the bond yield, which is used as the rate to discount future long service leave cash flows, results in a decrease in the reported long service leave liability. The actuarial assessment performed by DTF increased the salary inflation rate from 2.50% at 3.50% for long service leave liability resulting in an increase in the reported long service leave liability.

The net financial effect of the changes to actuarial assumptions is a decrease in the long service leave liability of \$0.870 million, payables (staff on-costs) of \$0.038 million and staff related expense of \$0.908 million. The impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions – a key assumption being the long-term discount rate.

The split for long service leave between current and non-current is based on the best estimate of the amount to be paid based on leave taken in prior years.

20.3 Staff on-costs

Staff on-costs include Return to Work SA levies and superannuation contributions and are settled when the respective staff related liabilities 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.

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 the DTF, the portion of long service leave taken as leave is unchanged 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 liability and staff related expense of \$0.078 million. The estimated impact on future periods is impracticable to estimate as the long service leave liability is calculated using a number of assumptions.

21. 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	3,246	3,386	3,246	3,386
Payments	(1,653)	(436)	(1,653)	(436)
Remeasurement	1,410	(682)	1,410	(682)
Additions	1,193	978	1,193	978
Carrying amount at the end of the period	4,196	3,246	4,196	3,246

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 assessment of the outstanding liability as at 30 June 2024 provided by a consulting actuary engaged through the Office of the Commissioner of Public Sector Employment.

The worker compensation provision includes the additional compensation scheme. 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.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

There is a significant degree of uncertainty associated with estimating future claims and expense payments and also around the timing of future payments due to the variety of factors involved. The liability is impacted by the agency claim experience relative to other agencies, average claim sizes and other economic and actuarial assumptions. In addition to these uncertainties, the additional compensation scheme is impacted by the limited claims history and the evolving nature of the interpretation of, and evidence required to meeting, eligibility criteria. Given these uncertainties, the actual cost of additional compensation claims may differ materially from the estimate.

22. Contract liabilities and other liabilities

	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Current				
Contract liabilities	909	1,114	909	1,114
Residential aged care bonds	15,563	13,006	15,563	13,006
Other	9	16	9	16
Total contract liabilities and other liabilities	16,481	14,136	16,481	14,136

Residential aged care bonds are accommodation bonds, refundable accommodation contributions and refundable accommodation deposits. These are non-interest bearing deposits made by aged care facility residents to the Hospital upon their admission to residential accommodation. The liability for accommodation is carried at the amount that would be payable on exit of the resident. This is the amount received on entry of the resident less applicable deductions for fees and retentions pursuant to the *Aged Care Act 1997*. Residential aged care bonds are classified as current liabilities as the Hospital does not have an unconditional right to defer settlement of the liability for at least twelve months after the reporting date. The obligation to settle could occur at any time. Once a refunding event occurs the other liability becomes interest bearing. The interest rate applied is the prevailing interest rate at the time as prescribed by the Commonwealth Department of Health and Aged Care.

A contract liability is recognised for revenue relating to home care assistance, training programs and other health 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.

23. Cash flow reconciliation

Reconciliation of cash and cash equivalents at the end of the reporting period	Consolidated		Parent	
	2024	2023	2024	2023
	\$'000	\$'000	\$'000	\$'000
Net cash provided by (used in) operating activities	11,922	6,006	11,855	4,680
Reconciliation of net cash provided by operating activities to net result:				
Net cash provided by (used in) operating activities	11,922	6,006	11,855	4,680
Add/less non-cash items				
Asset donated free of charge	-	-	(957)	(855)
Capital revenues	1,698	818	1,698	818
Depreciation and amortisation expense of non-current assets	(11,033)	(12,069)	(6,357)	(6,777)
Gain/(loss) on sale or disposal of non-current assets	(72)	(147)	(71)	(35)
Interest credited directly to investments	343	48	174	28
Movement in assets/liabilities				
Increase/(decrease) in inventories	24	84	24	84
Increase/(decrease) in receivables	945	719	902	1,799
(Increase)/decrease in other liabilities	(2,345)	532	(2,345)	532
(Increase)/decrease in payables and provisions	(1,460)	282	(1,463)	286
(Increase)/decrease in staff benefits	(4,920)	(1,587)	(4,920)	(1,587)
Net result	(4,898)	(5,314)	(1,460)	(1,027)

Total cash outflows for leases is \$0.799 million (\$0.788 million).

