



# Audit Committee Meeting

25 May 2016



local councils working together to protect the health of the community





**EASTERN HEALTH AUTHORITY  
AUDIT COMMITTEE MEETING**

**WEDNESDAY 25 May 2016**

Notice is hereby given that a meeting of the Audit Committee of Eastern Health Authority will be held at EHA's offices at **101 Payneham Road, St Peters** on Wednesday 25 May 2016 commencing at 5.30 pm.

A light meal will be served at 5.00pm.

A handwritten signature in black ink, appearing to read 'Michael Livori', is positioned above the printed name.

**MICHAEL LIVORI  
CHIEF EXECUTIVE OFFICER**





## AGENDA

### EASTERN HEALTH AUTHORITY AUDIT COMMITTEE MEETING

WEDNESDAY 25 May 2016

Commencing at 5.30 pm

1	Opening	
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4	Confirmation of Minutes – 25 November 2015	
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## 5.1 ANNUAL BUSINESS PLAN AND BUDGETED FINANCIAL STATEMENTS FOR 2016/2017

Author: Michael Livori  
Ref: AF16/14

### Summary

At a meeting held on 27 April 2016 the Eastern Health Authority Board of Management (BOM) considered a draft Annual Business Plan and Budget (ABP) for 2016/2017. This report is to inform Audit Committee members in relation to the budget development process.

### Report

At a meeting held on 24 February 2016, the BOM endorsed the process for the development of the 2016/2017 ABP. The process conducted to date is detailed below.

#### Development of the 2016/2017 Annual Business Plan

- On 24 February 2016, Board Members endorsed the Annual Business Plan development process and were requested to provide comments and suggestions in relation to the content of the Annual Business Plan and Budget.
- On 2 March 2016 Constituent Councils were requested via their nominated contact to provide comments and suggestions in relation to the development of the Annual Business Plan (email provided as attachment 1).
- An Annual Business Plan and Budget workshop was held on 16 March 2016. At the workshop a presentation was provided which outlined budget influences and assumptions, changes to income and expenditure and council contributions required to fund the budget.
- On 23 March 2016 a letter was sent to all Constituent Council Chief Executive Officers with a copy of the Draft Annual Business Plan and Budget requesting their feedback (correspondence provided as attachment 2).
- On 27 April 2016 a draft Annual Business Plan and Budget for 2016/2017 was considered by the BOM.
- On 3 May 2016 a copy of the Draft Annual Business Plan and Budget for 2016/2017 was provided to all Constituent Council Chief Executive Officers for any further feedback prior to the June BOM meeting (correspondence provided as attachment 3).
- Feedback received from Constituent Councils to date is provided as attachment 4.

### Content of the Draft Annual Business Plan 2016/2017

The Draft 2016/2017 Eastern Health Authority Annual Business Plan includes the following:

- EHA's objectives for the financial year
- the activities that the EHA intends to undertake to achieve those objectives
- the measures (financial and non-financial) which EHA intends to use to assess its performance against its objectives over the financial year

The draft Annual Business Plan and Budget for 2016/2017 plan is provided as attachment 5.

### Budget Documents

A set of Budgeted Financial Statements contained within the Annual Business Plan are required to be adopted by the Board of Management at the June meeting as the EHA budget for 2016/2017.

An additional document entitled "Eastern Health Authority Funding Statement 2016/2017" which provides a greater level of detail in respect to budgeted income and expenditure has been provided as attachment 6.

The Funding Statement does not form part of the Annual Business Plan.

### Influences and Assumptions for 2016/2017

Significant factors which have influenced the preparation of the 2016/2017 Annual Business Plan are:

- enterprise bargaining and increment level increases for staff employment arrangements
- the continuation of the contract service to undertake immunisations and monitor Supported Residential Facilities on behalf of The City of Unley
- the continuation of the worksite immunisation program
- continuation of the service agreement with SA Health to deliver the School Immunisation Program (SIP)
- implementation and monitoring of the Regional Public Health and Wellbeing Plan in conjunction with Constituent Councils
- support for Eastern Regional Public Health Plan Advisory Committee
- transition to cloud based computing environment.

EHA has set the following priorities as part of the 2016/2017 Annual Business Plan:

- to continue to provide a professional and cost effective environmental health service to its Constituent Councils and their respective communities
- support the Eastern Regional Public Health Plan Advisory Committee
- implement and monitor the Regional Public Health Plan in conjunction with Constituent Councils
- transition ICT environment from on premise to cloud based
- refine Health Manager system to provide improved reporting and gain efficiencies in on site applications
- evaluate implementation of tablets using Health Manager software for field based data capture
- finalise and introduce the new food safety training program
- review EHA WHS and IM Plan 2012 – 2015
- ongoing evolvement of performance development framework
- refine process for inducting staff
- retender for current service contracts
- use immunisation coverage data from a range of sources to better identify and remind residents of overdue vaccinations
- investigate available vaccine reminder services and apps
- explore further opportunities for presentations to residents through community centres and libraries to existing parent groups
- promotion and communication of changes to the National Immunisation Schedule affecting older residents.

#### Funding the Business Plan and the Budget

EHA bases its expenditure on the services required to ensure its Constituent Councils are meeting their wide range of legislative responsibilities which are mandated in a range of legislation including the South Australian *Public Health Act 2011*; *Food Act 2001*; *Supported Residential Facilities Act 1992* and the *Local Government Act 1999*.

The forecast for the 2016/2017 financial year is that EHA's expenditure to carry out its operational activities detailed in the annual business plan will equal its operating income resulting in a balanced operating budget.

To achieve this operating budget result, a total of \$1,641,055 will be raised through contributions from our Constituent Councils for operational expenditure in 2016/2017.

The global increase in contributions for EHA operations requested from Constituent Councils for 2016/2017 based on the preliminary draft budget is 1.97% as detailed in Table 1 below.

Table 1: Global increase in contributions requested from Constituent Councils

Total Council Contributions required		Change \$	Change %
2015/2016	\$ 1,609,306		
2016/2017	\$ 1,641,055	\$ 31,749.00	1.97%

Table 2 details the average annual increase (1.34%) in total Constituent Council contributions over the past 3 financial years.

Table 2: Average annual increase in total Constituent Council Contributions over last 3 financial years

Total Council Contributions required		Change \$	Change %
2013/2014	\$ 1,576,207		
2014/2015	\$ 1,576,605	\$ 398.00	0.03%
2015/2016	\$ 1,609,306	\$ 32,701.00	2.03%
2016/2017	\$ 1,641,055	\$ 31,749.00	1.97%
4 Year Total		\$ 64,848.00	4.03%
Average Annual Increase Over Last 3 Years			1.34%

EHA's Charter requires Constituent Councils to contribute to its operations in accordance with a formula that calculates the estimated proportion of overall activities it requires. The calculations are based on the previous year's activities.

The change in contributions required from each individual council determined by this formula will differ from the global change (1.34%).

The Charter review process has now been completed and the new Charter contains an amended council contribution formula when compared to the one contained within the previous Charter.

Table 3 details the required Constituent council contributions and year on year changes when the new formula is applied.

Due to the effect of the charter formula, single year changes to individual council contributions can vary significantly from the average percentage change value. The tables below detail the average annual change to each constituent council's contributions over the last 3 years. This compares to the annual average increase of 1.34% per annum over the same period (previously detailed in table 2).

Table 3: Constituent Council Contributions for 2016/2017 – 2016 Formula

Eastern Health Authority Constituent Council Contribution Calculations 2016-2017 - 2016 Formula							
		Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Total Required Operating contributions 2016-2017	\$ 1,641,055						
Constituent Council Contribution proportion		25.54%	23.10%	31.40%	13.46%	6.50%	100.00%
Actual Contribution		\$ 419,128	\$ 379,026	\$ 515,322	\$ 220,952	\$ 106,627	\$ 1,641,055
<b>Change In Contribution from previous year</b>							
Contribution proportion		25.79%	24.22%	30.49%	13.65%	5.85%	100.00%
Actual Contribution		\$ 415,037	\$ 389,840	\$ 490,646	\$ 219,621	\$ 94,162	\$ 1,609,306
Change in Contribution Proportion from previous FY		-0.25%	-1.13%	0.91%	-0.18%	0.65%	0.00%
Change in Contribution (\$)		\$ 4,091	\$ (10,814)	\$ 24,676	\$ 1,331	\$ 12,465	\$ 31,749
Change in contributions (%)		1.97%	0.99%	-2.77%	5.03%	0.61%	13.24%

Table 4: Last 3 years average annual change to your council's contributions - Table individualised for each council

	NPSP	\$ change previous year	% Change previous year
2013/2014	\$ 485,199		
2014/2015	\$ 487,613	\$ 2,414	0.50%
2015/2016	\$ 490,646	\$ 3,033	0.62%
2016/2017	\$ 515,322	\$ 24,676	5.03%
Average		\$ 10,041	2.05%
	Walkerville	\$ change previous year	% Change previous year
2013/2014	\$ 91,631		
2014/2015	\$ 88,809	\$ (2,822)	-3.08%
2015/2016	\$ 94,162	\$ 5,353	6.03%
2016/2017	\$ 106,627	\$ 12,465	13.24%
Average		\$ 4,999	5.40%
	Burnside	\$ change previous year	% Change previous year
2013/2014	\$ 400,742		
2014/2015	\$ 400,896	\$ 154	0.04%
2015/2016	\$ 415,038	\$ 14,142	3.53%
2016/2017	\$ 419,128	\$ 4,090	0.99%
Average		\$ 6,129	1.52%
	Campbelltown	\$ change previous year	% Change previous year
2013/2014	\$ 381,319		
2014/2015	\$ 376,996	\$ (4,323)	-1.13%
2015/2016	\$ 389,840	\$ 12,844	3.41%
2016/2017	\$ 379,026	\$ (10,814)	-2.77%
Average		\$ (764)	-0.17%
	Prospect	\$ change previous year	% Change previous year
2013/2014	\$ 217,316		
2014/2015	\$ 222,291	\$ 4,975	2.29%
2015/2016	\$ 219,622	\$ (2,669)	-1.20%
2016/2017	\$ 220,952	\$ 1,330	0.61%
Average		\$ 1,212	0.56%

Process from here

- Final budget to be considered for adoption at the Board of Management to be held on 22 June 2016.
- A copy of the budget will be provided to the Chief Executive Officer of each Constituent Council within 5 days of its adoption.

**RECOMMENDATION**

That:

The Draft Annual Business Plan and Budgeted Financial Statements for 2016/2017 Report is received.

**From:** [Michael Livori](#)  
**To:** [Constituent Council Contacts](#)  
**Cc:** [Natajsha Bevitt](#); [Nadia Conci](#)  
**Subject:** Eastern Health Authority Annual Business Plan and Budget 2016/2017  
**Date:** Wednesday, 2 March 2016 4:36:36 PM  
**Attachments:** [Board of Management meeting 24.02.2016 Report - 6.03 - Attachment - Deve....pdf](#)

---

Hi all,

Further to yesterday's meeting re the ABP and Budget development process please see relevant information below:

The Board of Management met for the first time this year on 24 February 2016. One of the items considered and endorsed was the process for the development of our Annual Business Plan (ABP) and Budget for 2016/2017 (attached).

The process includes requests to constituent councils to provide feedback at three stages of the ABP and Budget development process.

This email is provided to assist you when receiving requests for feedback.

#### **First Request Now (due 14 March 2016)**

The first request for feedback (this email) is in relation to the content of the ABP.

It would be appreciated if the feedback is received by 14 **March 2016**.

At this stage the feedback would generally come from council administration.

As you are aware the work we undertake on behalf of councils is detailed in the ABP.

At this stage the request is in relation to any suggestions or comments you may have relating to our current service delivery.

I have attached our 2015/2016 Annual Business plan which details our current work.

There are no major changes expected to be required to be made to the 2016/2017 ABP from our perspective.

Staff have commenced revising the plan and you will have the opportunity to comment on any proposed changes in due course.

#### **Second Request (due 17 March 2016)**

A budget workshop will be held with EHA Board Members on 16 March 2016.

Following the workshop I will be in the position to provide you with a **preliminary** draft EHA budget and **preliminary** figures for constituent council contributions for your own budgeting. At this point in time I expect the contribution to be an increase in the 2.0% to 2.5% range when compared to the current contributions.

The actual effect on each council's contribution may be different when the funding formula is applied.

Your council will be invited to provide feedback in relation to the **preliminary** Draft Annual Business Plan and Budget at this point in time.

The feedback will be due on **11 April 2016**.

**Third Request (30 April 2016)**

A draft ABP and Budget will be considered and endorsed by the Board on 27 April 2016. The draft ABP and Budget will then be provided to constituent councils for any further comment **(due 29 May 2016)**.

EHA is required to adopt a budget prior to 30 June and the Board will consider and adopt the budget at its **22 June 2016** meeting.

If you have any queries or would like to discuss this further please give me a call.

Thanks

**Michael Livori**  
**Chief Executive Officer**  
T / 8132 3611



F 8132 3623  
101 Payneham Road, St Peters SA 5069  
PO Box 275 Stepney SA 5069  
[www.eha.sa.gov.au](http://www.eha.sa.gov.au)

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Our Ref: AF16/14

23 March 2016

To all CEO's

Dear CEO

**RE: Eastern Health Authority (EHA) Annual Business Plan and Budget for 2016/2017**

EHA's Board of Management held a budget workshop on 16 March 2016 to consider the 2016/2017 Annual Business Plan and Budget.

The Board endorsed a preliminary draft Annual Business Plan and Budget, which is now provided to Constituent Councils for review and comment (enclosed). Also enclosed is a document summarising the changes to the Annual Business Plan.

The global increase in contributions for EHA operations requested from Constituent Councils for 2016/2017 based on the preliminary draft budget is 1.97% as detailed in the table below.

