

EASTERN HEALTH AUTHORITY

BOARD OF
MANAGEMENT MEETING

26 August 2015



**EASTERN HEALTH AUTHORITY
BOARD OF MANAGEMENT MEETING**

WEDNESDAY – 26 August 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 26 August 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 – 26 August 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 GENERAL PURPOSE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015

Author: Michael Livori
Ref: AF15/6

Summary

Eastern Health Authority's (EHA) Charter requires its books of accounts and financial statements to be audited annually by an external auditor. The audited financial statements must be provided to Constituent Councils prior to 31 August to allow them to be incorporated into their own audited financial statements. The audited financial statements are required to be incorporated into the EHA Annual Report.

This report presents the draft General Purpose Financial Statements for the year ended 30 June 2015 (the statements) for adoption by the Board of Management.

Report

A meeting of the Eastern Health Authority Audit Committee was held on 12 August 2015 at which Draft General Purpose financial Statements for the year ending 30 June 2015 were considered.

To assist the committee Jim Keogh and Stuart Simpson from EHA's Auditors, Dean Newbery and Partners were in attendance.

The statements were prepared in accordance with the Local Government (Financial Management) Regulations 2011, Australian Accounting Standards and the South Australian Model Financial Statements for 2015. They reflect the operations of EHA between the period 1 July 2014 and 30 June 2015.

At the Audit Committee meeting Jim Keogh provided some details in relation to the audit process and the presentation of the leave entitlements of staff. The committee suggested a slight change in the presentation of Audit/Accounting fees and Income Protection expenses included in the Sundry amount under Other Materials, Contracts & Expenses. The committee indicated that they were satisfied with the draft statements subject to the suggested amendments and resolved the following:

Cr T Evans moved:

That:

1. The Draft General Purpose Financial Statements for the Year ending 30 June 2015 Report is noted.
2. The Committee is satisfied that the 2014/2015 draft statements present fairly the state of affairs of the organisation.
3. The 2014/2015 final audited statements as amended are presented to the Board of Management.

4. The Chair of the Audit Committee is authorised to sign a statement to certify the independence of the external auditors.

A copy of EHA General Purpose Financial Report for the year ending 30 June 2015 is provided as attachment 1 to this report for the Board of Management's consideration.

There are four principal statements which are accompanied by notes which form part of the financial report:

- Statement of Comprehensive Income
- Statement of Financial Position
- Statement of Changes in Equity
- Statement of Cash Flows

In summary the statements show that EHA is reporting an *operating surplus* resulting from operations of \$112,674.

Material Differences when comparing 2014 and 2015 Financial Statements

Statement of Comprehensive Income

Listed below is a summary of the material differences in relation to the Statement of Comprehensive Income when comparing 2014 and 2015.

Income

Statutory Charges

Decrease of \$271,609 (-63%) to \$157,329

Decrease in expiation fines issued, and prosecution penalties awarded relating to Food Act enforcement matters.

User Charges

Decrease of \$67,624 (-18%) to \$303,449

Due to no longer providing immunisation services to City of Adelaide.

Grants Subsidies Contributions

Decrease of \$55,164 (-32%) to \$117,983

Due to changes to the School Based Immunisation program and timing of payments for same.

Investment Income

Increase of \$2,849 (16%) to \$20,871

Due to increase in cash held.

Other Income

Decrease of \$1,931 (-23%) to \$6,660

Total income

Decrease of \$373,014 (-15%) to \$2,182,897

Expenses

Employee Costs

Decrease of \$126,865 (-8%) to \$1,353,987

Due to delays in appointment of staff to budgetted positions and change to School Based Immunisation Program.

Materials, contracts and other expenses

Decrease of \$218,734 (-26%) to \$608,515

Due to last year containing provision for doubtful debts relating to penalties awarded following successful Food Act Prosecution. Business prosecuted now in liquidation.

Finance Charges

Decrease of \$15,529 (-39%) to \$24,016

Due to last year containing 1 extra interest payment.

Total Expenses

Decrease of \$361,128 (-15%) to \$2,070,223

Operating Surplus / Deficit

The *operating surplus* of \$112,674 has decreased by \$12,023 when compared to 2014. It should be noted that the 2014 result was also influenced by a reduction in employee expenses.

Statement of Financial Position

The Statement of Financial Position shows as at 30 June 2014:

Total Assets

\$1,393,338 (2014 \$1,423,127), down \$29,789 (-2%)

Total Liabilities

\$877,672 (2014 \$1,020,135), down \$142,463 (-16%)

Total Equity

\$515,666 (2014 \$402,992), up \$112,674 (22%)

Result of surplus for 2015 (will be reduced by 200K with distribution to councils in 2016).

Statement of Changes in Equity Comparison

Accumulated Surplus

\$515,666 (2014 \$402,992), up \$112,674 (28%)

Result of surplus for 2015 (will be reduced by 200K with distribution to councils in 2016).

Total Equity

\$515,666 (2014 \$402,992), up \$112,674 (28%)

Result of surplus for 2015 (will be reduced by 200K with distribution to councils in 2016).

Statement of Cash Flow Comparison

Net cash provided by (or used in) Operating Activities

\$123,525 (2014 \$269,831), down \$146,306 (-54%)

Net cash provided by (or used in) Investing Activities

\$0 (2014 (\$9,806)), down (\$9,806)

Net cash provided by (or used in) Financing Activities

\$(53,369) (2014 \$(50,921)), up \$(2,448)

Repayment of Fit-out Loan

Net increase (decrease) in cash held

\$70,156 (2014 \$209,104), down \$138,948

Cash and cash equivalents at the end of the period

\$789,971 (2014 \$719,815), up \$70,156

The external auditor will issue an Audit Opinion taking into account the considerations and any recommendations of both the Audit Committee and Board of Management. The Audit Opinion will be provided to the Board at its meeting on 28 October 2015.

RECOMMENDATION

That:

1. The report regarding the General Purpose Financial Statements for the year ended 30 June 2015 is received.
2. The General Purpose Financial Statements, as tabled, for the year ended 30 June 2015 and provided as attachment 1 are received and adopted.
3. The Chairperson be authorised to sign the adoption statement in relation to the audit for the 2014/2015 financial year.
4. A copy of the Annual Financial Statements is provided to the Constituent Councils.

Eastern Health Authority
General Purpose Financial Reports
for the year ended 30 June 2015

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Eastern Health Authority

STATEMENT OF COMPREHENSIVE INCOME
for the year ended 30 June 2015

	Notes	2015 \$	2014 \$
INCOME			
Council contributions	2	1,576,605	1,556,139
Statutory charges	2	157,329	428,938
User charges	2	303,449	371,211
Grants, subsidies & contributions	2	117,983	173,147
Investment income	2	20,871	18,022
Other income	2	6,660	8,591
Total Income		<u>2,182,897</u>	<u>2,556,048</u>
EXPENSES			
Employee costs	3	1,353,987	1,480,853
Materials, contracts & other expenses	3	608,515	827,249
Depreciation, amortisation & impairment	3	83,705	83,704
Finance costs	3	24,016	39,545
Total Expenses		<u>2,070,223</u>	<u>2,431,351</u>
OPERATING SURPLUS / (DEFICIT)		112,674	124,697
NET SURPLUS / (DEFICIT)		<u>112,674</u>	<u>124,697</u>
transferred to Equity Statement			
Other Comprehensive Income		-	-
Total Other Comprehensive Income		<u>-</u>	<u>-</u>
TOTAL COMPREHENSIVE INCOME		<u>112,674</u>	<u>124,697</u>

This Statement is to be read in conjunction with the attached Notes.

Eastern Health Authority

STATEMENT OF FINANCIAL POSITION
as at 30 June 2015

	Notes	2015 \$	2014 \$
ASSETS			
Current Assets			
Cash & cash equivalents	4	789,971	719,815
Trade & other receivables	4	<u>162,272</u>	<u>178,512</u>
Total Current Assets		952,243	898,327
Non-current Assets			
Infrastructure, property, plant & equipment	5	<u>441,095</u>	<u>524,800</u>
Total Non-current Assets		441,095	524,800
Total Assets		<u>1,393,338</u>	<u>1,423,127</u>
LIABILITIES			
Current Liabilities			
Trade & other payables	6	108,658	181,322
Borrowings	6	55,934	53,369
Provisions	6	<u>236,220</u>	<u>251,094</u>
Total Current Liabilities		400,812	485,785
Non-current Liabilities			
Borrowings	6	435,198	491,132
Provisions	6	<u>41,662</u>	<u>43,218</u>
Total Non-current Liabilities		476,860	534,350
Total Liabilities		<u>877,672</u>	<u>1,020,135</u>
NET ASSETS		<u>515,666</u>	<u>402,992</u>
EQUITY			
Accumulated Surplus		<u>515,666</u>	<u>402,992</u>
TOTAL EQUITY		<u>515,666</u>	<u>402,992</u>

This Statement is to be read in conjunction with the attached Notes.

Eastern Health Authority

STATEMENT OF CHANGES IN EQUITY for the year ended 30 June 2015

	Notes	Accumulated Surplus	TOTAL EQUITY
2015		\$	\$
Balance at end of previous reporting period		402,992	402,992
Net Surplus / (Deficit) for Year		<u>112,674</u>	<u>112,674</u>
Balance at end of period		<u>515,666</u>	<u>515,666</u>
2014			
Balance at end of previous reporting period		278,295	278,295
Net Surplus / (Deficit) for Year		<u>124,697</u>	<u>124,697</u>
Balance at end of period		<u>402,992</u>	<u>402,992</u>

This Statement is to be read in conjunction with the attached Notes

Eastern Health Authority
STATEMENT OF CASH FLOWS
for the year ended 30 June 2015

	Notes	2015 \$	2014 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
<u>Receipts</u>			
Council contributions		1,576,605	1,711,753
Fees & other charges		157,329	453,986
User charges		300,975	419,499
Investment receipts		25,557	18,216
Grants utilised for operating purposes		117,983	173,147
Other revenues		6,660	(21,189)
<u>Payments</u>			
Employee costs		(1,418,550)	(1,431,151)
Materials, contracts & other expenses		(617,797)	(1,026,745)
Finance payments		(25,237)	(27,685)
Net Cash provided by (or used in) Operating Activities		123,525	269,831
 CASH FLOWS FROM INVESTING ACTIVITIES			
<u>Payments</u>			
Expenditure on renewal/replacement of assets		-	(1,710)
Expenditure on new/upgraded assets		-	(8,096)
Net Cash provided by (or used in) Investing Activities		-	(9,806)
 CASH FLOWS FROM FINANCING ACTIVITIES			
<u>Payments</u>			
Repayments of borrowings		(53,369)	(50,921)
Net Cash provided by (or used in) Financing Activities		(53,369)	(50,921)
Net Increase (Decrease) in cash held		70,156	209,104
Cash & cash equivalents at beginning of period	7	<u>719,815</u>	<u>510,711</u>
Cash & cash equivalents at end of period	7	<u>789,971</u>	<u>719,815</u>

This Statement is to be read in conjunction with the attached Notes

Eastern Health Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2015

Note 1 - SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies adopted in the preparation of the financial report are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

1 Basis of Preparation

1.1 Compliance with Australian Accounting Standards

This general purpose financial report has been prepared in accordance with Australian Accounting Standards as they apply to not-for-profit entities, other authoritative pronouncements of the Australian Accounting Standards Board, Interpretations and relevant South Australian legislation.

1.2 Historical Cost Convention

Except as stated below, these financial statements have been prepared in accordance with the historical cost convention.

1.3 Critical Accounting Estimates

The preparation of financial statements in conformity with Australian Accounting Standards requires the use of certain critical accounting estimates, and requires management to exercise its judgement in applying the Authority's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements are specifically referred to in the relevant sections of this Note.

1.4 Rounding

All amounts in the financial statements have been rounded to the nearest dollars (\$).

2 The Local Government Reporting Entity

Eastern Health Authority is incorporated under the SA Local Government Act 1999 and has its principal place of business at 101 Payneham Road, St Peters SA 5069. These financial statements include the Authority's direct operations and all entities through which the Authority controls resources to carry on its functions. In the process of reporting on the Authority as a single unit, all transactions and balances between activity areas and controlled entities have been eliminated.

3 Income recognition

Income is measured at the fair value of the consideration received or receivable. Income is recognised when the Authority obtains control over the assets comprising the income, or when the amount due constitutes an enforceable debt, whichever first occurs.

Where grants, contributions and donations recognised as incomes during the reporting period were obtained on the condition that they be expended in a particular manner or used over a particular period, and those conditions were undischarged as at the reporting date, the amounts subject to those undischarged conditions are disclosed in these notes. Also disclosed is the amount of grants, contributions and receivables recognised as incomes in a previous reporting period which were obtained in respect of the Authority's operations for the current reporting period.

4 Cash, Cash Equivalents and other Financial Instruments

Cash Assets include all amounts readily convertible to cash on hand at the Authority's option with an insignificant risk of changes in value with a maturity of three months or less from the date of acquisition.

All receivables are reviewed as at the reporting date and adequate allowance made for amounts the receipt of which is considered doubtful.

Eastern Health Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

for the year ended 30 June 2015

Note 1 - SIGNIFICANT ACCOUNTING POLICIES (cont.)

5 Plant & Equipment

5.1 Initial Recognition

All assets are initially recognised at cost. For assets acquired at no cost or for nominal consideration, cost is determined as fair value at the date of acquisition.

All non-current assets purchased or constructed are capitalised as the expenditure is incurred and depreciated as soon as the asset is held "ready for use". Cost is determined as the fair value of the assets given as consideration plus costs incidental to the acquisition, including architects' fees and engineering design fees and all other costs incurred. The cost of non-current assets constructed by the Authority, includes the cost of all materials used in construction, direct labour on the project and an appropriate proportion of variable and fixed overhead.

Assets with an economic life in excess of one year are only capitalised where the cost of acquisition exceeds materiality thresholds established by the Authority for each type of asset. In determining (and in annually reviewing) such thresholds, regard is had to the nature of the asset and its estimated service life. Examples of capitalisation thresholds applied during the year are given in Note 5

5.3 Subsequent Recognition

All material asset classes are revalued on a regular basis such that the carrying values are not materially different from fair value. For infrastructure and other asset classes where no active market exists, fair value is determined to be the current replacement cost of an asset less, where applicable, accumulated depreciation calculated on the basis of such cost to reflect the already consumed or expired future economic benefits of the asset. Further detail of existing valuations, methods and valuers are provided at Note 5.

5.4 Depreciation of Non-Current Assets

Other than land, all infrastructure, property, plant and equipment assets recognised are systematically depreciated over their useful lives on a straight-line basis which, in the opinion of the Authority, best reflects the consumption of the service potential embodied in those assets.

Depreciation methods, useful lives and residual values of classes of assets are reviewed annually.

Major depreciation periods for each class of asset are shown in Note 5. Depreciation periods for infrastructure assets have been estimated based on the best information available to the Authority, but appropriate records covering the entire life cycle of these assets are not available, and extreme care should be used in interpreting financial information based on these estimates.

5.5 Impairment

Assets that have an indefinite useful life are not subject to depreciation and are reviewed annually for impairment. Assets that are subject to depreciation are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount (which is the higher of the present value of future cash outflows or value in use).

For assets whose future economic benefits are not dependent on the ability to generate cash flows, and where the future economic benefits would be replaced if the Authority were deprived thereof, the value in use is the depreciated replacement cost. In assessing impairment for these assets, a rebuttable assumption is made that the current replacement cost exceeds the original cost of acquisition.

Eastern Health Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2015

Note 1 - SIGNIFICANT ACCOUNTING POLICIES (cont.)

Where an asset that has been revalued is subsequently impaired, the impairment is first offset against such amount as stands to the credit of that class of assets in Asset Revaluation Reserve, any excess being recognised as an expense.

6 Payables

6.1 Goods & Services

Creditors are amounts due to external parties for the supply of goods and services and are recognised as liabilities when the goods and services are received. Creditors are normally paid 30 days after the month of invoice. No interest is payable on these amounts.

6.2 Payments Received in Advance & Deposits

Amounts received from external parties in advance of service delivery, and security deposits held against possible damage to the Authority assets, are recognised as liabilities until the service is delivered or damage reinstated, or the amount is refunded as the case may be.

7 Borrowings

Loans are carried at their principal amounts which represent the present value of future cash flows associated with servicing the debt. Interest is accrued over the period to which it relates, and is recorded as part of "Payables".

8 Employee Benefits

8.1 Salaries, Wages & Compensated Absences

Liabilities for employees' entitlements to salaries, wages and compensated absences expected to be paid or settled within 12 months of reporting date are accrued at nominal amounts (including payroll based on-costs) measured in accordance with AASB 119.

Liabilities for employee benefits not expected to be paid or settled within 12 months are measured as the present value of the estimated future cash outflows (including payroll based on-costs) to be made in respect of services provided by employees up to the reporting date. Present values are calculated using government guaranteed securities rates with similar maturity terms.

No accrual is made for sick leave as the Authority experience indicates that, on average, sick leave taken in each reporting period is less than the entitlement accruing in that period, and this experience is expected to recur in future reporting periods. The Authority does not make payment for untaken sick leave.

8.2 Superannuation

The Authority makes employer superannuation contributions in respect of its employees to the Local Government Superannuation Scheme. The Scheme has two types of membership, each of which is funded differently. No changes in accounting policy have occurred during either the current or previous reporting periods. Details of the accounting policies applied and the Authority's involvement with the schemes are reported in Note 11.

9 Leases

Lease arrangements have been accounted for in accordance with Australian Accounting Standard AASB 117.

In respect of operating leases, where the lessor substantially retains all of the risks and benefits incident to ownership of the leased items, lease payments are charged to expense over the lease term.

Eastern Health Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2015

Note 1 - SIGNIFICANT ACCOUNTING POLICIES (cont.)

10 GST Implications

In accordance with UIG Abstract 1031 "Accounting for the Goods & Services Tax"

- Receivables and Creditors include GST receivable and payable.
- Except in relation to input taxed activities, revenues and operating expenditures exclude GST receivable and payable.
- Non-current assets and capital expenditures include GST net of any recoupment.
- Amounts included in the Statement of Cash Flows are disclosed on a gross basis.

11 Pending Accounting Standards

Certain new accounting standards and UIG interpretations have been published that are not mandatory for the 30 June 2015 reporting period and have not been used in preparing these reports.

AASB 7	Financial Instruments – Disclosures
AASB 9	Financial Instruments
AASB 15	Revenue from Contracts with Customers
AASB 124	Related Party Disclosures

Standards containing consequential amendments to other Standards and Interpretations arising from the above - AASB 2010-7, AASB 2014-1, AASB 2014-3, AASB 2014-4, AASB 2014-5, AASB 2014-6, AASB 2014-7, AASB 2014-8, AASB 2014-9, AASB 14-10, AASB 15-1, AASB 15-2, AASB 15-3, AASB 15-4, AASB 15-5 and AASB 2015-6. (Standards not affecting local government have been excluded from the above list.)

The Authority is of the view that none of the above new standards or interpretations will affect any of the amounts recognised in the financial statements, but that they may impact certain information otherwise disclosed.

The Australian Accounting Standards Board is currently reviewing AASB 1004 Contributions. It is anticipated that the changes resulting from this review may have a material effect on the timing of the recognition of grants and contributions, but the financial consequences cannot be estimated until a revised accounting standard is issued.

Eastern Health Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2015

Note 2 - INCOME

	Notes	2015 \$	2014 \$
COUNCIL CONTRIBUTIONS			
City of Burnside		400,896	390,742
Campbelltown City Council		376,996	371,319
City of Norwood Payneham & St Peters		487,613	475,199
City of Prospect		222,291	207,316
Town of Walkerville		88,809	81,631
Public Health Plan		-	29,932
		<u>1,576,605</u>	<u>1,556,139</u>
STATUTORY CHARGES			
SRF licences		4,601	5,923
Food inspections		49,059	55,316
Legionella registrations & inspections		22,779	19,895
Fines, penalties & expiations		80,890	347,804
		<u>157,329</u>	<u>428,938</u>
USER CHARGES			
Immunisation fee for service		56,222	70,833
Immunisation worksites		103,385	90,858
Food safety training		486	1,910
Food auditing		46,220	53,904
City of Unley		97,136	100,032
City of Adelaide		-	53,674
		<u>303,449</u>	<u>371,211</u>
INVESTMENT INCOME			
Interest on investments			
Local Government Finance Authority		20,871	18,022
		<u>20,871</u>	<u>18,022</u>

Eastern Health Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2015

NOTE 2 - INCOME (cont.)

	Notes	2015 \$	2014 \$
OTHER INCOME			
Motor vehicle reimbursements		2,667	7,713
Sundry		<u>3,993</u>	<u>878</u>
		<u>6,660</u>	<u>8,591</u>
 GRANTS, SUBSIDIES, CONTRIBUTIONS			
Immunisation fees - schools		75,881	129,425
Immunisation fees - ACIR		<u>42,102</u>	<u>43,722</u>
		<u>117,983</u>	<u>173,147</u>
 Sources of grants			
<i>State government</i>		<u>117,983</u>	<u>173,147</u>
		<u>117,983</u>	<u>173,147</u>

Eastern Health Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2015

Note 3 - EXPENSES

	Notes	2015 \$	2014 \$
EMPLOYEE COSTS			
Salaries & wages		1,231,367	1,283,582
Employee leave expense		(16,430)	57,484
Superannuation - defined contribution plan contributions	11	95,397	89,723
Superannuation - defined benefit plan contributions	11	17,471	27,750
Workers' Compensation Insurance		14,639	14,417
Other		11,543	7,897
Total Operating Employee Costs		1,353,987	1,480,853
 Total Number of Employees		 19	 19
<i>(Full time equivalent at end of reporting period)</i>			
 MATERIALS, CONTRACTS & OTHER EXPENSES			
<u>Prescribed Expenses</u>			
Auditor's Remuneration			
- Auditing the financial reports		7,700	6,800
Bad & Doubtful Debts		2,590	196,488
Board of management expenses		15,800	12,566
Operating Lease Rentals - non-cancellable leases	9		
- minimum lease payments		55,159	56,756
Subtotal - Prescribed Expenses		81,249	272,610
 <u>Other Materials, Contracts & Expenses</u>			
Accounting & internal audit		9,590	4,500
Contractors		23,365	20,308
Energy		9,178	11,079
Fringe Benefit Tax		16,148	14,676
Human resources		14,645	19,845
Income protection/Uniform expenses		16,801	14,001
Insurance		25,950	25,038
Legal expenses		17,689	89,253
Motor vehicle expenses		14,300	18,831
IT licencing & support		55,837	37,034
Parts, accessories & consumables		106,850	85,410
Printing & stationery		33,575	28,835
Telephone		14,001	18,067
Public health plan		20,678	29,932
Office rent		92,588	79,150
Staff training		19,614	25,858
Sundry		36,457	32,822
Subtotal - other materials, contracts & expenses		527,266	554,639
		608,515	827,249

Eastern Health Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2015

Note 3 - EXPENSES (cont)

	Notes	2015 \$	2014 \$
DEPRECIATION, AMORTISATION & IMPAIRMENT			
Depreciation			
Buildings & Other Structures		23,643	23,642
Office furniture & software		<u>60,062</u>	<u>60,062</u>
		<u>83,705</u>	<u>83,704</u>
 FINANCE COSTS			
Interest on Loans		<u>24,016</u>	<u>39,545</u>
		<u>24,016</u>	<u>39,545</u>

Eastern Health Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2015

Note 4 - CURRENT ASSETS

	Notes	2015	2014
CASH & EQUIVALENT ASSETS		\$	\$
Cash on hand & at bank		51,153	76,287
Short term deposits & bills, etc		<u>738,818</u>	<u>643,528</u>
		<u>789,971</u>	<u>719,815</u>
 TRADE & OTHER RECEIVABLES			
Accrued Revenues		-	4,686
Debtors - general		358,767	356,293
Prepayments		-	14,028
Total		<u>358,767</u>	<u>375,007</u>
 Less: Allowance for Doubtful Debts		<u>196,495</u>	<u>196,495</u>
		<u>162,272</u>	<u>178,512</u>
 <i>Amounts included in receivables that are not expected to be received within 12 months of reporting date.</i>		-	5,320

Eastern Health Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2015

Note 5 - INFRASTRUCTURE, PROPERTY, PLANT & EQUIPMENT

	Fair Value Level	2014 \$ AT COST	2014 \$ ACCUM DEP'N	2014 \$ CARRYING AMOUNT	2015 \$ AT COST	2015 \$ ACCUM DEP'N	2015 \$ CARRYING AMOUNT
Buildings & other structures	3	472,846	(70,117)	402,729	472,846	(93,760)	379,086
Office furniture & software		289,776	(167,705)	122,071	289,776	(227,767)	62,009
TOTAL INFRASTRUCTURE, PROPERTY, PLANT & EQUIPMENT		762,622	(237,822)	524,800	762,622	(321,527)	441,095
Comparatives		752,816	(154,118)	598,698	762,622	(237,822)	524,800

This Note continues on the following pages.

Eastern Health Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2015

Note 5 - INFRASTRUCTURE, PROPERTY, PLANT & EQUIPMENT (cont.)

