



Board of Management

28 October 2015



local councils working together to protect the health of the community



**EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING**

WEDNESDAY – 28 October 2015

Notice is hereby given that a meeting of the Board of Management of the Eastern Health Authority will be held at the EHA Offices, **101 Payneham Road, St Peters** on Wednesday 28 October 2015 commencing at 6.30 pm.

A light meal will be served at 6.00 pm.

A handwritten signature in black ink, appearing to read 'M Livori', is positioned above the printed name of the Chief Executive Officer.

**MICHAEL LIVORI
CHIEF EXECUTIVE OFFICER**

AGENDA

EASTERN HEALTH AUTHORITY BOARD OF MANAGEMENT MEETING

WEDNESDAY – 28 October 2015

Commencing at 6.30 pm

- 1 Opening
- 2 Apologies
- 3 Chairperson's remarks
- 4 Confirmation of minutes – 24 June 2015
- 5 Matters arising from the minutes

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6.1 FINANCE REPORT AND FIRST (SEPTEMBER 2015) BUDGET REVIEW FOR 2015/2016

Author: Michael Livori
Ref: AF15/10 & AF11/258

Summary

So that members can ensure that Eastern Health Authority (EHA) is operating according to its adopted budget, financial performance is regularly monitored and statutory budget reviews are considered.

In accordance with regulation 9 of the *Local Government (Financial Management) Regulations 2011*,

- (1) *A council, council subsidiary or regional subsidiary must prepare and consider the following reports:*
- (a) *at least twice, between 30 September and 31 May (both dates inclusive) in the relevant financial year (where at least 1 report must be considered before the consideration of the report under sub regulation (1)(b), and at least 1 report must be considered after consideration of the report under sub regulation (1)(b))—a report showing a revised forecast of its operating and capital investment activities for the relevant financial year compared with the estimates for those activities set out in the budget presented in a manner consistent with the note in the Model Financial Statements entitled Uniform Presentation of Finances;*
 - (b) *between 30 November and 15 March (both dates inclusive) in the relevant financial year—a report showing a revised forecast of each item shown in its budgeted financial statements for the relevant financial year compared with estimates set out in the budget presented in a manner consistent with the Model Financial Statements.*

This report provides the first of the budget reviews required in accordance with regulation 9 (1) and relates to the financial performance of EHA between 1 July 2015 and 30 September 2015. It provides the opportunity to amend the adopted budget in line with revised projections of income and expenditure for the 2015/2016 financial year.

Report

The report below gives a simple analysis of year to date income, expenditure and operating result.

Eastern Health Authority - Financial Statement (Level 1) 1 July 2015 to 30 September 2015				
	Actual	Budgeted	\$ Variation	% Variation
Total Income	\$ 914,906	\$ 928,039	\$ (13,133)	-1%
Total Expenditure	\$ 593,099	\$ 592,144	\$ 954	0%
Operating Result	\$ 321,807	\$ 335,895	\$ (14,087)	-4%

The report shows that for the reporting period income was \$13,133 (-1.0%) less than budgeted and expenditure was \$954 (0.2%) more than budgeted.

The net result is a variation of -4% (\$14,087) on the budgeted year to date comparative operating result.

A more detailed report is provided as attachment 1. The report provides detail on year to date performance of individual budget lines. Any variation greater than \$5,000 is detailed in the table below with explanatory comments.

Summary Table of Funding Statement Variations Required				
Favourable variances are shown in black and unfavourable variances are shown in red .				
Description	YTD Budget	YTD Actual	Variation	Comment
Income				
Fines and Expiations	\$22,500	\$8,182	\$14,318	Decrease in expiations issued. No variation requested at this point in time.
Expenditure				
Salaries and Wages	\$339,004	\$301,421	\$(37,583)	Delay in appointment of staff to budgeted positions. -30K variation requested.
Maintenance	\$6,125	\$30,405	\$24,280	Cost associated with resolving IT issues as reported to BOM 26 August 2015. Variation to be requested when project finalised.
IT Support	\$7,500	\$27,595	\$20,095	As above

The only operating budget variation requested in relation to the above table is a reduction in \$30,000 for salaries in wages. This variation is a result of a delay in appointment of staff to budgeted positions.

The timing and value of fines and expiations issued can vary significantly. A variation will be requested later in the year if required.

The variations required in relation to the ICT environment will be requested when costs and recovery negotiations are completed (a report in relation to the ICT environment detailing this expenditure was considered at the 26 August 2015 meeting).

An additional variation is requested for WHS work budgeted in 2014/2015 (\$30,000) but not commenced. The project was approved by the Board at the 29 April 2015 meeting (copy of report provided as attachment 4). The expenditure will be offset by the reduction in employment costs.

The first review for the financial year is also required to take into account any differences between the adopted financial statements for 2015/2016 and the audited financial statements for the previous year. Some elements of the adopted budget for 2015/2016 are based on the previous year's budget as this is the most reliable data available at the time of compilation.

It is requested that the combined variations resulting from the changes to operating budget lines and use of the audited financial statements for 2014/2015 are incorporated into a revised financial statement for 2015/2016. The variations do not alter the estimated budget result of a deficit of \$24,917. A summary of the variations requested within the Financial Statements are provided in the table below.

Revised Statement of Comprehensive Income				
	Adopted Budget	Variation	Revised Budget	Comment
Expenses				
Employee Costs	1,616,000	(30,000)	1,586,000	See comments in body of report
Material, contracts and other expenses	576,200	30,000	606,200	See comments in body of report
Revised Statement of Cash Flows				
	Adopted Budget	Variation	Revised Budget	Comment
Net Increase (Decrease) In Cash Held				
Cash and Cash Equivalents at Beginning of Reporting period	759,815	30,156	789,971	Audited Statements
Cash and Cash Equivalents at End of Reporting period	759,815	30,156	789,971	
Revised Statement of Financial Position				
	Adopted Budget	Variation	Revised Budget	Comment
Current Assets				
Cash and Cash Equivalents	559,815	30,156	719,815	Audited Statements
Trade and other Receivables	178,512	(16,240)	162,272	Audited statements
Total Current Assets	738,327	13,916	752,243	
Current Liabilities				
Trade and other Payables	181,322	(72,614)	108,708	Audited statements
Provisions	251,094	(14,874)	236,220	Audited statements
Total Current Liabilities	483,336	(87,488)	395,848	
Net Current Assets(Current Liabilities)	254,991	101,404	356,395	

Revised Statement of Financial Position (cont.)				
Non-Current Assets				
Equipment	363,098	(2,854)	360,244	Audited statements
Total Non-Current Assets	363,098	(2,854)	360,244	
Non-Current Liabilities				
Provisions	43,218	(1,556)	41,662	Audited statements
Total Non-Current Liabilities	427,497	(1,556)	425,941	
Net Assets	190,592	100,106	290,698	
Equity				
Accumulated Surplus/(Deficit)	190,592	100,107	290,699	Audited statements
Total Equity	190,592	100,107	290,699	
Revised Statement of Change in Equity				
	Adopted Budget	Variation	Revised Budget	Comment
Accumulated Surplus				
Balance at Beginning of Period	415,509	100,107	515,616	Audited statements
Balance at End of Period	190,592	100,107	290,699	
Total Equity	190,592	100,107	290,699	

Included as Attachment 2 is a copy of the revised 2015/2016 Budgeted Statutory Financial Statements which include the:

- Revised Statement of Comprehensive Income
- Revised Statement of Cash flows
- Revised Statement of Financial Position
- Revised Statement of Changes in Equity

A Bank Reconciliation and Available Funds report for the period ending 30 September 2015 is provided as attachment 3. It shows that at 30 September 2015 available funds were \$1,067,042 in comparison with \$440,060 on 30 June 2015. This change is due to the receipt of half yearly Constituent Council contributions. Now that all Constituent Council contributions have been received the budgeted Constituent Council distributions will be dispersed.

Pursuant to clause 25 (3) of Schedule 2 of the Local Government Act, EHA must seek approval from its Constituent Councils before amending its budget. A written request for the approval of the amendments must be sent to all Constituent Councils which must be accompanied by the proposed amendments.

If the Constituent Councils grant approval then EHA may officially resolve to amend the budget and upon making that resolution, the amended budget will be effective.

RECOMMENDATION

That:

1. The September 2015 Budget Review Report be received.
2. Correspondence is forwarded to EHA's Constituent Councils requesting that the amendments to the Budgeted Financial Statements as detailed in Attachment 2 are approved.