Total Council Contributions required		Change \$	Change %
2015/2016	\$ 1,609,306		
2016/2017	\$ 1,641,055	\$ 31,749.00	1.97%

The table below details the average annual increase (1.34%) in total constituent council contributions over the past 3 financial years.

Total Council Contributions required		Change \$	Change %
2013/2014	\$ 1,576,207		
2014/2015	\$ 1,576,605	\$ 398.00	0.03%
2015/2016	\$ 1,609,306	\$ 32,701.00	2.03%
2016/2017	\$ 1,641,055	\$ 31,749.00	1.97%
4 Year Total		\$ 64,848.00	4.03%
Average Annual Increase Over Last 3 Years			1.34%

As you are aware the change in contributions required from each individual council will differ from the global change (1.34%) when the charter funding formula is applied.

The table below details the change for each council using the formula contained in the current (2009) Charter.

Eastern Health Authority Constituent Council Contribution Calculations 2016-2017 - 2009 Formula							
		Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Total Required Operating contributions 2016-2017	\$ 1,641,055						
Constituent Council Contribution proportion		26.39%	23.47%	30.39%	13.65%	6.10%	100.00%
Actual Contribution	\$ 433,140	\$ 385,131	\$ 498,646	\$ 223,979	\$ 100,159	\$ 1,641,055	
<b>Change In Contribution from previous year</b>							
Contribution proportion		25.79%	24.22%	30.49%	13.65%	5.85%	100.00%
Actual Contribution	\$ 415,037	\$ 389,840	\$ 490,646	\$ 219,621	\$ 94,162	\$ 1,609,306	
Change in Contribution Proportion from previous FY		0.60%	-0.76%	-0.10%	0.00%	0.25%	0.00%
Change in Contribution (\$)	\$ 18,103	\$ (4,708)	\$ 8,000	\$ 4,358	\$ 5,996	\$ 31,749	
<b>Change in contributions (%)</b>	<b>1.97%</b>	<b>4.36%</b>	<b>-1.21%</b>	<b>1.63%</b>	<b>1.98%</b>	<b>6.37%</b>	<b>1.97%</b>

The current revised Charter being considered has an amended council contribution formula when compared to the one contained within the 2009 Charter. The table below details the change in required contributions when the new formula is applied.

Eastern Health Authority Constituent Council Contribution Calculations 2016-2017 - 2016 Formula							
		Burnside	Campbelltown	NPSP	Prospect	Walkerville	Total
Total Required Operating contributions 2016-2017	\$ 1,641,055						
Constituent Council Contribution proportion		25.54%	23.10%	31.40%	13.46%	6.50%	100.00%
Actual Contribution	\$ 419,128	\$ 379,026	\$ 515,322	\$ 220,952	\$ 106,627	\$ 1,641,055	
<b>Change In Contribution from previous year</b>							
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Actual Contribution	\$ 415,037	\$ 389,840	\$ 490,646	\$ 219,621	\$ 94,162	\$ 1,609,306	
Change in Contribution Proportion from previous FY		-0.25%	-1.13%	0.91%	-0.18%	0.65%	0.00%
Change in Contribution (\$)	\$ 4,091	\$ (10,814)	\$ 24,676	\$ 1,331	\$ 12,465	\$ 31,749	
<b>Change in contributions (%)</b>	<b>1.97%</b>	<b>0.99%</b>	<b>-2.77%</b>	<b>5.03%</b>	<b>0.61%</b>	<b>13.24%</b>	<b>1.97%</b>

At this point in time the formula contained within the 2009 Charter (see table 3) will be used to determine council contribution for 2016/2017. If however the Charter review is finalised prior to the adoption of the budget on 22 June 2016 the formula contained within the revised Charter will be used to determine contributions (see table 4).

Due to the effect of the charter formula, single year changes to individual council contributions can vary significantly from the average percentage value. The table below details the average annual change to your council's contributions over the last 3 years. This compares to the annual average increase of 1.34% per annum over the period detailed previously in table 2.

	Walkerville	\$ change previous year	% Change previous year
2013/2014	\$ 91,631		
2014/2015	\$ 88,809	\$ (2,822)	-3.08%
2015/2016	\$ 94,162	\$ 5,353	6.03%
2016/2017	\$ 106,627	\$ 12,465	13.24%
<b>Average</b>		\$ 4,999	<b>5.40%</b>

If possible it would be appreciated if feedback is received by 27 April 2015 so that it can be considered by the Board of Management at its meeting to be held on 29 April 2015.

Please note councils will be again provided with an opportunity to provide feedback on the Annual Business Plan and Budget following the April Board of Management meeting when the official draft will be considered.

If you need any more information or would like to discuss this further, please contact me on telephone 8132 3611.

Yours sincerely

Michael Livori  
**Chief Executive Officer**

Our Ref: AF16/14

3 May 2016

Letter to all Constituent Council CEOs

Dear CEO

**RE: Eastern Health Authority (EHA) Annual Business Plan and Budget for 2016/2017**

In accordance with clause 3.5.3 of the Eastern Health Authority (EHA) Charter 2009 the Board of Management considered a draft Annual Business Plan and Budget (ABP) at its meeting held on 27 April 2016 (a copy of the report is enclosed).

This correspondence is to confirm that there has not been any material changes made to the content of the ABP from that considered by the Board at its budget workshop on 16 March 2016 and previously provided to Constituent Councils via correspondence dated 22 March 2016.

If you have any further feedback in relation to the 2016/2017 Annual Business Plan and Budget it would be appreciated if it could be received by 13 June 2016 so that it can be considered by the Board of Management at its meeting to be held on 22 June 2016.

If you need any more information or would like to discuss this further, please contact me on telephone 8132 3611.

Yours sincerely

Michael Livori  
**Chief Executive Officer**

**From:** [Magnus Heinrich](#)  
**To:** [Michael Livori](#)  
**Subject:** FW: Eastern Health Authority Annual Business Plan and Budget 2016/2017  
**Date:** Tuesday, 15 March 2016 5:26:24 PM  
**Attachments:** [Board of Management meeting 24.02.2016 Report - 6.03 - Attachment - Deve.....pdf](#)

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Hi Michael

Apologies for the lateness in replying to this.

It is anticipated that the service delivery model would not change appreciably from the last year. The only thing that would ramp up more positively moving forward is planning for the implementation of the Public Health Plan.

Kind regards

 **Magnus Heinrich** | Manager City Development and Safety  
City of Burnside | 401 Greenhill Road Tasmore SA 5065  
P: 08 8366 4136 | F: 08 8366 4299 | M: 0407149418  
[MHeinrich@burnside.sa.gov.au](mailto:MHeinrich@burnside.sa.gov.au)  
[www.burnside.sa.gov.au](http://www.burnside.sa.gov.au)



**From:** [Carlos Buzzetti](#)  
**To:** [Michael Livori](#); [Constituent Council Contacts](#)  
**Cc:** [Natajsha Bevitt](#); [Nadia Conci](#)  
**Subject:** RE: Eastern Health Authority Annual Business Plan and Budget 2016/2017  
**Date:** Wednesday, 9 March 2016 10:26:42 AM

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Hi All

Thanks for sending through the draft ABP. I have no feedback to offer at this stage in the process. However, I have forwarded it to Sharon Perkins for her consideration and she may provide you with separate feedback from NPSP in relation to financial aspect of the draft Plan.

With kind regards

Carlos Buzzetti  
**GENERAL MANAGER, URBAN PLANNING & ENVIRONMENT**



**City of Norwood Payneham & St Peters**  
175 The Parade, Norwood SA 5067  
**Telephone** 8366 4501  
**Facsimile** 8332 6338  
**Email** [cbuzzetti@npsp.sa.gov.au](mailto:cbuzzetti@npsp.sa.gov.au)  
**Website** [www.npsp.sa.gov.au](http://www.npsp.sa.gov.au)



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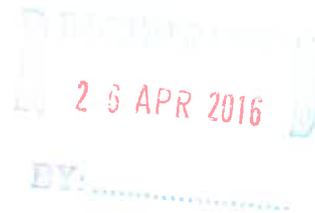
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MH:CM  
Container Ref: B280

Enq: Michelle Hammond  
Ph: 8366 9260

20 April 2016

Mr Michael Livori  
Chief Executive Officer  
Eastern Health Authority  
PO Box 275  
STEPNEY SA 5069



Dear Mr Livori

I refer to your correspondence dated 23 March 2016 and wish to advise that Council endorsed the Authority's draft 2016/2017 Annual Business Plan and Budget as presented at its meeting held on Tuesday 19 April 2016.

If you have any queries, please contact me.

Yours sincerely



Michelle Hammond CPA  
General Manager Corporate & Community Services

REFERENCE: S/00046 (287940)  
ENQUIRIES TO: MARIO BARONE  
DIR. TELEPHONE: 8366 4539



City of  
Norwood  
Payneham  
& St Peters

26 April 2016

Mr Michael Livori  
Chief Executive Officer  
Eastern Health Authority  
PO Box 275  
STEPNEY SA 5069

CHIEF  
EXECUTIVE'S  
OFFICE

Dear Michael

**EASTERN HEALTH AUTHORITY DRAFT 2016-2017 ANNUAL BUSINESS PLAN AND BUDGET**

175 The Parade,  
Norwood SA 5067

PO Box 204  
Kent Town SA 5071

Thank you for your email dated 23 March 2016, regarding the Draft 2016-2017 Annual Business Plan and Budget.

Telephone  
8366 4555

I note that the Authority is budgeting for a breakeven budget for 2016-2017. It is also noted that \$1.614m, an increase on the 2015-2016 financial year of 2.0%, will be received from Constituent Councils through contributions to the operational expenditure of the Authority.

Facsimile  
8332 6338

It is noted that while the distribution of the Constituent Council Contribution is currently based on the formula contained in the 2009 Charter, if the revised Charter is adopted prior to the adoption of the Draft 2016-2017 Budget on 22 June 2016, that the Constituent Council Contribution will be redistributed based on the revised Charter, with the impact on this Council being an additional contribution of \$16,676.

Email  
townhall@npsp.sa.gov.au

Website  
www.npsp.sa.gov.au

Thank you for the opportunity to provide comments on the Draft 2016-2017 Budget.

Should you wish to discuss the above further, please do not hesitate to contact me.

Yours sincerely



Mario Barone  
CHIEF EXECUTIVE OFFICER

100% Australian Made  
Recycled Paper

Community  
Well-being is...  
Social Equity  
Cultural Vitality  
Economic Prosperity  
Environmental  
Sustainability



Our Reference:  
Your Reference:

18 May 2016

Michael Livori  
Chief Executive Officer  
Eastern Health Authority  
PO Box 275  
Stepney SA 5069

Dear Michael,

RE: Eastern Health Authority (EHA) Annual Business Plan and Budget for 2016/2017

Thank you for your letter dated 3 May 2016 requesting any further feedback in regard to EHA's Annual Business Plan and Budget for 2016/2017.

Council at its 16 May Ordinary meeting considered this matter and resolved the following:

**CNC402/15-16**

*"That Council endorses the Eastern Health Authority (EHA) Draft Annual Business Plan and Budget (ABP) for 2016/17."*

If you would like to discuss the matter further, please contact me on 83427103.

Yours sincerely,



Deb Bria  
Protocol, Compliance & Governance Officer

# Annual Business Plan 2016 - 2017



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## INTRODUCTION

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The Eastern Health Authority (EHA) Charter requires an Annual Business Plan to support and inform the Annual Budget. To meet its legislative and governance requirements EHA's Budget and therefore its Annual Business Plan for the ensuing financial year must be adopted prior to June 30.

EHA's Annual Business Plan:

- includes an outline of:
  - (i) EHA's objectives for the financial year
  - (ii) the activities that EHA intends to undertake to achieve those objectives
  - (iii) the measures (financial and non-financial) which EHA intends to use to assess its performance against its objectives over the financial year
- assesses the financial requirements of EHA for the financial year and taking those requirements into account, sets out a summary of its proposed operating expenditure, capital expenditure and sources of revenue
- sets out the structure for determining Constituent Council contributions for the financial year

This document presents the Annual Business Plan for EHA for the 2016-2017 financial year. The Plan, together with the Annual Budget for the 2016-2017 financial year will be presented to EHA's Board of Management for adoption on 22 June 2016.

## ABOUT EASTERN HEALTH AUTHORITY

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EHA is a regional subsidiary established pursuant to the *Local Government Act 1999*.

Section 43 of the *Local Government Act 1999* enables two or more councils (known as Constituent Councils) to establish a regional subsidiary to perform a function of the councils in a joint service delivery arrangement. The function performed may be prescribed by the *Local Government Act 1999* or another Act.

EHA's Constituent Councils are:

- City of Burnside (Burnside)
- Campbelltown City Council (Campbelltown)
- City of Norwood Payneham and St Peters (NPSP)
- City of Prospect (Prospect)
- The Corporation of the Town of Walkerville (Walkerville)

The region that the five councils encompass is predominantly residential with retail / commercial land use and limited industrial activity. Development dates from the mid 1800s and many heritage-listed buildings remain. Major features of the area include popular dining and shopping precincts, numerous public and private schools, large sporting complexes, public swimming centres, hospitals, two national parks and a university. The River Torrens and five major creeks traverse the area.

The area covered by EHA is located in Adelaide's eastern and inner northern suburbs. EHA discharges its Constituent Councils' environmental health responsibilities that are mandated in the following legislation:

*South Australian Public Health Act 2011*

*Food Act 2001*

*Supported Residential Facilities Act 1992*

A wide range of functions are performed to protect the health and wellbeing of approximately 160,000 residents plus those people who visit the region. Functions include the provision of immunisation services, hygiene and sanitation control, licensing and monitoring of Supported Residential Facilities (SRFs) and surveillance of food premises.

The diversity and increasing complexity of environmental health makes it difficult for small organisations to have staff who are experienced and fully competent across all spheres of the profession. EHA is structured to proficiently deliver all required services on behalf of its Constituent Councils.