	2014	CARRYING AMOUNT MOVEMENTS DURING YEAR				2015
	\$ CARRYING AMOUNT	Additions New/Upgrade	\$ Renewals	Disposals	Depreciation	\$ CARRYING AMOUNT
Buildings & other structures	402,729	-	-	-	(23,643)	379,086
Office furniture & software	122,071	-	-	-	(60,062)	62,009
TOTAL INFRASTRUCTURE, PROPERTY, PLANT & EQUIPMENT	524,800	-	-	-	(83,705)	441,095
<i>Comparatives</i>	598,698	8,096	1,710		(83,704)	524,800

This Note continues on the following pages.

Eastern Health Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2015

Note 5 - INFRASTRUCTURE, PROPERTY, PLANT & EQUIPMENT (cont.)

Valuation of Assets

Capitalisation thresholds used by The Authority for a representative range of assets are shown below. No capitalisation threshold is applied to the acquisition of land or interests in land.

Office furniture & equipment	\$1,000
Buildings - new construction/extensions	\$10,000

Estimated Useful Lives: Useful lives are estimated for each individual asset. In estimating useful lives, regard is had to technical and commercial obsolescence, as well as legal and other limitations on continued use. The range of useful lives for a representative range of assets is shown below, although individual assets may have an estimated total useful life of greater or lesser amount:

Plant, Furniture & Equipment	
Office Equipment	5 to 10 years
Office Furniture	10 to 20 years
Vehicles	5 to 8 years
Building & Other Structures	
Leasehold improvements	50 to 100 years

Buildings & Other Structures

- These assets are recognised on the cost basis.

Plant, Furniture & Equipment

- These assets are recognised on the cost basis.

Eastern Health Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2015

Note 6 - LIABILITIES

		2015		2014	
	Notes	\$		\$	
TRADE & OTHER PAYABLES		Current	Non-current	Current	Non-current
Goods & Services		87,631		105,745	
Accrued expenses - other		21,027	-	75,577	-
		108,658	-	181,322	-
BORROWINGS					
Loans		55,934	435,198	53,369	491,132
		55,934	435,198	53,369	491,132
<i>All interest bearing liabilities are secured over the future revenues of the Authority.</i>					
PROVISIONS					
Employee entitlements (including oncosts)		236,220	41,662	251,094	43,218
		236,220	41,662	251,094	43,218

Eastern Health Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2015

Note 7 - RECONCILIATION TO CASH FLOW STATEMENT

(a) Reconciliation of Cash

Cash Assets comprise highly liquid investments with short periods to maturity subject to insignificant risk of changes of value. Cash at the end of the reporting period as shown in the Cash Flow Statement is reconciled to the related items in the Balance Sheet as follows:

		2015		2014
	Notes	\$		\$
Total cash & equivalent assets	4	<u>789,971</u>		<u>719,815</u>
Balances per Cash Flow Statement		<u>789,971</u>		<u>719,815</u>

**(b) Reconciliation of Change in Net Assets to Cash
from Operating Activities**

Net Surplus (Deficit)		112,674		124,697
Non-cash items in Income Statement				
Depreciation, amortisation & impairment		83,705		83,704
Net increase (decrease) in unpaid employee benefits		(16,430)		38,636
Change in allowances for under-recovery		<u>-</u>		<u>195,250</u>
		<u>179,949</u>		<u>442,287</u>
Add (Less): Changes in Net Current Assets				
Net (increase) decrease in receivables		16,240		(200,829)
Net increase (decrease) in trade & other payables		<u>(72,664)</u>		<u>28,373</u>
Net Cash provided by (or used in) operations		<u>123,525</u>		<u>269,831</u>

Eastern Health Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2015

Note 8 - FINANCIAL INSTRUMENTS

All financial instruments are categorised as *loans and receivables*.

Accounting Policies - Recognised Financial Instruments

Bank, Deposits at Call, Short Term Deposits **Accounting Policy:** Carried at lower of cost and net realisable value; Interest is recognised when earned.

Terms & conditions: Deposits are returning fixed interest rates between 2% and 3% (2014: 2% and 4%).

Carrying amount: approximates fair value due to the short term to maturity.

Receivables - Rates & associated charges (including legals & penalties for late payment)

Note: These receivables do not meet the definition of "financial instruments" and have been excluded from the following disclosures.

Accounting Policy: Carried at nominal values less any allowance for doubtful debts. An allowance for doubtful debts is recognised (and re-assessed annually) when collection in full is no longer probable.

Terms & conditions: Unsecured and do not bear interest. Although the Authority is not materially exposed to any individual debtor, credit risk exposure is concentrated within the Authority's boundaries in the State.

Carrying amount: approximates fair value (after deduction of any allowance).

Receivables - Fees & other charges

Accounting Policy: Carried at nominal values less any allowance for doubtful debts. An allowance for doubtful debts is recognised (and re-assessed annually) when collection in full is no longer probable.

Terms & conditions: Unsecured, and do not bear interest. Although Authority is not materially exposed to any individual debtor, credit risk exposure is concentrated within the Authority's boundaries.

Carrying amount: approximates fair value (after deduction of any allowance).

Receivables - Other levels of government

Accounting Policy: Carried at nominal value.

Terms & conditions: Amounts due have been calculated in accordance with the terms and conditions of the respective programs following advice of approvals, and do not bear interest. All amounts are due by Departments and Agencies of State and Federal Governments.

Carrying amount: approximates fair value.

Liabilities - Creditors & accruals

Accounting Policy: Liabilities are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Authority.

Terms & conditions: Liabilities are normally settled on 30 day terms.

Carrying amount: approximates fair value.

Liabilities - Interest bearing borrowings

Accounting Policy: Carried at the principal amounts. Interest is charged as an expense as it accrues.

Terms & conditions: secured over future revenues, borrowings are repayable twice a year; interest is charged at a fixed rate: 4.75% (2014: 4.75%)

Carrying amount: approximates fair value.

Liabilities - Finance leases

Accounting Policy: accounted for in accordance with AASB 117.

Eastern Health Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2015

Note 8 - FINANCIAL INSTRUMENTS (cont.)

Liquidity Analysis

2015	Due < 1 year	Due > 1 year; ≤ 5 years	Due > 5 years	Total Contractual Cash Flows	Carrying Values
	\$	\$	\$	\$	\$
Financial Assets					
Cash & Equivalents	789,971	-	-	789,971	789,971
Receivables	162,272	-	-	162,272	162,272
Total	952,243	-	-	952,243	952,243
Financial Liabilities					
Payables	108,658	-	-	108,658	108,658
Current Borrowings	78,606	-	-	78,606	55,934
Non-Current Borrowings	-	471,638	117,909	589,547	435,198
Total	187,264	471,638	117,909	776,811	599,790
2014	Due < 1 year	Due > 1 year; ≤ 5 years	Due > 5 years	Total Contractual Cash Flows	Carrying Values
	\$	\$	\$	\$	\$
Financial Assets					
Cash & Equivalents	719,741	-	-	719,741	719,815
Receivables	169,531	-	-	169,531	375,007
Total	889,272	-	-	889,272	1,094,822
Financial Liabilities					
Payables	105,509	-	-	105,509	105,745
Current Borrowings	78,606	-	-	78,606	53,369
Non-Current Borrowings	-	314,424	275,123	589,547	491,132
Total	184,115	314,424	275,123	773,662	650,246

The following interest rates were applicable to Authority's borrowings at balance date:

	30 June 2015		30 June 2014	
	Weighted Average Interest Rate %	Carrying Value \$	Weighted Average Interest Rate %	Carrying Value \$
Fixed Interest Rates	4.75	491,132	4.75	544,501
		491,132		544,501

Net Fair Value

All carrying values approximate fair value for all recognised financial instruments. There is no recognised market for the financial assets of the Authority.

Eastern Health Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2015

Note 9 - OPERATING LEASES

Lease payment commitments of Authority

The Authority has entered into non-cancellable operating leases for motor vehicles and a photocopier.

No lease imposes any additional restrictions on the Authority in relation to additional debt or further leasing.

Leases in relation to computer and office equipment permit the Authority, at expiry of the lease, to elect to re-lease, return or acquire the equipment leased.

No lease contains any escalation clause.

Commitments under non-cancellable operating leases that have not been recognised in the financial statements are as follows:

	2015	2014
	\$	\$
Not later than one year	43,041	20,889
Later than one year and not later than 5 years	37,286	5,687
	80,327	26,576

Eastern Health Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2015

Note 10 - UNIFORM PRESENTATION OF FINANCES

The following is a high level summary of both operating and capital investment activities of the Authority prepared on a simplified Uniform Presentation Framework basis.

All Councils in South Australia have agreed to summarise annual budgets and long-term financial plans on the same basis.

The arrangements ensure that the Authority provide a common 'core' of financial information, which enables meaningful comparisons.

	2015 \$	2014 \$
Income	2,182,897	2,556,048
<i>less</i> Expenses	<u>2,070,223</u>	<u>2,431,351</u>
Operating Surplus / (Deficit)	112,674	124,697
 <i>less</i> Net Outlays on Existing Assets		
Capital Expenditure on renewal and replacement of Existing Assets	-	1,710
Depreciation, Amortisation and Impairment	(83,705)	(83,704)
Proceeds from Sale of Replaced Assets	-	-
	<u>(83,705)</u>	<u>(81,994)</u>
 <i>less</i> Net Outlays on New and Upgraded Assets		
Capital Expenditure on New and Upgraded Assets <i>(including investment property & real estate developments)</i>	-	8,096
	<u>-</u>	<u>8,096</u>
 Net Lending / (Borrowing) for Financial Year	 <u>196,379</u>	 <u>198,595</u>

Eastern Health Authority

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2015

Note 11 – SUPERANNUATION

The Authority makes employer superannuation contributions in respect of its employees to Statewide Super (formerly Local Government Superannuation Scheme). There are two types of membership, each of which is funded differently. Permanent and contract employees of the South Australian Local Government sector with Salarylink benefits prior to 24 November 2009 have the option to contribute to the Accumulation section and/or Salarylink. All other employees (including casuals) have all contributions allocated to the Accumulation section.

Accumulation only Members

Accumulation only members receive both employer and employee contributions on a progressive basis. Employer contributions are based on a fixed percentage of ordinary time earnings in accordance with superannuation guarantee legislation (9.50% in 2014/15; 9.25% in 2013/14). No further liability accrues to the Authority as the superannuation benefits accruing to employees are represented by their share of the net assets of the Fund.

Salarylink (Defined Benefit Fund) Members

Salarylink is a defined benefit scheme where the benefit payable is based on a formula determined by the member's contribution rate, number of years and level of contribution and final average salary. The Authority makes employer contributions to Salarylink as determined by the Fund's Trustee based on advice from the appointed Actuary. The rate is currently 6.3% (6.3% in 2013/14) of "superannuation" salary.

In addition, the Authority makes a separate contribution of 3% of ordinary time earnings for Salarylink members to their Accumulation account. Employees also make member contributions to the Salarylink section of the Fund. As such, assets accumulate in the Salarylink section of the Fund to meet the member's benefits, as defined in the Trust Deed, as they accrue.

The Salarylink section is a multi-employer sponsored plan. As the Salarylink section's assets and liabilities are pooled and are not allocated by each employer, and employees may transfer to another employer within the local government sector and retain membership of the Fund, the Actuary is unable to allocate benefit liabilities, assets and costs between employers. As provided by AASB 119.32(b), the Authority does not use defined benefit accounting for these contributions.

The most recent actuarial investigation was conducted by the Fund's actuary, A C Miller, FIAA, of Russell Employee Benefits Pty Ltd as at 30 June 2014. The Trustee has determined that the current funding arrangements are adequate for the expected Salarylink liabilities. However, future financial and economic circumstances may require changes to the Authority's contribution rates at some future time.

Contributions to Other Superannuation Schemes

The Authority also makes contributions to other superannuation schemes selected by employees under the "choice of fund" legislation. All such schemes are of the accumulation type, where the superannuation benefits accruing to the employee are represented by their share of the net assets of the scheme, and no further liability attaches to the Authority.



EASTERN HEALTH AUTHORITY

**ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2015**

CERTIFICATION OF AUDITOR INDEPENDENCE

To the best of our knowledge and belief, we confirm that, for the purpose of the audit of Eastern Health Authority for the year ended 30 June 2015, EHA's Auditor, Dean Newbery & Partners Chartered Accountants, has maintained its independence in accordance with the requirements of the Local Government Act 1999 and the Local Government (Financial Management) Regulations 2011 made under that Act.

This statement is prepared in accordance with the requirements of the Regulation 22(3) Local Government (Financial Management) Regulations 2011.

Michael Livori
CHIEF EXECUTIVE OFFICER

Lisa Scinto
PRESIDING MEMBER
AUDIT COMMITTEE

Date: 12/08/2015

6.2 REPORT ON FINANCIAL RESULTS FOR THE YEAR ENDED 30 JUNE 2015

Author: Michael Livori
Ref: AF14/34

Summary

Section 10 of the Local Government (Financial Management) Regulations 2011 requires a regional subsidiary to prepare a report showing its audited financial results for the previous financial year compared with its estimated financial results set out in the budget in a manner consistent with the Model Financial Statements.

Report

The required comparison has been completed and is provided as attachment 1 to this report.

Commentary in relation to the comparison is detailed below.

Statement of Comprehensive Income

Total Operating Income was \$106,907 less than originally budgeted while Total Operating Expenditure was \$250,692 less than budgeted. More detail in relation to income and expenditure variations is provided later in the report (see Funding Statement section of report).

The operating surplus resulting from operations is \$112,674. The budgeted result was a deficit of \$31,112. The main driver for the improvement of \$143,785 is the delays in the appointment of staff to budgeted positions.

Other Statements

Figures used for comparison in the statements below (Cash Flow, Financial Position and Changes in Equity) are based on the September 2014 revised budget. The revised September figures take into account the previous year's (2014) audited figures. Using the adjusted (audited) starting figures provides a much truer comparison than using the original adopted budget for these figures.

Statement of Cash Flow

Net cash Provided/(Used) by operating activities of \$123,525 shows a \$70,156 improvement on the revised (September) budget of \$3,629 in the main due to the reduction in employee expenses.

Cash and Cash Equivalents at the End of Reporting Period \$789,971 improved by \$70,156 in comparison to the revised (September) budget position of \$719,815.

Statement of Financial Position

Net Current Assets/(Current Liabilities) \$551,431 shows a \$136,440 improvement on the revised (September) budget position of \$454,991.

Total Non Current Assets \$441,095 are \$2,854 less than the revised (September) budget position of \$443,949.

Total Non Current Liabilities \$476,860 are \$6,571 less than the revised (September) budget position of \$483,431.

Net Assets and Total Equity \$515,666 both show a \$140,157 improvement on the revised (September) budget position of \$415,509.

Statement of Changes in Equity

The net surplus of \$112,674 was an improvement of \$140,157 when compared to the adopted budget of a deficit of \$31,112.

Total Equity of \$515,666 was an improvement of \$140,157 when compared to the revised budget of \$415,509.

Uniform Presentation Finances (note 10)

Shows the operating position decreased by \$12,023.

Net Outlays on Existing Assets decreased by \$1,711.

Net Outlays on New and Upgraded Assets decreased by \$8,096 to \$0.

Net Lending / (Borrowing) reduced by \$2,216.

Eastern Health Authority Funding Statement 2014/2015

EHA's Funding Statement 2014/2015 provides more detailed information in relation to individual budget line performance against both the Adopted and Revised budget. The Funding Statement is provided as attachment 2.

The table below details income variations against the Adopted Budget of greater than \$5,000 and where appropriate an explanation for the variation. Unfavourable variations are shown in red, while favourable variations are black.

Income Variations		
Budget Line	Variation	Reason
Public Health Plan Contributions	(\$15,500)	Invoice timing
Food Inspection Fees	(\$30,941)	Less inspections due to staff availability
Fines	(\$5,890)	Decrease in expiations issued
Non funded vaccines	(\$22,778)	Less demand, offset by expenditure
Food Auditing Fees	(\$10,780)	Less audits due to staff availability
City of Unley	(\$8,864)	Reduction in SRF work
SBIP	(\$22,119)	Change in timing for grant payment
Motor Vehicle re-imburements	(\$9,833)	Reduction in personal use

The variation in relation to total actual income received as compared to budgeted income is (\$106,907) or -4.6% (Actual \$2,182,899 / Budgeted \$2,289,806).

The table below details expenditure variations of greater than \$5,000 and where appropriate an explanation for the variation. Unfavourable variations are shown in red, while favourable variations are black.

Expenditure Variations		
Budget Line	Variation	Reason
Salaries and Wages	(\$228,633)	Delays in the appointment of staff to budgeted positions
Superannuation	(\$12,132)	See note Salaries and Wages
Employee Leave Expenses	(\$46,430)	Reduction in leave liabilities
Agency Staff	\$11,543	See note Salaries and Wages
IT Support	\$22,763	Ongoing IT system issues.
Unfunded Vaccines	(\$9,443)	Less demand
Regional Public Health Plan	\$20,678	Timing of plan finalisation
WHS	(\$30,888)	Please note this variation is against revised budget. WHS work not commenced but will be required in 2015/2016, will require budget variation in 15/16 budget. See Report Item 6.6 at BOM meeting of 29 April 2015.

The variation in relation to total actual expenditure as compared to budgeted expenditure is (\$250,692) or -10.8% (Actual \$2,070,225/ Budgeted \$2,320,917).

As detailed in the financial statement the **net result** was a surplus of \$112,674. This was an improvement in position of \$140,156 when compared to the budgeted result of a deficit of \$31,112.

The **cash result** was \$140,445 which is an improvement in position of \$144,074 when compared to the budgeted result of (\$3,630).

As detailed previously the main driver for the result was the delay in the appointment of staff to budgeted positions during the reporting period.

RECOMMENDATION

That:

The report on Financial Results for the Year Ending 30 June 2015 is received.

EASTERN HEALTH AUTHORITY COMPARISON OF ADOPTED BUDGET TO AUDITED RESULTS FOR THE FINANCIAL YEAR ENDING 30 JUNE 2015

STATEMENT OF COMPREHENSIVE INCOME

	ADOPTED BUDGET	BUDGET REVIEW SEPTEMBER	BUDGET REVIEW DECEMBER	BUDGET REVIEW MARCH	REVISED BUDGET	AUDITED RESULT	VARIATION AGAINST ADOPTED BUDGET	VARIATION
	\$	\$	\$	\$	\$	\$	\$	%
INCOME								
Council Contributions	1,576,605	-	15,500	-	1,592,105	1,576,605	-	0%
Statutory Charges	182,700	-	10,000	(15,000)	177,700	157,329	(25,371)	-14%
User Charges	346,500	-	(15,000)	(33,000)	298,500	303,449	(43,051)	-12%
Grants, subsidies and contributions	140,500	-	(15,000)	(7,000)	118,500	117,983	(22,517)	-16%
Investment Income	25,000	-	-	(3,000)	22,000	20,871	(4,129)	-17%
Other Income	18,500	-	-	(7,000)	11,500	6,660	(11,840)	-64%
TOTAL INCOME	2,289,805	-	(4,500)	(65,000)	2,220,305	2,182,897	(106,908)	-5%
EXPENSES								
Employee Costs	1,631,000	-	(50,000)	(105,000)	1,476,000	1,353,987	(277,013)	-17%
Materials, contracts and other expenses	580,200	-	5,500	40,000	625,700	608,515	28,315	5%
Finance Charges	28,866	(3,629)	-	-	25,237	24,016	(4,850)	-17%
Depreciation	80,851	-	-	-	80,851	83,705	2,854	4%
TOTAL EXPENSES	2,320,917	(3,629)	(44,500)	(65,000)	2,207,788	2,070,223	(250,694)	-11%
Operating Surplus/(Deficit)	(31,112)	3,629	40,000	-	12,517	112,674	143,786	-462%
Net gain (loss) on disposal of assets	-	-	-	-	-	-	-	-
Net Surplus/(Deficit)	(31,112)	3,629	40,000	-	12,517	112,674	143,786	1149%
Other Comprehensive Income	-	-	-	-	-	-	-	-
Total Comprehensive Income	(31,112)	3,629	40,000	-	12,517	112,674	143,786	1149%

EASTERN HEALTH AUTHORITY COMPARISON OF ADOPTED BUDGET TO AUDITED RESULTS FOR THE FINANCIAL YEAR ENDING 30 JUNE 2015

STATEMENT OF CASH FLOWS

	ADOPTED BUDGET \$	BUDGET REVIEW SEPTEMBER \$	BUDGET REVIEW DECEMBER \$	BUDGET REVIEW MARCH \$	REVISED BUDGET \$	AUDITED RESULT \$	VARIATION AGAINST REVISED (SEPT) BUDGET \$	VARIATION %
CASHFLOWS FROM OPERATING ACTIVITIES								
Receipts								
Operating Receipts	2,264,805	-	(4,500)	(62,000)	2,198,305	2,159,499	(105,306)	-5%
Investment Receipts	25,000	-	-	(3,000)	22,000	25,557	557	2%
Payments								
Operating Payments to Suppliers & Employees	(2,211,200)		44,500	65,000	(2,101,700)	(2,036,294)	174,906	-8%
Interest Expense	(28,866)	3,629	-	-	(25,237)	(25,237)	-	0%
Net Cash Provided/(Used) by Operating Activities	49,739	3,629	40,000	-	93,368	123,525	70,157	141%
CASH FLOWS FROM FINANCING ACTIVITIES								
Loans Received	-	-	-	-	-	-	-	-
Loan Repayments	(53,369)	-	-	-	(53,369)	(53,369)	-	-
Net Cash Provided/(Used) by Financing Activities	(53,369)	-	-	-	(53,369)	(53,369)	-	-
CASH FLOWS FROM INVESTING ACTIVITIES								
Receipts								
Sale of Replaced Assets	-	-	-	-	-	-	-	-
Payments								
Expenditure on renewal / replacements of assets	-	-	-	-	-	-	-	-
Expenditure on new / upgraded assets	-	-	-	-	-	-	-	-
Net Cash Provided/(Used) by Investing Activities	-	-	-	-	-	-	-	-
NET INCREASE (DECREASE) IN CASH HELD	(3,630)	3,629	40,000	-	39,999	70,156	70,157	1933%
CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	556,711	163,104	-	-	719,815	719,815	-	0%
CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	553,081	166,733	40,000	-	759,814	789,971	70,157	1933%

EASTERN HEALTH AUTHORITY COMPARISON OF ADOPTED BUDGET TO AUDITED RESULTS FOR THE FINANCIAL YEAR ENDING 30 JUNE 2015

STATEMENT OF FINANCIAL POSITION

	ADOPTED BUDGET	BUDGET REVIEW SEPTEMBER	BUDGET REVIEW DECEMBER	BUDGET REVIEW MARCH	REVISED BUDGET	AUDITED RESULT	VARIATION AGAINST REVISED (SEPT) BUDGET	VARIATION
	\$	\$	\$	\$	\$	\$	\$	%
CURRENT ASSETS								
Cash and Cash Equivalents	528,081	191,733	40,000	-	759,814	789,971	70,157	13%
Trade & Other Receivables	175,594	2,918	-	-	178,512	162,272	(16,240)	-9%
Other	-	-	-	-	-	-	-	-
TOTAL CURRENT ASSETS	703,675	194,651	40,000	-	938,326	952,243	53,917	8%
CURRENT LIABILITIES								
Trade & Other Payables	254,461	(73,139)	-	-	181,322	108,658	(72,664)	-29%
Provisions	87,673	163,421	-	-	251,094	236,220	(14,874)	-17%
Borrowings	50,920	-	-	-	50,920	55,934	5,014	10%
Other	-	-	-	-	-	-	-	-
TOTAL CURRENT LIABILITIES	393,054	90,282	-	-	483,336	400,812	(82,524)	-21%
NET CURRENT ASSETS/(CURRENT LIABILITIES)	310,621	104,369	40,000	-	454,990	551,431	136,441	29%
NON-CURRENT ASSETS								
Equipment	434,545	9,404	-	-	443,949	441,095	(2,854)	-1%
Other	-	-	-	-	-	-	-	-
TOTAL NON-CURRENT ASSETS	434,545	9,404	-	-	443,949	441,095	(2,854)	-1%
NON-CURRENT LIABILITIES								
Provisions	52,203	(8,985)	-	-	43,218	41,662	(1,556)	-3%
Borrowings	441,394	(1,181)	-	-	440,213	435,198	(5,015)	-1%
TOTAL NON-CURRENT LIABILITIES	493,597	(10,166)	-	-	483,431	476,860	(6,571)	-1%
NET ASSETS	251,569	123,939	40,000	-	415,508	515,666	140,158	56%
EQUITY								
Accumulated Surplus/(Deficit)	251,570	123,939	40,000	-	415,509	515,666	140,157	56%
TOTAL EQUITY	251,570	123,939	40,000	-	415,509	515,666	140,157	56%