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2015 to 30 September 2015				
Income	Actual	Budgeted	\$ Variation	% Variation
Constituent Council Income				
City of Burnside	\$207,519	\$207,519	\$0	0%
City of Campbelltown	\$194,920	\$194,920	\$0	0%
City of NPSP	\$245,323	\$245,323	\$0	0%
City of Prospect	\$109,811	\$109,811	\$0	0%
Town of Walkerville	\$47,081	\$47,081	\$0	0%
Total Constituent Council Contributions	\$ 804,653	\$ 804,653	\$ -	0%
Statutory Charges				
Food Inspection fees	\$15,996	\$20,000	(-\$4,004)	-20%
SRF Licenses	(\$594)	\$0	(-\$594)	0%
Fines	\$8,182	\$22,500	(-\$14,318)	-64%
Total Statutory Charges	\$ 23,584	\$ 42,500	\$ (18,916)	-45%
User Charges				
Immunisation - non funded vaccines	\$10,322	\$11,250	(-\$928)	-8%
Immunisation - Worksites	\$1,875	\$0	\$1,875	0%
Food Auditing	\$19,786	\$15,000	\$4,786	32%
City of Unley	\$21,069	\$22,500	(-\$1,431)	-6%
Food Safety Training	\$0	\$500	(-\$500)	-100%
Total User Charges	\$ 53,051	\$ 49,250	\$ 3,801	8%
Grants, Subsidies, Contributions				
Child Immunisation register	\$24,840	\$23,136	\$1,704	7%
Total Grants, Subsidies, Contributions	\$ 24,840	\$ 23,136	\$ 1,704	7%
Investment Income				
Interest on investments	\$3,159	\$5,000	(-\$1,841)	-37%
Total Investment Income	\$ 3,159	\$ 5,000	\$ (1,841)	-37%
Other Income				
Motor Vehicle re-imbursements	\$1,650	\$2,000	(-\$350)	-18%
Sundry Income	\$3,969	\$1,500	\$2,469	165%
Total Other Income	\$ 5,619	\$ 3,500	\$ 2,119	61%
Total of non Constituent Council Income	\$ 110,253	\$ 123,386	\$ (13,133)	-11%
Total Income	\$ 914,906	\$ 928,039	\$ (13,133)	-1%

Eastern Health Authority - Financial Statement (Level 3)				
1 July 2015 to 30 September 2015				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Employee Costs				
Salaries & Wages	\$301,421	\$339,004	\$ (37,583)	-11%
Superannuation	\$25,315	\$29,500	\$ (4,185)	-14%
Workers Compensation	\$15,000	\$15,000	\$ -	0%
Total Employee Costs	\$ 341,736	\$ 383,504	\$ (41,768)	-11%
Prescribed Expenses				
Auditing and Accounting	\$12,300	\$12,000	\$ 300	3%
Insurance	\$26,006	\$26,000	\$ 6	0%
Maintenance	\$30,405	\$6,125	\$ 24,280	396%
Vehicle Leasing/maintenance	\$15,521	\$17,250	\$ (1,729)	-10%
Total Prescribed Expenses	\$ 84,232	\$ 61,375	\$ 22,857	389%
Rent and Plant Leasing				
Electricity	\$1,988	\$2,500	\$ (512)	-20%
Plant Leasing Photocopier	\$1,551	\$1,425	\$ 126	9%
Rent	\$24,864	\$25,250	\$ (386)	-2%
Water	\$70	\$0	\$ 70	0%
Gas	\$0	\$625	\$ (625)	-100%
Total Rent and Plant Leasing	\$ 28,473	\$ 29,800	\$ (1,327)	-4%
IT Licensing and Support				
IT Licences	\$6,893	\$3,750	\$ 3,143	84%
IT Support	\$27,595	\$7,500	\$ 20,095	268%
Internet	\$363	\$500	\$ (137)	-27%
IT Other	\$109	\$500	\$ (391)	-78%
Total IT Licensing and Support	\$ 34,961	\$ 12,250	\$ 22,711	185%
Administration				
Administration Sundry	\$715	\$1,750	\$ (1,035)	-59%
Accreditation Fees	\$3,329	\$1,000	\$ 2,329	233%
Board of Management	\$6,993	\$6,667	\$ 327	5%
Bank Charges	\$1,120	\$750	\$ 370	49%
Public Health Sundry	\$1,127	\$1,250	\$ (123)	-10%
Fringe Benefits Tax	\$3,750	\$3,750	\$ -	0%
Health promotion	\$2,766	\$1,250	\$ 1,516	121%
Legal	\$7,000	\$5,000	\$ 2,000	40%
Printing & Stationery & Postage	\$2,745	\$7,500	\$ (4,755)	-63%
Telephone	\$4,714	\$3,750	\$ 964	26%
Work Health Safety & Injury Management	\$203	\$500	\$ (297)	-59%
Rodenticide	\$551	\$500	\$ 51	10%
Staff Amenities	\$460	\$1,750	\$ (1,290)	-74%
Staff Training	\$6,786	\$5,500	\$ 1,286	23%
Human Resource Sundry	\$2,277	\$4,000	\$ (1,723)	-43%
Doubtful Debts Expense	\$1,584	\$0	\$ 1,584	0%
Total Administration	\$ 46,119	\$ 44,917	\$ 1,203	3%

Eastern Health Authority - Financial Statement (Level 3 cont.) 1 July 2015 to 30 September 2015				
Expenditure	Actual	Budgeted	\$ Variation	% Variation
Immunisation				
Immunisation SBP Consumables	\$2,927	\$2,000	\$ 927	46%
Immunisation clinic vaccines	\$7,129	\$7,500	\$ (371)	-5%
Immunisation worksite vaccines	\$869	\$0	\$ 869	0%
Total Immunisation	\$ 10,926	\$ 9,500	\$ 1,426	15%
Uniforms/Income protection				
Income Protection	\$14,774	\$16,000	\$ (1,226)	-8%
Total Uniforms/Income protection	\$ 14,774	\$ 16,000	\$ (1,226)	-8%
Sampling				
Legionella Testing	\$0	\$3,000	\$ (3,000)	-100%
Food Sampling	\$0	\$250	\$ (250)	0%
Total Sampling	\$ -	\$ 3,250	\$ (3,250)	-100%
Total Materials, contracts and other expen	\$ 219,486	\$ 177,092	\$ 42,394	24%
Depreciation	\$ 20,213	\$ 20,213	\$ -	0%
Finance Costs	\$ 11,664	\$ 11,336	\$ 328	3%
Total Operating Expenditure	\$ 593,099	\$ 592,144	\$ 954	0%
Total Operating Income	\$ 914,906	\$ 928,039	\$ (13,133)	-1%
Operating Result	\$ 321,807	\$ 335,895	\$ (14,087)	-4%

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDING 30 JUNE 2016				
ACTUAL 2014/2015		ADOPTED BUDGET 2015/2016	SEPTEMBER REVIEW	REVISED BUDGET 2015/2016
\$	INCOME	\$		\$
1,576,605	Council Contributions	1,609,306	-	1,609,306
157,329	Statutory Charges	194,000	-	194,000
303,449	User Charges	307,000	-	307,000
117,983	Grants, subsidies and contributions	126,500	-	126,500
20,871	Investment Income	20,000	-	20,000
6,607	Other Income	14,000	-	14,000
2,182,844	TOTAL INCOME	2,270,806	-	2,270,806
	EXPENSES			
1,353,987	Employee Costs	1,616,000	(30,000)	1,586,000
608,512	Materials, contracts and other expenses	576,200	30,000	606,200
24,016	Finance Charges	22,672	-	22,672
83,705	Depreciation	80,851	-	80,851
2,070,220	TOTAL EXPENSES	2,295,723	-	2,295,723
112,624	Operating Surplus/(Deficit)	(24,917)	-	(24,917)
-	Net gain (loss) on disposal of assets	-		-
112,624	Net Surplus/(Deficit)	(24,917)	-	(24,917)