With the demand for local government to adopt a more cooperative focus in the structure of their organisations and the delivery of their services EHA serves as an outstanding example of shared service delivery. It is local councils working together to protect the health of their communities.

The table below provides a snapshot of the environmental health services provided for each Constituent Council.

**Table 1: Snapshot of the environmental health services provided for each Constituent Council**

<b>Activity Data</b>	<b>Burnside</b>	<b>C/Town</b>	<b>NPSP</b>	<b>Prospect</b>	<b>Walkerville</b>	<b>Total</b>
<b>No. of Food Premises</b>	273	277	462	186	47	1245
<b>Swimming Pools</b>	16	3	15	2	3	39
<b>High Risk Manufactured Systems</b>	11	7	17	7	7	49
<b>Supported Residential Facilities</b>	3	2	1	2	0	8
<b>Environmental Health Complaints</b>	64	70	80	39	15	268
<b>Hairdresser/Beauty Treatment</b>	71	59	109	27	9	275
<b>No. of Yr 8 Enrolments</b>	700	534	664	141	64	2103
<b>Average clients receiving vaccines at public clinics</b>	1058	1196	1387	276	200	4117

## OVERVIEW OF THE BUSINESS PLAN

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EHA develops an Annual Business Plan for the purposes of translating strategic directions into actions, outputs and outcomes for the relevant financial year.

In preparing the Annual Business plan there are a number of key influences that are taken into consideration to ensure that EHA can continue to provide services and programs to its Constituent Councils and the community.

### Significant Influences

Significant factors which have influenced the preparation of the 2016-2017 Annual Business Plan are:

- enterprise bargaining and increment level increases for staff employment arrangements
- the continuation of the contract service to undertake immunisations and monitor Supported Residential Facilities on behalf of The City of Unley
- the continuation of the worksite immunisation program
- continuation of the service agreement with SA Health to deliver the School Immunisation Program (SIP)
- implementation and monitoring of the Regional Public Health Plan in conjunction with Constituent Councils
- support for Eastern Regional Public Health Plan Advisory Committee
- transition to cloud based computing environment.

## Priorities

EHA has set the following priorities as part of the 2016-2017 Annual Business Plan:

- to continue to provide a professional and cost effective environmental health service to its Constituent Councils and their respective communities
- support the Eastern Regional Public Health Plan Advisory Committee
- implement and monitor the Regional Public Health Plan in conjunction with Constituent Councils
- transition ICT environment from on premise to cloud based
- refine Health Manager system to provide improved reporting and gain efficiencies in on site applications
- evaluate implementation of tablets using Health Manager software for field based data capture
- finalise and introduce the new food safety training program
- review EHA WHS and IM Plan 2012 – 2015
- ongoing evolution of performance development framework
- refine process for inducting staff
- retender for current service contracts
- use immunisation coverage data from a range of sources to better identify and remind residents of overdue vaccinations
- investigate available vaccine reminder services and apps
- explore further opportunities for presentations to residents through community centres and libraries to existing parent groups
- promotion and communication of changes to the National Immunisation Schedule affecting older residents .

## FUNDING THE BUSINESS PLAN AND THE BUDGET

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EHA bases its expenditure on the services required to ensure its Constituent Councils are meeting their wide range of legislative responsibilities which are mandated in a range of legislation including the South Australian *Public Health Act 2011*; *Food Act 2001*; *Supported Residential Facilities Act 1992* and the *Local Government Act 1999*.

The forecast for the 2016-2017 financial year is that EHA's expenditure to carry out its operational activities detailed in the annual business plan will equal its operating income resulting in a balanced operating budget.

To achieve this operating budget result, a total of \$1,641,055 will be raised through contributions from our Constituent Councils for operational expenditure in 2016-2017.

EHA's Charter requires Constituent Councils to contribute to its operations in accordance with a formula that calculates the estimated proportion of overall activities it requires. The calculations are based on the previous year's activities.

The Budgeted Financial Statements (found on pages 37 to 38) put the annual budget required to implement the annual business plan into a format which provides a complete picture of EHA's financial position to its member councils. They consist of a Budgeted Income Statement, Budgeted Balance Sheet, Budgeted Statement of Changes in Equity and Budgeted Statement of Cash Flows.

Sources of revenue other than Constituent Council contributions which are utilised to fund the activities of EHA are listed on the following page.

### **Statutory Charges**

Statutory Charges relate mainly to fees and fines levied in accordance with legislation and include food inspection fees, supported residential facility licences, and environmental health related fines.

### **User Charges**

User charges relate mainly to the recovery of service delivery costs through the charging of fees to users of EHA's services. These include the provision of food safety audit services, worksite immunisation programs, fee vaccines at community immunisation clinics, service delivery fee (\$40.00) for non-residents, immunisation contract services to The City of Unley and the licensing of SRFs on behalf of The City of Unley.

### **Grants**

Grants include monies received from State and Federal Governments for the purposes of funding the delivery of the programs such as immunisation services.

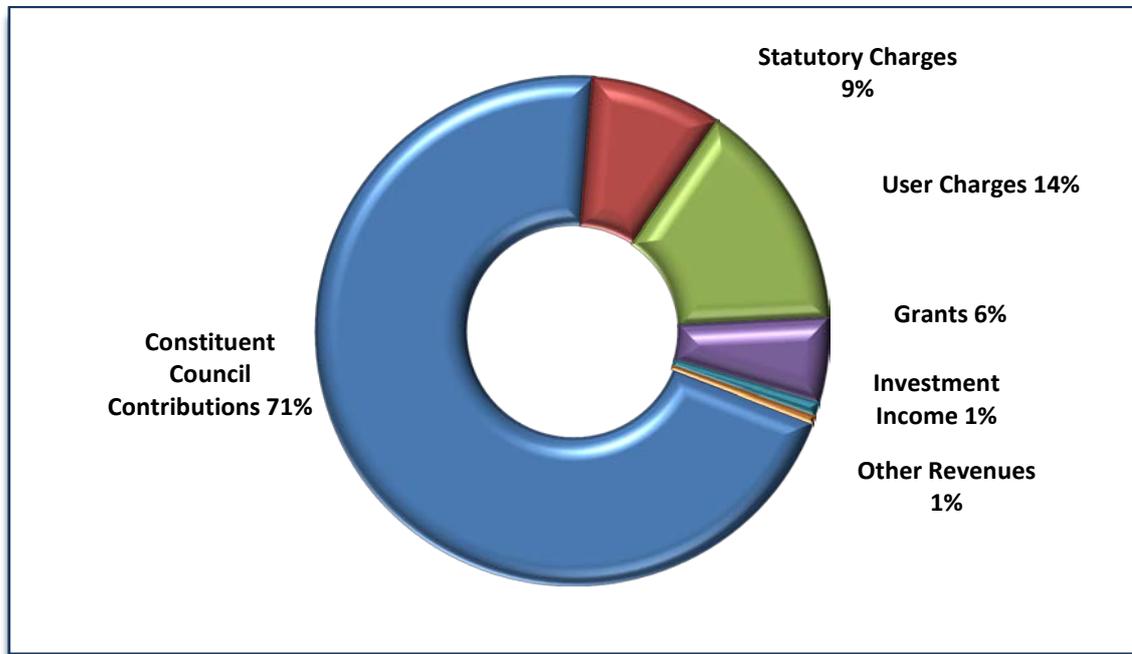
### **Investment Income**

Investment income includes interest on operating cash held with the Local Government Finance Authority.

### **Other Revenues**

Other revenues relates to a range of unclassified items which do not fit within the main income categories.

**Graph 1: Funding Sources 2016-2017**



As a guide, the table below details each Constituent Council's expenditure on Public Health services provided by EHA as a percentage of their total expenditure based on 2015/2016 budget figures.

**Table 2: Each Constituent Council's expenditure on Public Health services provided by EHA**

	<b>Contribution 2015/2016</b>	<b>Total Budgeted Expenditure 2015/2016</b>	<b>Public Health Spend %</b>
Burnside	\$415,037	\$40,851,000	1.02%
Campbelltown	\$389,840	\$38,544,600	1.01%
NPSP	\$490,646	\$38,060,000	1.29%
Prospect	\$219,621	\$21,383,715	1.03%
Walkerville	\$94,162	\$9,179,000	1.03%
<b>Total Constituent Council Expenditure</b>	<b>\$1,609,306</b>	<b>\$148,465,600</b>	<b>1.09%</b>

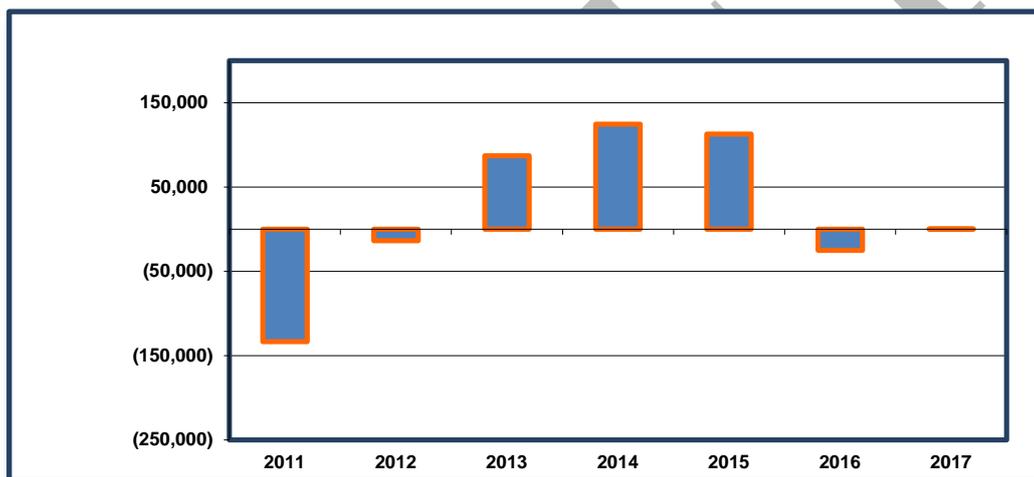
## FINANCIAL INDICATORS

A series of financial indicators have been developed by local government to assist in determining whether a local government organisation is financially sustainable or moving to a position of financial sustainability. These indicators are set out below.

### Operating Surplus (Deficit)

This graph indicates the difference between day-to-day income and expenses for the particular financial year. It shows the extent to which operating revenue is sufficient to meet all operating expenses including depreciation and consequently the quantum of expenses which is being met by Constituent Councils.

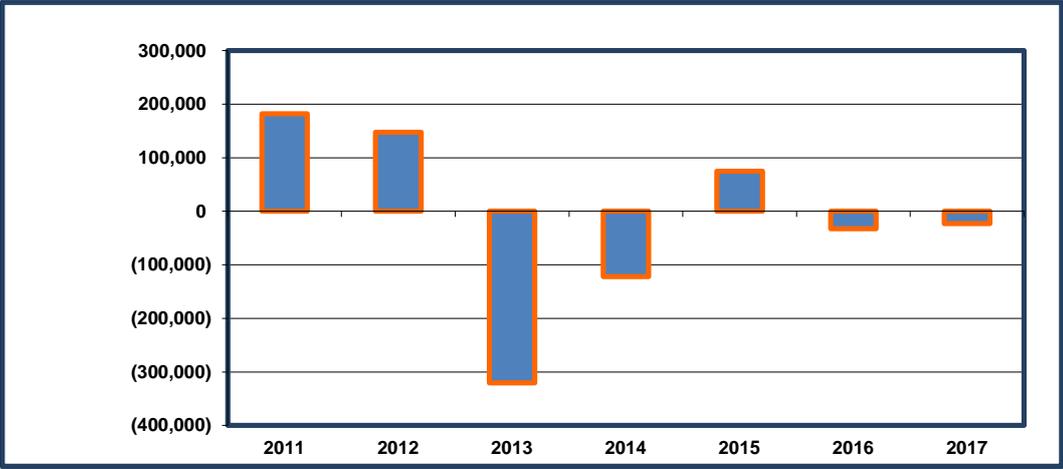
Graph 2: Operating Surplus / (Deficit)



### Net Financial Assets

This graph below indicates the money held, invested or owed to EHA less money owed to others (including provisions for employee entitlements).

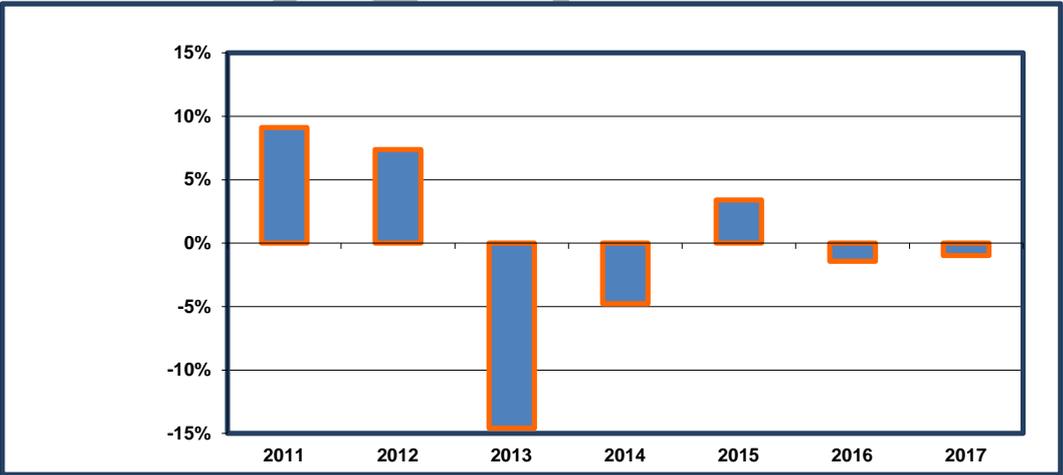
Graph 3: Net Financial Assets



**Net Financial Assets Ratio**

This ratio indicates the extent to which net financial assets of a subsidiary can meet its operating revenue. Where the ratio is decreasing, it indicates a greater amount of a subsidiary’s operating revenues is required to service its financial obligations.