EASTERN HEALTH AUTHORITY COMPARISON OF ADOPTED BUDGET TO AUDITED RESULTS FOR THE FINANCIAL YEAR ENDING 30 JUNE 2015

STATEMENT OF CHANGES IN EQUITY

	ADOPTED BUDGET	BUDGET REVIEW SEPTEMBER	BUDGET REVIEW DECEMBER	BUDGET REVIEW MARCH	REVISED BUDGET	AUDITED RESULT	VARIATION AGAINST REVISED (SEPT) BUDGET	VARIATION
	\$	\$	\$	\$	\$	\$	\$	%
ACCUMULATED SURPLUS								
Balance at beginning of period	282,682	120,310	-		402,992	402,992	-	-
Net Surplus/(Deficit)	(31,112)	3,629	40,000		12,517	112,674	140,157	-450%
Distribution to Constituent Councils	-	-	-		-	-	-	-
Balance at end of period	251,570	123,939	40,000	-	415,509	515,666	140,157	56%
TOTAL EQUITY	251,570	123,939	40,000	-	415,509	515,666	140,157	56%

Eastern Health Authority - Funding Statement 2015					
Income	Adopted Budget	Revised Budget	Actual Result	Variation to Adopted Budget	Variation to Revised Budget
Constituent Council Income	2014-2015				
City of Burnside	\$ 400,896	\$ 400,896	\$ 400,896	\$ -	\$ -
City of Campbelltown	\$ 376,995	\$ 376,995	\$ 376,995	\$ -	\$ -
City of NPS	\$ 487,613	\$ 487,613	\$ 487,613	\$ -	\$ -
City of Prospect	\$ 222,291	\$ 222,291	\$ 222,291	\$ -	\$ -
Town of Walkerville	\$ 88,809	\$ 88,809	\$ 88,809	\$ -	\$ -
Public Health Plan Contributions	\$ -	\$ 15,500	\$ -	\$ -	\$ (15,500)
Total Constituent Council Contributions	\$ 1,576,605	\$ 1,592,105	\$ 1,576,605	\$ -	\$ (15,500)
Statutory Charges					
Food Inspection fees	\$ 80,000	\$ 50,000	\$ 49,059	\$ (30,941)	\$ (941)
Legionella registration and Inspection	\$ 22,000	\$ 22,000	\$ 22,779	\$ 779	\$ 779
SRF Licenses	\$ 5,700	\$ 5,700	\$ 4,602	\$ (1,098)	\$ (1,098)
Fines	\$ 75,000	\$ 100,000	\$ 80,890	\$ 5,890	\$ (19,110)
Total Statutory Charges	\$ 182,700	\$ 177,700	\$ 157,330	\$ (25,370)	\$ (20,370)
User Charges					
Immunisation - non funded vaccines	\$ 79,000	\$ 49,000	\$ 56,222	\$ (22,778)	\$ 7,222
Immunisation - Worksites	\$ 100,000	\$ 100,000	\$ 103,385	\$ 3,385	\$ 3,385
Food Auditing	\$ 57,000	\$ 52,000	\$ 46,220	\$ (10,780)	\$ (5,780)
City of Unley	\$ 106,000	\$ 96,000	\$ 97,136	\$ (8,864)	\$ 1,136
Food Safety Training	\$ 4,500	\$ 1,500	\$ 486	\$ (4,014)	\$ (1,014)
Total User Charges	\$ 346,500	\$ 298,500	\$ 303,449	\$ (43,051)	\$ 4,949
Grants, Subsidies, Contributions					
School Based immunisation Program	\$ 98,000	\$ 76,000	\$ 75,881	\$ (22,119)	\$ (119)
Child Immunisation register	\$ 42,500	\$ 42,500	\$ 42,102	\$ (398)	\$ (398)
Total Grants, Subsidies, Contributions	\$ 140,500	\$ 118,500	\$ 117,983	\$ (22,517)	\$ (517)
Investment Income					
Interest on investments	\$ 25,000	\$ 22,000	\$ 20,871	\$ (4,129)	\$ (1,129)
Total Investment Income	\$ 25,000	\$ 22,000	\$ 20,871	\$ (4,129)	\$ (1,129)
Other Income					
Motor Vehicle re-imburements	\$ 12,500	\$ 5,500	\$ 2,667	\$ (9,833)	\$ (2,833)
Sundry Income	\$ 6,000	\$ 6,000	\$ 3,993	\$ (2,007)	\$ (2,007)
Total Other Income	\$ 18,500	\$ 11,500	\$ 6,660	\$ (11,840)	\$ (4,840)
Total of non Constituent Council Income	\$ 713,200	\$ 628,200	\$ 606,293	\$ (106,907)	\$ (21,907)
Total Income	\$ 2,289,805	\$ 2,220,305	\$ 2,182,898	\$ (106,907)	\$ (37,407)

Eastern Health Authority - Funding Statement 2015					
Expenditure	Adopted Budget	Revised Budget	Actual Result	Variation to Adopted Budget	Variation to Revised Budget
Employee Costs					
Salaries & Wages	\$ 1,460,000	\$ 1,310,000	\$ 1,231,367	\$ (228,633)	\$ (78,633)
Superannuation	\$ 125,000	\$ 120,000	\$ 112,868	\$ (12,132)	\$ (7,132)
Workers Compensation	\$ 16,000	\$ 16,000	\$ 14,639	\$ (1,361)	\$ (1,361)
Employee Leave Expenses	\$ 30,000	\$ 30,000	\$ (16,430)	\$ (46,430)	\$ (46,430)
Medical Officer Retainer / Agency Staff	\$ -	\$ -	\$ 11,543	\$ 11,543	\$ 11,543
Total Employee Costs	\$ 1,631,000	\$ 1,476,000	\$ 1,353,987	\$ (277,013)	\$ (122,013)
Prescribed Expenses					
Auditing and Accounting	\$ 17,000	\$ 22,000	\$ 17,290	\$ 290	\$ (4,710)
Insurance	\$ 26,000	\$ 26,000	\$ 25,950	\$ (50)	\$ (50)
Maintenance	\$ 45,000	\$ 45,000	\$ 47,020	\$ 2,020	\$ 2,020
Vehicle Leasing/maintenance	\$ 67,000	\$ 67,000	\$ 63,255	\$ (3,745)	\$ (3,745)
Total Prescribed Expenses	\$ 155,000	\$ 160,000	\$ 153,515	\$ (1,485)	\$ (6,485)
Rent and Plant Leasing					
Electricity	\$ 10,000	\$ 10,000	\$ 9,178	\$ (822)	\$ (822)
Plant Leasing Photocopier	\$ 5,700	\$ 5,700	\$ 6,204	\$ 504	\$ 504
Rent	\$ 94,000	\$ 94,000	\$ 92,588	\$ (1,412)	\$ (1,412)
Water & ESL	\$ -	\$ -	\$ 1,137	\$ 1,137	\$ 1,137
Gas	\$ 2,000	\$ 2,000	\$ 3,210	\$ 1,210	\$ 1,210
Total Rent and Plant Leasing	\$ 111,700	\$ 111,700	\$ 112,317	\$ 617	\$ 617
IT Licensing and Support					
IT Licences	\$ 10,000	\$ 10,000	\$ 11,475	\$ 1,475	\$ 1,475
IT Support	\$ 18,000	\$ 35,000	\$ 40,763	\$ 22,763	\$ 5,763
Internet	\$ 2,000	\$ 2,000	\$ 1,303	\$ (697)	\$ (697)
IT Other	\$ 2,000	\$ 2,000	\$ 2,295	\$ 295	\$ 295
Total IT Licensing and Support	\$ 32,000	\$ 49,000	\$ 55,836	\$ 23,836	\$ 6,836
Administration					
Administration Sundry	\$ 7,000	\$ 7,000	\$ 10,167	\$ 3,167	\$ 3,167
Accreditation Fees	\$ 3,000	\$ 3,000	\$ 3,262	\$ 262	\$ 262
Board of Management	\$ 19,000	\$ 19,000	\$ 15,800	\$ (3,200)	\$ (3,200)
Bank Charges	\$ 3,000	\$ 3,000	\$ 3,003	\$ 3	\$ 3
Public Health Sundry	\$ 5,000	\$ 5,000	\$ 5,564	\$ 564	\$ 564
Fringe Benefits Tax	\$ 18,000	\$ 18,000	\$ 16,148	\$ (1,852)	\$ (1,852)
Health promotion	\$ 5,000	\$ 5,000	\$ 4,720	\$ (280)	\$ (280)
Legal	\$ 20,000	\$ 20,000	\$ 17,689	\$ (2,311)	\$ (2,311)
Printing & Stationery & Postage	\$ 30,000	\$ 30,000	\$ 33,575	\$ 3,575	\$ 3,575
Telephone	\$ 15,000	\$ 15,000	\$ 14,001	\$ (999)	\$ (999)
Occupational Health & Safety	\$ 2,000	\$ 32,000	\$ 1,112	\$ (888)	\$ (30,888)
Rodenticide	\$ 2,000	\$ 2,000	\$ 2,446	\$ 446	\$ 446
Staff Amenities	\$ 7,000	\$ 7,000	\$ 4,422	\$ (2,578)	\$ (2,578)
Staff Training	\$ 22,000	\$ 22,000	\$ 19,614	\$ (2,386)	\$ (2,386)
Human Resource Sundry	\$ 14,000	\$ 14,000	\$ 14,651	\$ 651	\$ 651
Total Administration	\$ 172,000	\$ 202,000	\$ 166,174	\$ (5,826)	\$ (35,826)

Eastern Health Authority - Funding Statement 2015					
Expenditure	Adopted Budget	Revised Budget	Actual Result	Variation to Adopted Budget	Variation to Revised Budget
Immunisation					
Immunisation SBP Consumables	\$ 9,500	\$ 9,500	\$ 6,311	\$ (3,189)	\$ (3,189)
Immunisation clinic vaccines	\$ 58,000	\$ 33,000	\$ 48,557	\$ (9,443)	\$ 15,557
Immunisation worksite vaccines	\$ 14,000	\$ 14,000	\$ 15,275	\$ 1,275	\$ 1,275
Total Administration	\$ 81,500	\$ 56,500	\$ 70,143	\$ (11,357)	\$ 13,643
Uniforms/Income protection					
Income Protection	\$ 16,000	\$ 16,000	\$ 16,801	\$ 801	\$ 801
Total Uniforms/Income protection	\$ 16,000	\$ 16,000	\$ 16,801	\$ 801	\$ 801
Sampling					
Legionella Testing	\$ 11,000	\$ 14,000	\$ 13,053	\$ 2,053	\$ (947)
Food Sampling	\$ 1,000	\$ 1,000	\$ -	\$ (1,000)	\$ (1,000)
Total Sampling	\$ 12,000	\$ 15,000	\$ 13,053	\$ 1,053	\$ (1,947)
New Initiatives					
Regional Public Health Plan	\$ -	\$ 15,500	\$ 20,678	\$ 20,678	\$ 5,178
Total New Initiatives	\$ -	\$ 15,500	\$ 20,678	\$ 20,678	\$ 5,178
Total Materials, contracts and other expenses	\$ 580,200	\$ 625,700	\$ 608,517	\$ 28,317	\$ (17,183)
Total Operating Expenditure	\$ 2,211,200	\$ 2,101,700	\$ 1,962,504	\$ (248,696)	\$ (139,196)
Finance Charges	\$ 28,866	\$ 25,237	\$ 24,016	\$ (4,850)	\$ (1,221)
Depreciation, amortisation and impairment	\$ 80,851	\$ 80,851	\$ 83,705	\$ 2,854	\$ 2,854
Total Expenditure	\$ 2,320,917	\$ 2,207,788	\$ 2,070,225	\$ (250,692)	\$ (137,563)
Total Income	\$ 2,289,805	\$ 2,220,305	\$ 2,182,898	\$ (106,907)	\$ (37,407)
Net Surplus/Deficit	\$ (31,112)	\$ 12,517	\$ 112,673	\$ 143,785	\$ 100,156
Depreciation Add Back	\$ 80,851	\$ 80,851	\$ 83,705	\$ 2,854	\$ 2,854
Loans Received	\$ -	\$ -	\$ -	\$ -	\$ -
Capital Expenditure - plant and Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Loan Repayments	\$ (53,369)	\$ (53,369)	\$ (55,934)	\$ (2,565)	\$ (2,565)
Cash Result	\$ (3,630)	\$ 39,999	\$ 140,444	\$ 144,074	\$ 100,445

6.3 EASTERN HEALTH AUTHORITY REVIEW OF DELEGATIONS 2015

Author: Michael Livori
Ref: AF15/43

Summary

It is generally recognised that for the efficient operation of an organisation the powers for effective decision making should be delegated to persons directly involved in the administration of the legislation.

The delegation of powers and functions from Constituent Councils to Eastern Health Authority (EHA) and from EHA to the staff of EHA are required to be regularly reviewed.

Report

Section 44 of the Local Government Act 1999, provides a general power for a council to delegate its powers or functions to various committees, subsidiaries, employees of council or authorised persons. Some other Acts also contain a specific power of delegation.

EHA requires powers and functions to be delegated to it by its Constituent Councils under the following legislation, in order to be able to fulfil its functions:

- Environment Protection Act 1993 and Environmental Protection (Waste to Resources) Policy 2010
- Expiation of Offences Act 1996
- Housing Improvement Act 1940
- Safe Drinking Water Act 2011
- South Australian Public Health Act 2011; South Australian Public Health (Legionella) Regulations 2013 and South Australian Public Health (Wastewater) Regulations 2013
- Supported Residential Facilities Act 1992 and Supported Residential Facilities Regulations 2009.

It should be noted that EHA receives its powers under the Food Act 2001 directly from the legislation by virtue of being a regional subsidiary. A regional subsidiary is considered to be an enforcement agency for the purpose of the Act.

The powers and functions in relation to the legislation detailed above are then required to be sub delegated to EHA staff pursuant to Clause 36 of Schedule 2 and Section 44 of the Local Government Act 1999 and Section 9(3) (b) of the Supported Residential Facilities Act 1992.

Councils are required to review their delegations at least once in every financial year pursuant to Section 44(6) of the Local Government Act 1999.

EHA has committed to lead the review of the delegations made by each of its Constituent Councils to EHA on an annual basis to ensure continuity and consistency.

To this end a review of all delegations currently in place from the Constituent Councils to EHA has been undertaken.

A preliminary review of the statutes under which EHA holds delegated authority from its constituent councils revealed no apparent amendments had occurred since the last review. In June 2015 Norman Waterhouse were engaged to confirm this fact and provided the following advice.

"I refer to your email of 3 June 2015 in relation to the above matter. I confirm that I have considered each of the statutes under which the Authority holds delegated authority from its Constituent Councils and the City of Unley.

Since the last review of the Authority's delegations completed by me on 16 July 2014, I confirm that there have been no amendments to any of these statutes.

For completeness, I note that the relevant acts were last amended as follows:

- *Environment Protection Act 1993 – last amended 29 November 2013*
- *Expiation of Offences Act 1996 – last amended 2 February 2014*
- *Housing Improvement Act 1940 – last amended 30 June 2007*
- *Safe Drinking Water Act 2011 – last amended 28 February 2013*
- *South Australian Public Health Act 2011 – last amended 16 June 2013 and*
- *Supported Residential Facilities Act 1992 – last amended 31 December 2011.*

That being the case, if the Authority is satisfied with its current level of delegated authority, it would be sufficient for the Authority to write to its Constituent Councils and the City of Unley in the following terms:

'Dear [insert]

I write in respect of the delegations provided by your Council to the Authority under the following statutes:

- *Environment Protection Act 1993;*
- *Expiation of Offences Act 1996;*
- *Housing Improvement Act 1940;*
- *Safe Drinking Water Act 2011;*
- *South Australian Public Health Act 2011; and*
- *Supported Residential Facilities Act 1992. [DELETE AS APPROPRIATE]*

The Authority has undertaken an annual review of this its delegations under these Acts and wishes to advise you that there have been no amendments to any of these Acts since the last review of the Authority's delegations in 2014. Equally, I advise that the current level of delegated authority provided by your Council to the Authority is sufficient to enable

the Authority to effectively discharge its powers and functions under its Constitution.

That being the case, it is the Authority's position that, for the purposes of your Council's 2015 review of the Authority's delegations, it is sufficient for your Council note that, having conducted an annual review of the Authority's delegations: the current delegations provided to the Authority are consistent with the legislation currently in force; are sufficient to enable the Authority to effectively discharge its powers and functions; and that no change to the delegated authority provided by your Council to the Authority is required at this time. There is no need for you to revoke and remake your delegations to the Authority.

Subsequent to the advice correspondence was provided to constituent councils outlining the outcome of the delegations review (provided as attachment 1).

As there were no amendments required to delegations from councils to EHA there are subsequently no required amendments to sub delegations from EHA to staff.

RECOMMENDATION:

That:

1. Eastern Health Authority Review of Delegations 2015 Report is received.
2. Having conducted an annual review of EHA's Delegations: the current sub delegations provided to EHA staff are consistent with the legislation currently in force; are sufficient to enable EHA to effectively discharge its powers and functions; and that no change to the delegated authority provided by EHA to its staff is required at this time.



101 Payneham Road,
St Peters SA 5069

PO Box 275
Stepney SA 5069

T 8132 3600 / F 8132 3623
eha@eha.sa.gov.au

www.eha.sa.gov.au
ABN 52 535 526 438

Our Ref: AF15/43

Date 05 June 2015

Sent to Constituent Council CEO's

Dear

RE: Delegations Review 2015

I write in respect of the delegations provided by your Council to the Authority under the following statutes:

- o Environment Protection Act 1993;
- o Expiation of Offences Act 1996;
- o Housing Improvement Act 1940;
- o Safe Drinking Water Act 2011;
- o South Australian Public Health Act 2011; and
- o Supported Residential Facilities Act 1992.

The Authority has undertaken an annual review of this its delegations under these Acts and wishes to advise you that there have been no amendments to any of these Acts since the last review of the Authority's delegations in 2014. Equally, I advise that the current level of delegated authority provided by your Council to the Authority is sufficient to enable the Authority to effectively discharge its powers and functions under its Constitution.

That being the case, it is the Authority's position that, for the purposes of your Council's 2015 review of the Authority's delegations, it is sufficient for your Council note that, having conducted an annual review of the Authority's delegations: the current delegations provided to the Authority are consistent with the legislation currently in force; are sufficient to enable the Authority to effectively discharge its powers and functions; and that no change to the delegated authority provided by your Council to the Authority is required at this time. There is no need for you to revoke and remake your delegations to the Authority.

Please do not hesitate to contact me if you wish to discuss any aspect of this matter further.

Yours sincerely

Michael Livori
Chief Executive Officer

6.4 ANNUAL BUSINESS PLAN 2014/2015 PERFORMANCE EVALUATION

Author: Michael Livori
Ref: AF14/34

Summary

This report outlines Eastern Health Authority's (EHA's) performance for 2014/2015 against the performance measures contained within the Annual Business Plan.

Report

The Annual Business Plan 2014/2015 was adopted by the Board of Management at its meeting held on 25 June 2014.

The Annual Business Plan includes the following:

- an outline of EHA's objectives for the financial year
- the intended activities to be undertaken and measures required to undertake those activities
- the performance measures intended to assess performance against EHA's objectives
- a summary of its operating expenditure, capital expenditure and sources of revenue for the financial year
- a summary of the budget (including the budgeted statutory financial statements).

Clause 3.5.2.2 of the Charter requires the Board to compare the Business Plan against performance targets at least once every financial year.

Outcomes of 2014/2015 have been evaluated against the performance measures contained within the Annual Business Plan to determine whether the objectives of the seven core activities have been achieved.

The results of the evaluation against performance measures are detailed in Attachment 1 to this report.

RECOMMENDATION

That:

The Annual Business Plan 2014/2015 Performance Evaluation report is received.

Business Plan Review - Progress Against Actions 1 July 2014 – 30 June 2015

1.0 – Governance and Organisational Development

Objective 1 Administration of legislative and corporate governance requirements

Actions	Performance Measures	Result
1.1 Monitor the compliance schedule which stipulates the statutory requirements identified in the Charter.	Statutory requirements complied with as per schedule.	Compliance schedule monitored. Required actions are detailed below.
1.2 Properly convene Board meetings providing agendas and minutes. Minimum of 5 ordinary meetings conducted. Notice of meeting given 3 clear days before ordinary meeting. Minutes provided within 5 days of meeting.	5 meetings conducted. Appropriate notice given. Timeframe met.	Five ordinary meetings and one budget workshop meeting were conducted. Time frames met.
1.3 Conduct election for Chair and Deputy Chair of Board of Management in February.	Election conducted at February meeting.	Chair and Deputy Chair elected at meeting held on 11 February 2015.
1.4 Annual business plan to be developed with detailed objectives for the year in consultation with Constituent Councils.	Draft considered at April meeting and adopted at June meeting.	Budget Workshop held with Board on 11 March 2015. Constituent Council invited to provide initial comment in February 2015, comment on preliminary draft in March 2015 and again on endorsed draft in May 2015. Draft considered by BOM at 29 April 2015 meeting and adopted at 24 June 2015 meeting.
1.5 Develop budgeted financial statements to implement the Annual Business Plan of EHA. Draft Budgeted Financial Statements considered at May meeting. Budgeted Financial Statements adopted at June meeting.	Budget and Financial Statements adopted. Copy of budget provided to CEO of Constituent Councils within 5 days of adoption.	Budget Workshop held on 11 March 2015 to inform process. Draft Budget presented at 29 April 2015 meeting. Budget Adopted at 24 June 2015 meeting. Budget provided to councils on 29 June 2015.

Business Plan Review - Progress Against Actions 1 July 2014 – 30 June 2015

Actions (continued)	Performance Measures	Results
1.6 Keep proper books of account, regularly report on the financial position of EHA, and apply prudent financial management as required by the Charter.	Financial reports provided at each Board Meeting. Budget reviews presented at October, February and April meetings.	Regular Finance Reports and three Budget Reviews considered and adopted by Board of Management.
1.7 Conduct Audit Committee meetings as required by Charter.	Audit committee meet minimum of two times per annum.	Two Audit Committee meetings held.
1.8 Ensure the financial statements are audited annually as per the requirements of the Charter.	Audited financial statements adopted at August meeting and provided to Constituent Councils within 5 days.	Audit signed without qualification by Auditor and adopted by Board of Management 27 August 2014.
1.9 Monitor Long Term Financial Plan.	Plan reviewed annually as part of budget process.	Initial LTFP adopted on 28 August 2013. Updated 13 September 2014.
1.10 Improve data collection and reporting from Health Manager to enable more effective and efficient reporting.	Opportunities for improvement identified and implemented prior to each new financial year.	EH Team have worked closely with Open Office to identify, develop and implement new opportunities to improve data collection and reporting. IT issues have delayed full implementation.
1.11 Provide regular statistical reports to Board Members and Constituent Council.	Reports provided at scheduled Board meetings.	Reports provided to all Board meetings. Statistical reports form part of delegates report to Constituent Councils.
1.12 Conduct annual review of delegations. Lead Constituent Councils in process. Resolutions and Instruments of delegation provided to Constituent Councils.	Documents provided to Constituent Councils. Delegations from EHA to CEO reviewed.	Review conducted in June 2015 and results of review communicated to Constituent Councils.
1.13 Compile annual report in relation to the operations of EHA as required by the Charter.	Annual report adopted at August meeting and provided to Constituent Councils and other stakeholders.	Annual Report 2013/2014 adopted at meeting held on 27 August 2014.

Business Plan Review - Progress Against Actions 1 July 2014 – 30 June 2015

Actions (continued)	Performance Measures	Results
1.14 Compile report pursuant to the <i>SA Public Health Act 2011</i> in relation to the operations of EHA as required by legislation.	Report adopted at relevant Board meeting and provided to Public Health Council.	Not required in this reporting period.
1.15 Compile annual report pursuant to the <i>Food Act 2001</i> in relation to the operations of EHA as required by legislation.	Report adopted at August meeting and provided to SA Health.	<i>Food Act 2001</i> Annual Report 2013/2014 adopted at meeting held on 27 August 2014.
1.16 Compare Annual Business Plan against performance measures.	Report presented to August meeting.	2013/2014 evaluation considered at 27 August 2014 meeting.
1.17 Provide delegates report to CEO of each Constituent Council following Board meetings for tabling at subsequent council meeting.	Reports provided following Board meetings.	Delegate reports provided.
1.18 Properly convene meetings of Constituent Council nominated contacts including providing agendas and minutes.	3 meetings conducted per year.	Council contacts met on two occasions in addition to several Regional Public Health Planning meetings.
1.19 Maintenance of electronic records management system to properly maintain records and reference documents of EHA.	System developed to ensure appropriate standards are being met.	Draft Records Management Policy developed. Monthly Audit reports are monitored for discrepancies in the TRIM system.
1.20 Explore the potential for the expansion of service provision to areas outside of its current Constituent Council areas.	Report to Board on expansion opportunities.	No opportunities identified.
1.21 Implement a computer “failover system” to assist with continuity of service in the event of loss of access to computer infrastructure.	Failover system implemented.	Implementation delayed until IT system is stabilised. Off site backups still occurring manually on a daily basis.