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS FOR THE YEAR ENDING 30 JUNE 2016				
ACTUAL 2014/2015		ADOPTED BUDGET 2015/2016	SEPTEMBER REVIEW	REVISED BUDGET 2015/2016
\$	CASHFLOWS FROM OPERATING ACTIVITIES	\$	\$	\$
	<u>Receipts</u>			
2,159,499	Operating Receipts	2,250,806	-	2,250,806
25,557	Investment Receipts	20,000	-	20,000
	<u>Payments</u>			
(2,036,294)	Operating Payments to Suppliers & Employees	(2,192,200)	-	(2,192,200)
(25,237)	Interest Expense	(22,672)	-	(22,672)
123,525	Net Cash Provided/(Used) by Operating Activities	55,934	-	55,934
	CASH FLOWS FROM FINANCING ACTIVITIES			
-	Loans Received	-	-	-
(53,369)	Loan Repayments	(55,934)	-	(55,934)
(53,369)	Net Cash Provided/(Used) by Financing Activities	(55,934)	-	(55,934)
	CASH FLOWS FROM INVESTING ACTIVITIES			
	<u>Receipts</u>			
-	Sale of Replaced Assets	-	-	-
	<u>Payments</u>			
-	Expenditure on renewal / replacements of assets	-	-	-
-	Expenditure on new / upgraded assets	-	-	-
-	Distributions paid to constituent Councils	(200,000)	-	(200,000)
-	Net Cash Provided/(Used) by Investing Activities	(200,000)	-	(200,000)
70,156	NET INCREASE (DECREASE) IN CASH HELD	(200,000)	-	(200,000)
719,815	CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	759,815	30,156	789,971
789,971	CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	559,815	30,156	589,971

EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION				
FOR THE YEAR ENDING 30 JUNE 2016				
ACTUAL 2014/2015		ADOPTED BUDGET 2015/2016	SEPTEMBER REVIEW	REVISED BUDGET 2015/2016
\$	CURRENT ASSETS	\$	\$	\$
789,971	Cash and Cash Equivalents	559,815	30,156	589,971
162,272	Trade & Other Receivables	178,512	(16,240)	162,272
-	Other	-	-	-
952,243	TOTAL CURRENT ASSETS	738,327	13,916	752,243
	CURRENT LIABILITIES			
108,708	Trade & Other Payables	181,322	(72,614)	108,708
236,220	Provisions	251,094	(14,874)	236,220
55,934	Borrowings	50,920	-	50,920
-	Other	-	-	-
400,862	TOTAL CURRENT LIABILITIES	483,336	(87,488)	395,848
551,381	NET CURRENT ASSETS/(CURRENT LIABILITIES)	254,991	101,404	356,395
	NON-CURRENT ASSETS			
441,095	Equipment	363,098	(2,854)	360,244
-	Other	-	-	-
441,095	TOTAL NON-CURRENT ASSETS	363,098	(2,854)	360,244
	NON-CURRENT LIABILITIES			
41,662	Provisions	43,218	(1,556)	41,662
435,198	Borrowings	384,279	-	384,279
476,860	TOTAL NON-CURRENT LIABILITIES	427,497	(1,556)	425,941
515,616	NET ASSETS	190,592	100,106	290,698
	EQUITY			
515,616	Accumulated Surplus/(Deficit)	190,592	100,107	290,699
515,616	TOTAL EQUITY	190,592	100,107	290,699

EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDING 30 JUNE 2016				
ACTUAL 2014/2015		ADOPTED BUDGET 2015/2016	SEPTEMBER REVIEW	REVISED BUDGET 2015/2016
\$	ACCUMULATED SURPLUS	\$	\$	\$
402,992	Balance at beginning of period	415,509	100,107	515,616
112,624	Net Surplus/(Deficit)	(24,917)	-	(24,917)
-	Distribution to Constituent Councils	(200,000)	-	(200,000)
515,616	Balance at end of period	190,592	100,107	290,699
515,616	TOTAL EQUITY	190,592	100,107	290,699

Eastern Health Authority			
Bank Reconciliation as at 30 September 2015			
Bank SA Account No. 141/0532306840			
Balance as per Bank Statement 30 September 2015			\$59,838.29
Plus Outstanding cheques	\$	-	
Add Outstanding deposits	\$	-	
BALANCE PER General Ledger			\$59,838.29
GST June - September 2015			
GST Collected	\$87,323.19		
GST Paid	<u>\$23,552.89</u>		
Net GST Claimable (Payable)	<u><u>\$63,770.30</u></u>		
Funds Available September 2015			
Account	30-Sep-15	30-Jun-15	Variance
Bank SA Cheque Account	\$ 93,707	\$ 1,071	\$92,636
Local Government Finance Authority	\$ 1,206,978	\$ 738,818	\$468,159
Net GST Claimable (Payable)	\$63,770	(\$2,325)	\$66,095
Long Service Leave Provision	(\$172,872)	(\$166,230)	(\$6,642)
Annual Leave Provision	(\$124,541)	(\$111,652)	(\$12,889)
TOTAL FUNDS	\$1,067,042	\$440,060	\$626,982

6.6 WORK HEALTH SAFETY AND INJURY MANAGEMENT SYSTEM

Author: Michael Livori
 Ref: AF11/351

Summary

WorkCover SA conducted an audit of EHA's Work Health Safety and Injury Management System in late 2012. The audit report identified a number of non-conformances that require rectification. This report seeks to inform members in relation to a request in the third and final budget review for resources to finalise rectification of the non-conformances.

Report

WorkCover SA completed an evaluation of EHA's Work Health Safety and Injury Management System (report in relation to evaluation provided as attachment 1). The evaluation identified ten (10) non-conformances.

Since the audit, EHA has worked to address the non-conformances identified. However, committing the internal resources required to effectively implement the improvements required, whilst maintaining business activities has been a challenge. EHA and the auditor who undertook the evaluation acknowledged the lack of internal work health and safety technical and legal expertise to address the non-conformances.

The table below details the work required to be undertaken to finalise the non-conformances.

Audit Ref.	Task
	<ul style="list-style-type: none"> Review and update existing policies and procedures to ensure compliance with current Work Health & Safety legislation.
1.2.1	<ul style="list-style-type: none"> Develop critical procedure, in consultation with staff, for: <ul style="list-style-type: none"> Training Document developments; implementation and review Procedures relating to management of hazards related to EHA roles/functions tasks such working at heights; public interaction/violence/aggression; infectious/biological hazards; working in isolation; Emergency management Electrical safety/test/tagging Records management
1.2.2 3.7.1	<ul style="list-style-type: none"> Review and update EHA emergency management procedure: Facilitate inclusion of EHA on the Council's emergency management plan Review and update the EHA Emergency Management Plan. Develop a schedule for testing contingency plans and processes to report outcomes and actions.

Audit Ref.	Task (Cont.)
2.3.2	<ul style="list-style-type: none"> • Develop a training needs analysis tool and conduct a training needs analysis for all staff in relation to WHS • Develop a 12 month WHS training plan to be approved for implementation by management
3.8.1	<ul style="list-style-type: none"> • Review and improve as required hazard management process, in particular the risk assessment tool. • Deliver training on hazard management, in particular risk assessment and controls for staff. • Conduct risk assessments for identified hazardous manual tasks and transport related tasks, and use of tool-of-trade vehicles. • Review and update as required existing SOPs • SOPs developed for – inspections of private premises (unsanitary conditions); public interaction/aggression; change of working locations; driving
4.1.1	<ul style="list-style-type: none"> • Review the OHSW Plan (2012-2015), report on progress and update in consultation with staff and management as required. • Formalise a reporting mechanism through management meetings to report on progress against the OHSW Plan (2012-2015)
4.2.1	<ul style="list-style-type: none"> • Develop an internal audit schedule • Identify internal audit team members and identify training needs that can be scheduled on the training plan (2.3.2)
5.1.1	<ul style="list-style-type: none"> • Develop a process to regularly review WHS policies and procedures
5.2.1 5.3.1	<ul style="list-style-type: none"> • See 4.1.1

EHA has worked with a WHS consultant to obtain some concept of the time required for a consultant to undertake these tasks. To provide EHA with the appropriate WHS specialist knowledge and resources required to address the audit non-conformances it is recommended EHA engages a qualified WHS consultant to complete the actions detailed above.

RECOMMENDATION

That:

The Work Health Safety and Injury Management System Report is received.

6.2 EXTERNAL AUDIT MANAGEMENT LETTER FOR THE YEAR ENDED 30 JUNE 2015

Author: Michael Livori
Ref: AF15/6

Summary

An External Audit Management letter relating to the financial year ending 30 June 2015 has been received from Eastern Health Authority's (EHA) external auditors Dean Newbery and Partners.