Graph 4: Net Financial Assets Ratio



## ACTIVITIES FOR 2015-2016

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The following information reflects the actions which will be performed to achieve the objectives of the seven core activities of EHA over the next 12 months.

### 1.0 – Governance and Organisational Development

#### Background

EHA is governed by its Charter and the application of good governance and administration practices which ensure its requirements are met is essential.

Practices which ensure EHA conducts its business in an effective manner include the provision of appropriate support to the Board of Management and sound financial and human resource management.

The staff who are employed by EHA are its most valuable asset. It is essential that the working environment is one which nurtures and supports effective collaboration, and where knowledge and value are continually created. Professional peer support allows for the potential to build organisational capacity through the transfer and pooling of knowledge and assists in workforce retention and stability. An appropriate work environment helps to promote a dynamic and committed workforce.

**Objective 1 Administration of legislative and corporate governance requirements**

<b>Actions</b>	<b>Performance Measures</b>
1.1 Monitor the compliance of statutory requirements identified in the Charter.	Statutory requirements complied with as per Charter.
1.2 Properly convene Board meetings providing agendas and minutes. Minimum of 5 ordinary meetings conducted. Notice of meeting given 3 clear days prior to meeting. Minutes provided within 5 days of meeting.	5 meetings conducted. Appropriate notice given. Timeframe met.
1.3 Conduct election for Chair and Deputy Chair of Board of Management in February.	Election conducted at February meeting.
1.4 Annual business plan to be developed with detailed objectives for the year in consultation with Constituent Councils.	Draft considered at May meeting and adopted at June 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.
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 May meetings.
1.7 Conduct Audit Committee meetings as required by Charter.	Audit committee meet minimum of two times per annum.
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.
1.9 Monitor Long Term Financial Plan.	Plan reviewed annually as part of budget process.
1.10 Provide regular statistical reports to Board Members and Constituent Council.	Reports provided at scheduled Board meetings.

<b>Actions (continued)</b>	<b>Performance Measures</b>
1.11 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.
1.12 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.
1.13 Compile report pursuant to the <i>South Australian 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.
1.14 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.
1.15 Compare Annual Business Plan against performance measures.	Report presented to August meeting.
1.16 Provide delegates report to CEO of each Constituent Council following Board meetings for tabling at subsequent council meeting.	Reports provided following Board meetings.
1.17 Properly convene meetings of Constituent Council nominated contacts including providing agendas and minutes.	4 meetings conducted per year.
1.18 Maintenance of electronic records management system to properly maintain records and reference documents of EHA.	System developed to ensure appropriate standards are being met.
1.19 Explore the potential for the expansion of service provision to areas outside of its current Constituent Council areas.	Report to Board on expansion opportunities.
1.20 Complete implementation of a computer "disaster recovery system" to assist with continuity of service in the event of loss of access to computer infrastructure.	Disaster Recovery system implemented.
1.21 Maintenance of Health Manager (HM) (electronic database). Continue to expand HM's internal and external functionality, to improve inspection, complaint and administrative efficiency and reporting capabilities.	Introduce new applications and reporting capabilities where required. Continue to liaise with Open Office to discuss new applications.

<b>Actions (continued)</b>		<b>Performance Measures</b>
1.22	EHO's to continue to utilise the hand held electronic tablets with access to Health Manager during routine food inspections and complaint investigations. Expand the use of the electronic tablets in other EHO onsite field work.	Implementation of electronic tablets during routine food inspections, complaint investigations and other EHO onsite field work to improve inspection, complaint and administrative efficiency.
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.
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.
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.	Attend the Eastern Adelaide Zone Emergency Management Committee and actively contribute towards the development of the Eastern Zone Emergency Management Plan.

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

<b>Actions</b>		<b>Performance Measures</b>
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.
1.1.2	Performance development framework 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 framework review as required.
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.
1.1.4	Continue to foster team cohesiveness and support effective teamwork.	Training and team building activity provided to staff.
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.

<b>Actions (continued)</b>	<b>Performance Measures</b>
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 plan reviews for all staff.
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 team and general staff meetings.  Provide appropriate training and equipment to new staff.
1.1.8 Review the Work Health Safety action plan outlining program of improvements required in EHA's WHS 3 Year Plan.	Action plan reviewed with input from staff.
1.1.9 Further improve EHA's induction program to ensure EHA staff are and familiar with EHA's methods of operation upon commencement of employment.	Induction program updated.

DRAFT

## 2.0 - Health Education and Promotion

### Background

Health education and promotion is a vital component in creating healthier living environments and communities. Traditionally local government health education and promotion activities have centred on regulatory function and infectious disease control.

The *South Australian Public Health Act 2011* (the Act) is part of a range of public health legislation designed to protect and promote the health of South Australians. The objective of Act is to 'promote and provide for the protection of the health of the public of South Australia and to reduce the incidence of illness, injury and disability'. The Act requires councils to develop a public health plan consistent with the State Public Health Plan which responds to public health challenges in the area.

A regional approach for public health planning by EHA and its Constituent Councils builds on the existing, successful collaboration for shared environmental health services through EHA as well as the initiatives of the Eastern Region Alliance (ERA). This approach improves EHA's and Council's capacity to engage with potential partner organisations and to recognise opportunities for joint advocacy.

The first Public Health and Wellbeing Plan for EHA and Constituent Councils, 'Better Living Better Health' (the Plan) was endorsed in 2015. The Plan provides a starting point for documenting the regional state of health and strategic directions for improving community wellbeing. The Plan does not address all public health issues, rather it is a 'place to start' having regard to local priorities and the State Public Health Plan.

EHA and its Constituent Councils are committed to the implementation and the continual review of the strategic directions of the Plan within each five year planning cycle.

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

<b>Actions</b>	<b>Performance Measures</b>
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 resources maintained.
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.	Target issue to be addressed as required by stakeholders.
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 and spas, cooling tower systems and warm water systems, hairdressers and beauty premises, skin penetration premises, tattoo, body piercing, acupuncture).	Information distributed to be provided as required to improve compliance with legislative requirements.
2.4 Promote EHA services and educate the community on matters of public health in conjunction with Constituent Councils.	Provide information updates and articles to Constituent Councils as required.
2.5 Liaise with Constituent Councils to explore the possibilities of co-ordinating and or contributing to public health forums, to raise awareness of current public health matters.	Discuss the possibilities of public health forums with Constituent Councils.
2.6 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.	Number of articles published and amount of information accessed.
2.7 Provide targeted educational material to food proprietors, food handlers and the community on food safety matters.	Educational material provided as required.
2.8 Finalise and introduce the new food safety training program.	Finalise and introduce a new food safety training program.
2.9 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.	Number of proactive educational activities conducted each year (at least one per year).

<b>Actions (continued)</b>	<b>Performance Measures</b>
2.10 Participate in Public Health Week and other proactive educational initiatives that raise awareness of public health related issues amongst the community.	Number of proactive educational activities conducted each year (at least one per year).
2.11 Educate proprietors of SRFs in relation to relevant legislative requirements to ensure that adequate standards of assisted care, living standards, safety, hygiene and nutrition are maintained.	Information provided during visits to facility or as needed.
2.12 Review and update EHA's health promotion and information material to ensure information is relevant.	Review and update as required.
2.13 Monitor funding opportunities for pro-active health education and prevention programs.	Report opportunities to Board of Management.
2.14 Actively promote EHA's functions to the public, key stakeholders and the Constituent Council staff.	Quarterly Council Contact Meetings and presentations to Constituent Council staff.  Explore promotional initiatives.
2.15 Investigate and implement improvements to upgrade EHA's website to facilitate the exchange of information and feedback and improve awareness of EHA services.	Improved website functionality.

## 3.0 – Public and Environmental Health

### Background

*'Environmental health addresses all the physical, chemical and biological factors external to a person, and all the related factors impacting behaviours. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments'.*

*World Health Organisation (WHO), 2012*

The *South Australian Public Health Act 2011* (the Act) and Regulations are mechanisms employed by EHA to fulfil its duty of care on behalf of the Constituent Councils with the following public health issues:

- prevention and management of domestic squalor and hoarding
- surveillance of swimming pool, spa pool, cooling tower and warm water system operations
- assessment of hairdressing salons, beauty salons, acupuncture clinics and tattoo parlours
- approval and inspection of waste control systems
- discharge of waste to the environment
- prevention and control of notifiable diseases

The Act contains a general duty on all persons in the community who undertake activities to ensure that they take reasonable steps to 'prevent or minimise any harm to public health' that they have or might cause as a result of their actions or their failure to act: section 56(1) of the Act provides that:

*'A person must take all reasonable steps to prevent or minimise any harm to public health caused by, or likely to be caused by, anything done or omitted to be done by the person'.*

The Act establishes principles or values that guide everyone involved in administering the Act or making decisions under it, which includes orders, the exercise of other powers or general planning or policy decisions.

These principles are as follows:

- precautionary principle
- proportionate regulation principle
- sustainability principle
- principle of prevention
- population focus principle
- participation principle
- partnership principle
- equity principle

Environmental protection originated from the traditional approach of public health when the *Commonwealth Environment Protection (Impact of Proposals) Act* was introduced in 1974. Since its introduction, the definition of environment has developed from merely being 'all aspects of the surroundings of human beings, whether affecting human being as individuals or in social groupings' to 'land, air, water, organisms and ecosystems, and includes the amenity value of an area.'

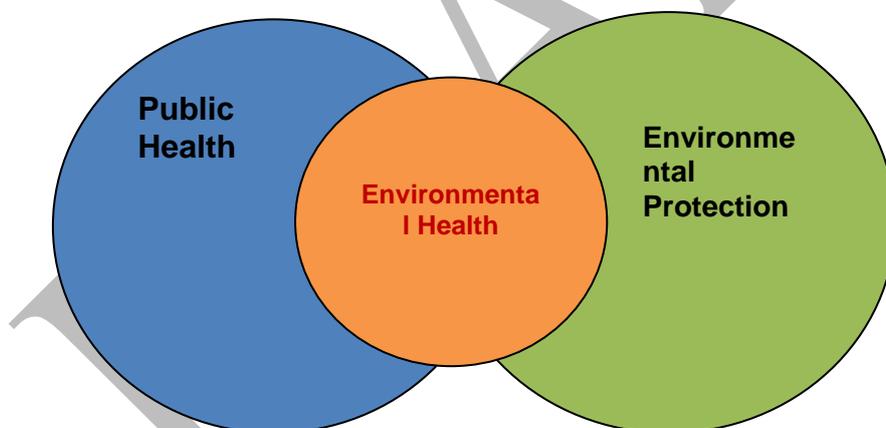


Figure 1.1 – the relationship between public health, environmental health and environmental protection

The point at which Public Health and Environmental Protection overlap is Environmental Health (Fig 1.1).

Where harm or potential harm to others cannot be shown, other statutes may offer alternative and more appropriate ways of proceeding. For example issues relating to unsightly conditions, nuisances and hazards to health or safety associated with the keeping of animals are better dealt with section 254 of the *Local Government Act 1999*.

The Environment Protection Act and Policies provide the framework to resolve issues that have a detrimental effect on our environment and subsequently our health. As the definitions of public health and environment protection overlap, it should only be expected that the legislation protecting these two areas also overlap.

Environmental health often requires a multidisciplinary approach. In the course of investigating complex issues, Environmental Health Officers work together and co-operate with other local government professionals and State government departments.

**Objective 3 Promote healthy communities by managing the risk from communicable and infectious disease and environmental impacts**

Actions	Performance Measures
3.1 Compile and maintain a register of all public health related premises.  Public Health related premises are: <ol style="list-style-type: none"> <li>1. premises with public swimming pools and spas</li> <li>2. premises with cooling tower systems and warm water systems</li> <li>3. hairdressers and beauty premises</li> <li>4. skin penetration premises (tattoo, body piercing, acupuncture)</li> <li>5. waste control systems</li> </ol>	Register maintained at all times.
3.2 Using the SA Health assessment forms determine appropriate standards of public swimming pools and spas are maintained in accordance with the <i>South Australian Public Health (General) Regulations 2013</i> .	Assessments performed according to risk based schedule.
3.3 Using the SA Health assessment forms determine appropriate standards 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</i> .	Assessments performed at least annually.
3.4 Collect water samples from cooling towers and warm water systems for analysis based on requirements <i>South Australian Public Health (Legionella) Regulations 2013</i> .	Water samples collected and sent for analysis at least annually.
3.5 Investigate notifiable <i>Legionella</i> incidences and high <i>Legionella</i> counts in a systematic manner in accordance with SA Health guidance and internal procedures.	Prompt investigation commenced in accordance with service standards.

<b>Actions (continued)</b>	<b>Performance Measures</b>
3.6 Respond to complaints to ensure appropriate infection control standards at hairdressing salons are maintained in accordance with Guidelines on the Public Health standards of practice for hairdressing and other relevant legislation using Environmental Health Australia assessment form.	Investigate and respond to complaints in accordance with the customer service standards.
3.7 Respond to complaints to ensure appropriate infection control standards at beauty and skin penetration premises are maintained in accordance with Guidelines on the safe and hygienic practice of skin penetration and other and other relevant legislation using the Environmental Health Australia assessment form.	Investigate and respond to complaints in accordance with the customer service standards.
3.8 Using the SA Health assessment forms determine appropriate standards at beauty premises are maintained in accordance with Guidelines on the safe and hygienic practice of skin penetration and other and other relevant legislation.	Assessments performed according to risk based schedule.
3.9 Identify new personal appearance practices (ie. laser hair removal, tattoo removal and permanent make-up) within beauty premises. Liaise closely with SA Health to determine if these practices are required to be assessed in accordance with Guidelines on the safe and hygienic practice of skin penetration and other relevant legislation. Where required update the register and undertake assessments.	Continue to update the register when new businesses are identified.
3.10 Using the SA Health assessment forms determine appropriate standards at skin penetration premises (tattoo, body piercing, acupuncture) are maintained in accordance with Guidelines on the safe and hygienic practice of skin penetration and other relevant legislation.	Assessments performed according to risk based schedule.
3.11 Assess applications for the installation of waste control systems in accordance with <i>South Australian Public (Wastewater) Regulations 2013</i> , the <i>On-site Wastewater System Code, 2013</i> , internal procedures, and service standards.	Application managed in accordance with service standards. Compliance with legislative requirements.
3.12 Apply the <i>Public Health Act, 2011</i> to respond to complaints or concerns about standards of sanitation and hygiene of boarding and lodging houses.	Respond to complaints as required in accordance with customer service standards.