Business Plan Review - Progress Against Actions 1 July 2014 – 30 June 2015

Actions (continued)	Performance Measures	Results
1.22 Implement upgrade of Health Manager (electronic database) to improve functionality and reporting and to leverage external (field) applications.	Upgrade implemented resulting in improved reporting and field application commenced.	An upgrade to a web based version of Health Manager occurred in April 2014. Following the upgrade the EH Team have worked closely with Open Office to implement external (field) applications.
1.23 Provide administrative assistance to the Public Health Plan Advisory Committee and coordinate reports to the Board of Management.	Reports provided to Board Meetings as required.	Administrative assistance provided to the Public Health Plan Advisory Committee and two update reports provided to the Board.
1.24 Participate in the Environmental Managers Forum to address environmental health issues and promote uniformity and professional consistency.	Management to attend and participate in the Environmental Managers Forum meetings.	CEO (Convenor of Forum) and Team Leader Environmental Health attended all meetings. Both actively involved with subcommittee work of the Forum.
1.25 Continue membership and actively participate in the Eastern Adelaide Zone Emergency Management Committee to develop and finalise the Eastern Zone Emergency Management Plan.	Management to attend the Eastern Adelaide Zone Emergency Management Committee and actively contribute towards the development of the Eastern Zone Emergency Management Plan.	CEO and Team Leader Environmental Health attended 4 meetings of the Eastern Adelaide Zone Emergency Management Committee.
1.26 Implement the hand held electronic tablets with access to the upgraded Health Manager for EHO's to utilise during routine inspections and complaint investigations.	Introduction and implementation of electronic tablets to improve inspection, complaint and administrative efficiency.	Delayed due to IT stability. Some testing commenced. Full roll out in 2015/2016. First stage involves the use of the electronic tablets at food safety inspections and complaint investigation.

Summary:

Five ordinary meetings and one budget workshop meeting were conducted. Chair and Deputy Chair elected at meeting held on 11 February 2015. Budget Workshop held to with Board on 11 March 2015. LTFP updated 13 September 2014. Audit signed without qualification by Auditor and adopted by Board of Management 27 August 2014. An upgrade to a web based version of Health Manager occurred in April 2014.

Business Plan Review - Progress Against Actions 1 July 2014 – 30 June 2015

Objective 1.1 Professional, skilled and committed staff providing valued services to the community

Actions	Performance Measures	Results
1.1.1 Ensure that EHA is properly staffed and resourced in order to carry out its responsibilities.	Continually review staff resources and report to Board if required.	Budgeted staffing levels appropriate. Delays in the appointment of staff to vacant budgeted positions have occurred. This has resulted in pressure on existing staff meeting workloads.
1.1.2 Performance development system used to support staff and link day-to-day and long term activities of staff to the Annual Business Plan and when applicable the Public Health Plan.	Performance development system reviews as required.	Performance Development Framework (PDF) re-developed and all staff will participate in line with timelines noted in the High Performance at EHA Plan.
1.1.3 Provide continuing professional development opportunities through ongoing education and training which is relevant to roles within EHA.	Training and education opportunities provided to staff.	A significant number of training opportunities were provided to all staff. Records of training are kept on individual personnel files.
1.1.4 Continue to foster team cohesiveness and support effective teamwork.	Training and team building activity provided to staff.	Teamwork identified by staff as key organisational value. Values discussed at staff meetings as part of the High Performance at EHA Plan.
1.1.5 Encourage staff to be members of their relevant professional organisation. Support participation and EHA representation at professional Special Interest Groups.	Encourage membership and active participation.	Staff actively participating in relevant professional special interest groups, workgroups and committees.

Business Plan Review - Progress Against Actions 1 July 2014 – 30 June 2015

Actions (continued)	Performance Measures	Results
1.1.6 Maintain a multi-disciplinary approach to the distribution of tasks within teams work review process to promote experience in a range of activities and increase expertise in specialist areas.	Annual work review conducted.	<p>Regular team meetings held to discuss and allocate tasks fairly throughout the teams.</p> <p>The following documents developed to further clarify areas of responsibility:</p> <ul style="list-style-type: none"> - EHO portfolio - Administration Role Clarity Matrix - Immunisation Work plan review <p>Individual Work plans are reviewed by their respective Team Leader and updated as part of the Performance Development Framework.</p>
1.1.7 Provide systems for a safe working environment with appropriate Work Health and Safety (WHS) practices in place.	WHS to be discussed at all general staff meetings. Provide appropriate training and equipment to new staff.	WHS standing item on General Staff and Team meetings. Any identified issues minuted and resolved.
1.1.8 Review Work Health Safety procedures and work instructions. Implement an action plan outlining a program of improvements required as per timelines set in EHA's WHS 3 Year Plan.	Action plan developed with input of staff. Procedures and work instructions reviewed and created by due date.	<p>To be conducted in 2015/2016 as part of the WHS project endorsed by BOM at meeting 29 April 2015.</p> <p>Budget review required in 2015/2016 budget.</p>
1.1.9 Develop a program to ensure EHA staff is effectively inducted and familiar with EHA's methods of operation upon commencement of employment.	Induction program implemented	Staff induction pack and checklist was reviewed and updated. All new staff are inducted using the program and checklist.

Summary:

Delays in the appointment of staff to vacant budgeted positions have occurred. This has resulted in pressure on existing staff meeting workloads.

During these times EHA has maintained a focus on developing Professional, skilled and committed staff by regular Team meetings, review of the Performance Development Framework and providing opportunities to participating in relevant professional special interest groups, workgroups and committees.

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2.0 - Health Education and Promotion

Objective 2 An innovative approach to public and environmental health through community education and interaction to increase awareness and understanding

Actions	Performance Measures	Results
2.1 Develop and maintain a comprehensive range of health education and promotion material targeting local health issues incorporating the resources of other health related agencies.	Information library maintained.	Ongoing monitoring of available educational material. Where required updated versions are ordered. Where possible information is electronically recorded on the TRIM records management system.
2.2 In conjunction with health stakeholders support the promotion and delivery of a range of public health information to raise community health awareness and address priority health conditions.	One target issue to be addressed per annum.	Various leaflets ordered through SA Health and supplied to clients in Immunisation Clinics. This year the focus was on 'Immunisation during Pregnancy' particularly the 'Pertussis' vaccine and 'Flu Vaccine for kids' brochure.
2.3 Provide targeted educational material in relation to recommended practices, standards and legislative requirements relevant to those responsible for public health related premises (premises with public swimming pools & spas, cooling tower systems & warm water systems, Hairdressers and Beauty Premises, Skin penetration premises (tattoo, body piercing, acupuncture).	Information distributed. Improvement in compliance noted during assessment.	Legislative guidelines were issued to newly opened skin penetration (tattoo, body piercing and acupuncture) businesses. <i>Legionella</i> in hot water systems information was distributed to aged care facilities and hospitals. Information relating to <i>Cryptosporidium</i> in public swimming pools has been ordered to be distributed in the 2015/2016 summer.

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Actions (continued)	Performance Measures	Results
<p>2.4 Educate the community through handouts and council community news issues that may affect public health.</p>	<p>No of articles published and, information distributed as required.</p>	<p>No articles published. Information distributed as required. Information included:</p> <ul style="list-style-type: none"> - 'Fight the Bite' – protection of mosquito borne disease - <i>Cryptosporidiosis</i> - protection and prevention in swimming pools - vector and mosquito management within the home <p>Nursing and Administration staff took an increased number of enquiries in relation to the 'Pertussis' vaccine after increased media coverage from both Pregnant women and family members. This resulted in an increase of 'Pertussis' vaccines being administered. Promotional material from SA Health was used to also promote the benefits of this vaccine.</p>
<p>2.5 Promote the benefits of immunisation through a variety of mediums such as council customer service centres and council publications, information kits, council and EHA websites.</p>	<p>Number of articles published and amount of information accessed.</p>	<p>Clinic Timetables supplied for each Constituent Council Customer Service Centres.</p> <p>Links on all Constituent Council websites to EHA website and timetable.</p>
<p>2.6 Provide targeted educational material to food proprietors, food handlers and the community on food safety matters.</p>	<p>Educational material provided as required.</p>	<p>Food safety information sent out to food businesses when required or following the request from SA Health.</p>
<p>2.7 Present the food safety training session to food handlers in English and other languages where there is a demonstrated need. Evaluate and amend as necessary.</p>	<p>Actively promote training. Delivery of training on demand.</p>	<p>Two public and one private food safety training sessions were undertaken. Food safety training sessions were not made available in 2015 as the program is currently being reviewed. ANZFA multi-lingual factsheets provided to food businesses as required.</p>

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Actions (continued)	Performance Measures	Results
<p>2.8 Participate in Food Safety week and other proactive educational initiatives that raise awareness of food safety amongst the community and improve food handler's understanding of food hygiene.</p>	<p>Number of proactive educational activities conducted each year (at least one per year).</p>	<p>Food Safety Week 2014 was held from the 9 – 16 November 2014. The theme this year was "Temperature danger zone" with a focus on keeping hot food hot and cold food cold.</p> <p>In supporting the week, EHA visited local primary schools and discussed lunch box safety with children. SA Health offered a range of promotional material free to EHA to provide at the schools. A lunch-box food safety guide was developed and issued to parents at Food Safety Week.</p>
<p>2.9 Educate proprietors of SRFs in relation to relevant Guidelines and Standards to ensure that adequate standards of assisted care, living standards, safety, hygiene and nutrition are maintained.</p>	<p>Information provided during visits to facility or as needed.</p>	<p>Training needs were assessed throughout the scheduled audits, however no needs were identified.</p> <p>General advice, information and assistance provided where required.</p>
<p>2.10 Pursue educational opportunities of children and young adults through schools and tertiary institutions.</p>	<p>Number of educational initiatives pursued.</p>	<p>Legislative activities and enforcement have taken precedence due to staff vacancies.</p> <p>See Food Safety Week (2.8)</p>
<p>2.11 Review and update EHA's health promotion and information material to ensure information is up to date, uniform and accurate.</p>	<p>Review and update as required.</p>	<p>Special Events fact sheet was updated and circulated to the Constituent Councils.</p> <p>A lunch-box food safety guide was developed and issued to parents at Food Safety Week.</p>

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Actions (continued)	Performance Measures	Results
2.12 Monitor funding opportunities for pro-active health education and prevention programs	Report opportunities to Board of Management.	No opportunities in this period.
2.13 Promote who EHA is and what we do to the public and Constituent Council staff.	Promotional initiative undertaken.	<p>Rebranding of 'EHA' logo. Information brochure provided to all new food businesses.</p> <p>Management provided presentations to City of Prospect and City of Burnside new Elected members and staff.</p> <p>Presentation regarding RPHP made to Campbelltown, NPSP, Burnside and Walkerville.</p>
2.14 Investigate improvements to EHA's website to facilitate exchange of information using electronic media	Improved website functionality.	<p>All links to external websites were reviewed. Obsolete links were either deleted or updated.</p> <p>Initial investigations were made to improve EHA's website to facilitate exchange of information using electronic media. An 'electronic booking' system specific to immunisation was explored.</p> <p>Quotes obtained from three separate web designers.</p> <p>Website upgrade scheduled for 2015/2016.</p> <p>Budget review may be required.</p>

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Summary:

Following approval from the Board of Management of the re-branding of 'EHA' logo in 2014, the re-design of the corporate logo was considered and planned.

The re-branding of the logo complimented the modern and contemporary design of EHA's redeveloped offices and the St Peters Town Hall Complex. The rebranding of the new corporate logo was carried out successfully. A review and rebranding of the EHA website will be undertaken in 2015/2016.

Core and legislative activities within the environmental health area have taken priority particularly due to staff vacancies.

Two public and one private food handler training sessions was provided during the first half of the year. A review of the food handler training program offered by EHA is undergoing a review and available sessions in the second half of the year were postponed. A review of current training programs available within Australia is being undertaken to identify the content, length of training, target groups and costs. This review is aimed at identifying target audiences to ensure the information is up to date, comprehensive and specific to their needs. During this review EHO's take the time to educate staff during on-site inspections and complaint investigations and provide educational material where required.

Food Safety Week 2014 was held from the 9 – 16 November 2014. The theme this year was "temperature danger zone" with a focus on keeping hot food hot and cold food cold. SA Health offered a range of promotional material free to EHA. In supporting the week, EHA visited local primary schools and discussed lunch box safety with children. A lunch box food safety guide was developed and provided to parents. The Food Safety Week initiative was well received by both staff and children. Many of them were unaware of risks involved in leaving potentially hazardous food in lunch boxes for long periods of time.

EHA continued to convene the Eastern Hoarding and Squalor Group. The group met on four occasions during the year. Membership and participation from Government and Non-government organisation increased during the year. Presentations from key groups such as Red Cross and assisted councils with current complex hoarding and squalor matters were also held.

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3.0 – Public and Environmental Health

Objective 3.1 Promote healthy communities by managing the risk from communicable and infectious disease and environmental impacts

Actions	Performance Measures	Results
<p>3.1.1 Compile & maintain a register of all public health related premises.</p> <p>Public Health related premises are:</p> <ol style="list-style-type: none"> 1. Premises with public swimming pools & spas 2. Premises with cooling tower systems & warm water systems 3. Hairdressers and Beauty Premises 4. Skin penetration premises (tattoo, body piercing, acupuncture) 	<p>Register maintained at all times.</p>	<p>A review of the Beauty and Skin Penetration Register was undertaken. Following the review :</p> <ul style="list-style-type: none"> -13 beauty premises were closed - 57 new beauty premises were added - 11 new skin penetration premises were added to the register - A total of 109 businesses are now on register. <p>Register for high risk manufactured water system and swimming pools were maintained and continually upgraded.</p> <p>Eight high risk manufactured water systems were de-registered.</p>

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Actions (continued)	Performance Measures	Results
<p>3.1.2 Ensure appropriate water quality standards of public swimming pools & spas are maintained in accordance with the <i>South Australian Public Health (General) Regulations 2013 (the General Regulations)</i>. Assessment conducted using Environmental Health Australia assessment forms to ensure consistency.</p>	<p>Outdoor and indoor swimming pools inspected twice annually.</p>	<p>Due to staff vacancies a risk assessment of outdoor swimming pools was undertaken. All outdoor pools were inspected once during the summer months. Outdoor pools with either poor maintenance history or higher bather load were inspected two times during the summer period. A total of six outdoor pool sites were inspected twice.</p> <p>Indoor pools including indoor spas and hydrotherapy pools were inspected biannually. 71 swimming pool and spa inspections were conducted at 32 sites. 20 swimming pool and spa follow up inspections were conducted at 10 sites. Three Compliance Notices were issued under the <i>SA Public Health Act 2011</i>. Three swimming pool sites each received two complaints. All complaints were investigated. No follow-ups were required or Notices issued.</p>
<p>3.1.3 Ensure appropriate maintenance regimes of Cooling Towers and Warm Water Systems for the management of <i>Legionella</i> in accordance with <i>South Australian Public Health (Legionella) Regulations 2013 (the Legionella Regulations)</i>. Assessment conducted using SA Health assessment forms to ensure consistency.</p>	<p>Assessment performed annually.</p>	<p>51 systems at 25 sites. 64 routine system inspections conducted at 28 sites. 10 follow up system inspections conducted at eight sites.</p>

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Actions (continued)	Performance Measures	Results
<p>3.1.4 Collect routine and random water samples from cooling towers and warm water systems for analysis based on requirements <i>South Australian Public Health (Legionella) Regulations 2013</i> (the <i>Legionella</i> Regulations).</p>	<p>Water samples collected and sent for analysis annually.</p>	<p>Samples collected during each annual inspection and as required during disease investigations. Two samples per system taken once a year at the routine inspection. Quarterly inspections and sampling continued at a warm water site with a history of high counts. Continual chlorine dosing has reduced the number of high counts returned from routine sampling. Water samples at one routine inspection returned negative. Four samples per system were taken at each routine inspection, accounting for an increase in the number of water samples taken at High Risk Manufactured Water Systems (HRMWS).</p>
<p>3.1.5 Investigate notifiable <i>Legionella</i> incidences and high <i>Legionella</i> counts in a systematic manner in accordance with SA Health and internal procedures.</p>	<p>Prompt investigation commenced in accordance with service standards.</p>	<p>13 high counts of <i>Legionella</i> were detected as a result of routine testing during annual inspections and in house testing by HRMWS sites. The number of high counts of <i>Legionella</i> decreased from 24 the previous year. Officers reviewed the plumbing layout of a WWS at an aged care facility and a hot water system at a hospital following high count notifications at these facilities. No <i>Legionella</i> disease incidences reported requiring investigation, compared to four notifications received the previous year.</p>

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Actions (continued)	Performance Measures	Results
<p>3.1.6 Respond to complaints to ensure appropriate infection control standards at hairdressing salons are maintained in accordance with SA Health Guidelines using Environmental Health Australia assessment form.</p>	<p>Investigate and respond to complaints.</p>	<p>No complaints received during reporting period compared to five complaints received the previous year.</p>
<p>3.1.7 Ensure appropriate infection control standards at skin penetration premises (tattoo, body piercing, acupuncture) are maintained in accordance with SA Health Guidelines.</p> <p>Assessment conducted using Environmental Health Australia assessment forms to ensure consistency.</p>	<p>Inspected annually.</p>	<p>Following a review of the skin penetration register the number of acupuncturists have increased from 13 to 21 and five to seven tattooists when compared to the previous year. During the year, routine inspections of 21 acupuncturists and seven tattooists were undertaken, including the newly identified premises. Five complaints were received involving four beauty premises and one tattooists. All complaints were investigated and the issues were rectified, with three complaint investigations requiring further follow-up inspections. Educational material was provided to the proprietors where required.</p>
<p>3.1.8 Respond to complaints or concerns about standards of sanitation and hygiene of boarding and lodging houses.</p>	<p>Response/investigation commenced in accordance with customer service standards.</p>	<p>Two separate complaints involving bed bugs and sub standard conditions were received at one boarding house. Investigations were undertaken and the issues were rectified.</p>

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Actions (continued)	Performance Measures	Results
<p>3.1.9 Respond to enquiries/complaints in relation to disease control in the built environment in accordance with customer service standards. Seek to accomplish a long term solution. Co-ordinate a multi-agency response where necessary.</p>	<p>Response/investigation commenced in accordance with customer service standards.</p>	<p>245 public health complaints received, 50 less complaints when compared to 2014-15.</p> <p>Officers liaised with CDCB branch, SAPOL, Families SA, RSPCA, Mind SA, SA Health, and other agencies.</p>
<p>3.1.10 Respond to enquiries/complaints in relation to clandestine drug laboratories and environmental incidents that have the potential to have a detrimental effect on public health.</p>	<p>Response/investigation commenced in accordance with customer service standards.</p>	<p>Two notifications of clandestine drug laboratory operations were received.</p> <p>One complaint involved a Category A clandestine drug laboratory. The property was issued with an Emergency Public Health Notice declaring it as a risk to health and the property unfit for human habitation and requesting remediation. Remediation was undertaken, with environmental consultant reports provided to demonstrate compliance.</p>
<p>3.1.11 Distribute advisory information via mail to households informing them of localised vermin and pest problems and how they can be minimised, e.g.: rodents, mosquitoes, pigeons.</p>	<p>Response commenced in accordance with customer service standards.</p>	<p>Template letters to assist with localised mosquito, pigeon and vermin problems are distributed as required.</p>
<p>3.1.12 Provide advice and information materials to residents about air quality concerns including the installation, operation and standards of solid fuel burning appliances.</p>	<p>Information disseminated to community. Improved management of burning appliances.</p>	<p>Information provided as required.</p>
<p>3.1.13 Provide rodent bait to residents upon request.</p>	<p>Rodent bait provision maintained.</p>	<p>Rat bait available for collection. In special circumstances, bait is delivered to residents' homes. Rat bait packs containing four sachets were distributed to 855 residents in response to vermin activity.</p>

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Actions (continued)	Performance Measures	Results
<p>3.1.14 Pursue a whole of Council approach and liaise with State Government and Non-Government organisations to sensitively and compassionately address insanitary conditions (including hoarding and residents living in squalor) attributable to social isolation, ageing community and mental health conditions.</p>	<p>Interdepartmental strategy and action determined. Resolution of insanitary condition.</p>	<p>EHA convenor of the Eastern Hoarding and Squalor Group which facilitates an interagency response to hoarding and squalor. Joint inspections undertaken with Constituent Councils where required Referral to Housing SA and Families SA where required Draft EHA Regional Public Health Plan recognises the interdepartmental strategy and action.</p>
<p>3.1.15 Undertake relevant notifiable disease investigations using the Communicable Disease Control Branch Questionnaire.</p>	<p>Investigation commenced in accordance with customer service standards.</p>	<p>CDCB notifications received:</p> <p>Hepatitis A - 2 <i>Campylobacter</i> - 154 Salmonella - 144 <i>Cryptosporidiosis</i> - 13</p> <p>Notifications were undertaken where required based on the instructions from CDCB.</p> <p>Six food businesses involving a total of 35 cases of Salmonella required investigation. One business was issued a Prohibition Order and an Expiation following the investigation.</p> <p>Based on the evidence and outcomes of the investigations Officers were unable to definitively confirm the notified cases of Salmonella and <i>Campylobacter</i> requiring investigation were associated with the food businesses.</p>

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Actions (continued)	Performance Measures	Results
3.1.16 Assess applications for installation of waste control systems in accordance with internal procedures, legislative requirements and service standards.	Application managed in accordance with service standards. Compliance with legislative requirements.	Three applications assessed. Two assessments for a new systems and one for the alteration of an existing system.
3.1.17 Assist members of the community who have a managed health condition (e.g. Diabetes) by offering approved sharps containers at cost price and free disposal of full and approved sharps containers delivered to EHA.	Community sharps disposal service maintained.	Ongoing
3.1.18 Collect discarded syringes on private property.	Safe and timely collection of discarded syringes within customer service standards and following internal procedures.	Two complaints were received regarding discarded syringes left on private properties. EHO's attended to the complaints immediately and collected the syringes.
3.1.19 Ensure Health Manager (electronic database) is updated with assessments and investigations to ensure effective reporting to the Board of Management, Constituent Councils and SA Health.	Update within 5 days of assessment or action.	Entries into Health Manager are completed in a timely manner. Discussion regarding timely entry with officers as required.
3.1.20 Continue to coordinate the Eastern Hoarding and Squalor Committee meetings to allow councils within the eastern region and key stakeholders to liaise and effectively address current hoarding and squalor issues.	Committee to meet every 6 weeks.	The establishment of the Eastern Hoarding and Squalor Group has enabled an inter-agency response to hoarding and squalor issues. EHA continues to co-ordinate the meetings. The group met on four occasions with a strong representation from Government and Non-Government agencies.

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Actions (continued)	Performance Measures	Results
3.1.21 EHA to actively participate in the State Severe Domestic Squalor and Interagency Group to further develop strategies and tools to address squalor and hoarding issues consistently across the state.	Attend and actively participate in meetings held every 3 months.	Meetings no longer attended due to disbandment of committee.
3.1.22 Provide information to the Board of Management in relation to public health reforms and provide written responses on behalf of EHA and Constituent Councils to State Government.	Information reports provided to Board of Management and distributed to Constituent Councils.	No new reforms requiring comment during the year.
3.1.23 Participate with Environmental Health Australia and state and local government authorities to review best practice standards and promote uniformity and professional consistency.	Environmental Health Officers to participate in the Waste Control & Disease Control and Emergency Management Special Interest Groups and other relevant committees.	Officers attend the Environmental Health Australia Special Interest Groups. Staff participate on a range of representative groups and working parties.
3.1.24 Ensure activities and outcomes are communicated to the Board of Management, councils and state government bodies as required via: Monthly statistical reports; Reports to the Board of Management and Annual Report under the <i>SA Public Health Act 2011</i> .	Statistical reports, Board Reports and Annual Reports compiled and distributed.	Activity reports prepared for the scheduled Board of Management meetings. EHA Annual report prepared outlining annual activities and distributed to BOM and Constituent Councils, Elected Members and key stakeholders.
3.1.25 Respond to Development Application Referrals from councils about public health related premises and activities.	Timely response provided to all referrals.	Assessments are reviewed as required.
3.1.26 Liaise with councils to address issues of environment and sustainability where there is a connection to human health.	Comment and input made where applicable.	Officers liaise with constituent Council general inspectors in relation to storm water pollution, and fire safety due to overgrown grass.

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Actions (continued)	Performance Measures	Results
3.1.27 Implement a climate change adaptation plan based on the outcomes of the LG Mutual Liability Scheme workshop held during 2010.	Strategies implemented to minimise the impacts of climate change.	Due to staff vacancies the project has been deferred. Strategies to minimise the impacts of climate change have been addressed in the draft EHA Regional Public Health Plan.
3.1.28 Ensure providers who supply water to the public under the <i>Safe Drinking Water Act 2012</i> , meet the requirements set out by the act and <i>Safe Drinking Water Regulations 2012</i> .	Continue to monitor potential water providers to ensure compliance with the Act and associated regulations.	No identified local providers under the <i>Safe Drinking Water Act, 2011</i> within the five Constituent Councils.

Summary:

Due to staff vacancies core duties were risk assessed. Outdoor pools with a low bather load or compliant inspection history were inspected once a year during the summer months. Hairdressing salons and beauty salons continued to be inspected on a complaint basis due to their 'low risk' nature, with skin penetration businesses (acupuncturists and tattooists) being inspected annually. All indoor swimming, spa and hydrotherapy pools were inspected during the year. Six outdoor pools sites were inspected twice during the year. Three of these sites were due to high bather load. Three swimming pool sites each received two complaints. All complaints were investigated. Following the investigation of these complaints no follow-ups or Notices were required.