Report

The External Audit Management letter (copy of letter provided as attachment 1) details that the audit of EHA for the year ended 30 June 2015 has been completed and that an Audit Report has been issued without reference to any qualification.

The auditors also advise in the letter that they met with EHA's Audit Committee on 12 August 2015 and communicated all of their Audit findings to the Members present.

A summary of the key matters brought to the attention of the committee as a result of work completed is as follows:

1. *There remain no misstatements that have not been adjusted by the Administration that have been identified during the course of our audit or that in our assessment, require to be reported to the EHA's Board or Audit Committee.*
2. *Any misstatements, either individually or in aggregate, that are considered to be immaterial, have not been reported and regarded as being minor in the context of the financial report as a whole.*
3. *All requested audit adjustment have been processed and disclosures within the financial report appropriately modified based on audit testing completed.*
4. *All requested information has been provided by the Administration during the course of the audit.*
5. *We note that throughout the 2014/2015 financial year the Authority experienced significant IT issues which caused difficulties for the Administration and we commend the Administration for the work done to overcome these issues and be able to provide all required audit information in a timely and acceptable manner. We further note that the proposed actions are to be taken to update the IT hardware and software currently in use to resolve these IT issues.*

In accordance with the Audit Committee Terms of Reference the External Audit Management letter should be considered by the Audit Committee and any recommendations contained within the letter should be monitored by the committee to ensure that they are appropriately considered and managed.

The letter has been forwarded to the Audit Committee and will be considered at its next meeting.

RECOMMENDATION

That:

The report regarding the External Audit Management Letter for the year ending 30 June 2015 is received.

10 September 2015

Cr Sue Whittington
Chairperson
Eastern Health Authority
PO Box 275
STEPNEY SA 5069

Dear Cr Whittington

RE: External Audit Management Letter – Financial Year Ended 30 June 2015

We have recently completed our external audit of the Eastern Health Authority (EHA) for the financial year ended 30 June 2015 and have issued an Audit Report without reference to any qualification.

This report has been prepared for EHA's Board in accordance with the requirements under Australian Auditing Standard (ASA) 260 *Communication with Those Charged with Governance* and ASA 265 *Communicating Deficiencies in Internal Controls to Those Charged with Governance and Management* as well as Section 129 of the *Local Government Act 1999*.

This summarises the significant matters that have arisen from our Balance Date audit of EHA for the financial year ended 30 June 2015.

We met with EHA's Audit Committee on Wednesday 12 August 2015 and communicated all of our audit findings to the Members present.

A summary of the key matters we wish to bring to your attention as a result of work completed is as follows:

1. There remain no misstatements that have not been adjusted by the Administration that have been identified during the course of our audit or that in our assessment, require to be reported to the EHA's Board or Audit Committee.
2. Any misstatements, either individually or in aggregate, that are considered to be immaterial, have not been reported and regarded as being minor in the context of the financial report as a whole.
3. All requested audit adjustment have been processed and disclosures within the financial report appropriately modified based on audit testing completed.
4. All requested information has been provided by the Administration during the course of the audit.
5. We note that throughout the 2014/15 financial year the Authority experienced significant IT issues which caused difficulties for the Administration and we commend the Administration for the work done to overcome these issues and be able to provide all required audit information in a timely and

acceptable manner. We further note the proposed actions that are to be taken to update the IT hardware and software currently in use to resolve these IT related issues.

Summary

I would like to extend my appreciation to the Administration for their cooperation and support provided to the audit team during the course of completing the audit.

Should you require any further information, please contact me on 8267 4777 or jimkeogh@deannewbery.com.au.

Yours sincerely

DEAN NEWBERY & PARTNERS



Jim Keogh
Partner

C. Authority's Chief Executive Officer
C. Authority's Audit Committee

7.1 PUBLIC AND ENVIRONMENTAL HEALTH

Complaints

For the reporting period 1 July 2015 to 30 September 2015 Eastern Health Authority received 66 public and environmental health related complaints.

The complaints for the reporting period are shown by category in Graph 1 and by respective council area in Table 1.

Graph 1

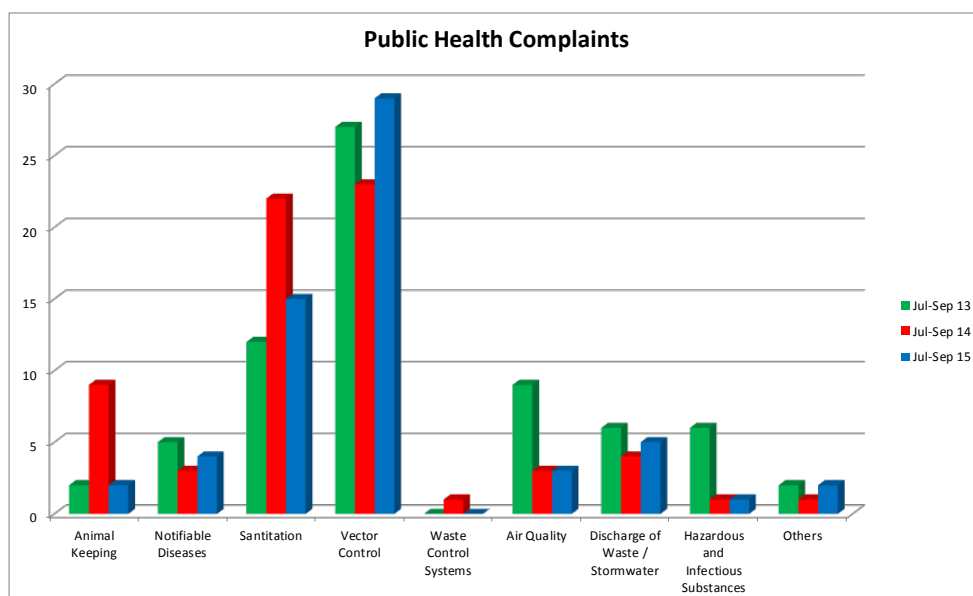


Table 1: Public and Environmental Health complaints received 1 July 2015 to 30 September 2015 by council area

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Animal Keeping	0	2	0	0	0	2
Notifiable Disease	2	1	5	1	0	9
Sanitation	8	2	1	3	1	15
Vector Control	8	7	8	4	2	29
Waste Control Systems	0	0	0	0	0	0
Air Quality	1	0	1	0	1	3
Discharge of Waste / Stormwater	1	3	1	0	0	5
Hazardous and Infectious Substances	0	0	1	0	0	1
Other	0	0	2	0	0	2
Total	20	15	19	8	4	66

Notifiable Disease

During the reporting period notification of gastrointestinal outbreaks at four aged care facilities involving a total of 79 residents was received. The SA Health - 'A Practical Guide to the Management of Gastroenteritis Outbreaks in Residential Environments in South Australia' was used to enable the Officer to determine the gastrointestinal management procedures were followed in accordance with the site management plan and the disease was being sufficiently managed. All four facilities took all necessary precautions to prevent the spread of illness and the infection register was well maintained. No further outbreaks were recorded.

On 31 July 2015, EHA commenced an investigation at a Private Hospital following notification from SA Health of three confirmed *Salmonella* cases on the same date. The investigation continued on 4 August 2015, at which time nine samples/swabs were taken and analysed, all of which returned a negative result. The investigations identified a number of cleaning and sanitation and processing issues, which were formally raised at a meeting with hospital management, whom provided a cooperative and prompt response.

By 12 August 2015, the number of cases had risen to five, prompting Officers to attend a meeting with hospital management to confirm that recommendations made by EHA had been implemented. At this time, EHA was advised that a number of measures had been put into place based on recommendations made. This included investigating the option to acquire a stab mixer that could be disassembled for ease of cleaning and sanitising.

From early on in the investigation, advice provided by the Communicable Disease Control Branch (CDCB) highlighted fish as a common food item consumed. A total of 13 pieces of fish were sampled throughout the investigation by EHA and SA Health, of which five returned positive for *Salmonella*. One of these (a freshly prepared piece of crumbed fish), returned positive for the same *Salmonella* type as the cases, however a cooked piece of fish sampled on the same date returned a negative result. This is not unusual, as *Salmonella* is killed at 75 degrees Celsius. These results provided an indication that eggs used in the egg wash may be implicated. Of the remaining four positive samples, one returned positive for *Salmonella Matopeni*, and three returned positive for *Salmonella Weltevreden*, both of which were types not consistent with that of the cases. Furthermore, these four samples were all raw product, hence cooking would be expected to provide a pathogen kill step.