<b>Actions (Continued)</b>	<b>Performance Measures</b>
<p>3.13 Respond to public health enquiries/complaints within the built environment that give rise to a risk to health in relation to:</p> <ul style="list-style-type: none"> <li>- hoarding and squalor</li> <li>- sanitation</li> <li>- animal keeping</li> <li>- vector control</li> <li>- air quality</li> <li>- hazardous and infectious substances (asbestos and clandestine drug labs)</li> <li>- waste control</li> <li>- notifiable diseases</li> <li>- refuse storage</li> </ul> <p>Enquiries/complaints are investigated in accordance with the customer service standards. Seek to accomplish a long term solution. Co-ordinate a multi-agency response where necessary.</p>	<p>Respond to complaints as required in accordance with customer service standards.</p>
<p>3.14 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.</p>	<p>Respond to complaints as required in accordance with customer service standards.</p>
<p>3.15 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 available to community and via website and as required. Improved management of burning appliances as required.</p>
<p>3.16 Provide rodent bait to residents upon request.</p>	<p>Rodent bait provision maintained.</p>
<p>3.17 Undertake relevant notifiable disease investigations in collaboration with SA Health.</p>	<p>Respond to disease notifications in accordance with customer service standards.</p>
<p>3.18 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.</p>	<p>Community sharps disposal service maintained.</p>
<p>3.19 Collect syringes that have been unsafely discarded on private property.</p>	<p>Safe and timely collection of discarded syringes within customer service standards and following internal procedures.</p>
<p>3.20 Assessments and investigations are updated in Health Manager (electronic database) 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>

<b>Actions (continued)</b>	<b>Performance Measures</b>
3.21 Co-ordinate the Eastern Hoarding and Squalor Committee meetings.	Coordinate the Eastern Hoarding and Squalor meetings.
3.22 Participate with Environmental Health Australia and state and local government authorities to review best practice standards and promote uniformity and professional consistency.	Attend and actively participate.
3.23 Participate in the Environmental Health Australia 'Public Health' and 'Waste Control' Special Interest Groups (SIG) to promote uniformity, professional consistency and to discuss the latest information in relation to public health and waste control issues affecting local government.	Attend and actively participate at SIG meetings.
3.24 Ensure activities and outcomes are communicated to the Board of Management, Constituent Councils and state government bodies as required via: Reports to the Board of Management, Delegates Reports and Annual Report.	Board Reports and Annual Reports compiled and distributed.
3.25 Respond to development application referrals from councils about public health related premises and activities.	Respond to all referrals in accordance with the customer service standards.
3.26 Liaise with Constituent Councils to address issues of environment and sustainability where there is a connection to human health.	Comment and input made where applicable.
3.27 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.

## 4.0 - Immunisation

### Background

Immunisation is a simple, safe and effective way of protecting people against harmful diseases that can cause serious health problems in the community. Immunisation not only protects individuals from life-threatening diseases, but also dramatically reduces transmission in the community. The more people who are vaccinated, the fewer opportunities a disease has to spread.

The Australian Government's Immunise Australia Program implements the National Immunisation Program (NIP) Schedule, which currently includes vaccines against a total of 16 diseases. These include routine childhood vaccinations against diseases that were once widely fatal, such as measles, diphtheria and whooping cough (pertussis), as well as more recently developed vaccines, such as Human Papillomavirus (HPV) and the meningococcal C vaccine. Local Government plays a significant role in the delivery of immunisation in South Australia contributing to the Immunise Australia Program.

EHA offers all vaccines on the National Immunisation Program Schedule at its public clinics as well as the Annual Influenza Vaccine. Around 200 community immunisation clinics are provided each year at 6 different locations at a variety of accessible times. Currently EHA offers catch-up vaccination history assessments to not only new residents to Australia but also to Australian children who are overdue. These clients are then able to attend an EHA Immunisation clinic for the vaccines recommended as per the National Immunisation Schedule. Each year dedicated clinics for influenza vaccination are provided promoting greater coverage against seasonal influenza disease.

As part of the Immunise Australia Program vaccines are provided to adolescents through the School Immunisation Program (SIP). Year 8 students will be vaccinated with HPV (human papillomavirus), Varicella (chicken pox) and dTpa (diphtheria, tetanus, whooping cough). EHA will undertake 57 visits to 19 high schools offering vaccinations to approximately 2100 Year 8 students.

Worksite Immunisation programs are conducted on a fee for service basis. A total of 4900 vaccinations were provided to EHA clients in 2015. EHA is working to increase the number of vaccinations provided by updating of marketing materials and active follow up of previous clients.

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

<b>Actions</b>	<b>Performance Measures</b>
<p>4.1 Ensure effective governance and delivery of a public clinic immunisation program in accordance with;</p> <ul style="list-style-type: none"> <li>• the current National Health and Medical Research Council (NHMRC) "Australian Immunisation Handbook"</li> <li>• National Vaccine Storage Guidelines 'Strive for 5' 2<sup>nd</sup> Edition</li> <li>• the <i>Controlled Substances Act 1984</i> and the <i>Controlled Substances (Poisons) Regulations 2011</i></li> <li>• the Vaccine Administration Code August 2015 v. 1.2</li> <li>• EHA's Work Health and Safety protocols</li> <li>• South Australia's Child Protection Legislation – Child Safe Environment Guidelines.</li> </ul>	<p>Client feedback and attendance.</p> <p>Number of clinics and vaccinations provided.</p> <p>Annual Cold Chain audit and pharmaceutical refrigerator maintenance.</p> <p>Clinical performance and evaluation.</p> <p>Liaison with EHA's Consultant Medical Officer of Health.</p> <p>Completed review of Child Safe Environment Guidelines.</p>
<p>4.2 Promote EHA's public immunisation clinic program through a variety of mediums such as council customer service centres and publications, council and EHA websites.</p> <p>Mail out of the Immunisation Timetable to community organisations. Explore further opportunities for the provision of immunisation promotion presentations to existing parent groups at Constituent Council community centres and libraries.</p>	<p>Increased presentations at Constituent Councils.</p> <p>Increased number of clinic timetables required and distributed.</p> <p>Website - reports of access.</p>
<p>4.3 Conduct an annual review of EHA's public clinic venues and timetable. Implement necessary changes, including identified hazards.</p> <p>Produce and publish annual immunisation program timetable to reflect the review of the public clinics.</p> <p>Promotion and communication of changes to the National Immunisation Program Schedule affecting older residents..</p>	<p>Annual review undertaken at each venue and documented. Identified hazards actioned. Immunisation Clinic Timetable reviewed and published in November.</p> <p>Investigate communication strategies to provide information to older residents.</p>

Actions (continued)	Performance Measures
<p>4.4 Deliver SIP to students at schools within 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>4.5 Liaise with school coordinators and Immunisation Section of SA Health regarding SIP implementation and evaluation of program.</p>	<p>Successful SIP implementation. Ongoing collaboration and evaluation of coverage. Representation on the SIP Working Party for review of Protocols for the program.</p>
<p>4.6 Provide a specialised Worksite Immunisation Program both within and external to the Constituent Council boundaries on a fee for service basis within the private sector (i.e. flu, Heb B, dTpa).</p> <p>Recommend vaccinations for employees at risk of occupationally acquired vaccine preventable diseases.</p> <p>Review program annually – update documents. Aim to provide a professional service and stay competitive.</p>	<p>Feedback from clients. Increase of new clients and regular annual clients. Income generated.</p>
<p>4.7 Maintain client immunisation records on EHA's Immunisation database (ImPS program).</p>	<p>Database updated within 3 days of each clinic/school/worksite sessions.</p>
<p>4.8 Use immunisation coverage data from a range of sources to better identify residents of overdue vaccinations. Investigate available vaccine reminder services</p>	<p>Review of reports available from Australian Childhood Immunisation Register, the HPV register and other sources to identify residents that are overdue.</p> <p>Investigation and review of communication and reminder services available.</p>
<p>4.9 Report immunisation statistics to SA Health and the Australian Childhood Immunisation Register (ACIR), in accordance with contractual arrangements.</p> <p>SIP statistics completed one month after the last school visit for each vaccine dose.</p> <p>Report 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.</p> <p>Submit completed data to Immunisation Section SA Health via their Online Database.</p>

Actions (continued)	Performance Measures
<p>4.10 The CEO/Team Leader Immunisation lobby 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 and support from governments. Attend meetings in regard to the SA Public Immunisation Services between SA Health and LGA SA. MOU endorsed.</p>
<p>4.11 <u>Clinical Governance</u> Registered immunisation Nurses will participate in:</p> <ul style="list-style-type: none"> <li>• Immunisation Providers Network (SA) (IPN SA).</li> <li>• promoting best practice standards, uniformity and professional consistency.</li> <li>• a recognised SA Health authorised immunisation course.</li> <li>• maintain authorised immunisation provider status by completing 3 yearly recognised updates.</li> <li>• other professional updates – rotate participation of biannual PHAA Immunisation conference.</li> <li>• in-house education sessions and team meetings.</li> <li>• annual CPR and Mandated Notification updates.</li> <li>• complete 20 hours of valid documented Continuing Professional Development annually.</li> <li>• random audits by APHRA of RN's completed CPD hours.</li> </ul>	<p>Immunisation Nurses attend the IPN SA meetings when possible. Attend in-house education sessions and mandatory updates. Attend other professional updates. Complete and document annual CPD requirements.  Completion by RN staff of the 3 yearly 'Understanding Vaccines and the National Immunisation Program' Certificate..</p>
<p>4.12 Ensure activities and outcomes are communicated to the Board of Management, councils and state government bodies as required. Statistical and written reports to the Board of Management as per meetings. Annual Reports as required by the Board of Management and the <i>South Australian Public Health Act 2011</i>.</p>	<p>Statistical reports, Board Reports and Annual Reports compiled and distributed as required.</p>

## 5.0 - Food Safety

### Background

As consumers, we all have the right to expect that the food we eat is protected from microbiological contamination, foreign matter, poor hygiene and handling practices. While Australia has one of the safest food supplies in the world, the incidences of out two most prevalent foodborne diseases *Salmonella* and *Campylobacter* is on the increase. Illness caused by food is a significant public health problem and has major social and economic impacts.

A 2014 report, '*Foodborne Illness in Australia*' annual incidence circa 2010 provided the most comprehensive assessment of Australia's annual incidence of food borne illness to date. That report showed that:

- every Australian has an episode of foodborne gastroenteritis every five years. Annually this works out to:
  - 4.1 million cases of foodborne gastroenteritis
  - 5,140 cases of non-gastroenteritis
  - 35,840 cases of more serious long-term effects
- the actual cause of most (80%) foodborne illness is unknown
- of the known causes most are due to norovirus, pathogenic E coli, *Campylobacter* and *Salmonella* species.
- illnesses from *Salmonella* and *Campylobacter* have increased.
- poultry is the primary source of *Campylobacter* infections
- the use of raw or minimally cooked eggs is likely to be a significant source of the national increase in *Salmonella*

The *Food Act 2001* in conjunction with the Food Safety Standards (Chapter 3 of the Australia New Zealand Food Standards Code) aims to:

- ensure food for sale is both safe and suitable for human consumption
- prevent misleading conduct in connection with the sale of food
- provide for the application of the Food Standards Code

EHA is an enforcement agency under the *Food Act 2001* and is responsible for ensuring that appropriate food hygiene standards are maintained within its area.

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

Actions	Performance Measures
5.1 Food businesses are assigned a 'Risk Rating' in accordance with the SA Health Food Business Risk Classification system. Frequency of routine assessments is adjusted based on their performance and within the range of the risk classification.	Apply relevant risk rating to new businesses and undertake assessments in accordance with SA Health Food Business Risk Classification system.
5.2 Routine food business assessments conducted using an appropriate food safety rating tool to ensure compliance with the <i>Food Act 2001 and Food Safety Standards</i> .	Assessments performed using the appropriate food safety rating tool.  Assessments conducted in accordance with the assigned risk rating and frequency.
5.3 Conduct assessments using the SA Health 'Heightened Inspections forms' for food processing activities that fall under the Primary Production Standards.	SA Health 'Heightened Inspections forms' used when food processing activities fall under the Primary Production Standards.
5.4 Monitor and identify new food processing practices during routine assessments. Update the risk rating to reflect the changes.	Update risk ratings where required.
5.5 Ensure appropriate enforcement action is taken in relation to breaches of the <i>Food Act 2001</i> and associated standards in accordance with EHA's enforcement policy.	Number of enforcement actions taken.
5.6 Investigate food related complaints in a systematic and timely manner in relation to: <ul style="list-style-type: none"> <li>- alleged food poisoning</li> <li>- microbiological and chemical contamination</li> <li>- foreign matter found in food</li> <li>- poor personal hygiene and handling practices</li> <li>- unclean premises</li> <li>- vermin, insects and pest activity</li> <li>- refuse storage</li> </ul> <p>Liaise with SA Health and other councils to ensure a co-ordinated approach where necessary.</p>	Respond to complaints in accordance with customer service standards.
5.7 Respond to food recalls in accordance with SA Health recommendations.	Number of recalls actioned.