24. Unrecognised contractual commitments

24.1 Other contractual commitments

	Consolidated		Parent	
	2024 \$'000	2023 \$'000	2024 \$'000	2023 \$'000
Within one year	2,106	3,571	2,106	3,571
Later than one year but not longer than five years	231	166	231	166
Total other contractual commitments	2,337	3,737	2,337	3,737

The Hospital's other contractual commitments are for agreements for goods and services ordered but not received and are disclosed at nominal amounts. 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 has not been quantified.

24.2 Contractual commitments to acquire property, plant and equipment

	Consolidated		Parent	
	2024 \$'000	2023 \$'000	2024 \$'000	2023 \$'000
Within one year	997	4,187	997	4,187
Total contractual commitments to acquire property, plant and equipment	997	4,187	997	4,187

The Hospital's contractual commitments to acquire property, plant and equipment largely related to upgrades at Ira Parker Nursing Home, in addition to Laura, Riverton, Clare and Jamestown Hospitals.

25. Trust funds

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

	2024 \$'000	2023 \$'000
Carry amount at the beginning of period	44	44
Client trust receipts	178	170
Client trust payments	(182)	(170)
Carrying amount at the end of the period	40	44

26. Contingent assets and liabilities

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

27. 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.

28. Impact of Standards not yet implemented

The Hospital has assessed the impact of the new and amended Australian Accounting Standards and Interpretations not yet effective.

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 engaged a valuer to assist in determining the impact, which was not material.

No Australian Accounting Standards have been early adopted by the Hospital for the reporting period ended 30 June 2024. The Hospital does not expect any other standards issued but not yet effective to have a material impact on the financial statements.

29. Financial instruments/financial risk management

29.1 Financial risk management

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 SA Government via the Department. The Hospital works with the SA Government 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, 18 and 19 for further information.

Credit risk

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

Refer to notes 12 and 13 for further information.

Market risk

The Hospital does not engage in hedging for its financial assets. Exposure to interest rate risk may arise through interest bearing liabilities, including borrowings. The Hospital's residential aged care refundable deposits become interest bearing once a refunding event occurs as per Note 22. There is no exposure to foreign currency or other price risks.

29.2 Categorisation of financial instruments

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

Financial assets and financial liabilities are measured at amortised cost. Amounts relating to statutory receivables and payables (e.g. Commonwealth taxes; Audit Office of South Australia audit fees etc.) and prepayments are excluded as they are not financial assets or liabilities. Receivables and Payables at amortised cost are \$4.915 million (\$4.417 million) and \$6.297 million (\$5.235 million) respectively.

29.3 Credit risk exposure and impairment of financial assets

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

The Hospital uses an allowance matrix to measure the expected credit loss of receivables from non-government debtors. The expected credit loss of government debtors is considered to be nil based on the external credit ratings and nature of the counterparties. Impairment losses are presented as net impairment losses within net result, subsequent recoveries of 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 risks characteristics and the days past. When estimating expected credit loss, the Hospital considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis, based on the Hospital's historical 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 not be representative of customers' actual default in the future.

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

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

CONSOLIDATED and PARENT

	Expected credit loss rate(s) %	30 June 2024		Expected credit loss rate(s) %	30 June 2023	
		Gross carrying amount \$'000	Expected credit losses \$'000		Gross carrying amount \$'000	Expected credit losses \$'000
Days past due						
Current	0.2 – 3.0%	935	15	0.4 - 3.8%	1,057	20
<30 days	0.9 – 4.0%	317	8	1.3 – 4.4%	268	11
31-60 days	2.5 – 6.2%	122	6	3.6 – 9.1%	106	6
61-90 days	3.8 – 9.2%	81	6	5.7 – 14.9%	46	4
91-120 days	4.5 – 11.0%	37	3	6.6 – 18.5%	43	5
121-180 days	6.0 – 13.5%	98	10	8.3 – 23.2%	63	7
181-360 days	14.7 – 46.4%	175	35	14.4 – 54.5%	145	34
361-540 days	20.3 – 90.5%	89	44	19.9 – 90.4%	94	31
>540 days	26.2 – 100%	547	219	25.5 - 100%	664	271
Total		2,401	346		2,486	389

30. Significant transactions with government related entities

The Hospital is controlled by the SA Government.

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

Significant transactions with 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, computing and insurance (note 9). The Department transferred capital works in progress of \$1.476 million (\$0.686 million) to the Hospital. In 2023-24 the Hospital incurred significant expenditure with the Department for Infrastructure and Transport (DIT) for capital works of \$0.236 million and property repairs and maintenance of \$0.731 million (note 9), no expenditure occurred in 2022-23.