By 7 September 2015, 11 cases had been notified to EHA. The CEO of EHA gained information from a contact that stab mixers may often contain large amounts of food residue within the shaft. Due to the inherent design of stab mixers, it is virtually impossible to disassemble them appropriately without specialised tools, to then enable them to be adequately cleaned and sanitised. Not only is the food residue able to be drawn into the shaft of the stab mixer, it can also be forced back out, creating a potential contamination risk. Based on this advice, and on consultation with the hospital CEO, the large stab mixer was removed voluntarily from the

kitchen on 8 September 2015 for analysis. This also provided an opportunity to further review food handling practices on-site.

Whilst awaiting results, EHA and SA Health conducted a further investigation at the hospital, at which time SA Health collected five food items and 25 environmental swabs for analysis, all of which returned a negative result. The investigation revealed inconsistencies in food handling processes and a deficiency of skills and knowledge amongst various food handlers, all of which have been addressed. Furthermore, EHA has provided food handler training to all hospital catering staff.

On 11 September 2015, EHA was contacted by SA Pathology, advising that the large stab mixer had returned presumptive results for *Salmonella*. This information was communicated to the CEO of the hospital on the same date. Confirmation of the presence of *Salmonella Typhimurium* 9 within residue attached to the base of the spindle was received on 15 September 2015, with additional positives from six swabs and a peptide water rinse received on 21 and 22 September 2015 respectively. Results received on 22 and 29 September 2015 for the residue and swabs/rinse respectively provided additional confirmation that the *Salmonella* identified was that which caused illness in the cases. *Salmonella* was not found in a swab taken of the stab mixer blade early in the investigation. This highlights the need to further consider the complexities of these types of high-risk pieces of equipment and their application within food businesses.

In total, 16 confirmed cases have been notified to EHA, with no new cases notified since the removal of the large stab mixer. Whilst the large stab mixer has been identified as the reservoir for the *Salmonella*, there is no conclusive evidence to demonstrate how the *Salmonella* transferred from the stab mixer to food consumed by the cases. EHA has confidence, however, that the hospital has taken on board all directions and recommendations provided to them throughout the course of the investigation.

Sanitation

A total of 15 sanitation complaints were received which was seven less than the July 2013 – September 2014 reporting period. The sanitation complaints investigated during this reporting period related to:

- Severe domestic squalor involving accumulations of rubbish, waste and recyclable materials
- Hoarding of furniture, soft furnishing, clothing and other miscellaneous matter
- Sewerage discharge from overflowing sewer pipes
- Deposit of human faeces in a stormwater drain
- Overflowing domestic rubbish bins

A complaint was received from Families SA requesting a joint inspection of a property with the South Australian Police as part of an investigation involving neglect and severe domestic squalor. Officers immediately conducted an inspection of the property and found evidence of putrescible waste, rodent droppings, inadequate personal hygiene facilities and hoarding of rubbish and recyclable materials. An assessment was conducted using the *Foot in the Door Guidelines* and Severe Domestic

Squalor Assessment Scale. These guidelines supported the Officer's determination that the property was in breach of Section 56 of the *South Australian Public Health Act 2011*.

Following the inspection, Families SA relocated the four children living at the property and the resident was issued a verbal Emergency Notice under the *South Australian Public Health Act 2011* advising that they are not permitted to reside in the property. The resident was then issued with a Notice to Secure Compliance with the General Duty under Section 92(2) requiring the property to be cleaned and the removal all rubbish.

The Officers met with the resident on numerous occasions during the reporting period. Officers identified that whilst there has been progress not all items in the Notice had not been completely addressed. The due date of the Notice has been extended indefinitely until the owner has complied with all the items in the Notice and the squalid conditions are removed. During this time the home is not permitted to be occupied.

A complaint was received from a resident who was concerned with the living conditions of her neighbour. The complainant was very sensitive to and aware of the mental health issues that can surround people living in squalor, and was very accommodating in the way of offering her residence as a meeting place to discuss the issues with all parties involved.

With the permission of the resident living in squalor, the Australian Red Cross was contacted to provide information relating to their Intensive Tenancy Support program. The resident has since agreed to receive support through this program, and is receiving weekly support. The role of EHA is to now monitor the progress and ensure any public health matters are rectified.

Vector Control

During the reporting period, 29 vector complaints were received. Complaints regarding rats/mice accounted for 26 of the complaints. All complaints were investigated and where Authorised Officers determined alleged complaints do not pose a public health risk, letters and information to prevent the harbourage of vermin and breeding of mosquitoes were issued.

Air Quality

A complaint was received from a resident neighbouring a construction site alleging dust and fibres were being released during the process of cutting kitchen bench tops. Officers attended the site and spoke with the site supervisor. The site supervisor informed the Officer that the tradesperson was asked to conduct the practice offsite, as they did not have equipment to adequately extract the dust and fibres. No further complaints were received.

Discharge of Waste / Stormwater

A complaint was referred to EHA from a Constituent Council regarding the deposit of concrete waste into the storm water system. An investigation conducted by Officers found the complaint to be justified. The Officers observed concrete waste in the gutter directly in front of a residential building site, which also travelled a significant length of the road, before reaching and entering a side entry pit. Furthermore, dust created from the use of a concrete cutter was observed being hosed down directly into the storm water gutter. There were no measures in place to prevent the pollutant from entering the stormwater system. Due to the storm water pollution that had occurred as a result of failing to implement measures to prevent the pollution, an Expiation Notice was issued.

A complaint was referred to EHA from the Constituent Council regarding the siphoning of stagnant pool water onto a residential driveway and leading into a storm water side entry pit. The occupier of the property was advised to cease the discharging of the pool water to the stormwater system immediately. The Council's General Inspector provided EHA with significant evidence. The offence is being reviewed, with the issue of an expiation being considered.

Cooling Towers & Warm Water Systems

Four site inspections of cooling towers and warm water systems were conducted during the reporting period. No high counts of *Legionella* were notified.

SA Health notified EHA of two cases of *Legionellosis* each requiring separate investigations. Following instructions received by SA Health, Officers conducted homes visits, involving the provision of relevant information, water sampling and testing for the presence of *Legionella*. The investigation of the first case identified one cooling towers as being within 500 m of where the case had visited during the incubation period. A desktop evaluation was conducted and as a precautionary measure a routine inspection of the cooling tower was undertaken.

Legionella water analysis results from both home investigations were found to be negative. Officers forwarded investigation findings to SA Health to assist with their investigation outside of the Constituent Council area.

One cooling tower was decommissioned. Officers have requested the owner to provide the relevant documentation per requirements in the *Public Health (General) Regulations 2013*.

Table 2: Totals of Cooling Tower and Warm Water System Inspections conducted 1 July to 30 September 2015

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Complaint inspections	0	0	0	0	0	0
Routine inspections	0	2	3	0	0	5
Follow-up inspections	0	0	0	0	0	0
Total	0	2	3	0	0	5

Public Swimming Pools and Spas

During the reporting period, four site inspections of swimming pools were assessed in accordance with the *South Australian Public Health (General) Regulations 2013* (Regulations). The sites included one outdoor swimming pool and three indoor swimming pools.

A routine inspection of an outdoor pool identified a number of water quality parameters that did not meet the Regulations. The chlorine levels were minimal, and the pH and alkalinity levels were also outside of acceptable ranges. Officers advised the pool operator to close the pool immediately and display signage accordingly. The pool was closed for a short period until the pool water disinfection levels achieved the parameters set by the Regulations. This was verified by an Officer who returned to conduct a follow-up assessment prior to the pool re-opening. At this time, it was identified that a pump failure was the cause of the non-conformances, and this matter had been resolved.

No complaints were received during the reporting period.

Table 3: Swimming and spa pool inspections conducted between 1 July to 30 September 2015 by council area

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Complaint inspections	0	0	0	0	0	0
Routine inspections	1	0	3	0	0	4
Follow-up inspections	1	0	0	0	0	1
Total	2	0	3	0	0	5

Hairdressers/ Beauty Salons/ Acupuncturists/Skin Penetration

As reported in the Board of Management Report dated 24 June 2015, a review of the Personal Care and Body Art (PCBA) register was conducted. The PCBA register was updated to accommodate new and closed businesses.