<b>Actions (continued)</b>	<b>Performance Measures</b>
5.8 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 3.2.1 and the <i>Food Act 2001</i> .	Number of audits conducted.
5.9 Provide a professional auditing service to businesses external to Constituent Council boundaries which require their food safety plans to be audited.	Number of audits conducted.
5.10 Ensure businesses provide notification of their business details. Maintain a register of all food businesses operating within EHA's jurisdiction.	Update within 5 days of receipt of new information.
5.11 Assessments, investigations and actions are updated in Health Manager to ensure effective reporting to the Board of Management, Constituent Councils and SA Health.	Update within 5 days of assessment or action.
5.12 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.	Information reports provided to Board and distributed to Constituent Councils as required.
5.13 Implement the agreed EHA and Constituent Council Development Assessment information sharing process, to receive notifications of new business or changes to an existing business. EHA to review plans, liaise with the applicant regarding structural fit out with relevant legislation, and provide feedback to Constituent Council's when requested.	Respond to notifications in accordance with the agreed Development Assessment information sharing process and customer service standards.
5.14 Provide new food businesses with information that introduces EHA and informs the business about the inspection fee policy and safe food practices.	Information provided following receipt of notification form.
5.15 Conduct food safety assessments of fairs and festivals, temporary events and school fetes in collaboration with the Constituent Councils and relevant event co-ordinators.	Undertake assessments where required.
5.16 Liaise with Constituent Council and relevant event coordinators to ensure all stall holders at fairs and festivals, temporary events and school fetes are well informed of the legislative requirements and have the necessary equipment.  Conduct stall holder meetings for stall holders upon request by the Constituent Councils and relevant event coordinators.	Liaise with Constituent Council and relevant event coordinators prior to the event. Provide stall holder presentations where required.

<b>Actions (continued)</b>	<b>Performance Measures</b>
<p>5.17 Twice a year distribute advisory information to schools and kindergartens to provide a reminder of the requirements to notify EHA of an upcoming school fete.</p> <p>EHA to liaise with the school or kindergarten to ensure all stall holders at fairs and festivals, temporary events and school fetes are well informed of the legislative requirements and have the necessary equipment to produce and sell safety and suitable food.</p>	<p>Distribute advisory information twice a year. Liaise with schools or kindergartens where required.</p>
<p>5.18 Participate in the Environmental Health Australia “Food Safety” Special Interest Group (SIG) to promote uniformity, professional consistency and to discuss the latest information in relation to food safety issues affecting local government.</p>	<p>Attend and actively participate at SIG meetings.</p>
<p>5.19 Actively communicate updates from SA Health and FZSANZ to food premises.</p>	<p>Provide updated information to food businesses as required.</p>

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## 6.0 - Health Care and Community Services

### Background

Supported Residential Facilities (SRF's) provide accommodation to people in the community who require personal care and support.

SRF's are regulated under the *Supported Residential Facilities Act 1992* (the Act) to ensure adequate standards of care and amenity to protect the rights of residents.

A low level of care is provided to residents such as assistance with medication management, personal care, and financial management, as well as supplying meals and accommodation.

Personal care services are defined under the Act as bathing, showering or personal hygiene, toileting or continence maintenance, dressing or undressing, consuming food, medication management, management of personal finances and direct physical assistance to aid mobility issues.

Residents living in SRFs are vulnerable due to the disability or impairment that is often associated with these clients, including physical, intellectual or psychiatric.

The Minister for Communities and Social Inclusion is responsible for promoting the objectives of the Act, and local councils administer and enforce the Act. EHA is the licensing authority for all SRFs within the Constituent Councils, and continues to act as the licensing authority for SRFs within The City of Unley, under delegated authority.

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

Actions	Performance Measures
6.1 Assess applications for new licences, licence renewals and transfer of licence with regard to SRF legislation and guidelines within legislative timeframes.	Applications processed within legislative timeframes.
6.2 Assess applications for manager and acting manager with regard to SRF legislation and guidelines	Applications processed within legislative timeframes.
6.3 Conduct relicensing audits of facilities against SRF legislation and include conditions where necessary based on the findings of the audits conducted during the year and fire safety advice. .  Take advice of the appropriate Fire Safety requirements from the Constituent Councils Building Fire and Safety Officers.	Unannounced audits conducted at all facilities.  Fire safety advice obtained annually.  Issue licences annually with conditions where required.
6.4 Conduct ongoing inspections to ensure facilities continue to operate at satisfactory standards in in accordance with the legislation.  Conduct inspections of facilities to ascertain compliance with licence conditions throughout the year.	Unannounced inspections and follow-ups conducted at SRFs.
6.5 Respond to enquiries/complaints in relation to SRFs	Respond to all enquiries and complaints in accordance with the customer service standards.
6.6 Liaise with service providers to ensure residents receive appropriate levels of care.	Liaise where required.
6.7 Participate in the Environmental Health Australia 'SRF' Special Interest Group to promote uniformity, professional consistency and to discuss the latest information in relation to SRF issues affecting local government.	Attend and actively participate at SRF SIG meetings.
6.8 Liaise with Department of Communities and Social Inclusion and Constituent Councils 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.
6.9 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.
6.10 Act as the Licensing Authority pursuant to the <i>Supported Residential Facilities Act 1992</i> for the City of Unley on a fee for service basis.	Maintain contract.

<b>Actions (continued)</b>	<b>Performance Measures</b>
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.
6.12 Ensure activities and outcomes are communicated to the Board of Management, Constituent Councils and state government bodies as required via: Reports to the Board of Management, Delegates Reports and Annual Report.	Board Reports and Annual Reports compiled and distributed.
6.13 Liaise with Constituent Councils to explore health promotion opportunities within SRF's.	Liaise with Constituent Councils.

DRAFT

## 7.0 - Emergency Management

### Background

The South Australian Sampson Flat bushfires and the Nepal earthquake during 2015 have vividly exposed us to the devastating consequences of disaster events.

In any emergency situation, the ability to respond effectively is vital and the effectiveness of the response will be determined by appropriate preparation and planning. Environmental Health professionals play a critical role in the response and recovery phases of emergency situations.

An emergency management plan has been developed to define and address the unique issues that confront environmental health professionals in an emergency situation and prepare them for the enhanced role that they will have. It ensures appropriate linkages are in place with emergency service agencies and the councils EHA serves should an emergency situation occur and is designed to integrate with the Eastern Region Disaster Management Plan.

A risk analysis of hazards that may affect the region was completed during 2007 by the Eastern Regional Emergency Risk Management project. EHA's Emergency Management Plan identifies five hazards that are likely to have significant environmental health implications: Pandemic Disease, Disease (arising within the EHA's area), Flooding (1 in 100 year event), Earthquake and Bushfire.

An emergency may impact upon EHA itself, potentially disrupting operations and affecting critical assets. This will pose a unique challenge when environmental health service delivery is likely to alter in response to the circumstances of the situation. A Business Continuity Plan identifies a range of actions required to ensure critical functions are restored within the timeframes specified.

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

<b>Actions</b>	<b>Performance Measures</b>
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.
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.
7.3     Review and update emergency management information on the website.	Review and update as required.
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 the plan and update where required.
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 SIG and other relevant committees.
7.6     Ensure activities and outcomes are communicated to the Board of Management, Constituent Councils and state government bodies as required via: Monthly statistical reports; Reports to the Board of Management and Annual Report under the <i>South Australian Public Health Act 2011</i> .	Statistical reports, Board Reports and Annual Reports where required.
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.

EASTERN HEALTH AUTHORITY STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDING 30 JUNE 2017		
REVISED BUDGET 2015/2016		DRAFT BUDGET 2016/2017
\$	<b>INCOME</b>	\$
1,609,306	Council Contributions	1,641,055
194,000	Statutory Charges	193,000
307,000	User Charges	341,000
126,500	Grants, subsidies and contributions	124,500
20,000	Investment Income	20,000
14,000	Other Income	10,000
<b>2,270,806</b>	<b>TOTAL INCOME</b>	<b>2,329,555</b>
	<b>EXPENSES</b>	
1,526,000	Employee Costs	1,543,000
666,200	Materials, contracts and other expenses	738,200
22,672	Finance Charges	19,984
80,851	Depreciation	28,371
<b>2,295,723</b>	<b>TOTAL EXPENSES</b>	<b>2,329,555</b>
<b>(24,917)</b>	<b>Operating Surplus/(Deficit)</b>	<b>-</b>
-	Net gain (loss) on disposal of assets	-
<b>(24,917)</b>	<b>Net Surplus/(Deficit)</b>	<b>-</b>

EASTERN HEALTH AUTHORITY STATEMENT OF CASH FLOWS FOR THE YEAR ENDING 30 JUNE 2017		
REVISED BUDGET 2015/2016		DRAFT BUDGET 2016/2017
\$	<b>CASHFLOWS FROM OPERATING ACTIVITIES</b>	\$
	<u>Receipts</u>	
2,250,806	Operating Receipts	2,309,555
20,000	Investment Receipts	20,000
	<u>Payments</u>	
<b>(2,192,200)</b>	Operating Payments to Suppliers & Employees	<b>(2,281,200)</b>
<b>(22,672)</b>	Interest Expense	<b>(19,984)</b>
<b>55,934</b>	<b>Net Cash Provided/(Used) by Operating Activities</b>	<b>28,371</b>
	<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>	
-	Loans Received	-
<b>(55,934)</b>	Loan Repayments	<b>(58,623)</b>
<b>(55,934)</b>	<b>Net Cash Provided/(Used) by Financing Activities</b>	<b>(58,623)</b>
	<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>	
	<u>Receipts</u>	
-	Sale of Replaced Assets	-
	<u>Payments</u>	
-	Expenditure on renewal / replacements of assets	-
-	Expenditure on new / upgraded assets	-
<b>(200,000)</b>	Distributions paid to constituent Councils	-
<b>(200,000)</b>	<b>Net Cash Provided/(Used) by Investing Activities</b>	<b>-</b>
<b>(200,000)</b>	<b>NET INCREASE (DECREASE) IN CASH HELD</b>	<b>(30,252)</b>
789,971	CASH AND CASH EQUIVALENTS AT BEGINNING OF REPORTING PERIOD	589,971
589,971	CASH AND CASH EQUIVALENTS AT END OF REPORTING PERIOD	559,719

<b>EASTERN HEALTH AUTHORITY STATEMENT OF FINANCIAL POSITION</b>		
<b>FOR THE YEAR ENDING 30 JUNE 2017</b>		
<b>REVISED BUDGET 2015/2016</b>		<b>DRAFT BUDGET 2016/2017</b>
	<b>CURRENT ASSETS</b>	
\$		\$
589,971	Cash and Cash Equivalents	559,719
162,272	Trade & Other Receivables	162,272
-	Other	-
<b>752,243</b>	<b>TOTAL CURRENT ASSETS</b>	<b>721,991</b>
	<b>CURRENT LIABILITIES</b>	
108,708	Trade & Other Payables	108,708
236,220	Provisions	236,220
50,920	Borrowings	58,623
-	Other	-
<b>395,848</b>	<b>TOTAL CURRENT LIABILITIES</b>	<b>403,551</b>
<b>356,395</b>	<b>NET CURRENT ASSETS/(CURRENT LIABILITIES)</b>	<b>318,440</b>
	<b>NON-CURRENT ASSETS</b>	
360,244	Equipment	331,873
-	Other	-
<b>360,244</b>	<b>TOTAL NON-CURRENT ASSETS</b>	<b>331,873</b>
	<b>NON-CURRENT LIABILITIES</b>	
41,662	Provisions	41,662
384,279	Borrowings	317,953
<b>425,941</b>	<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>359,615</b>
<b>290,698</b>	<b>NET ASSETS</b>	<b>290,698</b>
	<b>EQUITY</b>	
290,699	Accumulated Surplus/(Deficit)	290,699
<b>290,699</b>	<b>TOTAL EQUITY</b>	<b>290,699</b>

<b>EASTERN HEALTH AUTHORITY STATEMENT OF CHANGES IN EQUITY</b>		
<b>FOR THE YEAR ENDING 30 JUNE 2017</b>		
<b>REVISED BUDGET 2015/2016</b>		<b>DRAFT BUDGET 2016/2017</b>
	<b>ACCUMULATED SURPLUS</b>	
515,616	Balance at beginning of period	290,699
(24,917)	Net Surplus/(Deficit)	-
(200,000)	Distribution to Constituent Councils	-
290,699	Balance at end of period	290,699
<b>290,699</b>	<b>TOTAL EQUITY</b>	<b>290,699</b>