All HRWMS were inspected and sampled during the year. One site has had a history of high counts over the past three years. This site introduced a continual low chlorine dosing system in the previous financial year. To validate the effectiveness of the dosing system, regular water sampling in addition to EHA's annual sampling has been undertaken. The number of high count incidences has reduced with samples taken from one inspection returning negative. Due to the success of the continual low chlorine dosing system, the site is currently considering and planning for installation a permanent chlorine dosing system and cartridge filtration devices.

Thirteen high counts of *Legionella* were received during the year, 11 less than the previous year. The significant reduction is associated with the effectiveness of the continual low chlorine dosing system at the aged care facility. No *Legionella* incidences were reported during the year compared to four incidences reported the previous year. A warm water system at an aged care facility and hot water system at a hospital received continuing notifications of high counts. As a result Officers required an extensive audit of the pipe work to determine areas for water to stagnate which can lead to the growth of *Legionella*, and implement the required changes recommended by the water treatment company.

Two notifications of clandestine drug laboratories were received during the year. One complaint involved a Category A clandestine drug laboratory at a business that was undergoing renovations to become a food premises. As a result an Emergency Public Health Notice was issued declaring the property a risk to health and unfit for human habitation. The proprietor engaged an environmental consultant. Remediation of the site was undertaken based on the consultant's recommendations. Access to the site was granted following a certificate of clearance provided by the environmental consultant.

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There was an increase in the number of *Campylobacter* and *Salmonella* cases when compared to the previous year. Notifications are investigated based on the instruction obtained from SA Health. Six food businesses involving 35 cases were associated with Salmonella. An outbreak of Salmonella involving 18 cases at a restaurant, resulted in a Prohibition Order and Expiation issued to the food business. Evidence obtained throughout the investigation could not definitively confirm the outbreak was associated with the food premises.

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4.0 - Immunisation

Objective 4 The provision of a comprehensive, accessible and efficient immunisation service valued by the community

Actions	Performance Measures	Results
<p>4.2 Promote EHA's public immunisation clinic program through a variety of mediums such as council customer service centres and publications, information kits, council and EHA websites. Mail out of the Immunisation Clinic Program to community organisations. Immunisation education sessions</p>	<p>Number of articles published and amount of information accessed. Increased number of clinic timetables required & distributed. Website - reports of access.</p>	<p>Clinic Timetable delivered to community & child care centres, kindergartens, libraries, primary schools and Norwood Child Youth Health. EHA website immunisation page reviewed as required – continues to be well sourced by the community with approximately 24000 hits relating to immunisation information per annum.</p>
<p>4.3 Conduct an annual review of EHA's public clinic venues & timetable. Implement necessary changes, including identified hazards. Produce and publish annual immunisation program timetable to reflect the review of the public clinics.</p>	<p>Annual review undertaken at each venue & documented. Identified hazards actioned. Immunisation Program reviewed & published every October.</p>	<p>During August review commenced for 2015 venue timetable. Safety Risk assessments were performed at each clinic venue and modifications implemented if required. WHS risk assessments resulted in the upgrade of equipment at some venues with council cooperation – replacement of screens, swivel chairs, lighter chairs & chair lifter.</p>

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Actions (continued)	Performance Measures	Results
<p>4.4 Deliver School Based Immunisation Program (SBIP) to students at schools within in EHA's area in accordance with the SA Health Service Agreement contract with local government.</p>	<p>All students offered vaccinations. Absent consenting students offered vaccination at EHA's public clinics. Coverage rates and statistics to SA Health.</p>	<p>SBIP year 8 & 9 visits completed for 2014 at 21 schools, totalling 108 sessions.</p> <p>A total of 13258 vaccines was administered for the 2014 SBIP.</p> <p>833 absent student's parents received letters offering catch-up vaccination through EHA's public clinics.</p> <p>2014 saw the second and final year of the two year HPV 3-dose catch-up program for year 9 males. The year 9 male and female dTpa catch up immunisation program also ceased.</p> <p>All adolescent vaccines delivered from 2015 will be to both male and female students in Year 8 only. Significant changes to the National Immunisation Program no longer providing vaccines to Year 9 students in 2015.</p>
<p>4.5 Liaise with school coordinators & Immunisation Section of SA Health regarding SBIP implementation and evaluation of program.</p>	<p>Successful SBIP implementation. Ongoing collaboration & evaluation of coverage.</p>	<p>There was a decrease in the number of vaccines given from 14331 in 2013 to 13258 in 2014 year.</p> <p>This reduction was due to the cessation of the Adelaide City SBIP contract and a change in the National Immunisation Program for Adolescents in 2014.</p>

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Actions (continued)	Performance Measures	Results
<p>4.6 Recommend vaccinations for community members at risk of occupationally acquired vaccine preventable diseases. Opportunistic promotion of WHS vaccination at public clinics and worksite programs. Website and Mail out promotion.</p>	<p>Enquiries for occupational based vaccinations. Response from mail out –number of new clients. Increased WHS programs at 'At Risk' worksites.</p>	<p>WHS Influenza Vaccination Program provided to: EHA staff - 93% uptake EHA's five Constituent Council and one client council - Unley WHS Hepatitis A & B programs provided to : One Church organisation for their volunteers Two Constituent Council & two Special schools Increase of 85 WHS Pertussis (dTpa) Vaccines in 2015 to various primary schools, two special schools and three Aged Care Facilities. Opportunistic and referred clients are offered WHS FEE vaccination as per NHMRC recommendation at clinics e.g. nursing/medical students/child care workers.</p>
<p>4.7 Provide a specialist Worksite Immunisation Program both within and external to the Constituent Council boundaries on a fee for service basis within the private sector.</p> <p>Review program annually – update documents.</p> <p>Aim to provide a professional service & stay competitive.</p>	<p>Feedback from clients. Increase of new clients & regular annual clients Income generated. Clinical governance maintained. Customer Service Policy recommendations reviewed.</p>	<p>Updated and redesigned client mail-out list to incorporate new logo and posted promotional material to a total of 200 potential clients at businesses and government organisations during January 2015. All repeat clients contacted by phone to arrange rebooking in November/December 2014.</p> <p>Provision of SA Health Influenza HCW Immunisation Program continued in 2015.</p> <p>FY 2014/2015: 4909 worksite vaccines administered at 98 sites.</p>

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Actions (continued)	Performance Measures	Results
<p>4.8 Maintain client immunisation records on EHA's Immunisation database (ImPS program).</p>	<p>Database updated within 3 days of each clinic/school/worksite sessions. Rollover of year 8 students completed.</p>	<p>Distribute, collect and assess clinic & SBIP consent forms at each clinic and before the school sessions. Data entry for year 8 & 9 SBIP and client councils completed by Administration Officers. Attend quarterly ImPs Users Group Meetings.</p>
<p>4.9 Report immunisation statistics to SA Health and the Australian Childhood immunisation Register (ACIR), in accordance with contractual arrangements. SBIP statistics completed on SA Health Summary Sheets one month after the last school visit for each vaccine dose completed. Report Human Papillomavirus (HPV) immunisation statistics to HPV Register monthly.</p>	<p>Statistics reported to ACIR within 5 days of clinics. HPV statistics reported monthly to HPV Register. SBIP Summary Sheet Statistics provided to SA Health in line with the contract arrangements.</p>	<p>Completed 2014 year 8 & 9 SBIP summary sheet statistics for EHA and UC schools. Submitted completed data to Immunisation Section SA Health. In March 2015 SA Health released an on line database interface for direct entry of 2015 school program data for easier and faster collation of statistics related to the school program. Childhood encounters 0-7 yo data uploaded to ACIR site on a weekly basis. HPV encounters from SBIP and clinics uploaded to HPV Register on a monthly basis. Immunisation catch-up history forms for children born are either faxed to ACIR direct or loaded directly onto their website.</p>
<p>4.10 The CEO lobbies through LGA for appropriate funding for sustainability of local government delivery of immunisation services. Development of the Immunisation Service Provision MOU for Local Government within the new <i>SA Public Health Act 2011</i> by the State Government</p>	<p>Meet with LGA/IPN (SA) group to discuss funding & support from governments. Attend meetings in regard to the SA Public Immunisation Services between SA Health & LGA SA. MOU endorsed.</p>	<p>SA Health renewed the service agreement for the ACIR Payment for the 0 – 7 yo match with LG for three years, until 30 June 2016. An agreement was signed between the Minister of Health and EHA for the SBIP until 31/12/2016. EHA's Nurses assisted review the School Program Immunisation Program Protocols.</p>

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Actions (continued)	Performance Measures	Results
<p>4.11 Clinical Governance Registered immunisation Nurses will participate in: The Immunisation Providers Network (SA) (IPN SA). Promoting best practice standards, uniformity and professional consistency. A recognised SA Health authorised immunisation course. Maintain authorised immunisation provider status by completing 3 yearly recognised updates. Other professional updates – rotate participation of biannual PHAA Immunisation conference. In-house education sessions & team meetings. Annual CPR & Mandated Notification updates. Complete 20 hours of valid documented Continuing Professional Development annually. Random audits by APHRA of RN's completed CPD hours.</p>	<p>Immunisation Nurses attend the IPN SA meetings & PHAA Immunisation conference. Attend in-house education sessions & mandatory updates. Attend other professional updates. Complete & document annual CPD requirements.</p>	<p>Rotational attendance of quarterly IPN SA meetings by the immunisation team and PHAA Bi-annual Immunisation conference. Senior First Aid, CPR and Mandated Notification certificates maintained. In house education session annually – 'Define our Point' held for all immunisation team including casual RN's. All staff working at EHA have completed the course by SA Health to become qualified as authorised Immunisation Providers as per the requirements / amendments to the Controlled Substances (poisons) Regulations 2011 & SA Health Vaccine Administration Code 2015.</p>
<p>4.12 Ensure activities and outcomes are communicated to the Board of Management, councils and state government bodies as required. Statistical & written reports to the Board of Management as per meetings. Annual Reports as required by the Board of Management & the <i>Public Health Act 2011</i>.</p>	<p>Statistical reports, Board Reports and Annual Reports compiled and distributed as required.</p>	<p>Statistics recorded on an ongoing basis through clinic council survey and SBIP summary sheets. Immunisation information reports with tables and graphs provided for the board meeting reports four times a year. The immunisation annual report provided during August 2014.</p>

Summary:

Details of clients per council, choice of clinic venue and vaccines administered at public clinics is being monitored to allow for planning and a review of all venues to prepare the 2016 Clinic Timetable. There was a decrease in the SBIP number of vaccines given from 14331 in 2013 to 13258 in 2014 year. 2014 was the second and final year of the two year HPV 3-dose catch-up program for year 9 males. The year 9 male and female dTpa catch up immunisation program also ceased. All adolescent vaccines delivered from 2015 will be to both male and female students in Year 8 only. This will have significant impact on the SBIP for the 2015 year. The updates to the Vaccine Administration Code in February 2015 outlined a change to support the authorisation of a registered health practitioner to administer schedule 4 (S4) drugs without a medical order on the condition that the vaccine is administered as part of a program administered by an approved organisation of which EHA is. Therefore the requirement to have Standing Drug Orders no longer applies.

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5.0 - Food Safety

Objective 5 Minimise food borne illness by ensuring that safe and suitable food is available to the community

Actions	Performance Measures	Results
<p>5.1 Undertake routine assessments of food premises including vehicles and special events against the Food Safety Standards. During routine inspections continue to identify food processing activities that fall under the Primary Production Standards (PPS) – processing and Bivalves and Molluscs and Ready to Eat Meats. Food premises identified under the PPS are notified to SA Health. Assessment conducted using the Australian Food Safety Assessment (AFSA) inspection tool to ensure consistency. SA Health 'Heightened Inspections forms' used when food processing activities fall under the Primary Production Standards.</p>	<p>Inspections undertaken in accordance with AFSA frequency calculations and SA Health 'Heightened Inspections forms' used when food processing activities fall under the Primary Production Standards.</p>	<p>840 routine inspections conducted and 480 follow-up inspections using the AFSA inspection tool.</p> <p>Based on the number of non-conformances identified at an inspection the inspection frequency was altered where required.</p> <p>All seafood businesses were subjected to 'heightened' inspections.</p> <p>During inspections Officers monitored the cryovacing of ready to eat meats and where required notified SA Health of this process.</p>
<p>5.2 Ensure appropriate enforcement action is taken in relation to breaches of the <i>Food Act 2001</i> and associated standards in line with EHA's enforcement policy.</p>	<p>Number of enforcement actions taken.</p>	<p>18 Warning letters 95 Improvement Notices 3 Prohibition Orders 39 Expiation Offences Expiated</p> <p>There was a reduction across all areas of enforcement action when compared to the previous year.</p> <p>Lack of skills and knowledge, awareness of food safety hazards and independent motivation to maintain their food businesses are the likely reasons for poor compliance with the food safety standards.</p>

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Actions (continued)	Performance Measures	Results
<p>5.3 Investigate food related complaints, alleged food poisoning and food recalls in a systematic and timely manner. Liaise with SA Health and other councils to ensure a co-ordinated approach where necessary.</p>	<p>Respond to complaints reports and recalls in accordance with customer service standards.</p>	<p>112 complaints received and actioned (comparable with the previous year).</p> <p>There was a 20% decrease in the number of alleged food poisoning when compared to the previous year. However alleged food poisoning accounted for the majority of the complaints. However all but one complaint was 'not justified' as stool sample results are not provided by complainants. No sufficient evidence to justify food poisoning was caused from the premises.</p> <p>Increase in the number of complaints relating to chemical contamination to food. Following investigation none of these complaints confirmed evidence of chemical contamination.</p>
<p>5.4 Ensure that all businesses servicing vulnerable populations (within the boundaries of the Constituent Councils) have their food safety plan audited in accordance with Food Safety Standard 3.3.1 and the <i>Food Act 2001</i>.</p>	<p>Ensure audits are conducted at appropriate intervals via Health Manager.</p>	<p>73 sites require their food safety plan to be audited.</p> <p>52 sites are audited by EHA and the remaining sites are audited by other councils.</p> <p>53 audits were conducted at 52 sites. One site required two audits during the year.</p> <p>10 follow-up audits conducted- 2 less than this time last year.</p>

Business Plan Review - Progress Against Actions 1 July 2014 – 30 June 2015

Actions (continued)	Performance Measures	Results
<p>5.5 Provide a professional auditing service to businesses both within and external to Constituent Council boundaries which require their food safety plans to be audited.</p>	<p>Number of audits conducted.</p>	<p>30 audits were conducted at 27 sites. Three sites were on a six month audit frequency.</p> <p>12 less audits conducted than the previous year. Due to staff vacancies the number of audits decreased.</p> <p>7 follow-up audits conducted out of council area.</p>
<p>5.6 Ensure businesses provide notification of their business details. Maintain a register of all food businesses operating within EHA's jurisdiction.</p>	<p>Update within 5 days of receipt of new information.</p>	<p>195 food business notification forms received.</p>
<p>5.7 Ensure Health Manager is updated with assessment status and actions taken to ensure effective reporting to the Board of Management, Constituent Councils and SA Health.</p>	<p>Update within 5 days of assessment or action.</p>	<p>Health Manager meetings are now held as required to ensure consistency when using the system and to allow for necessary upgrades to continuously improve on effective reporting.</p>
<p>5.8 Provide information to the Board of Management in relation to food safety reforms, such as the Parliamentary Enquiry into Food Safety Schemes, and provide written responses on behalf of EHA and Constituent Councils to State Government.</p>	<p>Information reports provided to Board and distributed to Constituent Councils.</p>	<p>No new reforms requiring written responses during the year.</p>
<p>5.9 Proactively monitor development of new food businesses and refurbishment of existing food businesses. Provide advice in relation to the construction and fit out of premises where requested. Respond to development application referrals from council.</p>	<p>Timely response.</p>	<p>17 fit-out/preopening inspections carried out. EHO's actively monitor changes to businesses and encourage new businesses to undertake a pre-opening inspection or have plans reviewed. Officers respond to development applications received from Constituent Councils and proprietors with in line with the customer service policy. Officers review plans and where required meet on-site to provide fit-out information and technical advice.</p>

Business Plan Review - Progress Against Actions 1 July 2014 – 30 June 2015

Actions (continued)	Performance Measures	Results
5.10 Provide new food businesses with an information kit that introduces EHA and informs the business about the inspection fee policy and food safety essentials.	Information kit provided following receipt of notification form.	Ongoing. Following the receipt of a new Food Business Notification, the notification is processed and the new proprietors are provided with an acknowledgement letter and welcome pack.
5.11 Participate in the Environmental Health Australia "Food Safety" Special Interest Group to promote uniformity and professional consistency and to discuss the latest information in relation to food safety issues affecting local government.	Attendance of EHA Officers at SIG meetings.	SIG groups attended by staff.
5.12 Assess and modify systems to enable the new food business risk classification scheme to be implemented. Ensure all new food business notifications reflect the SA Health Risk Rating system.	New risk classification scheme operating effectively.	Review of food businesses undertaken, with each assigned a risk classification in accordance with SA Health Risk Rating system. Officers continue to monitor changes to food processing practices that may result in a change of the food business risk rating.
5.13 Actively communicate updates from SA Health and FZSANZ to food premises.	Provide updated information to food businesses as required.	Information distributed to food businesses as required.

Business Plan Review - Progress Against Actions 1 July 2014 – 30 June 2015

Summary:

There was an increase in the number of routine inspections when compared to the previous year, despite the number of available staff being reduced for extensive period of the year, with just over half (57%) of these inspections requiring follow-ups.

EHA's Enforcement Policy allows for a graduated and proportionate response to be applied, with businesses issued with Prohibition Orders or Expiation Notices having had a significant history of non-compliance. The issuing of warning letters, Improvement Notices, Expiation Notices and Prohibitions Orders decreased when compared to the previous year. There was a 53% decrease in the number of warning letters issued. Improvement Notices accounted for the majority of enforcement with a total of 95 Notices issued to 69 businesses, a 31% reduction in the number of Notices issued when compared to the previous year. The number of food businesses issued with an Improvement Notice over two consecutive years was comparable, with 19 businesses issued Notices during 2012/2013 to 2013/2014 and 18 businesses during 2013/2013 to 2014/2015 periods.

Three Prohibition Orders were served to one restaurant, one cafe and a mobile food vehicle relating to significant cockroach activity, cleanliness and structural suitability. One Prohibition Order was issued following the observation of a significant cockroach infestation at a restaurant during a Salmonella outbreak investigation.

Seventeen food businesses were issued Expiations for a total of 39 offences, a significant decrease when compared to the 27 food businesses who received expiations for a total of 53 offences in the previous year.

The number of food complaints also decreased. Alleged food poisoning accounted for the majority of complaints, however there was an increase in the number complaints relating to potential chemical contamination. Following the investigation of these complaints there was no evidence to suggest the food was subject to chemical contamination.

The high proportion of follow-up inspections undertaken following routine inspections coupled with legal action taken over the past two years (2012/2013 and 2013/2014) may have influenced a measurable improvement in voluntary compliance. The increase in compliance has resulted in a decrease in the number complaints and enforcement actions required this year.

When compared to the previous year the total number of audits and follow-up audits undertaken within the Constituent Councils was comparable. There were 12 fewer audits undertaken out of our council, however due to significant non-compliances identified at previous audits, three sites had an increased audit frequency requiring an additional audit of their plan during the year.

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6.0 - Health Care & Community Services

Objective 6 Promote a safe and home-like environment for residents by ensuring quality of care in supported residential facilities

Actions	Performance Measures	Results
6.1 Assess applications for new licences, licence renewals and transfer of licence with regard to Supported Residential Facility legislation and guidelines within legislative timeframes.	Applications processed within legislative timeframes.	10 licence renewal applications were processed within the legislative timeframe. Due to a review of the licensing process of dual-licensed facilities, the applications of two facilities are ongoing.
6.2 Assess applications for manager and acting manager with regard to Supported Residential Facility legislation and guidelines.	Applications processed within legislative timeframes. Legislative timeframes do not exist	Five applications for Manager and Acting Manager were received, Applications were processed in a timely manner.

Business Plan Review - Progress Against Actions 1 July 2014 – 30 June 2015

Actions (continued)	Performance Measures	Results
<p>6.3 Conduct relicensing audit of facilities against Supported Residential Facility legislation and guidelines.</p> <p>Take advice of the appropriate Fire EHA regarding the status of fire safety in each facility.</p>	<p>Annual announced audit conducted at facilities. Biennial announced audit conducted at retirement villages (subject to performance).</p>	<p>The SRF methodology for the auditing process of Supported Residential Facilities was reviewed. The key outcome of the review was all SRF audits were unannounced and conducted on a quarterly basis. The outcomes of the quarterly audits will be taken into consideration when re-licensing audits.</p> <p>All SRF's audited in accordance with the new quarterly audit schedule, with a total of 39 audits conducted. Nine follow-up visits were conducted. All fire safety committees consulted on fire safety compliance at each facility.</p> <p>Four SRF's were issued one year licenses with no conditions. Six SRF's were issued one year licences with conditions. One SRF was issued a 5 month licence. One SRF was issued a licence for 13 months with conditions.</p>
<p>6.4 Conduct ongoing inspections to ensure compliance with the legislation including conformity with licence conditions.</p>	<p>Unannounced inspections conducted at SRFs.</p>	<p>All SRF's were audited in accordance with the new audit process. Audits were unannounced and conducted on a quarterly basis.</p>

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Actions (continued)	Performance Measures	Results
6.5 Respond to enquiries/complaints in relation to SRFs	Responses occur in line with customer service standard.	<p>13 complaints received, with 11 of those requiring an inspection to be undertaken.</p> <p>One SRF had ongoing concerns regarding staffing, nutrition, records management, medication and financial management. These concerns were raised at audits. Detailed investigation were undertaken. DCSI with the approval of the proprietor entered and managed the facility. Following consultation with EHA and legal representatives, DCSI removed and relocated all residents from the facility. The 2014 SRF licence has expired and the facility is currently vacant.</p>
6.6 Participate in the Environmental Health Australia “SRF” Special Interest Group to promote uniformity and professional consistency and to discuss the latest information in relation to SRF issues affecting local government.	Attendance of EHA Officers at SIG meetings.	SIG meetings attended by staff.
6.7 Liaise with Department for Families and Communities on the potential for SRF closures in the area, strategic management options and appropriate alternative accommodation options.	Issues investigated and reported to Board of Management and relevant council as necessary.	<p>One SRF issue investigated in consultation with DCSI. DCSI relocated the residents and the SRF licence was not renewed.</p> <p>Council were consulted with regards to actions taken.</p> <p>Officers remain in regular contact with DCSI in relation to complaints and facility issues.</p>
6.8 Lobby State Government to ensure legislation applicable to SRFs is appropriate and that local government receives appropriate support for its licensing role.	Initiate discussion with LGA regarding these issues.	The SIG group are pursuing this matter.

**Business Plan Review - Progress Against Actions
1 July 2014 – 30 June 2015**

Actions (continued)	Performance Measures	Results
6.9 Provide information to the Board of Management in relation to reform of Supported Residential Facilities and provide written responses on behalf of the EHA and Constituent Councils to State Government.	Information reports provided to Board of Management and distributed to Constituent Councils.	No new reforms requiring written responses during the year.
6.10 Act as Licensing EHA pursuant to the <i>Supported Residential Facilities Act 1992</i> for the City of Unley on a fee for service basis.	Feedback from City of Unley. Contract maintained.	<p>One SRF was licensed for one year with no conditions.</p> <p>One SRF was licensed for one year with conditions.</p> <p>One SRF was licensed for five months with conditions.</p> <p>The City of Unley has been consulted in regard to all licenses within their jurisdiction.</p>
6.11 Provide written reports and attend meetings with the City of Unley in accordance with SRF licensing contract requirements.	Reports provided twice per year (as per agreement) and as required.	<p>Report for the period July 14 – Dec 14 provided.</p> <p>Second report for the period Jan 15 – June 15 to be issued in August 2015. The City of Unley was consulted with the delivery date of this report.</p>
6.12 Ensure activities and outcomes are communicated to the Board of Management, councils and state government bodies as required via: Monthly statistical reports; Reports to the Board of Management and Annual Report.	Statistical reports, Board Reports and Annual Reports compiled and distributed.	Ongoing.

Business Plan Review - Progress Against Actions 1 July 2014 – 30 June 2015

Summary:

The SRF methodology for the auditing process of Supported Residential Facilities was reviewed. The key outcome of the review was all SRF audits were unannounced and conducted on a quarterly basis. The outcomes from the quarterly audits will be taken into consideration when re-licensing.

All SRF's were audited in accordance with the new quarterly audit schedule, with a total of 39 audits conducted. Nine follow-up visits, two more than the previous year were undertaken as a result of non-conformances observed during the unannounced audits.

Four facilities were granted a one year licence with no conditions, six facilities were granted a one year licence with conditions and one facility was issued a five month licence with conditions. One facility applied for an increase in the number of licensed beds due to the recent conversion of a building at the facility. To avoid issuing a temporary licence for a short period of time, EHA considered that it would be appropriate and expedient to bring forward the renewal. The facility was granted a 13 month licence with conditions.