A risk assessment of the PCBA practices was also undertaken. Following the assessment it was determined that acupuncturists are low risk due to utilising single use equipment and have sound operator knowledge. The inspection frequency was subsequently adjusted and decreased from 12 months to 18 months. Tattooists and body piercers were deemed as high risk and will continue to be inspected annually. Hairdressers will continue to be inspected on a complaint basis as they do not involve skin penetration procedures. An inspection schedule has been assigned to the 109 beauty premises registered for 2015-16 financial year.

During the reporting period routine inspections at two beauty salons and a complaint investigation at one hairdresser was undertaken. A planning assessment of a new hairdressing salon was also conducted. No follow up inspections were required.

The complaint received alleged a hairdressing salon was unclean and staff were not adequately cleaning hair combs and brushes. An Authorised Officer inspected the premises and identified hair brushes were used without being cleaned in between clients. The Authorised Officer educated staff on appropriate hygiene and cleaning practices and provided a copy of the skin penetration guidelines for reference.

Table 4: Hairdressers / Beauty Therapists / Acupuncturists inspections conducted between 1 July to 30 September 2015 by council area

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Complaint inspections	1	0	0	0	0	1
Routine inspections	0	1	1	0	0	2
Follow-up inspections	0	0	0	0	0	0
Total	1	1	1	0	0	3

Waste Control

One application for the installation of waste control systems was received during the reporting period. The application sought to replace an existing aerobic wastewater system in the same location. In accordance with the SA Health On-site Wastewater Systems Code an Officer assessed the application and inspected the completed installation.

RECOMMENDATION

That:

The Public and Environmental Health Report is received.

7.2 IMMUNISATION

2015 Year 8 & 9 School Based Immunisation Program (SBIP)

During June 2015 to September 2015, 17 school immunisation visits were completed and a total of 3,947 vaccines were administered. The number of visits and vaccines decrease compared with the same period last year due to the change in the National Schedule and immunisations being administered to Year 8 students only.

Vaccines administered were the third and final dose required to complete the 2015 calendar school year program. Between January and September 2015, 7,349 vaccines have been delivered. This compares with 11,378 for the corresponding period in 2014. Table 2 below shows the breakdown of the SBIP vaccines by type administered for each council area for this period.

Table 2: School Vaccinations for Calendar Year to Date – January to September 2015

Council	Varicella Zoster	Human Papillomavirus	Diphtheria Tetanus Pertussis	Jan-Sept Total
Burnside	292	1276	582	2150
Campbelltown	267	877	435	1579
NPSP	294	1345	559	2198
Prospect	77	324	124	525
Unley	80	362	160	602
Walkerville	21	164	110	295
Total	1031	4348	1970	7349

Public Health Response – Hepatitis A Vaccine program

EHA was contacted by SA Health on 30 June 2015 to provide Hepatitis A vaccines to children and staff of a Child Care Centre. SA Health provided the vaccines for the children and selected staff after investigations revealed that a staff member was diagnosed with Hepatitis A believed to have been contracted from a recent overseas holiday.

EHA worked closely with the centre to provide 3 clinics between 1 and 3 July 2015. Management of the centre chose to fund the vaccines for all staff at the centre.

A total of 77 children were vaccinated and 22 staff with the first dose of the Hepatitis A vaccine. Children and staff unable to attend the clinics held that week were provided with our current clinic timetable and invited to attend any clinic of convenience to them.

A mail out reminder to all parents and staff will be sent in January 2016 for the second dose of Hepatitis A.

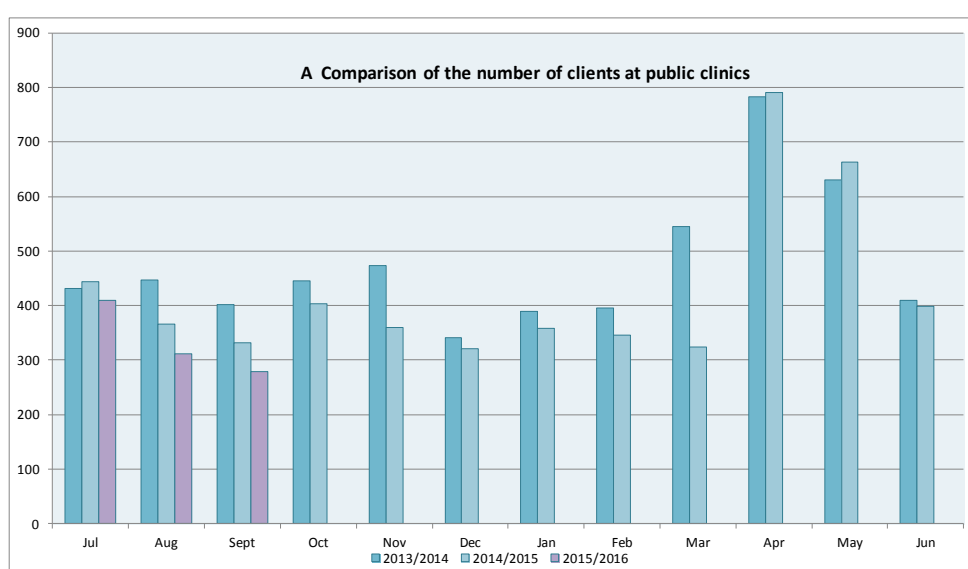
Public Clinics

During the period of review, 999 clients received 1990 vaccines at EHA's public immunisation clinics.

A review of all times and venues was undertaken to identify any potential changes for the 2016 Clinic Timetable. After consultation with City of Prospect and The Town of Walkerville the times and venues of their monthly clinics were changed. The Prospect clinic in 2016 will be held in the 'Irish Harp' room on a Wednesday morning each month and the Walkerville clinic will change to the front meeting/planning room on a Monday afternoon when the Library is open.

Graph 1 below details clients provided at clinics between July 2013 and September 2015.

Graph 1: Client Numbers at public clinics



During the reporting period 13 families residing within our Constituent Councils were provided with a catch-up immunisation history assessment for their children. As a result, 16 children were assessed and commenced a vaccination program at EHA's public clinics.

Table 4 provides a detailed analysis of attendance at each of the public clinics provided. It also provides information in relation to our client's council of origin.

Table 4: Combined Clinic breakdown for July 2015 – September 2015

EHA Public Immunisation Clinics by Council area																
Client breakdown giving numbers in attendance at the																
BURNSIDE CLINIC held at Burnside Council every 2nd and 4th Monday of the month 2.00 pm to 4.00 pm																
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		UNLEY		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Jul-Sept	80	151	15	34	12	27	2	4	2	2	16	36	2	3	129	257
Year to Date	80	151	15	34	12	27	2	4	2	2	16	36	2	3	129	257
CAMPBELLTOWN CLINIC HELD AT Campbelltown Library every 3rd Wednesday of the month 10 am to 12 noon and 6.00 pm to 7.30 pm																
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		UNLEY		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Jul-Sept	3	5	71	136	3	8	2	4	0	0	0	0	0	0	79	153
Year to Date	3	5	71	136	3	8	2	4	0	0	0	0	0	0	79	153
NORWOOD, PAYNEHAM & ST PETERS COUNCIL CLINICS ST PETERS CLINIC is held at the EHA Offices, 101 Payneham Road, St Peters every Thursday all day ST PETERS CLINIC is held every 2nd Tuesday of the month 10 am to 12. 30 pm and St Peters Evening Clinic is held every 2nd and 4th Tuesday of the month 5.30 pm to 7.00 pm																
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		UNLEY		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Jul-Sept	76	166	148	327	238	450	39	67	31	67	39	77	22	42	593	1196
Year to Date	76	166	148	327	238	450	39	67	31	67	39	77	22	42	593	1196
PROSPECT CLINIC held every 1st Wednesday of the month 2.30 pm to 4.30 pm																
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		UNLEY		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Jul-Sept	1	1	0	0	1	1	11	20	2	4	0	0	2	4	17	30
Year to Date	1	1	0	0	1	1	11	20	2	4	0	0	2	4	17	30
WALKERVILLE CLINIC held every 4th Wednesday of the month 2.00 pm to 4.00 pm																
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		UNLEY		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Jul-Sept	4	5	1	2	6	14	2	5	2	2	2	3	1	3	18	34
Year to Date	4	5	1	2	6	14	2	5	2	2	2	3	1	3	18	34
UNLEY CLINIC held at Unley Town Hall/Unley Civic Centre/Unley Citizens' Centre																
Client Council of origin	BURNSIDE		CAMP		NPS		PROSPECT		WALK		UNLEY		OTHER		Site Total	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Jul-Sept	21	43	12	18	4	8	2	5	10	19	96	191	18	36	163	320
Year to Date	21	43	12	18	4	8	2	5	10	19	96	191	18	36	163	320
													Grand Total			
													Clients	Vaccines		
Grand Total of all Clinic Sites													Jul-Sept		999	1990
													Year to date		999	1990
The following Table provides details on the numbers of clients in attendance and the vaccines administered at all of the public clinics based on the clients council of origin																
	BURNSIDE		CAMP		NPS		PROSPECT		WALK		UNLEY		OTHER		TOTALS	
	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines	Clients	Vaccines
Jul-Sept	185	371	247	517	264	508	58	105	47	94	153	307	45	88	999	1990
Year to date	185	371	247	517	264	508	58	105	47	94	153	307	45	88	999	1990

RECOMMENDATION

That:

The Immunisation Services Report is received.