<b>Eastern Health Authority - Funding Statement 2016- 2017</b>		
<b>Income</b>	<b>Adopted Budget</b>	<b>Draft Budget</b>
<b>Constituent Council Income</b>	<b>2015-2016</b>	<b>2016-2017</b>
City of Burnside	\$ 415,037	\$ 419,128
City of Campbelltown	\$ 389,840	\$ 379,026
City of NPS	\$ 490,646	\$ 515,322
City of Prospect	\$ 219,621	\$ 220,952
Town of Walkerville	\$ 94,162	\$ 106,627
<b>Total Constituent Council Contributions</b>	<b>\$ 1,609,306</b>	<b>\$ 1,641,055</b>
<b>Statutory Charges</b>		
Food Inspection fees	\$ 80,000	\$ 80,000
Legionella registration and Inspection	\$ 20,000	\$ 19,000
SRF Licenses	\$ 4,000	\$ 4,000
Fines	\$ 90,000	\$ 90,000
<b>Total Statutory Charges</b>	<b>\$ 194,000</b>	<b>\$ 193,000</b>
<b>User Charges</b>		
Immunisation - non funded vaccines	\$ 45,000	\$ 55,000
Immunisation - Worksites	\$ 100,000	\$ 120,000
Food Auditing	\$ 54,000	\$ 58,000
City of Unley	\$ 106,000	\$ 106,000
Food Safety Training	\$ 2,000	\$ 2,000
<b>Total User Charges</b>	<b>\$ 307,000</b>	<b>\$ 341,000</b>
<b>Grants, Subsidies, Contributions</b>		
School Based immunisation Program	\$ 84,500	\$ 84,500
Child Immunisation register	\$ 42,000	\$ 40,000
<b>Total Grants, Subsidies, Contributions</b>	<b>\$ 126,500</b>	<b>\$ 124,500</b>
<b>Investment Income</b>		
Interest on investments	\$ 20,000	\$ 20,000
<b>Total Investment Income</b>	<b>\$ 20,000</b>	<b>\$ 20,000</b>
<b>Other Income</b>		
Motor Vehicle re-imburements	\$ 8,000	\$ 4,000
Sundry Income	\$ 6,000	\$ 6,000
Profit on sale of Assets	\$ -	\$ -
<b>Total Other Income</b>	<b>\$ 14,000</b>	<b>\$ 10,000</b>
<b>Total of non Constituent Council Income</b>	<b>\$ 661,500</b>	<b>\$ 688,500</b>
<b>Total Income</b>	<b>\$ 2,270,806</b>	<b>\$ 2,329,555</b>

<b>Eastern Health Authority - Funding Statement 2016-2017</b>		
<b>Expenditure</b>	<b>Adopted Budget</b>	<b>Draft Budget</b>
<b>Employee Costs</b>	<b>2015-2016</b>	<b>2016-2017</b>
Salaries & Wages	\$ 1,450,000	\$ 1,380,000
Superannuation	\$ 118,000	\$ 116,000
Workers Compensation	\$ 15,000	\$ 14,000
Employee Leave Expenses	\$ 30,000	\$ 30,000
Medical Officer Retainer	\$ 3,000	\$ 3,000
Agency Staff	\$ -	\$ -
<b>Total Employee Costs</b>	<b>\$ 1,616,000</b>	<b>\$ 1,543,000</b>
<b>Prescribed Expenses</b>		
Auditing and Accounting	\$ 17,000	\$ 17,000
Insurance	\$ 26,000	\$ 27,000
Maintenance	\$ 45,000	\$ 45,000
Vehicle Leasing/maintenance	\$ 69,000	\$ 62,000
<b>Total Prescribed Expenses</b>	<b>\$ 157,000</b>	<b>\$ 151,000</b>
<b>Rent and Plant Leasing</b>		
Electricity	\$ 10,000	\$ 10,000
Plant Leasing Photocopier	\$ 5,700	\$ 3,200
Rent	\$ 101,000	\$ 102,000
Water	\$ -	\$ 500
Gas	\$ 2,500	\$ 2,500
<b>Total Rent and Plant Leasing</b>	<b>\$ 119,200</b>	<b>\$ 118,200</b>
<b>IT Licensing and Support</b>		
IT Licences & Subscriptions	\$ 15,000	\$ 80,000
IT Support	\$ 30,000	\$ 90,000
Internet	\$ 2,000	\$ 12,000
IT Other	\$ 2,000	\$ 2,000
<b>Total IT Licensing and Support</b>	<b>\$ 49,000</b>	<b>\$ 184,000</b>
<b>Administration</b>		
Administration Sundry	\$ 7,000	\$ 7,000
Accreditation Fees	\$ 4,000	\$ 4,000
Board of Management	\$ 16,000	\$ 16,000
Bank Charges	\$ 3,000	\$ 3,000
Public Health Sundry	\$ 5,000	\$ 5,000
Fringe Benefits Tax	\$ 15,000	\$ 15,000
Health promotion	\$ 5,000	\$ 5,000
Legal	\$ 20,000	\$ 20,000
Printing & Stationery & Postage	\$ 30,000	\$ 30,000
Telephone	\$ 15,000	\$ 15,000
Work Health and Safety	\$ 2,000	\$ 12,000
Rodenticide	\$ 2,000	\$ 2,000
Staff Amenities	\$ 7,000	\$ 7,000
Staff Training	\$ 22,000	\$ 22,000
Human Resource / Organisational Development	\$ 16,000	\$ 16,000
<b>Total Administration</b>	<b>\$ 169,000</b>	<b>\$ 179,000</b>

<b>Eastern Health Authority - Funding Statement 2016-2017 (cont.)</b>		
<b>Expenditure</b>	<b>Adopted Budget</b>	<b>Draft Budget</b>
<b>Immunisation</b>		
Immunisation SBP Consumables	\$ 8,000	\$ 8,000
Immunisation clinic vaccines	\$ 30,000	\$ 38,000
Immunisation worksite vaccines	\$ 15,000	\$ 36,000
<b>Total Immunisation</b>	<b>\$ 53,000</b>	<b>\$ 82,000</b>
<b>Income protection</b>		
Income Protection	\$ 16,000	\$ 15,000
<b>Total Uniforms/Income protection</b>	<b>\$ 16,000</b>	<b>\$ 15,000</b>
<b>Sampling</b>		
Legionella Testing	\$ 12,000	\$ 8,000
Food Sampling	\$ 1,000	\$ 1,000
<b>Total Sampling</b>	<b>\$ 13,000</b>	<b>\$ 9,000</b>
<b>New Initiatives</b>		
Regional Public Health Plan	\$ -	\$ -
<b>Total New Initiatives</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Total Materials, contracts and other expenses</b>	<b>\$ 576,200</b>	<b>\$ 738,200</b>
<b>Total Operating Expenditure</b>	<b>\$ 2,192,200</b>	<b>\$ 2,281,200</b>
<b>Finance Charges</b>	<b>\$ 22,672</b>	<b>\$ 19,984</b>
<b>Depreciation, amortisation and impairment</b>	<b>\$ 80,851</b>	<b>\$ 28,371</b>
<b>Total Expenditure</b>	<b>\$ 2,295,723</b>	<b>\$ 2,329,555</b>
<b>Total Income</b>	<b>\$ 2,270,806</b>	<b>\$ 2,329,555</b>
<b>Net Surplus/Defecit</b>	<b>\$ (24,917)</b>	<b>\$ -</b>
Depreciation Add Back	\$ 80,851	\$ 28,371
Loans Received	\$ -	\$ -
Capital Expenditure - plant and Equipment	\$ -	\$ -
Capital Expenditure - Office Fit-out	\$ -	\$ -
Loan Repayments	\$ (55,934)	\$ (58,623)
<b>Cash Result</b>	<b>\$ -</b>	<b>\$ (30,252)</b>

## 5.2 FIRST ATTENDANCE OF AUDITOR FOR EXTERNAL AUDIT MANAGEMENT REPORT FOR THE YEAR ENDING 30 JUNE 2016

Author: Michael Livori  
Ref: AF16/1

### Summary

Correspondence relating to the first audit attendance in relation to the External Audit for the financial year ending 30 June 2016 has been received from Eastern Health Authority's (EHA) external auditors Dean Newbery and Partners and a copy of the letter is attachment 1 to this report.

### Report

The work undertaken by the auditor at the first attendance for the current financial year audit is detailed in the table below.

Area	Area Specifics
<b>Accounts Payable</b>	<ul style="list-style-type: none"> <li>• A review of transactions paid from 1 July 2015 to 31 December 2015</li> <li>• Internal Controls review of the accounts payable process.</li> </ul>
<b>Payroll</b>	<p>A review of payroll transactions processed during the 2015/2016 financial year was tested for the following:</p> <ul style="list-style-type: none"> <li>• Employee PAYG tax deductions were accurate.</li> <li>• Employee superannuation deductions were accurate.</li> <li>• Pay rates were consistent with the employee's classification within their Enterprise Bargaining Agreement.</li> <li>• Any leave that was provided corresponds to the appropriate signed leave application form.</li> <li>• Employee personnel files are up-to-date and including all relevant supporting documentation.</li> <li>• Fortnightly net pay figures were matched from the 'Bank Deposit Report' to the Bank Statements</li> <li>• Testing a sample of processed newly inducted and terminated employees.</li> </ul>
<b>Accounts Receivable</b>	<ul style="list-style-type: none"> <li>• Reviewed income accounts and traced amounts through to bank.</li> <li>• Reviewed Aged Debtor Trial Balance.</li> </ul>

There were no matters identified during the interim audit that would have an adverse impact on the audit opinion to be issued for the current financial year.

The auditors acknowledged the quality and frequency of financial information provided in Board reports and the time taken to produce these

reports. They consider this to be a highly positive control in relation to the monitoring of EHA's financial performance and operation management.

The auditors will be in attendance after the financial year has concluded to finalise the audit for 2015/2016.

In accordance with the Audit Committee Terms of Reference the External Audit Management letter should be considered by the Audit Committee and any recommendations contained within the letter should be monitored by the committee to ensure that they are appropriately considered and managed. The correspondence was presented to the Board Of Management at its meeting held on 27 April 2016.

## **RECOMMENDATION**

That:

The report regarding the first attendance in relation to the External Audit Management Report for the year ending 30 June 2016 is received.

OUR REF: 122166\_1

18 April 2016

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

Dear Councillor Whittington

**RE: External Audit Management Letter - Financial Year Ending 30 June 2016**

Our audit team recently attended the Eastern Health Authority Inc. (the Authority) offices to undertake the first audit attendance in relation to the 2015/16 financial year audit of the Authority.

We are pleased to note that there were no matters identified during the course of our work conducted that would have an adverse impact on our 2015/16 financial year audit opinion. Please note that further sample transaction testing and review of the eventual 2015/16 financial statements will need to be completed before we finalise our audit opinion.

The following table details the work undertaken during the recent audit visit:

Area	Area Specifics
<b>Accounts Payable</b>	<ul style="list-style-type: none"> <li>A review of transactions paid from 1 July 2015 to 31 December 2015</li> <li>Internal Controls review of the accounts payable process.</li> </ul>
<b>Payroll</b>	<p>A review of payroll transactions processed during the 2015/16 financial year was tested for the following:</p> <ul style="list-style-type: none"> <li>Employee PAYG tax deductions were accurate.</li> <li>Employee superannuation deductions were accurate.</li> <li>Pay rates were consistent with the employee's classification within their Enterprise Bargaining Agreements.</li> <li>Any leave that was provided corresponds to the appropriate signed leave application forms</li> <li>Employee personnel files are up-to-date and including all relevant supporting documentation.</li> <li>Fortnightly Net pay figures were matched from the 'Bank Deposit Report' to bank statements.</li> </ul>

	<ul style="list-style-type: none"> <li>• Testing a sample of processed newly inducted and terminated employees.</li> </ul>
<b>Accounts Receivable</b>	<ul style="list-style-type: none"> <li>• Reviewed Income accounts and traced amounts through to bank.</li> <li>• Reviewed Aged Debtor Trial Balance.</li> </ul>

We are pleased to note that there were no material matters that require further attention as a result of our testing completed. Further sample transaction testing will be undertaken during future audit attendances.

We also wish to acknowledge the quality and frequency of financial information produced in the Board Reports, notwithstanding that it does involve considerable time to be produced by the Administration. We consider this to be a highly positive control over the close monitoring of the Authority's financial performance and operational management.

At the conclusion of future audit attendances, we will again provide a summary of the work undertaken and any findings for your consideration and attention.

Please do not hesitate to contact us on 8267 4777 or [jim@deannewbery.com.au](mailto:jim@deannewbery.com.au) if you have any queries with regard to the above.

Yours sincerely

**DEAN NEWBERY & PARTNERS**



**JIM KEOGH**

Partner

C. Chief Executive Officer

C. Audit Committee

### **5.3 PREPARATION OF END OF FINANCIAL YEAR STATEMENTS FOR 2015/2016**

Author: Michael Livori  
Ref: AF16/1

#### **Summary**

Eastern Health Authority (EHA) has developed a timeline for the Preparation of End of Financial Year Statements for the 2015/2016 period.

This report seeks to outline the process to be taken.

#### **Report**

##### **Proposed Process for the Development of the 2015/2016 End of Financial Year Statements**

As endorsed by the Auditors, Dean Newbery & Partners the following process is proposed for the development of the 2015/2016 end of financial year statements.

May 2016

Order and Download Coalface Software.  
Preparation and confirmation of End of Financial Year Timeline.

27 June 2016

Process final Payroll for 2015/2016 financial year for all EHA staff.

July 2016

1/07/2016 – 15/07/2016

Preparation of all reconciled accounts and reports for Accountant.  
Preparation of Payment Summaries for all staff.  
Prepare Solicitors Representation Letter to 30/6/2016.  
Prepare Certification of Auditor Independence.  
Prepare Management Representation Letter.

18/07/2016 – 19/07/2016

Attendance by Ian McDonald, Accountant for preparation of the accounts.

22/07/2016

Completion of Draft Financial Statements.  
Provide copy to the Auditors, Dean Newbery & Partners for initial review.

25/07/2016-26/07/2016

Dean Newbery & Partners to attend EHA Office for Balance Day Audit.

26/07/2016

Ian McDonald, Accountant to attend EHA and address any queries from Dean Newbery & Partners.

August 2016

03/08/2016

Final Financial Statements to be issued to EHA by Dean Newbery & Partners for review and inclusion in Audit Committee report.

10/08/2016

Audit Committee agenda and report to be finalised and distributed to all Audit Committee members.

17/08/2016

Audit Committee to consider audit Financial Statements.

24/08/2016

Board report to be distributed to EHA Board of Management.

31/08/2016

Board of Management Meeting.  
Board to consider Audited Financial Statements.

September 2016

01/09/2016

Copy of Financial Statements to CEOs of all Constituent Councils.

30/09/2016

Date final audit is required to be issued to the Chair of EHA.