31. Interests in other entities

The Hospital has interests in a number of other entities as detailed below.

Controlled Entities

The Hospital has effective control over, and a 100% interest in, the net assets of the associated HACs. The HACs were established as a consequence of the Act being enacted and certain assets, rights and liabilities of the former Hospitals and Incorporated Health Centres were vested in them with the remainder being vested in the Hospital.

By proclamation dated 26 June 2008, the following assets, rights and liabilities were vested in the Incorporated HACs:

- all real property, including any estate, interest or right in, over or in respect of such property except for all assets, rights and liabilities associated with any land
- all real property, including any estate, interest or right in, over or in respect of such property except for all assets, rights and liabilities associated with any land dedicated under any legislation dealing with Crown land; and
- all funds and personal property held on trust and bank accounts and investments that are solely constituted by the proceeds of fundraising except for all gift funds, and other funds or personal property constituting gifts or deductible contributions under the Income Tax Assessment Act 1997 (Commonwealth).

The HACs have no powers to direct or make decisions with respect to the management and administration of the Hospital.

The Hospital also has effective control over, and a 100% interest in, the net assets of the associated GFTs. The GFTs were established by virtue of a deed executed between the Department and the individual HAC.

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

Health Advisory Councils and associated Gift Fund Trusts		
Balaklava Riverton Health Advisory Council Inc	Lower North Health Advisory Council Inc	Mid North Health Advisory Council Inc
Northern Yorke Peninsula Health Advisory Council Inc	Port Broughton District Health Advisory Council Inc	Yorke Peninsula Health Advisory Council Inc
Port Pirie Health Service Advisory Council Inc	Southern Flinders Health Advisory Council Inc	
Balaklava Riverton Health Advisory Council Inc Gift Fund Trust	Lower North Health Advisory Council Inc Gift Fund Trust	Mid North Health Advisory Council Inc Gift Fund Trust
Northern Yorke Peninsula Health Advisory Council Inc Gift Fund Trust	Port Broughton District Health Advisory Council Inc Gift Fund Trust	Yorke Peninsula Health Advisory Council Inc Gift Fund Trust
Port Pirie Health Service Health Advisory Council Inc Gift Fund Trust	Southern Flinders Health Advisory Council Inc Gift Fund Trust	

32. Administered items

The Hospital administers arrangements at the Booleroo Medical Centre. Fees and charges are collected on behalf of doctors who work in the Hospital-owned medical centre. The Hospital cannot use these administered funds for the achievement of its objectives.

	2024	2023
	\$'000	\$'000
Other expenses	(979)	(685)
Revenue from fees and charges	979	685
Net result	-	-
Cash and cash equivalents	99	55
Payables	(99)	(55)
Net assets	-	-
Cash at 1 July	55	25
Cash inflows	979	685
Cash outflows	(935)	(655)
Cash at 30 June	99	55

YORKE AND NORTHERN LOCAL HEALTH NETWORK
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
For the year ended 30 June 2024

33. Board and committee members

Members of boards/committees who served for all or part of the financial year and were entitled to receive income from membership in accordance with APS124.B were:

Board/Committee name:	Government employee members	Other members
Yorke and Northern Local Health Network Governing Board	1	Voumard J (Chair), Badenoch J, Banham D, Coulthard G, Malcolm E, O'Connor J, Thomas K (appointed 1 July 2023)
Yorke and Northern Local Health Network Audit and Risk Committee *	-	Banham D (Chair), Badenoch J (appointed 7 April 2024), Traeger E, O'Connor J, Voumard J (resigned 7 April 2024)


Refer to note 8.2 for remuneration of board and committee members


* only independent members are entitled to receive remuneration for being a member on this committee.


**Certification of the financial statements
Yorke and Northern Local Health Network**

We certify that the:

- financial statements of the Yorke and Northern Local Health Network Inc.: are in
 - accordance with the accounts and records of the authority; and
 - comply with relevant Treasurer Instructions, except for Treasurers Instruction 101.K; 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 Yorke and Northern Local Health Network Inc. over its financial reporting and its preparation of the financial statements have been effective throughout the financial year.


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John Voumard
Governing Board Chair


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Roger Kirchner
Chief Executive Officer


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Coenraad Robberts
Executive Director
Finance & Corporate Services

Date 11/09/2024.....