7.3 FOOD SAFETY REPORT

Complaints

For the reporting period 1 July 2015 to 30 September 2015 Eastern Health Authority received 14 complaints that were investigated under the *Food Act 2001*. The complaints are shown by category in Graph 1 and by respective council area in Table 1.

Graph 1

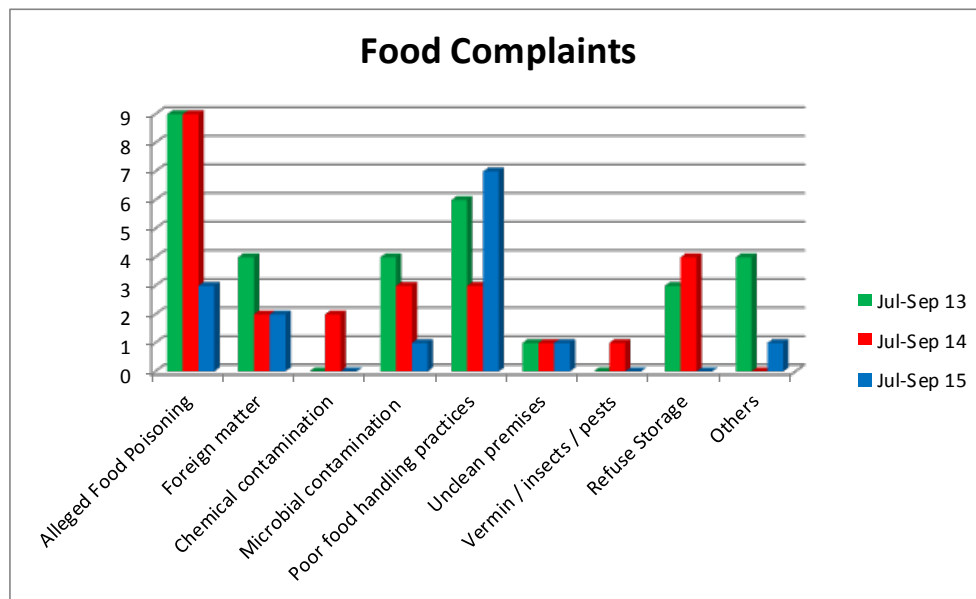


Table 1: Food complaints by council area from 1 July to 30 September 2015

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Alleged Food Poisoning	2	0	0	0	1	3
Food unfit / unsuitable/ unsafe- foreign matter	0	1	1	0	0	2
Food unfit / unsuitable / unsafe – microbial contamination / growth	0	0	0	0	0	0
Poor personal hygiene / poor food handling practices	2	1	2	1	1	7
Unclean premises	0	0	0	1	0	1
Vermin / insects / pests	0	0	0	0	0	0
Refuse Storage	0	0	0	0	0	0
Others	0	0	0	1	0	1
Total	4	2	3	3	2	14

Food Unfit / Unsuitable / Unsafe

A complaint was received alleging a shard of glass was imbedded in a steak purchased from a café. The complainant advised that the alleged piece of glass was curved and approximately 4cm long, that appeared to be from a wine glass. The complainant raised the matter with the manager of the café. The manager kept the piece of glass, preventing the EHO from obtaining the evidence and assisting with the investigation. Officers investigated the complaint and spoke with the proprietor who denied the incident. An inspection of the kitchen and bar area was undertaken however no evidence could be found to substantiate the complaint.

Poor personal hygiene

A complaint was received alleging poor hygiene practices of food handlers in a café. Poor food handling practices included storing high risk food out of temperature control, touching ready to eat food with their hands and using chipped and cracked crockery. An Officer investigated and observed food handlers reusing soiled plastic gloves to handle food and using chipped and cracked crockery. The Officer instructed the food handlers to discard all damaged crockery and cease the practice of reusing single use gloves. These issues will continue to be monitored at future routine inspections.

Unclean premises

A complaint was received from an ex-employee of a takeaway food business alleging rodent activity and other poor food safety practices. An Officer conducted an inspection and identified rodent droppings on the top of fridges. The officer observed that the food premises inadequately sealed gaps to prevent the entry of rodents. The Officer also identified water from the hot water unit was leaking throughout the kitchen and the premises was not being maintained to an appropriate standard of cleanliness. An Improvement Notice was issued and follow up inspections are scheduled in the next reporting period.

Food Premises Inspections

Environmental Health Officers undertook 183 routine inspections of food businesses during this reporting period. An additional 156 follow-up inspections were required to ensure non-compliance with the Food Safety Standards was appropriately corrected.

Table 2: Food Premises Inspections 1 July to 30 September 2015

	Burnside	Campbeltown	NPSP	Prospect	Walkerville	Total
Complaint Inspection	8	1	4	5	1	19
Follow Up Inspection	20	36	91	1	8	156
Routine Inspection	25	47	90	13	8	183
Special Event Inspection	0	0	0	0	0	0
Fit-out / Pre-opening Inspection	0	2	2	3	0	7
Other	0	0	0	0	0	0
Total	53	86	187	22	17	365

Non-Compliance with Food Safety Standards

During the reporting period, 29 improvement notices, six final warnings, two prohibition orders and two expiations were issued.

As highlighted in blue in Table 3, unsafe storage of food, poor standard of cleanliness and hygiene practices, inadequate sanitising and structural suitability of the premises were common non-compliances resulting in legal action.

The Improvement Notices issued during the reporting period were a result of a number of non-conformances observed during routine and complaint inspections. Improvement Notices due during the reporting period complied and did not require further legal action. Extensions were granted to a small number of food businesses relating to structural maintenance.

Table 3: List of the types of legal action taken for breaches under the *Food Act 2001*

Reason for enforcement activity	Written warnings	Improvement notices	Expiation Notice	Prohibition Orders
Standard 3.2.2				
Skills and Knowledge		3		
Notification	2			
Food Receipt				
Food Storage		12		1
Food Processing		9		1
Food Display	2	5		
Food Packaging				
Food Transportation		1		
Food Disposal		1		
Food Recall		1		
General Req. of Food		2		
Health & Hygiene of Food		11	1	
General Duties of a Food				
Cleanliness	3	12	2	3
Cleaning and Sanitising		6		1
Maintenance		3		
Temperature measuring		3		1
Single use items		2		1
Animals and Pests		3		2
Standard 3.2.3				
General Requirements		2		
Water supply				
Sewerage & waste water				
Storage of garbage &				
Ventilation				
Lighting		1		
Floors		2		
Walls and ceilings		6		
Fixtures, fittings and		17		
Hand washing facilities		7		
Storage facilities		2		
Toilet Facilities				
Food Transport vehicles				
Food past use-by dates				

Table 4: Legal Action 1 July to 30 September 2015

	Burnside	Campbelltown	NPS	Prospect	Walkerville	Total
Warning Letters	2	1	3	0	0	6
Improvement Notices	4	5	15	2	3	29
Expiation Notices	0	0	2	0	0	2
Prohibition Order	0	0	2	0	0	2
Prosecution	0	0	0	0	0	0
Total	6	6	22	2	3	39

Improvement Notices

During a routine inspection of a food business Authorised Officers identified a number of non-compliances with the Food Safety Standards. These included: unsafe cooling practices of potentially hazardous food (PHF), inadequate sanitising of equipment used to process high risk food, PHF stored out of temperature control, and no supply of soap and/or paper towels to the hand wash basins.

Officers also identified that the food products were marked with an extended shelf life that is not recognised by Safe Food Australia. Records to demonstrate the food processes will not adversely affect the microbiological safety of the food were not maintained.