## **RECOMMENDATION**

That:

1. The Preparation of the End of Year Financial Statements for Eastern Health Authority for 2015/2016 report is received.
2. The process for Preparation of the End of Year Financial Statements for Eastern Health Authority for 2015/2016 is endorsed.

## **5.4 COMPLAINTS HANDLING POLICY**

Author: Nadia Conci  
Ref: AF11/329

### **Summary**

Eastern Health Authority (EHA) is committed to the provision of quality service to customers and regards complaints as an opportunity to improve practices and procedures as well as resolve the matter.

EHA has developed a Complaints Handling Policy to provide a fair, consistent and structured process for EHA customers if they are dissatisfied with EHA's actions, decisions or services. Lessons learnt from complaint investigations will be used to directly inform service improvements.

### **Report**

The Complaints Handling Policy (the Policy) allows for a fair, consistent and structured process for EHA customers if they are dissatisfied with EHA's actions, decisions or services.

The Policy encourages general complaints to be resolved as quickly as possible. For complex complaints the Policy provides information on internal reviews and alternative external authorities customers may access.

The Policy provides guidance to EHA's Board of Management, EHA Staff and the community on distinguishing between request, complaints and feedback.

The Complaints Handling Policy is provided as attachment 1 to this report for consideration and endorsement.

### **RECOMMENDATION**

That:

1. The report regarding the Complaints Handling Policy is noted.
2. The Complaints Handling Policy will be resubmitted to the Audit Committee for endorsement following further development.

## Complaints Handling Policy



## Complaints Handling Policy

Policy Reference	GOV11
Date of Initial Board Adoption	
Minutes Reference	
Date of Audit Committee Endorsement (if applicable)	
Date last reviewed by Eastern Health Authority Board of Management	
Relevant Document Reference	<ul style="list-style-type: none"> <li>- EHA Whistleblowers Protection Policy D14/10620[v3]</li> <li>- EHA Employee Code of Conduct D14/5685[v2]</li> <li>- Code of Conduct for Board Members D12/1640[v3]</li> </ul>
Applicable Legislation	

### 1. Introduction

Eastern Health Authority (EHA) is committed to the provision of quality service to customers and regards complaints as an opportunity to improve practices and procedures as well as resolve the matter.

The purpose of the Complaints Handling Policy (the Policy) is to provide a fair, consistent and structured process for EHA customers if they are dissatisfied with EHA's actions, decisions or services. Lessons learnt from complaint investigations will be used to directly inform service improvements.

Emphasis will be placed on resolving complaints as quickly as possible. However where complaints cannot be settled in the first instance EHA will ensure that they are dealt with through appropriate, more formal procedures by staff with the authority to make decisions.

### 2. Purpose

This Policy aims to provide guidance to the EHA Board of Management, EHA and Constituent Council Staff and the Community on:

D16/6150

This is a version controlled document. The electronic version is the controlled version. Printed copies are considered uncontrolled. Before using a printed copy, verify that it is the current version.

## Complaints Handling Policy

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- Distinguishing between requests, complaints and feedback to EHA and giving direction on management of requests
- How EHA assesses and processes requests including the collation of information which can be used to directly inform service improvements

### 3. Scope

This Policy applies to complaints received from customers regarding EHA's operations or service delivery by employees, contractors and volunteers.

This Policy does not apply to:

- Complaints regarding EHA's Board of Management: these will be dealt with in accordance with the Code of Conduct for EHA Board Members – Dealing with Complaints Procedure.
- Requests for a review of EHA decision will be dealt with under the Internal Review of EHA Decisions Procedure.
- Matters covered by the *Whistleblowers Protection Act 1993*: these will be dealt with in accordance with the EHA's Whistleblowers Protection Policy.
- Allegations of criminal activity: these must be referred to the South Australian Police.

### 4. Definitions

**Staff** means a person performing work on behalf of EHA, including the Chief Executive Officer (CEO), Team Leaders and staff employed on a full time, part time, casual or contract basis.

**Employee** means any person performing work on behalf of EHA, either paid or unpaid, including the Chief Executive Officer (CEO), Team Leaders and staff employed on a full time, part time, casual or contract basis, work experience students, agents, consultants and contractors employed by EHA.

**Business Day** means a day when the EHA is normally open for business; that is Monday to Friday between 9:00am and 5.00pm, excluding public holidays and the period between Christmas and New Year's Day when the EHA office is closed.

**Definition of a Complaint for the purposes of this policy**, a complaint is defined as:

'An expression of dissatisfaction with a product or service delivered by EHA or its representatives that have failed to reach the standard stated, implied or expected. This includes complaints about a service that has been, or should have been delivered.'

Feedback can take the form of comments, both positive and negative, about services provided by EHA without necessarily forming the basis of a request for service or general complaint. EHA welcomes feedback of all types as an important way of continually monitoring its service standards.

**Request for Service** is an application to have EHA or its representative, take some form of action to provide or improve EHA's service.

## Complaints Handling Policy

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**EHA Board of Management** comprises of two elected members from each Constituent Council. The Board is responsible for ensuring EHA acts in accordance with its Charter established under the *Local Government Act 1999*.

**EHA Constituent Councils** - City of Burnside, Campbelltown City Council, the City of Norwood Payneham St Peters, the City of Prospect and The Corporation of the of Town of Walkerville.

### 5. Principles

EHA acknowledges that treating customers fairly requires impartiality, confidentiality and transparency at all stages of the process.

- EHA will promote to its customers the methods by which they can request services and make general complaints.
- EHA is committed to providing sufficient resources and well trained staff to manage service and complaint matters, and to review its systems for opportunities for improvement
- Customer requests and complaints will be dealt with in accordance with this Policy in a timely manner that takes into account a response that is considerate of the matter's complexities, and takes up opportunities for improvement across the organisation where appropriate.
- In processing requests for service emphasis will be placed on:
  - Public safety and emergencies
  - Fulfilling EHA's Business Plan
  - Using EHA resources effectively

### 6. Policy

#### 6.1 General Complaints Handling

##### 6.1.1 Making a complaint

EHA welcomes complaints as a way of improving its services and programs as well as providing an opportunity to put things right.

This policy will be made widely accessible to ensure that customers are fully aware of their right to complain. Information about how to lodge a complaint will be placed in a prominent position on EHA's website.

Except for minor level 1 responses, (See Procedures for resolving complaints below) EHA will try to ensure that, whenever possible, complaints will be handled independently of the original decision-maker or officer involved in the matter that is the subject of the complaint.

## Complaints Handling Policy

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A person can make a complaint in a number of ways:

- Complete the appropriate form on EHA's website [www.eha.sa.gov.au](http://www.eha.sa.gov.au)
- Telephone - 8132 3600
- Fax – 8132 3623
- Email – [eha@eha.sa.gov.au](mailto:eha@eha.sa.gov.au)
- Letter - PO Box 275, Stepney SA 5069
- Visit EHA:  
101 Payneham Road  
St Peters SA 5069  
Mon - Fri 9:00am – 5:00pm

### 6.1.2 Processing a complaint

EHA's response to general complaints received will be managed in accordance with the General Complaint Handling Procedure. This ensures that, whenever possible, complaints are handled independently of the original decision-maker or staff member involved in the matter that is the subject of the complaint.

Staff will be trained to manage complaints efficiently and effectively, and provided with a level of delegated authority appropriate for the nature of complaints they are expected to resolve.

Staff will record all general complaints received in EHA's records management system in such a way that the information can be utilised to respond to the complaint and analysis complaints by category for service improvement opportunities.

### 6.1.3 Steps to resolving a complaint

The following steps will be followed by staff to ensure complaints are dealt with efficiently and effectively:

- Acknowledge complaints promptly
- Assess the complaint
- Plan the investigation where one is warranted
- Investigate the complaint
- Respond to the complainant with a clear decision
- Follow up any customer service concerns
- Consider whether there are systemic issues which need correction.

### 6.1.4 Timeframes for response

Upon receiving a general complaint, EHA will respond within [10] business days, acknowledging receipt of the complaint and, where possible, resolving it at that time. Where a complaint cannot be resolved immediately the complainant will be advised of the process to be undertaken, the likely timeframe required to

## Complaints Handling Policy

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investigate and resolve the matter, and regularly updated by email / letter as to progress that is being made to resolve the complaint (as per General Complaint Handling Procedure).

### 6.1.5 Procedures for resolving complaints

Complaints may vary greatly in their level of complexity and seriousness. Wherever possible complaints will be resolved when first reported, but if necessary officers will escalate complaint handling as set out below.

The complaints procedure consists of a three tiered scheme.

1. Immediate response to resolve the complaint - All staff are empowered to handle complaints in the first instance and it is preferable that they are dealt with promptly at the initial point of contact and at the appropriate officer level.
2. Complaint escalated to a more senior officer - A complaint will be directed to the appropriate Team Leader in EHA, where circumstances indicate that the complaint would be more appropriately handled at a higher level. The Team Leader will assess the complaint and determine if it is appropriate to handle the complaint or direct the matter to the CEO. This may occur, for example, where an officer has been involved in the matter that is the subject of the complaint, where the complaint is about an issue that requires a decision to be made at a more senior level.
3. Internal review of a EHA decision (see EHA's Internal Review of a EHA Decision Policy and Procedure). This is a process established that enables EHA to reconsider all the evidence relied on to make a decision, including new evidence if relevant. This process is generally a last resort in the complaint handling process, but may also be used in situations which are not able to be resolved by other means, such as a complaint about a decision of the Chief Executive.

EHA's detailed Complaints Procedure is available to the public. See Further Information

### 6.2 Complex complaints

In some instances, an alternative complaint handling process must be used due to legislative restrictions. In these instances, EHA will advise the complainant of the alternative process requirements, and assist them to seek resolution of their concerns. Examples of alternative complaint handling processes include:

- Code of Conduct complaints about EHA Board of Management members or Employees
- Freedom of Information applications

## Complaints Handling Policy

- Decisions made under legislation other than the *Local Government Act*, such as the *Food Act 2001*, *SA Public Health Act 2011*, *SRF Act 1992*, the *Housing Improvement Act 1940* or *Expiation of Offences Act 1996*.

On occasion, it may be appropriate to consider mediation, conciliation or neutral evaluation. Costs and expenses of the appointment and work of a mediator, conciliator or evaluator will be shared equally between EHA and the other party.

### 6.2.1 Complainant rights to external review

While EHA prefers to work with its customers to resolve complaints quickly and effectively, a complainant will always retain the right to seek other forms of resolution, such as contacting the Ombudsman, or taking legal action at any time.

**Note:** As a general rule, the Ombudsman prefers a complaint to be addressed by EHA in the first instance, unless this is not appropriate in the circumstances.

### 6.2.2 Unreasonable complainant conduct

All complaints received by EHA will be treated seriously and complainants will be treated courteously. However, occasionally the conduct of a complainant can be unreasonable. This may take the form of unreasonable persistence, unreasonable demands, lack of cooperation, argumentative or threatening behaviour. What can be termed 'unreasonable' will vary depending on a number of factors and EHA aims to manage these situations in a fair and equitable manner.

Where a complainant's behaviour consumes an unwarranted amount of EHA resources or impedes the investigation of their complaint, a decision may be made to apply restrictions on contact with the person. Before making any decision to restrict contact, the complainant will be warned that, if the specified behaviour(s) or actions continue, restrictions may be applied.

Any decision to suspend action on a complaint will be made by the CEO or their delegate and communicated in writing to the complainant.

### 6.2.3 Using complaints to improve service

Quality of service is an important measure of EHA's effectiveness. Learning from complaints is a powerful way of helping to develop EHA and increase trust among the people who use our services.

In addition to making changes to procedures and practices where appropriate, EHA will review and evaluate the information gained through its complaints handling procedure on an annual basis to identify systemic issues and improvements to service. Where appropriate, complainants will be provided with an explanation of changes proposed or made as a result of the investigation of their complaint.

## Complaints Handling Policy

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### 6.2.4 Privacy and confidentiality

Complainants have a right to expect that their complaint will be investigated in private, to the extent possible. The identity of complainants will be made known only to those who need to know in the process of investigating and resolving the complaint. The complaint will not be revealed or made public by EHA, except where required by law.

**Note:** All complaints lodged with EHA are subject to the Freedom of Information Act 1991 and confidentiality cannot be guaranteed under the provisions of that legislation.

### 6.2.5 Remedies

Where complaints are found to be justified EHA will, where practicable, remedy the situation in a manner which is consistent and fair for both EHA and the complainant. The solution chosen will be proportionate and appropriate to the circumstances.

As a general principle the complainant should so far as possible, be put in the position he or she would have been in, had things not gone wrong. This may mean providing the desired service or changing a decision. Sometimes, however, it may only be possible to offer an apology.

### 6.2.6 Alternative remedies

EHA may seek to use alternative dispute resolution methods such as mediation to resolve a complaint in circumstances where the Chief Executive or their delegate deems such a course of action appropriate and the complainant is amenable to that process.

When advising a complainant of the outcome of an investigation of a complaint, EHA will provide information about alternative remedies, including any rights of appeal and the right to make a complaint to an external agency such as the SA Ombudsman.

## 7. Review and evaluation

This policy will be reviewed at least once every two years. However, EHA may revise or review this Policy at any time (but not so as to affect any process that has already commenced). The CEO will report to EHA Board of Management on the outcome of the review and make recommendations for amendment, alteration or a substitution of a new Policy if considered necessary.

## 8. Documentation

To assist in demonstrating that Complaint Handling processes are fair, transparent and accountable, cost effective and meet community needs, EHA will document all

## **Complaints Handling Policy**

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complaints received, the process undertaken to resolve the complaint and the outcome of the complaint.

### **9. Further Information**

This policy will be available for inspection at EHA offices during normal business hours and available from EHA's website [www.eha.sa.gov.au](http://www.eha.sa.gov.au).

### **10. Statement of Adoption**

The Policy was adopted by the Board of Eastern Health Authority on xxxxx.

DRAFT