Five applications for Manager and Acting Manager were processed. The number of applications received was comparable with the previous year.

Ongoing concerns at a facility regarding staffing, nutrition, records, medication and financial management, were identified during audits and from numerous complaints. A detailed investigation was undertaken over a period of time and the concerns raised were confirmed to be valid. During the investigation EHA liaised with DCSI. With the approval of the proprietor DCSI entered and managed the facility. Following consultation with EHA and legal representatives, DCSI removed and relocated all residents from the facility. The 2014 SRF licence has expired and the facility is currently vacant.

Business Plan Review - Progress Against Actions 1 July 2014 – 30 June 2015

7.0 - Emergency Management

Objective 7 Minimise the public health consequences of emergencies through a planned and prepared response

Actions	Performance Measures	Results
7.1 Liaise with the Constituent Councils and Eastern Adelaide Zone Emergency Management Committee to ensure integration of emergency management arrangements.	Attend and participate in committee meetings.	Four meetings have been attended by Management staff during the year.
7.2 Conduct exercises with staff to test the Emergency Management Plan and Business Continuity Plan. Participate in any relevant exercises conducted within the region by other organisations.	Conduct or participate in one exercise a year.	Fire Wardens at EHA participated in a fire drill with all occupants within St Peters Town Hall complex. The exercise involved evacuating all staff and customers throughout the complex and using the equipment provided for an emergency.
7.3 Review and update emergency management information on the website.	Review and update as required.	No updates undertaken.
7.4 Review and update the Emergency Management Plan and note any alternations on the amendments register. Review the status of actions arising from the Emergency Management Plan and Business Continuity Plan.	Review plan during August of each year.	Review not undertaken in this period.
7.5 Participate with Environmental Health Australia and state and local government authorities to review best practice standards and promote uniformity and professional consistency.	Staff to participate in the Disease Control and Emergency Management Special Interest Group and other relevant committees.	Officers attend the Environmental Health Australia Special Interest Groups. Following actions recommended by the EAZEMC, the CEO convened a 'Resource Sharing' subcommittee of the EH Managers Forum involving SA Health and LGA representatives following the Severe Strom Event in the Eastern Suburbs in February 2014. Letter sent to the CPHO to consider the sharing of resources between councils during an emergency & LGA to review.

Business Plan Review - Progress Against Actions 1 July 2014 – 30 June 2015

Actions (continued)	Performance Measures	Results
7.6 Ensure activities and outcomes are communicated to the Board of Management, councils and state government bodies as required via: Monthly statistical reports; Reports to the Board of Management and Annual Report under the SA <i>Public Health Act 2011</i> .	Statistical reports, Board Reports and Annual Reports compiled and distributed.	Ongoing.
7.7 Emergency Management Plan strategies to be reflected in the Public Health Plan and Risk and Opportunity Management Policy and Framework to ensure consistency over the three strategic plans.	Emergency Management Plan incorporated in the Risk and Opportunity Management Policy and Framework. The Emergency Management Plan to be recognised during the public health planning process.	Emergency Management challenges and directions have been incorporated in the draft Regional Public Health Plan. Emergency Management strategies reflected in the Risk and Opportunity Management Policy and Framework.

Summary:

Two Senior EHA staff attended the quarterly Eastern Adelaide Zone Emergency Management Committee (EAZEMC) meetings. At a meeting held in the previous year, the CEO raised concerns regarding the limited available resources to assist EHO's during a severe storm event that occurred in February 2014. Following actions recommended by the EAZEMC, the CEO convened a 'Resource Sharing' subcommittee at a EH Managers Forum involving SA Health and LGA representatives. A letter was sent to the CPHO to consider the sharing of resources between councils during an emergency. In response to the letter the LGA is currently working on appropriate guidelines to address this issue.

6.5 EASTERN HEALTH AUTHORITY ICT ENVIRONMENT ISSUES

Author: Michael Livori
Ref: AF15/5

RECOMMENDATION 1

That:

Pursuant to section 90(2) and 90(3)(b) and (i) of the Local Government Act 1999 the Board of Management (Board) orders that all members of the public, with the exception of Eastern Health Authority (EHA) staff be excluded from attendance at the meeting for Agenda Item 6.5 – Eastern Health Authority ICT Environment.

The Board is satisfied that, pursuant to section 90 (3) (b) and (i) of the Act, the information to be received, discussed or considered in confidence is:

(3)(b) Information the disclosure of which—

- (i) could reasonably be expected to confer a commercial advantage on a person with whom the Eastern Health Authority is conducting, or proposing to conduct, business, or to prejudice the commercial position of the Eastern Health Authority; and
- (ii) would, on balance, be contrary to the public interest;

(3)(i) Information relating to actual litigation, or litigation that EHA believes on reasonable grounds will take place, involving EHA or an employee of EHA;

and EHA is satisfied that, the principle that the meeting should be conducted in a place open to the public, has been outweighed by the need to keep the receipt/discussion/consideration of the information confidential.

RECOMMENDATION 2

That:

Under Section 91(7) and (9) of the Local Government Act 1999 the Eastern Health Authority orders that the report, discussion and minutes be kept confidential and that this is reviewed after a period of 12 months.

6.6 REVIEW OF THE FOOD BUSINESS AUDIT FEE POLICY

Author: Nadia Conci
Ref: AF11/68

Summary

The current review of the Auditing regime has identified that the average time taken to conduct an on-site audit and desktop has reduced. The amended Policy includes modest increases to the hourly rates charged to businesses requiring some minor alterations to the wording of the Policy.

Report

The EHA Audit Fee Policy (the Policy) was originally based on model policies developed by the Local Government Association (LGA). It should be noted that Audit fees are not prescribed in legislation and there is greater discretion available to local government when reviewing and setting these fees.

The review of the Policy in February 2013 identified the rates charged for the actual audit did not consider the time taken for administration. This resulted in a considerable reduction in income, without a commensurate reduction in time spent auditing. The introduction of an audit preparation/administration charge to more accurately reflect the time taken during the audit process was endorsed by the Board of Management at its meeting held 13 March 2013.

The current review of the Auditing regime has identified that the average time taken to conduct an on-site audit and desktop has reduced. The reasons for the decrease is based on an increased number of food businesses possessing an improved understanding of the requirements to ensure their Food Safety Plan (FSP) is effectively implemented and non-conformances are addressed and rectified.

In addition, several aged care and child care facilities and hospitals requested that all their sites are audited by EHA. As the organisations requesting our services use a generic FSP for all of their facilities, the time to undertake the audit process is reduced. The reduction in hours in the audit process have may an impact on auditing income, and will be closely monitored in 2015/2016.

The amended Policy (provided as attachment 1) shows the changes to the policy and includes modest increases to the hourly rates charged to businesses requiring an audit which in most cases will be more than offset by the reduce hours required. There are also some minor alterations to the wording of the Policy and the changes are accepted in the copy provided as attachment 2.

RECOMMENDATION

That:

1. The report regarding the review of the Food Business Audit Fee Policy is received.
2. The policy entitled Food Business Audit Fee Policy, marked attachment 2 to this report, is adopted.



1

FOOD BUSINESS AUDIT FEE POLICY

Policy Reference	EHA POL 3:2013
Date of Adoption	22 October 2008
Minutes Reference	6-052014
Review Date	07 May 26 August 20154
Next Review Date	May 2015 August 2016
Relevant Document Reference	Guidelines prepared by LGA for Councils – Audit Fees, <i>Food Act 2001</i> Model Letter of Engagement prepared by LGA for Councils – Auditing Services for Food Safety Program Department of Health Guidelines for Auditors of Mandatory Food Safety Programs

1. Purpose

To outline the circumstances that fees are applied for the audit of food safety programs as provided by section 188 of the *Local Government Act 1999*.

To specify the rate at which audit fees are charged.

2. Scope

This policy applies to high risk food businesses that:

- i. are identified by the Department of Health's Priority Classification System as Priority 1
- ii. are required by Standard 3.3.1 of the *Australia New Zealand Food Standard Code* to implement a documented and audited food safety program
- iii. engage the Eastern Health Authority to provide food safety auditing services.

3. Definitions

'Community or charitable organisation' - any group, club or organisation that provides a community benefit and not for the personal financial gain of an individual person or group of people. Examples include Rotary, Lions, church groups, community sporting clubs and scouting groups.

(To determine if an organisation fits this category, an Australian Taxation Office certificate of 'Endorsement as a Tax Concession Charity' may be requested.)

'Audit Preparation/Administration' – an auditor undertaking:

- preparation relating to a food safety program for the purpose of preparing for an onsite audit; or
- reviewing corrective action taken by a food business; or

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- administration in relation to the audit process including reporting, communication and records management.

'Onsite Audit' – an audit conducted at a scheduled frequency determined by the priority classification and assigned audit frequency.

'Re-audit' – an audit carried out as a result of non-compliance with the Food Safety Standards or non-conformance with the business' food safety program.

4. Principles

As an enforcement agency, local government has responsibilities under Part 7 of the *Food Act 2001* which relate to auditing. Additionally, local government is an employer of Department of Health approved auditors and may be engaged by a food business to provide food safety auditing services.

The priority classification system approved by the Department of Health recommends the initial audit frequency of high risk, Priority 1 businesses to be six monthly. The outcomes of two audits are required to establish a compliance history that can allow for the adjustment of audit frequency. Audit frequency may vary between three and twelve months. Guidance on the adjustment of audit frequency is outlined in the 'Guidelines for Auditors of Mandatory Food Safety Programs' (Department of Health, September 2008).

The *Food Act 2001* and *Food Regulations 2002* do not prescribe the charges that local councils can apply for providing food safety auditing services. However, pursuant to Section 188 of the *Local Government Act 1999* a council may impose fees and charges for services supplied to a person at their request.

Food safety audit fees are not listed under division 81 of the GST Act for exemption and as a result, GST will apply to audit fees set by the Authority.

Minimum fees applicable to each component of an audit are shown in the tables below. Fees thereafter are calculated on 15 minutes increments and rounded down to the nearest quarter hour.

Minimum Fee	Audit Component
1.0 hour	Onsite audit
	Re-audit
0.5 hour	Desktop audit & audit preparation / <u>administration</u>
	Travel

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A letter of engagement provided to the proprietor of a food business will estimate the audit fees that will apply to the business.

4.1 Onsite Audit

An hourly rate of \$~~472~~180.00 (including GST) will apply to onsite audits.

4.2 Desktop Audit & Audit Preparation and Administration

An hourly rate of \$~~608~~0.00 (including GST) will apply to audit preparation and administration undertaken in the auditor's office.

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An hourly rate of \$~~172~~180.00 (including GST) will apply to desktop audits undertaken onsite at the business. Desktop audits performed onsite incur all costs applicable to an onsite audit, there the same fee applies.

4.3 Re-audit

An hourly rate of \$~~172~~180.00 (including GST) will apply to onsite audits.

4.4 Travel

An hourly rate of \$86.00 (including GST) will apply to travel when an onsite audit, desktop audit or re-audit is conducted of a business that is located outside of the boundaries of the Council areas serviced by the Authority.

4.6 Exemptions

4.6.1 Community and Charitable Organisations

Audit fees imposed upon community and charitable organisations will be subsidised at a rate of 20%.

This exemption applies only to those community and charitable organisations located within the boundaries of the constituent council areas.

5. Review of the Food Business Audit Fee Policy

Every ~~24~~12 months or as needed.

6. Statement of Adoption

The Policy was adopted by the Board of the Eastern Health Authority on ~~07 May 2014~~ 26 August 2015.

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FOOD BUSINESS AUDIT FEE POLICY

Policy Reference	EHA POL 3:2013
Date of Adoption	22 October 2008
Minutes Reference	
Review Date	26 August 2015
Next Review Date	August 2016
<i>Relevant Document Reference</i>	Guidelines prepared by LGA for Councils – Audit Fees, <i>Food Act 2001</i> Model Letter of Engagement prepared by LGA for Councils – Auditing Services for Food Safety Program Department of Health Guidelines for Auditors of Mandatory Food Safety Programs

1. Purpose

To outline the circumstances that fees are applied for the audit of food safety programs as provided by section 188 of the *Local Government Act 1999*.

To specify the rate at which audit fees are charged.

2. Scope

This policy applies to high risk food businesses that:

- i. are identified by the Department of Health's Priority Classification System as Priority 1
- ii. are required by Standard 3.3.1 of the *Australia New Zealand Food Standard Code* to implement a documented and audited food safety program
- iii. engage the Eastern Health Authority to provide food safety auditing services.

3. Definitions

'Community or charitable organisation' - any group, club or organisation that provides a community benefit and not for the personal financial gain of an individual person or group of people. Examples include Rotary, Lions, church groups, community sporting clubs and scouting groups.

(To determine if an organisation fits this category, an Australian Taxation Office certificate of 'Endorsement as a Tax Concession Charity' may be requested.)

'Audit Preparation/Administration' – an auditor undertaking:

- preparation relating to a food safety program for the purpose of preparing for an onsite audit; or
- reviewing corrective action taken by a food business; or

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- administration in relation to the audit process including reporting, communication and records management.

‘Onsite Audit’ – an audit conducted at a scheduled frequency determined by the priority classification and assigned audit frequency.

‘Re-audit’ – an audit carried out as a result of non-compliance with the Food Safety Standards or non-conformance with the business’ food safety program.

4. Principles

As an enforcement agency, local government has responsibilities under Part 7 of the *Food Act 2001* which relate to auditing. Additionally, local government is an employer of Department of Health approved auditors and may be engaged by a food business to provide food safety auditing services.

The priority classification system approved by the Department of Health recommends the initial audit frequency of high risk, Priority 1 businesses to be six monthly. The outcomes of two audits are required to establish a compliance history that can allow for the adjustment of audit frequency. Audit frequency may vary between three and twelve months. Guidance on the adjustment of audit frequency is outlined in the ‘Guidelines for Auditors of Mandatory Food Safety Programs’ (Department of Health, September 2008).

The *Food Act 2001* and *Food Regulations 2002* do not prescribe the charges that local councils can apply for providing food safety auditing services. However, pursuant to Section 188 of the *Local Government Act 1999* a council may impose fees and charges for services supplied to a person at their request.

Food safety audit fees are not listed under division 81 of the GST Act for exemption and as a result, GST will apply to audit fees set by the Authority.

Minimum fees applicable to each component of an audit are shown in the tables below. Fees thereafter are calculated on 15 minutes increments and rounded down to the nearest quarter hour.

Minimum Fee	Audit Component
1.0 hour	Onsite audit
	Re-audit
0.5 hour	Desktop audit & audit preparation / administration
	Travel

A letter of engagement provided to the proprietor of a food business will estimate the audit fees that will apply to the business.

4.1 Onsite Audit

An hourly rate of \$180.00 (including GST) will apply to onsite audits.

4.2 Desktop Audit & Audit Preparation and Administration

An hourly rate of \$80.00 (including GST) will apply to audit preparation and administration undertaken in the auditor’s office.

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An hourly rate of \$180.00 (including GST) will apply to desktop audits undertaken onsite at the business. Desktop audits performed onsite incur all costs applicable to an onsite audit, there the same fee applies.

4.3 Re-audit

An hourly rate of \$180.00 (including GST) will apply to onsite audits.

4.4 Travel

An hourly rate of \$86.00 (including GST) will apply to travel when an onsite audit, desktop audit or re-audit is conducted of a business that is located outside of the boundaries of the Council areas serviced by the Authority.

4.6 Exemptions

4.6.1 Community and Charitable Organisations

Audit fees imposed upon community and charitable organisations will be subsidised at a rate of 20%.

This exemption applies only to those community and charitable organisations located within the boundaries of the constituent council areas.

5. Review of the Food Business Audit Fee Policy

Every 12 months or as needed.

6. Statement of Adoption

The Policy was adopted by the Board of the Eastern Health Authority on 26 August 2015.

6.7 FOOD ACT ANNUAL REPORT 2014/2015

Author: Nadia Conci
Ref: AF11/205

Summary

Section 93 of the *Food Act 2001* requires the head of an enforcement agency to report each year to SA Health. A report has been prepared on Eastern Health Authority's (EHA) performance under the Act for 2014/2015 and is provided for the Board's endorsement.

Report

Under Section 109 of the *Food Act 2001*, SA Health is required to submit a report to the Minister on the administration of the Act each year. Local Councils, as enforcement agencies, have an essential role in the administration of the Act. Therefore, information provided by local government forms an important component of SA Health's annual report.

On 5 May 2015, SA Health requested that enforcement agencies provide an annual report in accordance with section 93 of the *Food Act 2001*. This year there were changes to the format of the report with the introduction of an excel template. This reporting format was encouraged to be used by SA Health. A completed questionnaire in the excel format was prepared on behalf of EHA and forwarded to SA Health.

For the purpose of this report the Word format was used. The report is provided as attachment 1 of this report and is primarily a statistical review of the work undertaken during 2014/2015.

Despite the low numbers of available staff during the year, there was an increase in the number of routine inspections reported for the reporting period.

The continual concerted effort by Authorised Officers to conduct thorough routine inspections, educate and advise and take appropriate where serious non-compliance is observed has resulted in a decrease in the number of food complaints received and enforcement action taken.

A total of 39 expiable offences were issued to 18 businesses, a 26% decrease compared the 53 expiable offences issued to 27 food businesses the previous year. The total value of expiations issued was \$80,000, a \$21,000 decrease when compared to the previous year. A poor standard of cleanliness and unsafe storage were common reasons for issuing expiations, which was comparable with the previous year.

The high proportion of follow-up inspections undertaken following routine inspections coupled with legal action taken over the past two years (2012/2013 and 2013/2014) may have influenced the noticeable improvement in voluntary compliance. The increase in compliance has resulted in a decrease in the number of complaints received and enforcement actions required this year.

For further detail, Board Members are referred to the Food Act Annual Report.

RECOMMENDATION

That:

The report titled Food Act Annual Report 2014/2015 (attachment 1) be received and endorsed.



FOOD ACT 2001 - ANNUAL REPORT

Information on Local Government Administration of the Food Act
for the period 1st July 2014 to 30th June 2015

Council:

Eastern Health Authority

1. Authorised Officers

An authorised officer (AO) is defined as “a person appointed under Division 3 Part 9” of the Food Act 2001. Under Division 3 a council is required to maintain a list of AOs appointed under the Act. Please provide the following advice on persons who were listed as an AO for your council, under this provision, on the **30th June 2015**.

The purpose of this question is to update the current list of authorised officers working in South Australia. Where part time staff are employed by more than one council, only include these people if they are working in your council on the 30th June 2015.

If on the 30th of June the council did not have an AO under the Food Act please provide a nil return.

Name of Authorised Officer	Position Title	Contact Details (phone, fax, mobile, email)	Is it a Fulltime or Part time appointment? (if part time what is the arrangement e.g. days per week/ month/ year or services called on as required)	Does the authorised officer work for more than one council?	Percentage of time spent on food related matters (including routine, follow-up and complaints)	
					Inspections (%)	Audits (%)
Katie Koto	EHO	w. 8132 3616 m. 0412 891 993 kkoto@eha.sa.gov.au	Full Time	Yes	60.00%	10.00%
Travis John	EHO	w. 8132 3631 m. 0481 033 817 tjohn@eha.sa.gov.au	Full Time	Yes	60.00%	0.00%
Brad Prosser	EHO	w. 8132 3630 m. 0413 238 906 bprosser@eha.sa.gov.au	Full Time	Yes	50.00%	0.00%
Julia Boxall	EHO	w. 8132 3614 m. 0413 238 894 jboxall@eha.sa.gov.au	Full Time	Yes	50.00%	0.00%
Meagan Hibbert	EHO	w. 8132 3624 m. 0413 238 830 mhibbert@eha.sa.gov.au	Full Time	Yes	70.00%	0.00%

Michael Wilkop	EHO	w. 8132 3627 m. 0413 238 978 mwilkop@eha.sa.gov.au	Part Time 0.6	Yes	50.00%	20.00%
Tina-Marie Aghiana	EHO	w. 8132 3640 m. 0413 239 036 taghiana@eha.sa.gov.au	Part Time 0.4	Yes	0.00%	25.00%
Madeleine Fernandez	EHO	w. 8132 3660 m. 0413 239 015 mfernandez@eha.sa.gov.au	Part Time 0.4	Yes	0.00%	30.00%
Nadia Conci	Team Leader of EH	w. 8132 3626 m. 0413 238 927 nconci@eha.sa.gov.au	Full Time	Yes	20.00%	0.00%
Michael Livori	CEO	w. 8132 3611 m. 0400 102 077 mlivori@eha.sa.gov.au	Full Time	Yes	10.00%	0.00%
		TOTAL FTE	8.4	TOTAL %	37.00%	8.50%

*FTE = Full Time Employee or part thereof

2. Inspections & Audits of Food Premises

2A. Inspection/Audit Policy

Does your council have a food inspection/audit policy?

Y N

If yes, please attach a copy of the policy (or provide the web link) upon submission of your councils Food Act Report.

2B. Food Audits

The Food Act requires businesses that service “Vulnerable Populations**” to have a Food Safety Plan and are subject to an audit in order to verify compliance with Standard 3.2.1. Please complete the following table with respect to your council area only (if you audit outside your council area, these details will be captured by the respective council). If these businesses were also inspected during the financial year, please provide this information as well.

Risk Classification	No. of Businesses	Routine Audits (Standard 3.2.1, 3.2.2 & 3.2.3)		Routine Inspections (Standard 3.2.2 & 3.2.3)	
		No. of audits conducted by your council	No. of audits conducted by other councils (In your area)	No. of inspections conducted	No. of follow-up inspections conducted
Child Care Centers	26	24	0	21	3
Aged Care Facilities	32	22	9	27	1
Private Hospitals	7	6	0	6	0
Other	8	1	7	6	1
TOTAL	73	53	16	60	5

- “Vulnerable Populations” are those types of businesses as defined in Standard 3.3.1 and are required to be audited. Examples include child care centres, private hospitals, aged care facilities

2C. Food Inspections

All food businesses in South Australia are required to comply with the Food Act, Regulations and Food Safety Standards. Please complete the following table with respect to your Council; however EXCLUDE businesses that service "Vulnerable Populations" which were reported in section 2B of this report. There are two separate tables provided. Table 1a. requires the inspection details for those business which are not yet classified as per new risk classification system. Table 1b. requires inspection data for all business which are risk classified as per new risk classification system . Please include the inspection numbers in new risk class even if the business was inspected as per both old risk class & new risk class in the financial year 2014-2015 to avoid duplication and maintain accurate information.

The completion of this Table 1a was only required if Table 1b could not be completed. Table 1b outlines the number business inspection information as per the new risk classification.

Table 1a

Risk Classification	No. of Businesses	No. of routine Inspections conducted	No of follow up Inspections conducted	No. of Inspections resulting from complaints
Low				
Medium				
High* (please exclude businesses that service "Vulnerable Populations**")				
TOTAL				

Table 1b.

Businesses Inspections Information as per New Risk Classification				
Risk Classification	Number of Businesses	Inspections Conducted	Follow up Inspections	No of Inspection resulting from complaints
P1 (please exclude businesses that service "Vulnerable Populations**")	560	478	366	82
P2	355	270	103	15
P3	60	25	5	1
P4	192	0	1	0
Total	1167	773	475	98

3. Food Inspection and Audit Fees

3A. Food Inspection/Audit Fee Policy

Does your council have an inspection/audit fee policy? Y N

If yes, please attach a copy of the policy (or provide the web link) upon submission of your councils Food Act Report.

3B. Food Audit fees

Councils are able to charge for audits conducted by Authorised Officers.

Does your council conduct Food Audits? Y N

If you answered NO to the above question go to Q3C.

Does your council charge fees for conducting Food Audits? Y N

If you answered NO to the above question go to Q3C.

Please advise the fees currently charged by your council for auditing purposes and clearly specify whether this is an hourly rate or flat fee structure.

Audit Type/parameters	Inspection Charge (\$)/unit* (inc GST) (if no fees are charged please write N/A)
Desktop Audit (offsite)	\$60.00/hr
Routine Audit (onsite)	\$172.00/hr
Follow up Audit	\$172.00/hr
Travel Cost	\$86.00/hr
Other _____	Audit Preparation / Administration \$60.00/hr Community/Charitable – 20% discount
If there is a cap on the maximum cost of an audit? Please advise.	No

Unit* - please specify in your response, for example "per audit" OR "per hour"

3C. Food Inspection fees

Councils are able to charge for inspections conducted by Authorised Officers.

Does your council charge fees for conducting food premises inspections? Y N

If you answered NO to the above question go to Q4.

Please advise the fees currently charged by your council for inspection purposes.

Inspection Type	Inspection Charge (\$)/unit* (inc GST) (if no fees are charged please write N/A)
Routine Inspection	Small (< 20 FTE) \$82.00 In any other case (<20 FTE) \$205.00
Follow up Inspection	N/A Fee applicable if second f/u inspection required
Complaint Inspection	N/A
Home Activity Inspection	\$82.00
Other _____	

Unit* - please specify in your response, for example "per inspection"

4. Food Act Enforcement

4A. Food Act Enforcement Policy

Does your council have enforcement policy?

Y N

If yes, please attach a copy of the policy upon submission of your councils Food Act Report.