A review of EHA's records found that these non-compliances were also identified the previous year and as a result an Improvement Notice was issued. A follow-up inspection and further correspondence regarding cooling records was required to establish compliance. A second Improvement Notice will be issued in the next reporting period requiring the food business to implement and maintain a food safety plan to demonstrate potentially hazardous foods are processed safely.

Prohibition Orders and Expiations

A routine inspection conducted at a large manufacturer identified several serious non-compliances related to inadequate cleaning and sanitising practices, food recall procedures and equipment maintenance. Follow-up inspections were conducted and further non-compliances were identified. SafeWork SA was contacted following this inspection due to concerns regarding the safety of the premises and food manufacturing equipment.

Due to the complex nature of the premises, external agencies including SafeWork SA, SA Health and Building Officers from the Constituent Council were contacted to perform a joint inspection. Following this inspection, feedback was provided by SA Health and a second Improvement Notice was issued. The Notice addressed cleaning and sanitising, equipment design and maintenance, storage of personal items,

structural suitability and maintenance, the use and storage of chemicals, recall procedures and single use items. The manufacturer was temporarily closed at this time due to non-compliance with SafeWork SA requirements.

A follow-up inspection was undertaken and the Improvement Notice complied with one equipment item requiring repair. An additional Improvement Notice will be issued in the next reporting period. The Notice will address the long term issues associated with the structural suitability of the premises to allow for the safe manufacturing of food.

A routine inspection of a takeaway food business identified a poor standard of cleanliness to fixtures, fittings and equipment. Given the serious nature of the non-compliances, an Improvement Notice was issued. A review of records indicated the business had a long history of non-compliance with the Food Safety Standards. The two previous routine inspections resulted in the issuing of Improvement Notices. As a result, the business was issued with an Expiation Notice with one offence for failing to maintain the premises to a standard of cleanliness.

A routine inspection of a restaurant identified an extensive list of serious non-compliance with the Food Safety Standards. Officers identified both hand washing facilities were obstructed and unable to be used due to the wastewater leaking out from the pipes. Officers observed food handlers alternatively washing their hands in the food preparation sink. Other non-compliance included poor standards of cleanliness to equipment and refrigerators, unsafe storage practices and inadequate sanitising procedures. As a result, an Improvement Notice was issued.

A review of the business history found that previous inspections had resulted in Improvement Notices being issued. The previous year the business had also received a final warning letter for aforementioned non-compliances. Consequently, the business was issued with an Expiation Notice with two offences, for failing to maintain the premises to a standard of cleanliness and failing to maintain appropriate hand washing facilities. The inspection frequency has been increased to three-monthly.

A routine inspection of a manufacturer identified a serious infestation of rodents throughout the food preparation areas. Officers observed a significant amount of rodent droppings on shelving, flooring and packaging indicative of high rodent activity. The food preparation areas were inadequately sealed from potential entry of rodents as there were gaps around doors, the roller door to the outside bin area was left open and walls and ceilings had holes with potential entry points.

The pest control reports provided by the proprietor noted a long history of rodent activity throughout the year. Recommendations provided by the pest controller were not addressed by the proprietor. The pest controller identified rodent burrowing between the food preparation areas and cool rooms, and dead mice throughout storage areas.

The business was issued with a Prohibition Order in food preparation areas where rodent activity was identified. The business was instructed to clean and disinfect all areas and seal all potential entry points. All food packaging was required to be relocated to pest proof areas. Throughout this process, the proprietor identified further rodent burrowing which were immediately sealed.

The food preparation areas were prohibited for a period of 14 days, during which Officers conducted five follow up inspections, until all the requirements of the Order had been met.

The business has been issued with two Improvement Notices requiring further proofing to prevent the entry of pests, structural repairs to fixtures, fittings and equipment and the installation of additional hand washing facilities. Expiation Notices will be served on the proprietor in the next reporting period.

A routine inspection of a cafe identified a serious infestation of German cockroaches in the main food preparation area and dishwashing area. The Officer observed significant numbers of cockroaches at different life stages infested around the commercial dishwasher and the stainless steel panelling. Cockroaches were observed on cleaned equipment such as storage containers and the meat slicer.

Other serious issues included a poor standard of cleanliness to equipment and floors, high-risk foods stored out of temperature control and failure to minimise the risk of cross contamination of ingredients in the service refrigerators. Following the inspection, the proprietor closed the business and the Officer issued a Prohibition Order.

The business was instructed to engage a professional pest controller to eradicate the cockroaches. The business remained closed for six days. During this time four follow up inspections were conducted. Throughout these inspections, Officers identified cockroaches, both dead and alive in containers of food and fridges. Cockroach faeces and nymph cockroaches were also identified on single use packaging and napkins and on top of the cake display refrigerators located in the front servery area.

The proprietor was instructed to discard all food and packaging likely to be contaminated. Repairs were undertaken to seal the food preparation area from potential entry and harbourage points. The pest controller attended the premises on four occasions whilst the business was closed.

The business reopened after a period of six days once the cockroaches had been eradicated and the proprietor was issued with an Improvement Notice requiring all food handlers to undergo food safety training. Expiation Notices will be served on the proprietor in the next reporting period.

In accordance with the enforcement policy the inspection frequency has been increased to all food businesses that were served an Improvement or Expiation Notice or Prohibition Order during the reporting period.

Fairs, Festivals and Markets

No special events or fairs required inspection during reporting period.

Audits of Businesses that Serve Vulnerable Populations

During the reporting period, 10 businesses within the constituent council boundaries and 17 businesses in other council areas were audited under Standard 3.3.1 of the *Australia New Zealand Food Standards Code*. Three follow-up audits were performed.

Table 5: Food Audits for the Period 1 July 2015 to 30 September 2015

	Burnside	Campbelltown	NPSP	Prospect	Walkerville	Other	Total
Audits	2	4	3	0	1	17	27
Follow-up audits	1	0	0	1	0	1	3
Total	3	4	3	1	1	18	30

RECOMMENDATION

That:

The Food Safety Report is received.

7.4 HEALTH CARE AND COMMUNITY SERVICES

SUPPORTED RESIDENTIAL FACILITY REPORT

Audits / Inspections

During the reporting period four Supported Residential Facilities (SRF) were audited unannounced. One was a dual licensed facility and three were pension only facilities. In all the audits Environmental Health Officers reviewed the facility's prospectus, service plans, financial and medication management and other relevant documentation.

Minor issues were identified in two of the four audits relating to documentation. Facilities were required to amend documentation including the prospectus, contracts and menu's to demonstrate compliance with the *Supported Residential Facilities Act 1992*.

At one of the audits, major issues were identified around medication management. This facility currently holds a five month licence with Licence conditions. Due to the serious nature of the concerns further follow up visits have been undertaken and improvements have been observed in the area of medication management. Further unannounced visits will continue. The facility's Licence is currently under review due to the ongoing and repetitive nature of the non-compliances as detailed in previous reports. EHA have liaised with the local council and The Department of Communities and Social Inclusion (DCSI) to discuss the facility and potential outcomes to ensure resident's wellbeing.

One follow up inspection was carried out at one facility to ascertain compliance with licence conditions. The issues were rectified and all conditions were complied with.

Complaints

There have been four complaints received during this reporting period. One complaint concerned the level of care provided to a resident. Officers reviewed the resident's progress notes. Through discussions with the manager it was resolved that adequate care was provided and all processes were adequately followed.

The second complaint related to a facility failing to notify a resident's family member of an accident. The complainant was not satisfied with the way the facility's dealt with the issue. EHA was limited in its ability to take further action under the legislation and the complainant was advised to discuss this with management.

One complaint received alleged financial mismanagement at a facility. Officers investigated the complaint during an unannounced audit, where financial records including residents' pocket money are routinely audited. The Public Trustee was also involved to verify resident's finances. This complaint is still under investigation.

The fourth complaint concerned the potential operation of an unlicensed SRF. Officers visited the premises and established the business was operating as a lodging house, as no personal care services were being provided to tenants.

Approval of Manager / Temporary Manager

One manager application was received and approved. An Authorised Officer carried out referee checks and reviewed documentation outlining the applicant's qualifications to ascertain the suitability for the position. Officers met with the applicant to discuss their experience and help determine their suitability for the role. The Chief Executive Officer granted approval under delegated authority.

One acting manager application was also received and is currently being processed.

RECOMMENDATION

That:

The Supported Residential Facility Report is received.