4B. Enforcement Activities

Please complete the following table indicating the enforcement activities undertaken by your councils during financial year 2014-2015 as per old risk classification.

Business type	Total Business	No of business Inspected	No of business requires enforcement action	No. written warnings issued	No. of improvement notices issued	No. prohibition orders issued	No. expiations issued		No. of prosecutions
							Body Corporate	Natural person	
Aged care	32	27	0						
Bakery	90	79	20	2	18				
B&B/motel	1	1	0						
Café	126	111	14	2	9	1	4		
Canteen	68	45	1		1				
Caterer	47	32	3		3				
Charitable	20	18	1		1				
Child Care	28	21	1		1				
Club	32	14	0						
Deli	17	16	6	1	5				
Delivered meals	8	6	0						
Distributor	11	9	0						
Farm Gate Sales	0	0	0						
Fishmonger/ seafood	5	4	1		1				

Fruit and veg	20	18	1		1				
Function centre	4	2	0						
Hospital	7	6	0						
Hotel/pub tavern	30	23	7	3	3		4		
Liquor store	0	0	0						
Manufacturer	79	42	1		1				
Mobile food van	38	14	2			1			
Restaurant	105	94	42	4	29	1	11	5	
Service station	35	29	1		1				
Snack bar/kiosk	24	21	8	2	6				
Stall	0	0	0						
Supermarket	53	50	7	1	1		6		
Takeaway	172	151	16	3	44		7	2	
Temporary Business	0	0	0						
Other (please specify)	172	0	0						
	1224	833	132	18	95	3	32	7	0

4B.2 Enforcement Activities (For business sectors and types as per new business risk classification)

Please complete the following table (Attachment 1) indicating the enforcement activities undertaken by your councils during financial year 2014-2015 as per new risk classification.

Retailer	Risk Level	No of Business	No. of written warnings issued	No. of improvement notices issued	No. of prohibition orders issued	No. of expiations issued		No. of prosecutions
						Body Corporate	Natural person	
Alcoholic beverages packaged								
Bakery products								
Bakery products Perishable fillings								
Continental Type Delicatessen food								
High risk food - perishable								
Low risk packaged food								
Medium risk food - perishable								
Raw Meat & Poultry								
Seafood(excludes Processing of Bivalve mollusc)								

Food Service	Risk Level	No of Business	No. written warnings issued	No. of improvement notices issued	No. of prohibition orders issued	No. of expiations issued		No. of prosecutions
						Body Corporate	Natural person	
Catering offsite activity								
Catering onsite								
Medium risk foods perishable								
Restaurants and takeaway RTE Food- Prepared in advance								
Restaurants and Takeaway food RTE food - Express order								

Restaurants and takeaway RTE Food- no raw preparation								
Bakery products, perishable fillings processing								
Prepared in advance								
Processor/ Manufacturer								
Bakery products Perishable fillings processing								
Baby Food processing								
Beverage processing								
Canned food processing								
Canned food processing very small producer & high acid food								
Chocolate processing								
Chocolate processing small producer								
Cereal processing								
Confectionary processing								
Cook-Chill food Short shelf-life processing								
Cook-chill food extended shelf life processing;								
Cook-frozen food processing								
Dairy processing (not including soft cheese)								
Dairy processing - Soft cheese processing								
Egg Processing								

Fruit and Vegetables processing								
Fruit and vegetable processing frozen								
Fruit juice, Pasteurisation processing, Shelf stable processing								
Fruit and vegetable processing Frozen Blanch /Small producer								
Infant formula product processing								
Meat Processing, Abattoir/ Boning Room								
Meat Processing, Fermented meat Processing, Small Goods Processing								
Oils and fats processing								
Peanut Butter processing								
Peanut Butter processing Small Producer								
Poultry processing								
Prepared not ready to eat food processing								
Prepared ready to eat food processing								
Seafood processing								
Seafood processing RTE and shelf stable								
Seafood processing - Mollusc processing								
Snack chips processing								
Spices and dried herbs processing								

Spices and dried herbs processing small producer								
Sprout processing								
Sushi processing								
Vegetables in oil processing								

Food Transporter	Risk Level	No of Business	No. written warnings issued	No. of improvement notices issued	No. of prohibition orders issued	No. of expiations issued		No. of prosecutions
						Body Corporate	Natural person	
Bulk flour storage distributor								
Bulk milk collection distributor								
Dairy produce distributor								
Dry goods and beverages distributor								
Frozen food distributor								
Fruit and vegetables distributor								
Perishable ready to eat, packaged, medium risk food distributor								
Perishable, ready to eat, packaged, high risk food distributor								
Processed meat distributor								
Seafood distributor								

Prior to the release of the Food Act Questionnaire 2014/2015 report template no consultation from SA Health was sought to determine if the required information could be reported in the table above. The information required to complete this table could not be easily obtained from EHA's reporting system and would require extensive time to manually calculate and report. Alternatively the table below which has previously being a requirement of the Food Act Questionnaire report template was completed and provided.

Reason for enforcement activity	Written warnings	Improvement notices	Prohibition Orders	Expiations	Prosecutions
Standard 3.2.1 (Food Safety Program)					
FSP not prepared, implemented, maintained and monitored					
FSP not audited at the frequency determined by the auditor					
FSP not revised so as to comply with the regulations					
FSP audit report not retained by business for four years					
Standard 3.2.2					
Skills and Knowledge	1	6			
Notification	2	1			
Food Receipt					
Food Storage	1	56	1	6	
Food Processing	5	36		1	
Food Display	3	6		1	
Food Packaging		1			
Food Transportation					
Food Disposal		1			
Food Recall	1	1			
General Req of Food Handlers	1	2			
Health & Hygiene of Food Handlers	2	35		4	
General Duties of a Food Business		2	1		
Cleanliness	4	76	2	19	
Cleaning and Sanitising		29			
Maintenance		15	1	1	
Temperature measuring devices		9			
Single use items					
Animals and Pests	1	2	2	2	
Alternative methods of compliance					
Standard 3.2.3					
General Requirements		10	1		
Water supply		1			
Sewerage & waste water disposal		4			
Storage of garbage & recyclables					
Ventilation			1		
Lighting					
Floors		10			
Walls and ceilings		10			
Fixtures, fittings and equipment		45			

Hand washing facilities		33			
Storage facilities		7			
Toilet Facilities					
Food Transport vehicles					
Standard 1.2.5					
Food sold past Use-by date				3	
Food Act 2001					
Failing to comply with Improvement Notice				2	

Following the South Australian Food Business Risk Classification (FBRC) taking affect from 1 July 2014 all food businesses were reviewed to reflect risk profiling framework. However the inspection frequency

There was an increase in the number of routine inspections when compared to the previous year, despite the low number of available staff, with just over half (57%) of these inspections requiring follow-ups.

EHA's Enforcement Policy allowed for a graduated and proportionate response to be applied, with businesses issued with a Prohibition Order or Expiation Notice having had a significant history of non-compliance. The number of routine inspections requiring follow-ups increased with the issuing of Warning letters, Improvement Notices, Expiation Notices and Prohibitions Orders decreasing when compared to the previous year. There were no prosecution proceedings initiated.

There was a 53% decreased in the number of Warning letters issued. Improvement Notices accounted for the majority of enforcement with a total of 96 Notices issued to 69 businesses, a 31% reduction in the number of Notices issued when compared to the previous year. A total of 69 businesses received more than one Improvement Notice during the year. The common reason for issuing more than one Notice to a food business is a result of multiple Notices issued with varying due dates proportionate to the type of compliance required.

Three Prohibition Orders were served relating to significant cockroach activity, cleanliness and structural suitability. Prohibition Orders were served to one restaurant, one café and a food vehicle. A Prohibition Order was issued following the observation of a significant cockroach infestation at a restaurant during a Salmonella outbreak investigation.

A total of 39 expiable offences were issued to 18 businesses, a 26% decrease compared the 53 expiable offences issued to the 27 food businesses the previous year. The total value of expiations issued was \$80,000, a \$21,000 decrease when compared to the previous year. A poor standard of cleanliness and unsafe storage were common reasons for issuing expiations, which was comparable with the previous year.

The high proportion of follow-up inspections undertaken following routine inspections coupled with legal action taken over the past two years (2012/2013 and 2013/2014) may have influenced a measurable improvement in voluntary compliance.

The increase in compliance has resulted in a decrease in the number complaints and enforcement actions required this year. Alleged food poisoning accounted for the majority of complaints, however there was an increase in the number complaints relating to potential

chemical contamination. Following the investigation of these complaints there was no evidence to suggest the food was subject to chemical contamination.

For half of the year the number of available Auditors decreased, with food businesses requiring their food safety plans to be audited taking priority within EHA Constituent Council areas. Despite the limited number of available Auditors the total number of audits and follow-up audits undertaken within the Constituent Councils was comparable with the previous year.

5. Food related complaints

5A. Food Complaints

Please complete the following table indicating the complaints received and actioned by your councils during financial year 2014-2015.

Type	Total No. received	No. Justified/ Confirmed	% Overall Justified	Comment
Food unsuitable/unsafe due to foreign matter	15	5	33.33%	Complaint inspections conducted. Queries related to insects, metal or glass in food. No legal action required.
Food unsuitable/unsafe due to microbial contamination / growth	13	3	23.08%	Complaint inspections conducted. Queries related to mouldy food and supermarkets displaying food past the use by date. No legal action required.
Food unsuitable/unsafe due to presence unapproved or excessive chemical residues	6	1	16.67%	Complaint inspections conducted. One complaint related to chemical taste from fruit juicers that was being inappropriately sanitised (e.g. Not diluting sanitiser with water).
Alleged food poisoning	27	1	3.70%	Inspection of premises and evidence collection undertaken where required. No stool sample results provided by complainants. No sufficient evidence to justify food poisoning was caused from the premises.
Confirmed food poisoning	4	2	50.00%	Notifications received from CDCB .Food poisoning outbreaks investigations and inspections of food businesses undertaken. Food sampled where required. Prohibition Order issued to one business as a result of a food poisoning investigation. Ill persons phoned and given advice and recommendations where required.
Unclean premises	6	1	16.67%	Complaint inspections conducted. One business received an Improvement Notice.

Poor personal hygiene or poor food handling practices	10	4	40.00%	Complaint inspections conducted. Discussed food handling practices with proprietor and staff. Complaints generally related to members of public observing food handlers failing to wash their hands. One business issued with a final warning for failing to supply soap and paper towels to a hand wash basin.
Vermin / insects / pests observed in premises	5	4	80.00%	Complaint inspections conducted. Where pest activity is identified businesses are generally required to engage professional pest control services. No legal action taken as a result of these complaints.
Refuse storage	19	6	31.58%	Complaint inspections conducted. Verbal advice provided to proprietors and landlords for shared bins. Warning letters and Improvement Notice issued.
Labelling Issues	1	0	0.00%	Forwarded to SA Health for further advice.
Other (please state) <ul style="list-style-type: none"> ▪ Allergic reaction ▪ Poor quality of food ▪ Poor ventilation 	6	4	66.67%	Complaints investigated.
TOTAL	112	31	27.68%	

6. Proactive projects, surveys and sampling programs.

Please attach information on any projects/surveys undertaken by Council in the last financial year that could be considered for addition to the annual report. For example, this may cover food sampling projects or surveys assessing compliance with an aspect of the food safety standards such as food handling practices or temperature control. It may also include events carried out during food safety week etc.

It is requested the report uses the following general format:

- *What was the project and why was it done*
- *A précis of what and how it was done.*
- *Results/Outcomes*

Please keep summaries brief and ½ page in length as a maximum.

'Preventing Kitchen Nightmares – A Guide to Food Safety Fundamentals'

During the 2013-14 a review of EHA food training program 'Preventing Kitchen Nightmares – A Guide to Food Safety Fundamentals' was reviewed. The purpose of the review was to identify the types of food business that commonly attend the training and provide up to date and relevant information of food safety matters specific to these groups. The review is also aimed at identifying alternative methods of training and new target groups. During this time two public training sessions were made available and one private training to a non for profit organisation was provided.

Food Safety Week

Food Safety Week 2014 was held from the 9 – 16 November 2014. The theme this year was "Temperature danger zone" with a focus on keeping hot food hot and cold food cold.

SA Health offered a range of promotional material free to EHA. In supporting the week, EHA visited local primary schools and discussed lunch box safety with children.

The Food Safety Week initiative was well received by both staff and children. Many of them were unaware of risks involved in leaving potentially hazardous food in lunch boxes for long periods of time. The students were interactive by actively answering the EHO's questions and seeking advice or clarification on how to ensure their food was safe to eat. The promotional material was distributed to students who showed interest by asking questions and participating.

Special Events Booklet

During the year the 'EHA Special Events' information booklet and fact sheet was reviewed. The booklet was condensed to a two sided information sheet along with a notification form for both event organisers and stall holders to complete. The change made to the booklet was aimed at encouraging event organisers and stall holders to actively read the food safety information and submit the required notification forms. Our Constituent Council event organisers have advised that following the release of the updated booklet, the return rate for the notification forms has significantly improved. This has enabled officers to have a better understanding of how many stall holders and what types of food is being sold at these events prior to the day of the event. It has also enabled stall holders to get a better understanding of their responsibilities when selling food at events.

6.8 ENVIRONMENTAL HEALTH REPORT 2014/2015

Author: Nadia Conci
Ref: EH15/12

Summary

The purpose of the Environmental Health report 2014/2015 is to assist in the review of the *South Australian Public Health Act 2011* (the Act) commencing in 2016. This is the first request from SA Health to complete and submit the report following the commencement of the Act.

Report

The purpose of the Environmental Health report 2014/2015 is to assist in the review of the *South Australian Public Health Act 2011* (the Act) commencing in 2016 and assist the Minister for Health and Ageing and the Chief Public Health Officer and their delegates to perform their functions under the following sections of the Act:

s17(1) The Minister's functions in connection with the administration of this Act include the following (to be performed to such extent as the Minister considers appropriate):

(a) to further the objects of this Act by taking action to preserve, protect or promote public health within the State;

(b) to promote proper standards of public and environmental health within the State by ensuring that adequate measures are taken to give effect to the provisions of this Act and to ensure compliance with the Act.

s21(1) The Chief Public Health Officer's functions are as follows:

(b) to ensure that the Act, and any designated health legislation, are complied with;

s23(1) The Chief Public Health Officer is required to prepare a written report every 2 years about—

(a) public health trends, activities and indicators in South Australia

On 1 July 2015, correspondence was received from SA Health advising the annual environmental health report had been reinstated. The requirement to report is in accordance with the abovementioned sections of the *SA Public Health Act 2011*. This is the first request from SA Health to complete and submit the report following the commencement of the Act.

SA Health provided a pro-forma to act as a guide that contains indicators to assist local councils with reporting on the administration of the Act.

A report has been prepared in the required format and is provided as attachment 1. Upon the Board's endorsement of the annual report, a copy will be submitted to the Chief Public Health Officer.

RECOMMENDATION

That:

The report titled Environmental Health Report 2014/2015 (attachment 1) be received and endorsed.



**2014 / 2015 FINANCIAL YEAR ANNUAL
ENVIRONMENTAL HEALTH REPORT
Reporting period: 1 July 2014 to 30 June 2015
THE SOUTH AUSTRALIAN PUBLIC HEALTH ACT 2011**

The aim of this report is to assist in the review of the *South Australian Public Health Act 2011* (the Act) commencing in 2016 and assist the Minister for Health and Ageing and the Chief Public Health Officer and their delegates to perform their functions under the following sections of the Act:

s17(1) The Minister's functions in connection with the administration of this Act include the following (to be performed to such extent as the Minister considers appropriate):

(a) to further the objects of this Act by taking action to preserve, protect or promote public health within the State;

(b) to promote proper standards of public and environmental health within the State by ensuring that adequate measures are taken to give effect to the provisions of this Act and to ensure compliance with the Act.

s21(1) The Chief Public Health Officer's functions are as follows:

(b) to ensure that the Act, and any designated health legislation, are complied with;

s23(1) The Chief Public Health Officer is required to prepare a written report every 2 years about—

(a) public health trends, activities and indicators in South Australia

It is requested that all councils complete and submit this report by 30 September 2015.

1 ENVIRONMENTAL HEALTH WORKFORCE

1.1 Authorised officers (s44)

Please provide a list of all persons currently authorised by the authority pursuant to s44 of the Act on 30 June 2015 in the following format. This is requested to confirm that the Chief Public Health Officer's notification register is up to date.

Authorised officer's full name	Employment type (PFT, PPT, CE or CNE)	Date authorised	Approved qualification number	Environmental health experience (years/months)	Average EH hours worked per week
Katie Koto	PFT	13/3/15	8	7 yrs 6 mths	1.0
Travis John	PFT	6/8/14	8	7 yrs 6 mths	1.0
Bradley Prosser	PFT	5/9/13	9	2 yrs 3 mths	1.0
Julia Boxall	PFT	6/8/14	21	15 yrs	1.0
Meagan Hibbert	PFT	3/8/15	25	4 mths	1.0
Michael Wilkop	PPT	5/9/13	8	6 yrs 9 mths	1.0
Tina-Marie Aghiana	PPT	5/9/13	8	6 yrs 4mths	1.0
Madeleine Fernandez	PPT	7/2/14	8		1.0
Nadia Conci	PFT	5/9/13	8	15 yrs 5mths	0.8
Michael Livori	PFT	5/9/13	6	30 yrs	0.6

Notes:

Employment type: PFT: Permanent fulltime, PPT: Permanent part time, CE: Contract employee, CNE: Contract non-employee.

Approved qualification number:

Please refer to the list of approved qualifications for the appointment of local authorised officers.

[<ctrl+click here to follow link>](#)

Average EH hours:

Please indicate the average number of hours the individual spends working on environmental health related tasks and activities (including food safety, administrative, strategic, management and policy related tasks) for council per week.

1.2 Were any environmental health positions vacant on 30 June 2015?

- No – proceed to section 1.3
- Yes – complete the table below

Please provide information on all authorised officer positions vacant on 30 June 2015 in the following format.

Position title	Employment type (PFT, PPT, CE or CNE)	Average EH hours per week	Term of contract (if applicable)	Duration position has been vacant
EHO	Not confirmed	38hrs		52 wks (average)

1.3 Any additional comments relating to environmental health workforce

2 SA PUBLIC HEALTH ACT & REGULATIONS

2.1 Please submit a copy of all notices issued pursuant to section 92 of the Act to healthprotectionprograms@health.sa.gov.au within 7 days of the date of issue (including preliminary notices and emergency notices), commencing from 1 July 2014.

2.1.1 In total, how many section 92 notices were issued during the reporting period.

12 Compliance Notices issued

2.1.2 Was action taken on non-compliance with any section 92 notices issued (s.93)?

No – proceed to section 2.1.3

Yes – complete the table below

Details of action taken	Costs recoverable

2.1.3 Were any expiation notices issued or prosecutions commenced for failure to comply with a section 92 notice (s.92.10)?

No – proceed to section 2.1.4

Yes – complete the tables below

Expiation notices issued

Date expiation notice issued (when)	Details of the failure to comply	Was the expiation notice paid, withdrawn or did the recipient elect to be prosecuted?

Prosecutions commenced

Date prosecution commenced (when)	Details of the failure to comply	Details and outcome of prosecution

2.1.3 Were any section 92 notices reviewed or appealed (s.95-96)?

No – proceed to section 2.1.5

Yes – complete the table below

Review or appeal?	Summary of findings/outcome of review or appeal

2.1.5 Please provide comments on the strengths / weaknesses of the Act to protect public health in the matters for which section 92 notices were issued during the reporting period.

Strengths

- The process of issuing a Notice to obtain compliance with the Regulations, does not involve a Preliminary Notice to be served, resulting in an efficient process and effective purpose.
- The severe domestic squalor assessment tool was used as evidence prior to issuing a Section 92 Notice. This tool enabled the EHO's to assess the risk on a case by case basis and provide clear guidance where the application of *SA Public Health Act 2011* was required.

Weakness

- Issuing a Preliminary Notice under the General Duty along with the final notice can often be confusing for the alleged offender. When Officers issue a Preliminary Notice they explain the purpose of the Notice and their rights to appeal.

These people commonly experience difficulty in communicating as they are socially isolated, English is their second language or they are under the influence of illegal substances. Under normal circumstances the issuing of any formal communication can be very distressing to these groups of people. The process of issuing a Preliminary Notice and Notice under s92 can increase the confusion and stress to the people involved.

2.1.6 Any additional comments relating to section 92 notices

2.2 Were any expiation notices issued or prosecutions commenced for material or serious risks to public health during the reporting period?

3 **No – proceed to section 2.3**

Yes – complete tables 2.2.1 - 2.2.3 below

Please provide details on all expiation notices issued and prosecutions commenced by the authority on persons causing material or serious risks to public health between 1 July 2014 and 30 June 2015 in the following format.

2.2.1 s57 – Material risk to public health – expiation notices issued (\$750)

Date notice issued (when)	Details of the material risk to public health (what)	Was the expiation notice paid, withdrawn or did the recipient elect to be prosecuted?

2.2.2 s57 – Material risk to public health – prosecutions

Date of offence	Person prosecuted (who)	Details of the material risk to public health (what)	Details and outcome of prosecution

2.2.3 s58 – Serious risk to public health – prosecutions

Date of offence	Person prosecuted (who)	Details of the serious risk to public health (what)	Details and outcome of prosecution

2.2.4 Any additional comments relating to material or serious risks to public health

Nil.

2.3 Were any other expiation notices issued or prosecutions not previously covered commenced for breaches of the Act during the reporting period?

No – proceed to section 2.4

Yes – complete the table below

Please provide details on all expiation notices issued and prosecutions commenced by the authority during the reporting period.

Section.	Type	No. of expiations issued	No. of prosecutions commenced	Comments
46(4)	Authorised officer identity card – failure to surrender	N/A		
47(6)	Hindering or obstructing an authorised officer	N/A		
49(2)	Failure to provide information			
92(11)	Hindering or obstructing a person complying with a notice	N/A		
104	Provision of false or misleading information	N/A		
Totals				

2.4 South Australian Public Health (General) Regulations 2013

2.4.1 Public Pool Register

Please provide a copy of your public pool register on 31 June 2015 as an attachment to this report. If it is available, please include the following information:

- Name of facility
- Address of facility
- Name and contact number of owner.
- Name and contact number of responsible person.
- Details of all separate and interconnected swimming and spa pools at facility.
- Type of disinfection used (including UV if present).

A copy of EHA public pool register on 30 June 2015 is attached (Attachment 1).

2.4.2 Please complete the table below to indicate routine inspections of public pools and spas conducted during the reporting period to confirm compliance with the regulations and to minimise the incidence of water borne illness.

Type of public pool	No. of known pools in council area	No. of pools inspected at least once for compliance	Comments
Swimming pool	30	30	
Spa pool	5	5	
Hydrotherapy pool	3	3	One hydrotherapy pool is disinfected using hydrogen peroxide.
Waterslide	0	0	
Other	1	1	Spa display shop – spas are not connected to an automatic dosing machine. To ensure compliance with the Regulations, the display spas are not filled with water. Officers visit the shop annually to confirm compliance.
Totals	39	39	

2.4.3 Please provide details of any regularly encountered public pool compliance issues.

Four Compliance Notices issued. The details of non compliance resulting in a Notice included:

- Ongoing poor record keeping and corrective actions
- Low chlorine levels
- Calibration of auto dosing equipment
- Monitoring of the level of available chemicals to adequately disinfect the pool

The issuing of the Notices has been very effective in obtaining short term compliance. However, there has been minimal influence on long term compliance involving public pools that have ongoing issues.

2.4.4 Were any expiation notices issued or prosecutions commenced under the General Regulations during the reporting period?

- No – proceed to section 2.5**
Yes – complete the table below

Please provide details on all expiation notices issued and prosecutions commenced by the authority during the reporting period.

Reg. No.	Type	No. of expiations issued	No. of prosecutions commenced	Comments
7	Control of waste on premises			
8(6)	Public swimming pool requirements			
9(7)	Public spa pool requirements			
10	Obligations of public	N/A		
Totals				N/A

2.4.5 Please provide feedback for consideration in relation to the review of the South Australian Public Health (General) Regulations 2013

Strengths

- The process of issuing a Notice to obtain compliance with the Regulations, does not involve a Preliminary Notice to be served, resulting in an efficient process and effective purpose. Under the previous Public Environmental Health Act and associated standards there were no effective mechanism available to obtain immediate compliance, i.e request the pool to be closed immediately if there is a risk to public health.

Weakness

- There are no minimal requirements set in the Regulations to ensure pool testing equipment can measure to a certain degree of accuracy and able to test all parameters contained within the Regulations.
- There are no requirements in the Regulations that persons involved in the management of pools must have appropriate skills and knowledge, similar to Section 11 of *Legionella* Regulations.

2.4.6 Any additional comments

2.5 South Australian Public Health (Wastewater) Regulations 2013

2.5.1 Wastewater Works Approvals

Please provide a copy of your Wastewater Works Approval Register for the reporting period, as required to be maintained by regulation 27, as an attachment to this report.

During the reporting period EHA assessed and approved two new waste control system applications. One of the applications was for a grey water system and the other was for a subsurface septic system. Below is an insert of the EHA Register of Wastewater Works Approvals within the reporting period.

Register of Wastewater Works Approvals as per regulation 27 of the South Australian Public Health (Wastewater) Regulations 2013

Reference Number	Date of Approval	Location	Type of System	Conditions of approval
EH14/13	22 August 14	18 Old Norton Summit Rd AULDANA	Subsurface	Standard
EH11/479	21 May 15	6 Herbert St MEDINDIE	Permanent Greywater	Standard

2.6 South Australian Public Health (Legionella) Regulations 2013

2.6.1 HRMWS Register

Please provide a copy of your HRMWS register on 30 June 2015 as an attachment to this report. If available, please include the following information:

- System name
- System type (CWS/WWS)
- System details/make/description
- Facility name
- Facility address
- Name and contact number of owner
- Name and contact number of responsible person
- GPS lat/long location of each cooling tower in a CWS system **this will be added to inspection forms to assist in collection of this information over time*

A copy of EHA HRMWS register on 30 June 2015 is attached (Attachment 2).

2.6.2 Please complete the table below to indicate inspections of high risk manufactured water systems conducted during the reporting period to confirm compliance with the regulations and to minimise the incidence of legionellosis.

Type of registered system	No. of systems on council's register	No. of systems inspected at least once for compliance by an authorised council officer. Reg. 15(1)	No. of systems inspected at least once for compliance by an independent competent person. Reg. 15(2)	No. of follow-up inspections by an authorised officer due to non compliance issues	No. of additional inspections due to complaints and disease investigations	Total no. of inspections conducted
Cooling water systems*	26	26	0	6	0	32
Warm water systems	25	25	0	2	0	31
Total	51	51	0	8	0	63

* A cooling water system may include an individual cooling tower, or a number of interconnected cooling towers that utilise the same recirculating water.

2.6.3 Please provide details of any regularly encountered HRMWS compliance issues.Warm water systems

- Continual high counts following routine EHA sampling and failure to identify risks within warm water systems.
- Out of date or incomplete plans
- Lack of evidence and documentation following emergency decontamination
- System operators failing to have knowledge of warm water and risks of *Legionella*.

Cooling Towers

- Unsafe access to the top of towers for cleaning and inspection
- Poor standard of cleanliness of towers during the inspection
- Maintenance manuals being out of date or not present during the inspection
- Out of date or incomplete plans
- Unwillingness by owners to shut down a cooling tower(s) upon request, which is particularly important when undertaking a routine inspection. This raises further concerns if there was a requirement to immediately shut down a tower(s) following a high count.
- Lack of regular flushing of pipe works
- Cooling towers turned off for periods of time greater than 48hours

2.6.4 Were any expiation notices issued or prosecutions commenced under the *Legionella* Regulations during the reporting period?

- No – proceed to section 2.6.5**
Yes – complete the table below

Please provide details on all expiation notices issued and prosecutions commenced by the authority during the reporting period.

Reg. No.	Type	No. of expiations issued	No. of prosecutions commenced	Comments
5(2)	Unregistered system			
6(4)	Notification of change to registration particulars.			
6(5)	Notification of permanent decommissioning or removal			
7	Automatic biocide dosing device			
8(1)	Drift eliminators			
9	Commissioning			
10(1)	System plans			

10(3)	Operation and maintenance manuals			
11	Operation and maintenance by a competent person	N/A		
12	Maintenance of cooling water system			
13	Maintenance of warm water systems			
14(1)	Log books			
14(2)	Retain log books			
17(1)	Failure to shut down or decontaminate system			
17(2)	Reporting of notifiable results within 24 hours			
18(4)	Contravention of a condition of a determination or approval			
19	False or misleading statement	N/A		
Totals				N/A

2.6.5 Were any notices issued under the *Legionella* Regulations during the reporting period?

No – proceed to section 2.6.6

Yes – complete the table below

Reg. No.	Notice type	No. of notices issued	No. of notices complied with by specified date/time	No. of notices not complied with by specified date/time	No. of expiations/prosecutions for failing to comply with notice (provide details)
15(2)	Independent inspection				
16	Requirement for microbiological testing				

2.6.6 Please provide feedback for consideration in relation to the review of the *South Australian Public Health (Legionella) Regulations 2013*

- The penalties for non-compliance with the Regulations do not seem to be proportionate with the risk to health. The expiation fees are considered to be minimal, limiting the use of the Regulations as an effective enforcement tool.
- The Regulations do not take into account systems that have ongoing detection of *Legionella*

2.6.7 Any additional comments relating to the *Legionella* Regulations

3 South Australian Public Health (Severe Domestic Squalor) Policy 2013

3.1 Please provide details on all the cases of severe domestic squalor investigated using the South Australian Public Health (Severe Domestic Squalor) Policy 2013 during the reporting period.

Total number of cases investigated	Total number of cases assessed using the General Duty (s4 of the Policy)	Total number of cases deemed to be in breach of the General Duty (s56 of the Act)	Total number of cases declared a risk to public health (s3 of the Policy)
9	3	1	0

3.2 Is the South Australian Severe Domestic Squalor Scale used to assist in the assessment of cases of severe domestic squalor?

- Yes – proceed to section 3.3**
No – describe what other processes or tools are used.

3.3 Are you involved in an interagency squalor group?

- No – proceed to section 3.4**
 Yes – provide details on the group and the agencies involved.

EHA co-ordinated the establishment of the Eastern Hoarding and Squalor Group in July 2013 in response to the 'Foot in the Door' guidelines released by SA Health encouraging government and non-government agencies to work together in developing a collaborative approach to managing hoarding and squalor issues. Over this time the group has discussed a number of case studies and had presentations from group members about the services provided by different organisations. Four (4) meetings were held during the FY14-15 at the Campbelltown Council Chambers and there was a strong attendance from organisations such as:

- South Australian Metropolitan Fire Service
- Red Cross
- Dom Car
- HACC Services from Constituent Councils.
- MIND Australia
- Eastern Collaborative Project
- Resthaven East
- City of Tea Tree Gully
- City of Unley
- Adelaide Hills Council
- Professional Services
- Clearspace
- Hutt St Centre
- Uniting Communities
- Housing SA
- Disability SA
- Southern Cross Care
- Helping Hand
- Eastern Older Persons Mental Health Unit

3.4 In instances of severe domestic squalor where a breach of the general duty or a risk to public health is identified, what are the main public health matters typically associated with these cases (e.g. putrescible waste, pests of public health significance)?

- Pest activity (rats, mice, cockroaches)
- Offensive odour
- Poor animal keeping practices
- Significant hoarding. In some cases the hoarding prevented the accessibility to hand basins, showering facilities and kitchen sinks
- Toilets that are not working or are unclean
- Leaking pipes from sinks
- Rotting food
- Used syringes
- Soiled bedding
- Human and animal faeces present on floors within the home

3.5 Have situations of hoarding or domestic squalor been encountered where the application of the Act has been deemed inappropriate?

No – proceed to section 3.6

Yes – What alternative approaches or legislation were used in these cases?

Issues relating to unsafe building structures, overgrown vegetation, the keeping of a large number of animals on a residential property in a medium-density area have been dealt with Council Planning Officers and General Inspectors under the Local Government and Development Act.

3.6 Has the South Australian Public Health (Severe Domestic Squalor) Policy 2013 and associated guideline 'A Foot in the Door' assisted you in the administration of the Act and in the resolution of cases of severe domestic squalor?

Yes

No – provide an overview of your experiences

Ability to use the Severe Domestic Squalor Assessment tool and the Severe Domestic Squalor Policy has been useful and made it easier for officers to justify issuing Section 92 Notices. This tool enabled the EHO's to assess the risk on a case by case basis and provide clear guidance where the application of *SA Public Health Act 2011* was required.

3.7 Any additional comments?

SAPOL, Disability SA, Families SA have an increased awareness of the SA Foot in the Door guidelines. This has improved their understanding in the importance of a multidisciplinary approach in managing complaints relating to severe domestic squalor.

4 South Australian Public Health (Clandestine Drug Lab) Policy 2014

4.1 Please provide details on all clandestine drug laboratories investigated and remediated using the South Australian Public Health (Clandestine Drug Laboratory) Policy 2014 during the reporting period.

* This policy is currently under development and is expected to be implemented during the reporting period *

Total number of clan labs notified	Total number of clan labs assessed		Total number of clan labs completely remediated		Total number of clan labs currently being remediated		Total number of clan labs declared unfit for human habitation	Total number of clan labs demolished
	Through agreement	Through Notice (s.92)	Through agreement	Through Notice (s.92)	Through agreement	Through Notice (s.92)		
2	0	1	0	1	0	0	1	0

4.2 Was a site inspection undertaken of any of the clan labs listed above?

Yes - total number of inspections undertaken 1

No – proceed to section 4.3

4.3 Has the South Australian Public Health (Clandestine Drug Laboratory) Policy 2014 and the associated 'Practice Guideline for the Management of Clandestine Drug Laboratories' assisted you in the administration of the Act and in the remediation of clandestine drug laboratories?

Yes

No – provide an overview of your experiences

Not applicable as the South Australian Public Health (Clandestine Drug Laboratory) Policy 2014 and the associated 'Practice Guideline remains in draft form.

4.4 Any additional comments?

5 Environmental Health Complaints and Investigations

Please complete the table below to indicate the number of environmental health complaints and investigations received and actioned during the reporting period. Please change category names or add new categories according to council's complaint recording system.

Type of complaint (category)	Number of complaints
Air Quality	20
Alleged Notifiable Disease	3
Animal Keeping	12
Confirmed Notifiable Disease - Campylobacter	8
Confirmed Notifiable Disease - Cryptosporidium	3
Confirmed Notifiable Disease - Norovirus	4
Confirmed Notifiable Disease - Other	3
Confirmed Notifiable Disease - Salmonella	10
Enquiry	15
Hazardous Susbtances	6
Other	1
Sanitation - Accommodation Standards	4
Sanitation - Beauty/Skin Penetration	4
Sanitation - General	50
Sanitation - Hoarding	3
Sanitation - Severe Domestic Squalor	6
Sanitation - Swimming Pools	3
Vector Control - Mosquitoes	7
Vector Control - Pigeons	6
Vector Control - Rats/Mice	87
Waste Control	1
Wastewater	4

Person to contact regarding the contents of this report:

Name	Date	Signature
------	------	-----------

Endorsed by Chief Executive Officer/delegated person:

Name	Date	Signature
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Please submit your completed report by 30th September 2015 in electronic copy emailed to:

HealthProtectionPrograms@health.sa.gov.au

This template will be reviewed annually.

6.9 REVIEW OF THE FOOD BUSINESS INSPECTION FEE POLICY

Author: Nadia Conci
Ref: AF11/68

Summary

A review of the Food Business Inspection Fee Policy based on model policies developed by the Local Government Association (LGA) was undertaken. The revised policy is provided to the Board of Management for adoption.

Report

The *Food Regulations 2002* enable enforcement agencies to impose a fee for the inspection of premises or vehicles required in connection with enforcement of the *Food Act 2001*.

The Food Business Inspection Fee Policy (the Policy) is based on model policies developed by the Local Government Association (LGA).

A review of the Policy took place earlier this there are no changes to the fees prescribed by regulation. However, inspection fees will now apply to all businesses, including two or more businesses that are owned by the same Proprietor, have the same ABN and are located next to one another. Often the type of food business activity and risk classification varies between these businesses. This change which is based on the discretion of EHA, allows each business to be inspected based on their risk classification and a fee to be applied to account for the Authorised Officers time.

As reported to the Board of Management at its meeting held on 27 August 2014, the South Australian Food Business Risk Classification (FBRC) took effect from 1 July 2014. Alterations to the wording of the Policy have been made to reflect the risk profiling framework, specifically the definitions of the framework and changes to the inspection frequencies.

A copy of the current Food Business Inspection Fee Policy with tracked changes to reflect the changes provided as attachment 1. A clean copy of the reviewed policy is provided as attachment 2 for the Board's adoption.

RECOMMENDATION

That:

1. The report regarding the review of the Food Business Inspection Fee Policy is received.
2. The Policy entitled Food Business Inspection Fee Policy, marked attachment 2 to this report, is adopted.

FOOD BUSINESS INSPECTION FEE POLICY

1



FOOD BUSINESS INSPECTION FEE POLICY

Policy Reference	EHA POL 3:2014
Date of Adoption	12 February 2003
Minutes Reference	6-052014
Review Date	267 August 2014 2015
Next Review Date	May-June 2016
Relevant Document Reference	Memorandum of Understanding between The Minister for Health and Local Government Association (February 2009) Guidelines prepared by LGA for Councils - Inspection Fees, <i>Food Act 2001</i>

1. Purpose

The Food Business Inspection Fee Policy (Policy) outlines the circumstances that fees are applied for the inspection of food businesses as provided by Regulation 11 of the *Food Regulations 2002*.

To specify the rate at which inspection fees are charged.

2. Scope

This Policy applies to food businesses that are subject to inspection by authorised officers appointed by the Eastern Health Authority (EHA), an enforcement agency under the *Food Act 2001*.

3. Definitions

‘Community or charitable organisation’ - any group, club or organisation that provides a community benefit and not for the personal financial gain of an individual person or group of people. Examples include Rotary, Lions, church groups, community sporting clubs and scouting groups.

(To determine if an organisation fit this category, an Australian Taxation Office certificate of ‘Endorsement as a Tax Concession Charity’ may be requested.)

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South Australian Food Business Risk Classification (FBRC)

- 'Priority 1 (P1)' and 'Priority 2 (P2)' – businesses that characteristically handle foods that support the growth of pathogenic micro-organisms and where such pathogens are present or could be present. The handling of food will involve at least one step at which control actions must be implemented to ensure safety of the food. P1 businesses are further characterised by known risk-increasing factors, such as potential for inadequate / incorrect temperature control. Due to the high risk nature of the foods and their practices regular and lengthy inspections are required.
- 'Priority 3 (P3)' – Businesses that will characteristically handle only 'low risk' or 'medium risk' foods and will warrant an inspection.
- 'Nominal risk business' – Priority 4 (P4) - businesses that will normally handle only 'low risk' foods, an organisation that is regarded as low risk because they handle pre-packaged low risk food, and hence will not warrant regular or lengthy inspections. Examples include pharmacies, video stores and newsagents.

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'Re-inspection' – an inspection carried out as a result of non-compliance that has been identified with the *Food Act 2001* or Food Safety Standards.

'Routine Inspection' - an inspection conducted at a scheduled frequency determined by the business' priority classification and performance history utilising Environmental Health Australia's Food Safety Standard of Practice and Australian Food Safety Assessment tool.

'Small Business' - a food business employing not more than 20 full-time equivalent food handling staff.

4. Principles

Regulation 11 of the *Food Regulations 2002* provides for EHA as an enforcement agency to charge an inspection fee for the carrying out of any inspection that is required in connection with the operation or administration of the *Food Act 2001*.

Under the Regulations, the maximum fee for inspection is prescribed:

- for a **small business** –\$82.00 per inspection
- in **any other case** - \$205.00 per inspection.

Food safety inspection fees are listed under division 81 of the GST Act for exemption, and as a result GST will not apply to inspection fees set by EHA.

The Minister for Health, Department of Health (DH) and Local Government administer and enforce the *Food Act 2001*, with some functions exercised jointly and others exclusively performed by one authority or the other. The Memorandum of Understanding

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FOOD BUSINESS INSPECTION FEE POLICY

3

between the Minister for Health and Local Government Association of SA, adopted in February 2009, clarifies the allocation of responsibility for enforcement of specific areas of the Act.

EHA is responsible for ensuring compliance with Chapter 3 of the Food Standards Code (Food Safety Standards) and the safety and suitability of food sold. This is achieved by performing inspections of food businesses based on a priority classification system developed by Food Standards Australia New Zealand (FSANZ).

The priority categories of high, medium and low risk are determined by the type of food, activity of the business, method of processing and customer base. SA Health has developed the South Australian Food Business Risk Classification (FBRC) using the national food safety risk profiling framework that allocates food businesses into risk classifications, based on their likelihood of contributing to foodborne disease and the potential magnitude of that contribution.

The FBRC took effect from 1 July 2014. From this date EHA utilises SA FBRC system to determine the priority classifications and inspection frequencies for food businesses in accordance with the table below:

Classification	Frequencies (every x months)		
	Starting point (new business owners)	Maximum	Minimum
Priority 1 (P1) – Highest risk	6	3	12
Priority 2 (P2)	12	6	18
Priority 3 (P3)	18	12	24
Priority 4 (P4) – Lowest risk	Inspect on complaint or change to risk profile only Initial inspection to confirm risk level	Re-inspect Inspect on complaint or risk change	Inspect on complaint or change to risk profile only

4.1 Routine Inspection

An inspection fee will apply to **routine inspections** of food premises.

A six month inspection frequency is applied to new P1 businesses within their first year of operation. Fees apply to these routine inspections.

~~A fee shall be imposed for each routine inspection undertaken, for every premises, except when:~~

- ~~○ two or more businesses are owned by one proprietor; and~~
- ~~○ the businesses are registered under the same ABN; and~~
- ~~○ the businesses are located next to each other; and~~
- ~~○ the inspection for each site is carried out at the same time.~~

~~An example is BP 'On The Run' which may include a bakery, take-away food outlet and convenience store.~~

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FOOD BUSINESS INSPECTION FEE POLICY**4****4.2 Complaint Inspection**

An inspection fee will not be imposed for an inspection carried out in response to food safety related complaints received from the public.

4.3 Re-inspection

An inspection fee will apply when more than one re-inspection is required in relation to a non-conformance which has not been adequately rectified within the agreed timeframe.

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4.4 Inspection of Festivals, Fetes and Markets

An appropriate inspection fee will be negotiated with the organising body/host of ~~an~~-non council events. Such a fee will be applied in lieu of inspection fees for individual stall-holders. The negotiated fee will reflect the cost of the inspections but will not exceed the maximum fee chargeable multiplied by the number of stall-holders.

4.5 Inspection of Businesses ~~With~~with Food Safety Programs ~~In-Place~~

An inspection will apply for food businesses that have formal audited food safety programs in place.

4.6 Exemptions**4.6.1 Community and Charitable Organisations**

Inspection fees will not be imposed upon community and charitable organisations.

4.6.2 Schools and Educational Institutions

Inspection fees will not be imposed for inspections of the canteen or out of school hours care service (OSHC) in schools and educational institutions unless the operator of the canteen / OSHC operates the service as a commercial concern for profit.

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4.6.3 Nominal Risk Businesses

Inspection fees will not be imposed upon nominal P4 risk businesses.

4.6.4 Mobile Food Vans

Inspection fees will not be imposed upon mobile food vans that can display evidence of having completed notification with an alternate local council.

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FOOD BUSINESS INSPECTION FEE POLICY

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4.7 Cost of Inspection Fees

Inspection fees will be charged at the following rate:

Small business - \$82.00 excl GST
In any other case - \$205.00 excl GST

5. Review of the Food Inspection Fee Policy

Every ~~24~~24 months or as needed.

6. Statement of Adoption

This Policy was adopted by the Board of the Eastern Health Authority on ~~27~~26 August ~~2014~~2015.

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FOOD BUSINESS INSPECTION FEE POLICY

Policy Reference	EHA POL 3:2014
Date of Adoption	12 February 2003
Minutes Reference	
Review Date	26 August 2015
Next Review Date	June 2016
<i>Relevant Document Reference</i>	Memorandum of Understanding between The Minister for Health and Local Government Association (February 2009) Guidelines prepared by LGA for Councils - Inspection Fees, <i>Food Act 2001</i>

1. Purpose

The Food Business Inspection Fee Policy (Policy) outlines the circumstances that fees are applied for the inspection of food businesses as provided by Regulation 11 of the *Food Regulations 2002*.

To specify the rate at which inspection fees are charged.

2. Scope

This Policy applies to food businesses that are subject to inspection by authorised officers appointed by the Eastern Health Authority (EHA), an enforcement agency under the *Food Act 2001*.

3. Definitions

‘Community or charitable organisation’ - any group, club or organisation that provides a community benefit and not for the personal financial gain of an individual person or group of people. Examples include Rotary, Lions, church groups, community sporting clubs and scouting groups.

(To determine if an organisation fit this category, an Australian Taxation Office certificate of ‘Endorsement as a Tax Concession Charity’ may be requested.)

South Australian Food Business Risk Classification (FBRC)

- **‘Priority 1 (P1)’ and ‘Priority 2 (P2)’** – businesses that characteristically handle foods that support the growth of pathogenic micro-organisms and where such pathogens are present or could be present. The handling of food will involve at least one step at which control actions must be implemented to ensure safety of the food. P1 businesses are further characterised by known risk-increasing factors, such as potential for inadequate / incorrect temperature control. Due to the high risk nature of the foods and their practices regular and lengthy inspections are required.
- **‘Priority 3 (P3)’** – Businesses that will characteristically handle only ‘low risk’ or ‘medium risk’ foods and will warrant an inspection.
- **‘Priority 4 (P4)’** - businesses that will normally handle only ‘low risk’ foods, because they handle pre-packaged low risk food, and hence will not warrant regular or lengthy inspections. Examples include pharmacies, video stores and newsagents.

‘Re-inspection’ – an inspection carried out as a result of non-compliance that has been identified with the *Food Act 2001* or Food Safety Standards.

‘Routine Inspection’ - an inspection conducted at a scheduled frequency determined by the business’ priority classification and performance history utilising Environmental Health Australia’s Food Safety Standard of Practice and Australian Food Safety Assessment tool.

‘Small Business’ - a food business employing not more than 20 full-time equivalent food handling staff.

4. Principles

Regulation 11 of the *Food Regulations 2002* provides for EHA as an enforcement agency to charge an inspection fee for the carrying out of any inspection that is required in connection with the operation or administration of the *Food Act 2001*.

Under the Regulations, the maximum fee for inspection is prescribed:

- for a **small business** –\$82.00 per inspection
- in **any other case** - \$205.00 per inspection.

Food safety inspection fees are listed under division 81 of the GST Act for exemption, and as a result GST will not apply to inspection fees set by EHA.

The Minister for Health, Department of Health (DH) and Local Government administer and enforce the *Food Act 2001*, with some functions exercised jointly and others exclusively performed by one authority or the other. The Memorandum of Understanding between the Minister for Health and Local Government Association of SA, adopted in

February 2009, clarifies the allocation of responsibility for enforcement of specific areas of the Act.

EHA is responsible for ensuring compliance with Chapter 3 of the Food Standards Code (Food Safety Standards) and the safety and suitability of food sold. This is achieved by performing inspections of food businesses based on a priority classification system developed by Food Standards Australia New Zealand (FSANZ).

The priority categories of high, medium and low risk are determined by the type of food, activity of the business, method of processing and customer base. SA Health has developed the South Australian Food Business Risk Classification (FBRC) using the national food safety risk profiling framework that allocates food businesses into risk classifications, based on their likelihood of contributing to foodborne disease and the potential magnitude of that contribution.

The FBRC took effect from 1 July 2014. From this date EHA utilises SA FBRC system to determine the priority classifications and inspection frequencies for food businesses in accordance with the table below:

Classification	Frequencies (every x months)		
	Starting point (new business owners)	Maximum	Minimum
Priority 1 (P1) – Highest risk	6	3	12
Priority 2 (P2)	12	6	18
Priority 3 (P3)	18	12	24
Priority 4 (P4) – Lowest risk	Inspect on complaint or change to risk profile only	Inspect on complaint or change to risk profile only	

4.1 Routine Inspection

An inspection fee will apply to **routine inspections** of food premises.

A six month inspection frequency is applied to new P1 businesses within their first year of operation. Fees apply to these routine inspections.

4.2 Complaint Inspection

An inspection fee will not be imposed for an inspection carried out in response to food safety related complaints received from the public.

4.3 Re-inspection

An inspection fee will apply when more than one re-inspection is required in relation to a non-conformance which has not been adequately rectified within the agreed timeframe.

4.4 Inspection of Festivals, Fetes and Markets

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An appropriate inspection fee will be negotiated with the organising body/host of non council events. Such a fee will be applied in lieu of inspection fees for individual stall-holders. The negotiated fee will reflect the cost of the inspections but will not exceed the maximum fee chargeable multiplied by the number of stall-holders.

4.5 Inspection of Businesses with Food Safety Programs

An inspection will apply for food businesses that have formal audited food safety programs in place.

4.6 Exemptions

4.6.1 Community and Charitable Organisations

Inspection fees will not be imposed upon community and charitable organisations.

4.6.2 Schools and Educational Institutions

Inspection fees will not be imposed for inspections of the canteen or out of school hours care service (OSHC) in schools and educational institutions unless the operator of the canteen / OSHC operates the service as a commercial concern for profit.

4.6.3 Nominal Risk Businesses

Inspection fees will not be imposed upon nominal P4 risk businesses.

4.6.4 Mobile Food Vans

Inspection fees will not be imposed upon mobile food vans that can display evidence of having completed notification with a non constituent local council.

4.7 Cost of Inspection Fees

Inspection fees will be charged at the following rate:

Small business - \$82.00 excl GST
In any other case - \$205.00 excl GST

5. Review of the Food Inspection Fee Policy

Every 24 months or as needed.

6. Statement of Adoption

This Policy was adopted by the Board of the Eastern Health Authority on 26 August 2015.

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